COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

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IN RE: MEDICAL MARIJUANA ADVISORY BOARD

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BEFORE: DENISE JOHNSON, Chair
Robert Evanchick, Member
Christine Roussel, Member
Arion Claggett, Member
Carolyn Byrnes, Member
David Steffen, Member
John Adams, Member
Geith Shahoud, Member
Bhavini Patel, Member
Daniel Kambic, Member
William Goldfarb, Member
Shalawn James, Member
Diana Briggs, Member

HEARING: Thursday, July 28, 2022
10:01 a.m.

LOCATION: via Zoom

Reporter: Hannah Bartkowski

A P P E A R A N C E S

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ALSO PRESENT:
PETE BLANK
ERIC HAUSER
MARK JUNE-WELLS
HOLLI SENIOR

I N D E X

E X H I B I T S

Number	Description	Page Offered

NONE OFFERED

P R O C E E D I N G S

CHAIR: Well good morning everyone, and welcome. Just as a reminder, these meetings are broadcasted live, and thank you so much for joining us for another virtual Board meeting. This is my first meeting serving as Chair for this Board.

And before we get started and do our roll call, I just want to take a moment to thank some previous Board members for their service and also introduce some new Board members, some new faces that we have, changes have occurred since the last meeting.

So most of you are aware, I have been the State's physician general since March of 2021. And that's when I started serving as a member of this Board. As of April 2022, I accepted the additional role and responsibility of Acting Secretary of Health, and that's impacted my role on the Board in a couple of ways. First, I am honored to serve now as your Chair. But that also means that I no longer serve on the Medical Review Subcommittee, and I've designated Carolyn Byrnes who is my Senior Advisor at the Department of Health to serve in my physician general seat on the Board and also to serve as Chair of the Medical Review Subcommittee. And she's going to

continue to lead the work on that subcommittee has already undertaken.

Right now, we'll take a moment after we - after the roll call to have everyone introduce themselves. But before I introduce another board member, I want to take a minute to formally express my sincere gratitude and thank you to a previous longtime patient advocate, Luke Shultz, whose term expired in April of this year. Many of you know Luke. He was a passionate patient advocate and a key component of the Board since its inception. He was a face and a voice that helped law makers to understand the need to ensure that when the Medical Marijuana Act was passed, patients and caregivers had a seat at the table.

Luke's hard work and dedication was simply unmatched, and he never stopped fighting for the best interests of patients and caregivers since the legislation was passed. His tireless efforts led to several successful program enhancements and Board achievements, including the addition of dry leaf.

I commend Luke for his time and dedication and his commitment given to this Board, and I personally and on the behalf of the Department of Health want to thank him for his service. While Luke will be truly missed, it's also a great pleasure that

I get to welcome Diana Briggs. She was appointed by Governor Wolf in April.

Diana also is an avid patient advocate who was instrumental in helping to get the Medical Marijuana Act passed in Pennsylvania, and that made her an obvious choice of the Governor. I'm grateful to add her expertise and perspective to the Board. I welcome you, Diana, as we continue to help guide the State's successful Medical Marijuana Act.

MS. BRIGGS: Thank you. I'm very excited to be here.

CHAIR: Great. At the beginning of July, we were notified that we would be losing another member of the Board, Janet Getzy Hart. Janet has also been serving on the Board since its inception and was instrumental in helping to develop the Board's bylaws that are now used to govern the Board.

Her valuable expertise will be greatly missed, but we're also extremely happy to welcome her designee, Christine Roussel. She's a Pharm.D. and a Board Certified oncology pharmacist, also Board Certified sterile compounding pharmacist. Janet serves as the Board of - serves as the Chair of the Board of Pharmacy, which earned her a spot on the Board, but she's designated Christine to serve on her

behalf. Christine is the Vice Chair of the State Board of Pharmacy, and we look forward to having her expertise available to us moving forward.

So one more person that I wanted to make sure to mention this morning is Commissioner Arion Claggett, who is in attendance today. Commissioner Claggett was appointed to serve as he is the Acting Commissioner for the Bureau of Professional and Occupational Affairs at the Pennsylvania Department of State. As of today, this is his first official Board meeting where he has been able to attend. So I wanted to make sure I welcomed him this morning. Welcome, Commissioner.

MR. CLAGGETT: Thank you for having me, Dr. Johnson. Good morning.

CHAIR: Our pleasure. So I think that that concludes some of the major changes to the Board. So at this time, I'd like to call the meeting to order. This is the Medical Marijuana Advisory Board meeting held at 10:00 a.m. on July 28th, 2022, and as mentioned previously, is being broadcasted.

We will officially get started by taking roll call. So first on my list, I have me, of course. I'm here. Colonel Robert Evanchick?

MR. EVANCHICK: I am here, good

morning.

CHAIR: Thank you. Christine Roussel?

MS. ROUSSEL: Good morning, present.

CHAIR: Great. Commissioner Claggett?

MR. CLAGGETT: Good morning, present.

CHAIR: Great. Carolyn Byrnes?

Carolyn may be having some audio issues. I heard her earlier, okay. And Chief Steffen?

MR. STEFFEN: Present.

CHAIR: Thank you. Attorney Adams?

ATTORNEY ADAMS: I'm present.

CHAIR: Great. Dr. Geith Shahoud?

MR. SHAHOUD: Present.

CHAIR: Thank you. Ms. Patel?

MS. PATEL: Present.

CHAIR: Thank you. Dr. Kambic?

MR. KAMBIC: Present.

CHAIR: Great. Dr. Goldfarb?

MR. GOLDFARB: Present.

CHAIR: Ms. James?

MS. JAMES: Present.

CHAIR: Great.

MS. BYRNES: Can you hear me now?

CHAIR: And - yes, we can hear you Carolyn, great. And Dr. Briggs. It is Dr. Briggs,

doctor of pharmacy.

Correct? Diana?

MS. BRIGGS: I am not a doctor.

CHAIR: Okay, Ms. Briggs then.

MS. BRIGGS: I'm a patient advocate; present.

CHAIR: Excellent. It sounds like we have everyone here. I think we have someone that's not on mute. Please mute your microphone if you're not speaking. Great, okay. Good.

So I want to ensure that we have a quorum. Legal counsel, Katelyn, do we have a quorum today?

ATTORNEY MALTAIS: Good morning, Dr. Johnson. We have a quorum this morning, we're good to go.

CHAIR: Excellent. Okay, great. All right.

So the next order of business is to approve the minutes from the last meeting. So you all would have gotten a copy of the minutes from the last Board meeting that was held on March 22nd, 2022. I hope you've had a chance to review. May I get a motion to approve the minutes?

MR. GOLDFARB: So moved, Goldfarb.

CHAIR: Great, thank you, Dr. Goldfarb. Do you I have a second?

MR. KAMBIC: Second, Kambic.

CHAIR: Thank you, Dr. Kambic. All in favor, say aye.

(AYES RESPOND.)

CHAIR: Great. Is there anyone opposed?

(NO RESPONSE.)

CHAIR: Any abstentions?

MR. CLAGGETT: Hello, I would like to abstain because I wasn't at the meeting.

CHAIR: okay, was that Commissioner Claggett?

MR. CLAGGETT: Yes, sorry. Commissioner Claggett, yes.

CHAIR: Thank you. Okay.

The minutes from the March 22nd Board meeting are approved. And now before we move on to the agenda items today, since it's my first time chairing the Board and we've not had the meeting since March and we've had a lot of changes on the Board, I was hoping we'd have a moment to just introduce ourselves. And that being said, I'll go first.

So I'm Denise Johnson. As I said

before, serving as Acting Secretary of Health and Physician General. I am an OBGYN physician by training, spent many years in private practice, and I received medical officer at a hospital in Western Pennsylvania. So really glad to be a part of this Board, have really been impressed by the formal structure of our program here in Pennsylvania, and really the detail and the patient-centric focus of it. And so, I'm really glad to be a part of this Board and to continue the great work that those before me have started.

So next I will turn it over to Colonel Evanchick.

MR. EVANCHICK: Good morning. I'm Colonel Robert Evanchick, the Commissioner of the Pennsylvania State Police. I've been a member of the State Police for over 40 years. I also have previous law enforcement experience as a local police officer for almost three years.

I've been with the - the Commission here for since its inception. I look forward to the new members of the Board as well. Look forward to continue working together and trying to find ways that we can keep the program running in a successful, yet appropriate format. Thank you.

CHAIR: Great. Thank you, Colonel Evanchick. Next, Christine Roussel.

MS. ROUSSEL: Good morning. I am a pharmacist that is, specializes in oncology. I am currently Senior Executive Director of Pharmacy Laboratory and Medical Research at Doylestown Hospital. I am on the Pennsylvania Board of Pharmacy representing institutional pharmacy. And then I also serve for University of Sciences. I leave their medical cannabis education program and helped form that education program starting in 2016. So I'm really excited to be here. I think the medical marijuana program has brought so much to patient care, and I look forward to serving and supporting.

CHAIR: Excellent, and we're glad to have you. Welcome to the Board. Next, Commissioner Claggett.

MR. CLAGGETT: Good morning, all. My name is Arion Claggett. I am the Acting Commissioner with the Bureau of Professional and Occupational Affairs, which is professional licensing within the Department of State. I've been here around three and a half years, and I'm excited to be part of the Board. Thank you.

CHAIR: Welcome, thank you so much.

Carolyn.

MS. BYRNES: Good morning, everyone. I'm Carolyn Byrnes. I've been designated to fill the position general seat on the Board. First, thank you to Dr. Johnson for not only appointing me to the Board but also providing me the opportunity to continue the great work that the subcommittee was already conducting under her leadership.

I've received my master's in public health and epidemiology and a bachelor in science in biology. I've served in the Secretary of Health Office for the past seven plus years, and I'm currently a Senior Advisor to the Secretary of Health and Physician General.

I've served as a Senior Advisor since 2018, and previously as a special assistant to the Secretary of Health. In the Secretary's Office, my role has been focused on maternal health issues, the opioid crisis, and for the past few years the COVID-19 pandemic. Since May 2021, I've assisted Dr. Johnson with her Medical Marijuana Advisory Board duties, including those of the Medical Review subcommittee. And prior to my time at the Department, I worked as a clinical research associate at Roswell Park Cancer Institute managing the daily operations of

interventional study for three years.

Now I'll hand it back to you, Dr. Johnson.

CHAIR: Excellent. Thank you so much, Carolyn. Looking forward to you in this new role. Chief Steffen.

MR. STEFFEN: Morning. My name's Dave Steffen. I'm Chief of Police of the Northern Lancaster County Regional Police Department. We are a PLEAC accredited agency, and I've served on a Death Review Board --- other Death Review Boards with the Department of Health. Was instrumental in the programing and rollout of the Narcan to law enforcement through the Secretary of the PDAP (phonetic) programming. I'm also just completing my term as president of the Pennsylvania Chief of Police, and will likely be replaced by the incoming president or if I return as a designee. So thank you all.

CHAIR: Thank you, Chief Steffen. Next I have Attorney Adams.

ATTORNEY ADAMS: Morning. I am the District Attorney of Berks County. I have actually other than one year, I have been on the Board since its inception as I was the president of the District Attorney's Association at the time that this Board

came into fruition. I've been the DA of Berks County for 15 years, and have been practicing law for 32 plus years. I've, you know, I have been and I think that we're making a positive impact in Pennsylvania with this program and I hope to see it continue and to flourish. Thank you.

CHAIR: Great, thank you so much. Next, Dr. Shahoud.

DR. SHAHOUD: Hi, good morning. Geith Shahoud. I'm a child and adult psychiatrist. I am the medical director of Southwood Psychiatric Hospital in Pittsburgh, Pennsylvania. I mainly practice child psychiatry. I have been practicing since 2004, and thank you for being a member of the Board.

CHAIR: Thank you, Dr. Shahoud. Next, Bhavini Patel.

MS. PATEL: Good morning, everyone. My name is Bhavini Patel. I currently work in local government in the Pittsburgh area, and I plan to continue serving on the Board and also serving as the Chair of Medical Research Subcommittee.

CHAIR: Thank you, Bhavini. Sorry about the pronunciation.

MS. PATEL: That's okay.

CHAIR: I'll - I'll correct that.

Thank you so much.

MS. PATEL: Thank you.

CHAIR: Next I have Dr. Kambic.

MR. KAMBIC: Good day, Secretary. I'm Dave Kambic. I've been on the Board a little over a year now. I'm a lifelong Pennsylvanian. I just started my 39th year in private practice as a family doc in my home town of Steelton, Pennsylvania. I'm also the program director for the family medicine residency program at UPMC Harrisburg, which I've been on that for 21 years. I've been in a program as a certified physician since 11/1/17 when it actually started, and tremendous advocate for the program and I've seen the amount of good things that have come about this with patient care. I wanted to continue to support this program and continue to be a certified physician for as long as I've been in my practice.

I think - we try to train our residents into the virtues of - virtues of medical marijuana because certainly there's not enough taught in medical schools in our state about this. And that way, we're having an impact on the next class of physicians that go into practice to continue to use this as a tool in a toolbox because it works very well.

CHAIR: Great. Thank you so much, Dr. Kambic. Next, Dr. Goldfarb.

MR. GOLDFARB: Good morning. I'm a retired burn trauma surgeon in the Pittsburgh area who also served in multiple administrative roles as the Senior VP in Highmark Blue Cross Blue Shield and a Chief Medical Officer at two of the facilities within the Allegheny Health Network. I've been on this Board since its inception, and I'm looking forward to working with all of the new members.

CHAIR: Great. Thank you, Dr. Goldfarb. And Shalawn James.

MS. JAMES: Good morning. My name is Shalawn. I have been on the Board since its inception. I am currently working as a consultant in Maryland, Pennsylvania, and New Jersey around the areas of diversity and inclusion and equity. And I've been a lifelong advocate and a very strong advocate for medical marijuana. I have a now 20-year-old son. I think when I first started, he was about 15. So with the Board, so he's now a 20-year-old son who does have sickle cell disease and benefits from the medical marijuana. And I look forward to working with all the new members.

CHAIR: Great. Thank you so much.

And Diana Briggs.

MS. BRIGGS: Hi. My name is Diana, and I was a founding member of Campaign for Compassion which was the grassroots advocacy group that fought for our medical marijuana program. As a caregiver first for my son who is now 22, I started advocacy when he was 14 for his epilepsy. Ryan is now a shining example of the success of this program. He has gone from 400 seizures a day to down to 25 with just the help of medical cannabis.

After watching him and many others find success with this program, I actually became a patient and am also seeing great success. I honestly do not know that I can fill the very large shoes left by my fellow advocate and dear friend Luke Shultz, but I can tell you there isn't a bigger cheerleader for this program than myself and my family. So I'm very excited to be here, and can't wait to see what we can accomplish in the next year.

CHAIR: Wow. Thank you so much, Diana. We are very glad to have you and looking forward to your role here on the Board.

So thank you all for introducing yourselves. I know that took some time, and it's probably not the first time that you were asked to do

that and I'm sure that we'll have to do that again. But it's really good for us to know who's on the Board and hear a little bit about your background.

So the next item that we have on our agenda is a program update. And I'm going to turn things over to the program to update. As many of you might recall, John Collins last week with the medical marijuana program was at the time of the last Board meeting in March. Right now, we are continuing to search actively for a new director. And in the meantime in the interim, the Department's Executive Deputy Secretary, Pete Blank, has been leading our office during this transition and is serving as the interim active director of the program.

So Pete, if you would like to just introduce yourself briefly and then share a program update for us.

MR. BLANK: Absolutely. Thanks so much, Dr. Johnson. I appreciate the introduction. So for those that I haven't had a chance to meet yet, as Dr. Johnson mentioned, my name is Pete Blank. I'm currently the Executive Deputy Secretary here at the Department of Health. Prior to this role, I've served in the Policy Office most recently as Policy Director and have had positions there 2018.

So I wanted to, you know, I know as John and others have previously presented on some - some program updates at these Board meetings. Wanted to continue with that, and so we have a couple of topics to discuss today. First one, I'll touch briefly on some medical marijuana regulations then move into some - some program data and some program metrics for the Board's awareness.

And go to the next slide. So before I jump into the program metrics, I do just want to make sure that, you know, the entire Board is aware of the process for the medical marijuana final form regulations. So as many of you know, the Department has been working on these final form regulations for quite some time. And recently, earlier this month, the Department of Health formally withdrew the medical marijuana final form regulations from consideration by IRRC, so the Independent Regulatory Review Commission. And that was on July 13th, and really in order to make technical edits to that final form packet.

The Department, you know, working currently to make those edits and have a plan to resubmit to IRRC as well as the stint, to the General Assembly in the very near future. And just wanted to make sure that the Board was aware of that - of that

progress. And also for - for awareness that temporary regulations that have been in effect were for quite some time will still be in effect until final approval and promulgation of those - those final form regulations. So again, I just wanted to make sure that the Board had awareness of that progress to date.

So with that, I want to turn over to - turn to some program metrics and - and share some data since we last met in March of this year. So as you see here again, some familiar numbers that the program has reported out during the previous Board meetings. And so we are seeing similar trends in program growth since we last shared these numbers in March of this year. I wanted to highlight a few things, most notably over 413,000 active patient certifications and over 1,800 approved practitioners are in the program to date. So still seeing a robust participation in growth amongst patients and practitioners.

Also since the March Board meeting, wanted to call out here as well that the program has surpassed over $5 and a half billion in total sales. And that was really what we've seen to date is close to a $1 billion dollar increase since this - this information was presented at the March Board meeting. So at that Board meeting, the most recent data we had

was the $4.7 billion in total sales. So again, still seeing those - those growth trends throughout the program.

Next slide. So again, wanted to walk through a couple more slides now on dispensary sales and see how things are progressing. So you'll see that we are, again, maintaining a growth trend here and seeing these dispensary sales continue to increase, but perhaps at a decreasing rate. So you can see here this is, shows that - that increase and a decrease in rate. Over the most recent 12-month period so we can see that here on the slide. Next page.

Again, another view looking at the similar data. So dispensary sales by month since January of 2020. Again, seeing those - those increases across the months and starting to still see that increase in trend but again at that decreasing rate.

Next slide. Again, one more presentation of - of the similar data. As we can see in the most recent quarters over the last couple of years, so for May and June, seeing those trends continue upward. Next slide.

So now I'd like to take a few minutes

to discuss the permitting pricing trends. Again, I know we do share some of these trends at previous Board meetings. I wanted to make sure that we provided an update since - since we last did that in March. Next slide.

So you can see here on the slide that this is kind of by product. And dry leaf continues to be the most - the most common product, holding stable at close to 45 percent of the market. And that's followed closely by vaporization products, which are again holding stable at around 35 percent. Next slide.

So I know this is somewhat of a busy slide, but I wanted to call a few things to your attention. So first, you'll note that since we last presented this information in March of this year at the last Board meeting, several more dispensaries have become operational. And so we are, you know, thankful again for the permittees that we work with and our field staff that have been able to, you know, work together to make those - those dispensaries operational. And secondly you can see here that the, you know, the graph really indicates the continued growth in the program, and this is again specific to dry leaf sales over - over the time since January of

2020.

I wanted to call attention as well to - to both the orange and the black line there. As you can see, that downward trend for both retail and wholesale dry leaf products. So we are continuing to see that - that declining trend in price. And I know we presented that information previously, but really wanted to - to really show that overlay here as more dispensaries become operational and as the program grows, seeing that decrease in price.

Next slide. Again another look here at the retail price per gram, that top line in orange, and the wholesale price per gram below that in black. And you'll note as well that continued decrease. And I would just like to call that since the - the March Board meeting, I know we had kind of called out somewhat of a wider growth between retail and wholesale price, we have seen that over the last couple of months become a little more even in their trends. So about a ten percent and seven percent respectively between retail and wholesale price decrease since about, you know, middle of the spring this year. So I wanted to again call your attention to those trends as previously presented at the Board meeting. And please note that the program continues

to - to monitor these pricing trends as well as the program metrics. And you know, keep - keep attuned to what is happening across the industry and with the program at a wider scale.

So with that, I'm happy to take any questions or Dr. Johnson, turn it back to you for, to continue with the agenda.

CHAIR: Great. Thank you so much for that, Pete. Board members, do you have any questions for Pete? Okay, great.

Well, hearing no questions, let's move on to old business. I want to provide a brief update on where we are with the chronic hepatitis report. As many of you may recall, at the March - at the March Board meeting, there was a report presented and approved that recommended the addition of chronic hepatitis as an approved serious medical condition. Approved reports are then sent to the Secretary to transmit notice to the Legislative Reference Bureau, also known as the LRB, to set forth the rationale for effectuating or declining that recommendation.

So while that report was initially submitted to then-Acting Secretary Klinepeter, I'm working with our legal counsel so that we can continue to move the recommendation forward despite the changes

in the Board leadership.

The next item I want to talk about is the health contact form feedback. And this is the first time that you will have gotten feedback in your packets, and that came in your electronic packet for this Board meeting. Just to recap for those of you who are not aware, at a previous Board meeting, Board members wanted to find a way for the public to be able to contact the Board or to send feedback.

We already had a way for the public to provide feedback to the Department through the health contact form. And so, we've made modifications to the pre-existing form so that the process would be now to allow individuals to submit information directly to the Board.

So we committed to collecting and sharing that information with Board members, and we just wanted to acknowledge that we did fulfill that commitment, and that information is provided in your electronic Board packet.

As - I'll also note that we will continue to monitor the process and make necessary adjustments to improve our communication and ensure that expectations are clear. But one example of that is shortly after we implemented after this process,

based on the feedback we received we quickly learned that people were selecting the wrong option. Since the Board option is directly below the Office of Medical Marijuana Option. So I think as you can notice form some of the feedback in the forms, some of those questions are really not directed towards the Board. They really should be directed towards the program, and so we need to clarify that.

So once we learned that, we put some additional descriptive language in the options, and it includes a step that requires the submitter to confirm that their intent is, in fact, to provide their feedback to the Board.

So that being said, we had a total of 11 submissions that we shared in your packet. And as we go forward, we'll continue to share that feedback with you.

Do I have any questions on that from any Board members? All right.

So let's move on to the new business. First we'll talk about the recent changes related to the Board's subcommittees and expectations. So all of you have been provided with an updated subcommittee list in your electronic Board packet for your reference. As I mentioned earlier prior to roll call,

we had a number of Board member changes since our last meeting. So of course, that will affect the subcommittees and their makeup.

While most of the changes have been communicated to you previously, there are a couple that you might - that you may be hearing about for the first time because they were finalized more recently. So before we move to the subcommittee updates, let me highlight some of the changes first so that they're captured on the record.

First I'll start with maybe the biggest decision, which was the decision to dissolve the Report Subcommittee. I think it's important to note that the bylaws that govern the Board which also establish and outline the Board's subcommittees was proposed and adopted very early on in November 2018. So after giving this a significant amount of thought and taking into consideration the Board's responsibilities and how they've changed over the years, I think this change is both necessary and timely.

So it will not only add value to the other subcommittees, but it'll also ensure that the work is distributed more evenly and responsibly. So this means moving forward, the same subcommittee that

proposes a recommendation will be the subcommittee responsible for seeing it through the appropriate steps for advancements. There's not going to be a separate subcommittee that just creates the report based on that recommendation.

So the thought behind that's really simple. Who better to effectively articulate, meaning compiling the report for recommendation, than the subcommittee that brought it forward in the first place? So there won't be a duplication of that effort.

I'm also aware that all of you are extremely busy and you participate in various Boards, have other responsibilities. So the last thing I want to do is make anyone feel overwhelmed by this responsibility or that it's too burdensome. So when we decided to dissolve the reports committee, it was important to make sure that all of you have the adequate support and the necessary tools and resources to help you fulfill that responsibility. So I have asked Dylan Shaw, who many of you may be familiar with at this point, to provide some additional administrative support to Board members. So I would encourage you to reach out to Dylan with any questions that you have as we work through the changes that

we've outlined here today.

Also, it's a goal of mine to enhance communication across the Board and encourage participation and create awareness among Board members. And one thing I've always heard each secretary say which I will continue to say is, regardless of what subcommittee that you're assigned to, Board members have the ability to and they're encouraged to participate in additional subcommittees as well. But I realized that can be difficult for Board members to participate or even know if they're interested in participating without getting additional details about when the subcommittees are meeting or what they're discussing.

So I know that Dylan has already been in contact with some of you, and I want to show you that he'll be reaching out to the subcommittee chairs on a more consistent basis. And he will also be helping to collect meeting dates and times and schedules and agenda items to be able to share them with other Board members. Our goal is to make sure that you're aware of what the other subcommittees are working on with the hope that you can make an informed decisions about your participation.

So I'll pause here for a moment to see

if anyone has any questions about that change. Okay. All right.

So now that we talked about Dylan's role and why we now have four subcommittees instead of five, let's talk about some of the changes of the subcommittees and acknowledge the members of each subcommittee for the record.

So starting with the Regulatory Subcommittee which is responsible for looking into whether to change the types of medical professionals who can issue certifications to patients, this subcommittee will be chaired by one of our new Board members, Christine Roussel, who is joining us for her first meeting today. As mentioned earlier, Christine's replacing Janet Getzy Hart on the Board.

So after shifting subcommittee members around and making some changes at the beginning of June, I felt it would be best to assign Christine to simply replace Janet by participating on the same subcommittees in the same capacity. And I was told that Christine not only graciously accepted, but she eagerly accepted so thank you so much, Christine.

So we're delighted to have you on the Board taking on this new role, and other members who are on the Regulatory Subcommittee are District

Attorney John Adams, Commissioner Arion Claggett, and Dr. William Goldfarb. I think District Attorney Adams, you're the only remaining member who was on the Regulatory Subcommittee as all of the other members are either new to the Board or new to the subcommittee or both.

Any questions about that? All right.

So next we have the Patient and Caregiver Subcommittee that is responsible for looking at how to ensure affordable patient access to medical marijuana. This committee is chaired by Shalawn James. An additional Patient and Caregiver Subcommittee members include Colonel Robert Evanchick, Commissioner Arion Claggett, and Diana Briggs. Both Arion and Diana are newer Board members to the - newer Board members and new to the subcommittee.

Next is the Medical Review Subcommittee that is responsible for whether it's a change, add, or reduce the types of medical conditions which qualify as serious medical conditions under this act. And this is a subcommittee that I used to chair when I served as physician general, and I've assigned Carolyn Byrnes who I designated to serve on the Board to also chair this subcommittee and continue to advance the work that was already underway.

Additional Medical Review Subcommittee members continue Dr. William Goldfarb, Dr. Daniel Kambic, Dr. Geith Shahoud, and Shalawn James.

And lastly, we have the Medical Research Subcommittee that is responsible for whether to change the form of medical marijuana permitted under this act. The Medical Research Subcommittee is chaired by Bhavini Patel and additional Research Subcommittee members include our two new members, Christine Roussel and Diana Briggs, and then two former members remain, District Attorney John Adams and Chief David Steffen.

So I believe that should cover the subcommittee changes. Again, you have been provided in your packet an updated subcommittee list which includes individual email addresses. If you're serving as a subcommittee chair and have not yet made contact with all of your subcommittee members, I would encourage you to do so as soon as possible to establish a working relationship and ensure an open line of communication.

So moving right along, let's move on to the subcommittee updates. I think before it was determined that the best way to practice the progress and chair information on an ongoing basis would be to

have each subcommittee provide an update at each Board meeting about their activity since the previous meeting. Board members were also queried ahead of each Board meeting to determine if they had any additional or specific agenda items that they would like to include that would require deliberation.

At this time, I will ask each of the subcommittee chairs or whoever they wish to designate to provide us with an update. And first up, we'll start with the regular - Regulatory Subcommittee chair by Christine Roussel. Realizing Christine this is your first meeting and you have a lot of information to - to digest, and I don't really expect you to have an update today, but I want to give you an opportunity if there's anything that you want to share.

MS. ROUSSEL: Good morning. I'm excited to be involved with this committee. And then I think one of the things the committee does need to do is we might need to look at the bylaws and update them if needed to reflect the elimination of the reporting committee. So I think that may be one of the things on the near immediate to do list. But otherwise, I look forward to providing you a more robust update at the next meeting.

CHAIR: Great. Thank you so much,

Christine. Okay.

Moving on then, next we have the Medical Review Subcommittee that's chaired by Carolyn Byrnes. And Carolyn, do you want to provide an update?

MS. BYRNES: Yes. Can you hear me?

CHAIR: Yes, we can. It's a little low in your volume, but we can hear you.

MS. BYRNES: I'll get closer so you can hear better. Good morning, everyone. While there were no serious medical condition applications to review for this meeting, I can assure that the Medical Review Subcommittee has been busy over the past few months.

As you may recall at a previous Board meeting, the subcommittee was asked to research a couple of times and report back to the Board with a recommendation. First, I'd like to take a minute to recognize the Medical Review Subcommittee members, Dr. Kambic, Goldfarb, and Shahoud and Shalawn James. Thank you for your time, effort, and continued collaboration to help deliver what I believe to be an effective policy and application.

Today, our subcommittee proposes a process by which an ACRC interested in conducting

Chapter 20 research on a condition that is not already qualified as a serious medical condition for medical marijuana usage in Pennsylvania, may petition the Medical Marijuana Advisory Board to have the condition approved for medical marijuana usage for Chapter 20 research only.

It is important to note the following. This application and policy are to approve conditions for research and not individual research studies. And once a condition is approved for research, any ACRC may pursue research on that condition.

All Board members were provided both the proposed policy and application in advance for your review. And it has been provided in your electronic Board packet sent for today's meeting. First, let's discuss the proposed policy. The policy outlines that an application must be submitted in order to get a condition approved for research purposes only. And that - and the specifics of Chapter 20. Only a member of an ACRC can submit an application. The process is similar to that of serious medical - medical conditions for clinical use where the application goes to the Medical Review Subcommittee, then is presented to the Board for a vote, and then goes to the secretary for

consideration.

If approved, any ACRC that wishes to conduct a research study will need to comply with the Office of Medical Marijuana's guidance documents for Chapter 20 research studies on approved conditions. Please note these guidance documents have not been developed as this is a proposed policy that is not yet approved. Once these guidance documents have been published, the Board can begin accepting and reviewing applications for conditions for research.

Now I'm going to move on to the proposed application. The application includes questions about the condition proposed for research only, including the following. If this condition has been approved in another state, rationale for choosing this condition for research including any current research evidence, the research question hypothesis intended to be studied, and study designer methods, the study population intended included rationale whether the pediatric population is included, documentation supporting efficacy of medical marijuana as a treatment for the condition, and a description of how medical marijuana is anticipated to improve the condition for which the application is being submitted.

The answers to these questions will illustrate that research on the condition has been thoroughly thought through the rationale for the potential benefit and will help the medical marijuana advisory Board assess the condition proposed for research.

Before I turn things back over to Dr. Johnson, I'd like to ask my subcommittee members if they have anything they want to add to what I've said or if there's anything that I may have missed or perhaps wasn't clear.

MR. KAMBIC: Kambic, it's all clear.

MS. BYRNES: Okay, great.

MR. GOLDFARB: Agreed.

MS. BYRNES: Thank you Dr. Goldfarb and Dr. Kambic. Since there are no more comments from the subcommittee members, Dr. Johnson that concludes my presentation on the proposed policy and application.

CHAIR: Yeah, thank you very much Carolyn. And thank you Medical Review Subcommittee for really thoughtfully considering this. Since the Board really has the authority to approve conditions for research only, it was really important that we came up with a clear process on how to do that, and it

really looks like you have really thought through the options.

So for any Board members, are there any questions that you have about this proposed policy? Questions about it, any concerns, any suggestions? So you all would have gotten a copy of this policy - the application and the policy in your packets. Do I have a motion to approve this policy?

MS. JAMES: Motion to approve.

CHAIR: I'm sorry, who was that?

MS. JAMES: Shalawn.

CHAIR: Shalawn, okay. Great.

Do I have a second?

MEMBER: I'll second.

CHAIR: Was that Dr. Goldfarb? I couldn't hear.

MR. GOLDFARB: No, but I'll second.

CHAIR: Thank you, Dr. Goldfarb for seconding. Do we have any other discussion? Okay. All right.

We're going to ask for a vote, and I think I need to go through the list. So you can tell me yes or no when I call your name. So Colonel Evanchick?

MR. EVANCHICK: Yes.

CHAIR: Okay, Christine Roussel?

MS. ROUSSEL: Yes.

CHAIR: Commissioner Claggett?

MR. CLAGGETT: Yes.

CHAIR: Carolyn Byrnes?

MS. BYRNES: Yes.

CHAIR: Chief Steffen?

MR. STEFFEN: Yes.

CHAIR: Attorney Adams?

ATTORNEY ADAMS: Yes.

CHAIR: Dr. Shahoud?

MR. SHAHOUD: Yes.

CHAIR: Bhavini Patel?

MS. PATEL: Yes.

CHAIR: And Dr. Kambic? Dr. Kambic? We'll come back. Diana Briggs?

MS. BRIGGS: Yes.

CHAIR: Okay.

Is Dr. Kambic still with us? Okay. Okay, so - okay.

So I have 11 yeses, no no's or no abstentions.

MS. BYRNES: Doctor ---.

DR. GOLDFARB: You didn't finish the roll call.

MS. BYRNES: Yeah, Dr. Johnson I think you have Dr. Goldfarb and Shalawn, and then I know Dr. Kambic, I'm not sure if he fell off the line. But you have just -.

CHAIR: I see. I have, I think Shalawn made the motion, Dr. Goldfarb seconded.

MS. BYRNES: Okay.

DR. GOLDFARB: Okay.

CHAIR: So do I have everyone? So I have 11, and I don't have a vote from Dr. Kambic.

Is that correct? Okay.

So motion passes. Thank you, Medical Review Subcommittee for your work on that. That's excellent, great. Okay.

Next we have the Medical Research Subcommittee chaired by Bhavini Patel. Bhavini, am I pronouncing your name correctly? I - I need to get this right.

MS. PATEL: It's Bhavini.

CHAIR: Bhavini, okay.

MS. PATEL: Yes.

CHAIR: All right.

Thank you so much. Would you like to provide an update?

MS. PATEL: Yes. The Medical Research

Subcommittee did not meet, but we do look forward to meeting between this meeting and the next meeting and providing an update in between. We just had some shifts in Board members that particularly impacted our subcommittee, so we - we didn't have a meeting.

CHAIR: Great. Thank you so much, Bhavini. I will - I will practice. I'll get this right.

MS. PATEL: Thank you.

CHAIR: Okay.

So now we have the Patient and Caregiver Subcommittee chaired by Shalawn James. Shalawn.

MS. JAMES: Good morning. The Patient and Caregiver Subcommittee also has not had an opportunity to meet. We will be getting back together and meeting in between our next meeting, but we are excited to see that there is a downward trend for patient costs and affordability for patients to access the medical marijuana that they need. And we'll give a more extensive report at the next meeting.

CHAIR: Great. Thank you so much for that, Shalawn. Okay.

This should conclude the subcommittee updates. The next item that I have on the agenda is a

new item that came out of Act 44 of 2021. And it will be the Board's first time being presented with what is referred to in the act as a research initiative.

So in summary, Act 44 allowed for remediation on a very limited basis that grower processors may apply a solvent based extraction method to remediate a product that has mold or yeast product on lab testing. That said product may only be processed into a topical form and labelled as being a remediated product.

Due to the strict limitations of this provision, the authors of Act 44 also allowed for a research initiative to be conducted to assist in determining whether solvent based extraction methods are safe for patients in other forms.

A research initiative is only for a certified academic clinical research centers, or ACRCs, and their clinical registrant, or CR, partners to conduct a study on the safety and efficacy on a solvent based extraction method of their choice.

Act 44 requires a specific process on how this needed to occur, which includes several steps. One of the steps include presenting the research findings to the Medical Marijuana Advisory Board and the Medical Research Subcommittee, hence

today's presentation. Then the Medical Research Subcommittee can issue recommendations to the Board based on the findings that are presented today at this Board meeting.

The Board will vote on the recommendations, and if approved, the Medical Research Subcommittee will be responsible for compiling a report that would then be sent to the Secretary following the same process used when other recommendations are brought forward and approved.

So at this time, I want to welcome both Eric Hauser and Mark June-Wells who are joining us today from Organic Remedies, and I'll turn things over to Mark.

MR. JUNE-WELLS: Thank you for that, Denise. And firstly, I'd like to start off by saying thank you to this advisory Board for hearing us out today and hearing about this research which we understand can be somewhat boring. So I'm happy that you guys allowed us to do that. We'd also like to thank DOH for this opportunity to execute this research and for our academic partner, Philadelphia College of Osteopathic Medicine.

So this research was executed here at Organic Remedies following Act 44, and this was an

initiative that was designed to determine whether the extraction process could in fact sterilize plant material, and thereby create clean extracts that fall within the DOH compliance limits. Next slide, please.

So this talk will cover - well, I'll just briefly go over the current state of regulations. You guys know them very well, but we will just briefly cover them. We'll also talk about the impact on a medical marijuana business due to crop destruction. We'll talk about the different types of remediation techniques that exist out there and that are approved by the FDA. We'll then go over the purpose and goals of this study, and then we'll review our manufacturing process, go over the study methodology, our study findings, and then our conclusions. Next slide, please.

So just briefly, these are the current medical marijuana microbial limits for plant material and extracts here in Pennsylvania. So for things like E. coli and Salmonella. Obviously they cannot be present, but you have limits on aerobic bacteria, less than 10,000 colony forming units per gram, total yeast and mold is the same limit. Total gram negative bacteria less than 1,000 colony forming units per gram. In the extracts, E. coli and Salmonella still

must be absent, total aerobic bacteria is 10,000 colony forming units, total yeast and mold is not 1,000 colony forming units, and total gram negative is 100 colony forming units.

It's - it's notable to say at this point that if plant material does not pass these or does not fall within the state limits that it cannot be used in extraction. Next - next slide, please.

Okay.

So let's talk about what that means to a company, just briefly. If in the best case scenarios, the cost of flower production or terpene product is about $.75 per gram. That's in a very refined greenhouse model. However if you're growing in an indoor sort of environment, that can be as high as $2 per gram. So in a case like our product facility where we're turning 100s of kilograms per - per cycle, you can see that that would have a significant impact on the revenue of the company if we have to destroy it for not passing the - for not falling within the microbial limits. So what does this mean to the company? Obviously lost revenue is number one, but then we are - we also have to, this could limit employment opportunities or pay scales, and most importantly it also has an impact on the cost

of the products to the patients. Next slide, please.

Okay.

So just briefly, the USP and the FDA have a variety of different sterilizing techniques that are used commonly in the food, pharmaceutical, and nutraceutical industries as well as medical devices. Those kind of - the types of sterilization techniques that exist are things like steam sterilization, dry heat sterilization, gas sterilization such as ethylene oxide, ionizing radiation, x-ray, gamma, et cetera, sterilizing filtration which is basically characterized as a filter sieve that is less than .2 micron which is smaller than the size of a bacterial cell or a yeast cell.

Furthermore, they also have a process where multiple terminal, what we call terminal sterilization techniques which are the ones I just talked about are put into a manufacturing process, most commonly things like sterilizing filtration at multiple steps. That process is called unidirectional aseptic processing, and our manufacturing facilities here has followed the definition for FDA CFR 21 and UST definitions for a unidirectional aseptic processing to ensure that the product produced here

are indeed safe for patient consumption. Next slide, please.

Okay.

So this is the purpose of our study. The purpose was to evaluate the potential of a well-designed solvent extraction process to deactivate and remove microbial contaminants from compromised feed material, thereby resulting in extracted products such cannabinoids and terpenes that are free of that - of those microbial contaminants and suitable for consumption by the medical marijuana patients of Pennsylvania.

So the goals were to evaluate the efficacy of our system. We are a hybrid laboratory that runs both hydrocarbons and supercritical carbon dioxide, and to determine whether those manufacturing lines could indeed take contaminated plant material and produce sterile extracts that fall within PA - Pennsylvania DOH limits. We also sought to determine what the critical steps were that were important in creating the sterilized extract, and to determine whether our process could indeed provide - create extracting material from contaminated feed material that would confirm to the PA DOH regulations. Next slide, please.

So before we got into the study, I just wanted to take you through each of our manufacturing lines. As I said, we're a hybrid laboratory, so we run both carbon dioxide and hydrocarbon extraction here. So we start off with plant material. In the case of carbon dioxide plant material, that plant material is ground and then it goes through the extraction process. That creates a crude full-spectrum extract. Following, we then refine it using processes like winterization and filtration. Winterization occurs in absolute ethanol and at a temperature of negative 40 degrees C. Filtration is a three step process that goes from 40 micron to 20 micron to .2 micron. And then we have a clarification stage which uses activated carbon to remove the chlorophyll from the extract. We then go through sterilizing filtration once again, and then we recover our refinement solvent which is absolute ethanol.

Following, we then go through a process called decarboxylation which converts the cannabinoids from their acid form which are native to the plants to their neutral form which are not native to the plant, but desired by the consumer. And then we can refine further through cannabinoid

distillation, which it essentially separates the terpenes and the cannabinoids from each other which there thereby allowing us to either further refine if we wanted to separate those cannabinoids into individual cannabinoids or utilize that product in an engineered product such as a vaporizing oil, topical, bar or otherwise as many products that we can make from that.

And as you note, this little asterisks that are near particular parts of this pipeline. And that is where we tested the material for microbial contamination, cannabinoids, terpenes, et cetera for the study purpose. Next slide, please.

So this is our hydrocarbon manufacturing pipeline. In this case, the plant material is used in its native bud form so we do not go through any grinding or anything like that. And we execute the extraction process directly on that material. We then winterize it, the temperature is a bit different in this case. Maybe I should explain winterization because I did forget to define that.

The purpose of winterization is to remove fatty acids that were extracted during the process to essentially make it more optically appealing and functional as a raw material in

formulation. The difference in winterization in the hydrocarbon pipeline compared to the carbon dioxide pipeline I the temperature. It occurs at negative 80 C in the hydrocarbon pipeline.

We then go through the same filtration process, we clarify in this particular case due to the nature of the solvent in pharmaceutical grade magnesium silicate. We then go through sterilizing filtration once again, we recover the solvent, and then just to ensure that we are within state and federal limits for the solvent, we purge also the remainder of the solvent. Again, there are asterisks - the asterisks are to show where testing occurred during this process. Next slide, please.

Okay.

Without boring you all to death by going into our study design ad nauseam, we'll be happy to provide you with a document that is complete write up of this editor at your - at your desire. So as I've already mentioned, we - the plant material is treated slightly differently for carbon dioxide extraction and hydrocarbon extraction so we have to account for that. And as I've said, carbon dioxide extraction requires that the plant material be ground and hydrocarbon extraction can be done with the native

bud form.

What we did was we identified a couple lots of plant material that did not conform to the regulatory framework, and then combined them to create a batch that was large enough to support two studies with each having five replicates. I kind of already talked about hydrocarbon processing, five replicates again. We also talk about carbon dioxide processing. We also had five replicates, so I'm not going to bore you with any further details on that. As I said, if you would like the document, we'd be happy to provide it to you.

This process - this study was designed around a statistical technique called repeated measured analysis. Now I'm not going to bore you and go too deep into that, but the - what that statistical technique is capable of doing is determining the - whether there are statistical differences in the variables measured from one step in a process to the next. So what this allowed us to do is essentially determine where the major sterilization had occurred in the process without have to run individual studies on each process. So it allowed us to bring all of our manufacturing together under one study and determine what phase of that particular process had the biggest

impact on the sterilization of the contaminated material.

And if you remember back to where all those asterisks were, probably you don't remember, but I'd be happy to again provide you the document. At each sample point, five samples were collected and each one was run in replicates of five to evaluate what the microbial state of the phase was. Next slide, please.

Okay.

So we're going to hop right into results. First thing I'll tell you is that all of the effort we put into designing a statistically ethical study was all for naught. Done the reason for that is is because at the first stage of extraction in both paradigms, super critical food and hydrocarbon extraction, the plant material was removed during the first phase. I'm sorry, the contaminants were removed during the first phase. So the whole repeated measures analysis, we never had to run it nor could we because if you do not have variation, you cannot run statistics. So basic take-home message here is step one is everything was removed from the contaminated material or killed or wasn't extracted during that process.

So if you look at the graphs there up on your screen, there are three of them, total yeast and mold top left, total aerobic bacteria top right, and total anaerobic bacteria at the bottom. And you can see that the parent material which is the plant material was highly contaminated with all three of those different microbial contaminants. Total yeast and mold is so high that it could not be quantified, and therefore I put in a value of one million colony forming units per gram.

Now if you follow each graph from left to right from parent material to the right, you'll see that there are different stages in this process, okay? So this is the hydrocarbon extraction here, and the plant material was indeed highly contaminated with all three of these microbial variables. And then immediately following extraction, there is no more microbial contaminants at all. I might also mention that we were tracking the mycotoxins just in case they were transferred from stage to stage. First of all, they were not found in the parent material nor were they found in any subsequent stage of extraction. Next slide, please.

Okay.

So this is just in numerical format

for that same set of graphs. So at the top, top left you'll see the stage. First stage is parent material, second stage is raw extract, and the third stage is the final raw material for hydrocarbon extraction. So these numbers might be interesting for you guys to read about, and I won't get into much about the cannabinoids, terpenes, efficiencies, et cetera. But if you first look at the parent material stage, you'll see that you you'll have the raw numbers for the contaminants that were present in the raw material. And if you then go down to the next subsequent stages, you'll see that in all replicates those microbial contaminants were completely removed and there were no mycotoxins present at all. Next slide, please.

So this is carbon dioxide extraction, and you can see that there's more steps involved in carbon dioxide extraction. However, the same patterns still - still shows. The parent material was highly contaminated with aerobic, anaerobic, and yeast and molds. And following extraction, there's no more microbial contaminants nor mycotoxins present. Next slide, please.

This is again that numerical format, and I'll just draw your attention to the parent material on the right where we show the microbial

contaminants. And you can see that this having contaminated in the plant material and then the four subsequent stages are completely free of microbial contaminants and the mycotoxins. Next slide, please.

So we went over that very quickly, but what is - what are the ultimate findings of this? Well we found through this research initiative that the infrastructure that we have here, that we have deployed here at Organic Remedies is capable of producing extracts that comply with - that comply with PA DOH standards. And that the extraction stage was the most important stage of that. Furthermore, we - we found that our, did this also from a manufacturing standpoint showed us that our extraction and refinement processes and the systems involved are well designed and are highly efficacious for the removal of biological contaminants and their metabolites.

Again, the critical phase was the extraction step and all of the steps maintained or enhance the capture of biological contaminants and the metabolites.

So in - in conclusion, we would suggest that the materials that were created from the contaminated plant material are suitable for use in the production of all of the different formats of

therapies that are available in the Pennsylvania medical marijuana market. And next slide.

Thank you very much. My email address is there should you have any additional questions, and on top of that I'd like to just recognize Steve Hill as our research partner, the Pennsylvania Candidates Coalition who helped fund part of this project, and Organic Remedies and their Board for participating in funding this project. Thank you.

CHAIR: Great. Thank you so much for that presentation. Before we move forward, does anyone have any questions for Mark?

MS. ROUSSEL: Hi, this is Christine Roussel. I do have a question. With your research, I appreciate that your initial product was contaminated with three of the categories of microorganisms, but neither - none of your start material was ever contaminated with E. coli or Salmonella. So are you extrapolating your results to show that your extraction process would also inactivate those microorganisms and prevent them from being found in the final product as well?

MR. JUNE-WELLS: Unfortunately, that would be something I cannot do because they are indeed different organisms. However, the literature does

suggest if you dive into the super critical carbon dioxide sterilization literature, it does suggest that it would work. But we do not have evidence of tha.t

MS. ROUSSEL: Thank you for the clarification.

CHAIR: Great, thanks. So thanks for that question, Christine. Any other questions from Board members?

MS. BRIGGS: I do have a question. This is Diana Briggs. Are other states allowing this remediation? Do you know of any other states?

MR. JUNE-WELLS: In most states, extraction is considered a pathway for utilization of contaminated products because of the background research that has been done in terms of these extraction techniques, extraction solvents. I don't want to say this has been done for cannabis. We may be the first, I don't know that for sure. But I was unable to find during my literature search many papers associated with cannabis and sterilization at all. And so, in other states I believe they're leaning on the research out there in regards to hydrocarbon sterilization and super critical carbon dioxide sterilization paradigms and allowing for this type of process to be used to capitalize on contaminated

material.

MS. BRIGGS: Thank you.

CHAIR: Great, thank you. Other Board members, any other questions? Okay, great.

Well thank you so much for that presentation. Really appreciate you coming to join us today.

MR. JUNE-WELLS: Not a problem at all. Thank you so much for having us.

CHAIR: Great. So I believe the Medical Research Subcommittee then will consider the presentation and we will get a report back from them at our next Board meeting on their findings based on this presentation. So thank you very much. And since we have no more questions on this presentation, are there any other topics that any Board members would like to address at this time?

MS. BYRNES: This Carolyn. Can you hear me?

CHAIR: We can hear you, Carolyn.

MS. BYRNES: Okay, great. I just wanted to let everybody know that I'll be following up with program staff regarding when the guidance documents will be ready for the research, to approve research conditions. Again once those are completed,

the Board will then be able to begin accepting and reviewing applications for conditions for research. So I'll have an update at the next meeting.

CHAIR: Great. Thank you for that, Carolyn. Are there any other topics or any questions from any Board members?

Well I do want to announce that the next Board meeting is scheduled for September 22nd, 2022 from 10:00 to noon, and we are scheduled for some virtual Board meeting as before. Anything else before I ask for a motion for adjournment?

Well again, welcome to all our new Board members, looking forward to working with all of you. And at this time then since we have no other comments or questions, may I have a motion for adjournment?

ATTORNEY ADAMS: I'll make a motion.

CHAIR: Thank you, District Attorney Adams.

MR. KAMBIC: Second, Kambic.

CHAIR: And Dr. Kambic, great. Good. So all in favor of adjournment?

(AYES RESPOND.)

CHAIR: Any opposed?

(NO RESPONSE.)

CHAIR: All right.

Well thank you all. Again, always appreciate your participation and attendance. I hope you have a great rest of your week, thank you very much.

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MEETING CONCLUDED AT 11:20 A.M.

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CERTIFICATE

I hereby certify, as the stenographic reporter, that the foregoing proceedings were taken stenographically by me, and thereafter reduced to typewriting by me or under my direction; and that this transcript is a true and accurate record to the best of my ability.

Dated the 1 day of September, 2022

Hannah Bartkowski,
Court Reporter