MEDICAL MARIJUANA ADVISORY BOARD

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IN RE: VIRTUAL MEETING AND LIVE BROADCAST

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BEFORE: KEARA KLINEPETER, Secretary
Janet Getzy Hart, R.Ph., Member
Denise Johnson, M.D., Member
David Steffen, Member
John Adams, Member
Geith Shahoud, M.D., Member
Bhavini Patel, Member
Daniel Kambic, D.O., Member
Shalawn James, Member
Luke Shultz, Member

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

LOCATION: via Microsoft Teams

Reporter: Jennifer Corb

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I N D E X

E X H I B I T S

Number	Description	Page Offered
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P R O C E E D I N G S

SECRETARY KLINEPETER: Good morning, everybody, and welcome. My name is Keara Klinepeter. I currently serve as the Acting Secretary of Health here in the Commonwealth of Pennsylvania. It's wonderful to be with all of you this morning.

Before we officially get started, I wanted to take a moment to recognize and thank a previous board member who has just done extraordinary work on behalf of the Medical Marijuana Program in her Board capacity. Molly Robertson, whose term expired in December, is an invaluable patient advocate that participated in the Board actually since its inception. Molly worked tirelessly to get the Medical Marijuana Act passed in Pennsylvania and has made it her mission to ensure that Pennsylvanians have access to medical marijuana both legally and affordably. Her leadership helped get her appointed to the chair of the Patient and Caregiver Subcommittee, and she's been an asset to the Medical Review Subcommittee, which is responsible for presenting serious medical condition applications to the Board for consideration. I sincerely commend Molly for her time, dedication and commitment given to this Board, and I personally thank

her on behalf of the entire Department of Health for her service.

We also have another change that recently occurred. Arion Claggett has been appointed to serve as the Acting Commissioner for the Bureau of Professional and Occupational Affairs at the Pennsylvania Department of State. This position previously held by Kalonji Johnson, earns him a spot on the Board. Consequently, Arion will be replacing Kalonji as a Medical Marijuana Board member. Unfortunately, due to a prior commitment, Arion was unable to join us today, but I look forward to introducing him to the group at our May 4th meeting.

At this time I would like to officially call our meeting to order. This is the Medical Marijuana Advisory Board meeting being held at 10:00 a.m. on March 22nd, 2022. And this meeting is being broadcast live. We will officially get started by taking roll call.

For your reference, you were all provided with an updated Board member list in your packet for today, reflecting the recent Board member changes that I just mentioned. The updated list will be posted on our website after this meeting, replacing the list that's currently there.

So to begin, Colonel Robert Evanchick will not be able to join us today, but DOH's heart certainly go out to the Pennsylvania State Police today for the incredible tragedy that they're dealing with.

Do we have Janet Getzy Hart?

MS. GETZY HART: Present.

SECRETARY KLINEPETER: Thank you. Of course we don't have Arion Claggett, as I just mentioned. Do we have Dr. Denise Johnson?

DR. JOHNSON: Present.

SECRETARY KLINEPETER: Thanks, Dr. Johnson.

Do we have David Steffen from the Lancaster County Regional Police Department?

MR. STEFFEN: Present.

SECRETARY KLINEPETER: Thank you very much. Do we have John Adams from the District Attorney of Berks County?

ATTORNEY ADAMS: Present.

SECRETARY KLINEPETER: Do we have Dr. Geith Shahoud?

DR. SHAHOUD: Present.

SECRETARY KLINEPETER: Thank you.

Bhavini Patel?

MS. PATEL: Present.

SECRETARY KLINEPETER: Thank you.

Dr. Daniel Kambic?

DR. KAMBIC: Present.

SECREETARY KLINEPETER: Much appreciated.

Dr. William Goldfarb will not be joining us today, unfortunately. Do we have Shalawn James?

MS. JAMES: Present.

SECRETARY KLINEPETER: Luke Shultz?

MR. SHULTZ: Luke is present.

SECRETARY KLINEPETER: Very good.

I want to ask Legal Counsel to the Board, Katelyn Maltais, do we have a quorum to proceed today, Katelyn?

ATTORNEY MALTAIS: Good morning, Secretary. Yes, confirming we do, in fact, have a quorum to proceed.

SECRETARY KLINEPETER: Excellent. Thank you so much, Katelyn.

Wonderful. So our next order of business is to approve the previous meeting's minutes. I understand that all of you have been provided the meeting minutes from the last Board meeting that was

held on November 16th, 2021. I hope you all had a chance to review them. May I get a motion to approve the meeting minutes from November 16th, 2021, please?

MS. GETZY HART: Motion to approve.

MR. STEFFEN: I'll second.

SECRETARY KLINEPETER: Excellent. All those in favor of the motion to approve the minutes please say aye.

(WHEREUPON, THE AYES RESPOND.)

SECRETARY KLINEPETER: Is anyone opposed? Are there any abstentions? Excellent. Then the meeting minutes from November 16th are approved.

Before we move on to the agenda items today, since it's my first Board meeting and my first time getting to know many of you, I was hoping we could just take a minute and introduce ourselves a little bit. I'm happy to start and then we can kind of go round robin with each of the Board members.

So as I mentioned, my name is Keara Klinepeter. Prior to serving as Acting Secretary, I served as the Executive Deputy Secretary, so the number two spot in the Department. It's been my privilege to be part of the leadership team here since

the beginning of the pandemic. And before that I worked on the Pennsylvania Rural Health Model. So my background is a little bit more on the payment model side and hospital operations, but very excited to be part of the leadership team on the Board here and continue to advance this vital work.

On a personal note, I'm from the Harrisburg area originally. My husband and I are expecting our first child in June, so it's an exciting time in our lives. And it's great to be with you. So I'm happy to just ask each of you if you wouldn't mind quickly saying hello and sharing a bit about yourselves, I'd really appreciate it. Perhaps we could start with Janet, if you don't mind.

MS. GETZY HART: Sure. I'm Janet Hart. I'm currently Chairperson of the Pennsylvania State Board of Pharmacy, serving my second term. I am - my professional side, I am a Director of Regulatory Affairs for Rite Aid, the drugstore chain, and I deal with like the DEA and the FDA and governmental regulatory agencies.

SECRETARY KLINEPETER: Excellent. Awesome. Thanks so much, Janet. Well, Dr. J., I think we know each other pretty well. But for the rest of the group, anything you'd like to share.

DR. JOHNSON: Thank you, Secretary. I'm Denise Johnson, serving as the Physician General for the Commonwealth of Pennsylvania. I am an OB/GYN physician by training and spent many years in private practice. I also am Chief Medical Officer at Meadville Medical Center in western Pennsylvania, so oversaw physician recruiting, patient experience, on the development of an accountable chair organization and involved with a lot of community projects that had to do with diversity as well as the needs of women and girls. Also served on the Governor's Commission for Women. Served as Board Chair of the Pennsylvania Coalition Against Rape and many other community organizations. I'm very glad to be here with all of you, and welcome, Secretary.

SECRETARY KLINEPETER: Thanks so much, Dr. Johnson.

David, will you share a bit about yourself next?

MR. STEFFEN: Thank you. My name's Dave Steffen. I'm Chief of Police of the Northern Lancaster County Regional Police Department. We are an accredited agency. I currently serve as President of the Pennsylvania Chiefs of Police Association. I am on the MDAIR Board with DDAP for review of drug-

related deaths. And I'm also present on several executive boards throughout the Commonwealth. Thank you.

SECRETARY KLINEPETER: Thank you so much, sir. John Adams?

ATTORNEY ADAMS: Thank you. My name is John Adams. I am the District Attorney of Berks County. I am serving my - in my fourth term as District Attorney of Berks County. I am also on the Executive Committee, the Pennsylvania District Attorneys Association and am a past President of the District Attorneys Association.

I've actually been involved in this Board since its inception, back as - I was the President of the DA's Association at the time - came around. So thank you.

SECRETARY KLINEPETER: Thank you so much. It's a pleasure to be with you. Dr. Shahoud?

DR. SHAHOUD: Hi. My name is Geith Shahoud. I'm a child and adult psychiatrist. I live in Pittsburgh, Pennsylvania, and I work as a child and adult psychiatrist. Welcome, Secretary.

SECRETARY KLINEPETER: Excellent. Thank you so much for your work. That's wonderful.

DR. SHAHOUD: You're welcome.

SECRETARY KLINEPETER: Bhavini, may I ask you to jump in?

MS. PATEL: As mentioned, my name is Bhavini. I am based in Pittsburgh, Pennsylvania, and a small business owner based here. I serve on a few different boards at the University of Pittsburgh and several different nonprofits locally here. And that sort of community-based work is what brings me to serve on the Medical Marijuana Advisory Board.

SECRETARY KLINEPETER: Excellent.

MS. PATEL: And I'm glad to be here with all of you.

SECRETARY KLINEPETER: Thank you so much. Really appreciate it. Dr. Kambic?

DR. KAMBIC: Hi. I'm Dan Kambic. I'm a practicing family doctor in Steelton, Pennsylvania, just outside of Harrisburg, which is my hometown. I've been in practice 38 years. And I also am the Program Director of the Family Medicine Residency Program at UPMC Harrisburg. So I am now teaching my residents about medical marijuana because Pennsylvania doesn't teach anything about it, so they're all interested and will go out and going forward to incorporate this into their practices going forward. I'm a firm believer in this, and it's worked

tremendously well for the patients that I've been using it on since November 1st, '17. And welcome, Secretary.

SECRETARY KLINEPETER: That's amazing. Thank you so much, Dr. Kambic. Thank you for your work. Shalawn?

MS. JAMES: Good morning. My name is Shalawn James. I am a lifelong advocate. I've been a member of the Medical Marijuana Advisory Board since its inception. I just currently underwent a job change. I'm actually working as a contractor for the State of Maryland in their efforts to improve homelessness for youth and for returning citizens coming out of a Maryland State Corrections Center. So absolutely happy to be here. I'm also an advocate for sickle cell and patient access to medical marijuana.

SECRETARY KLINEPETER: Amazing. Well, congratulations on your new professional opportunity. That's exciting. And it sounds like really wonderful work.

MS. JAMES: Thank you.

SECRETARY KLINEPETER: Great. And last, but certainly not least, Luke?

MR. SHULTZ: Hi. My name is Luke Shultz. I'm a medical marijuana patient and a patient

advocate. I'm on - I've been on the Board since its inception. Thank you.

SECRETARY KLINEPETER: Great. Thank you, Luke.

All right. Well, I really appreciate everybody taking a couple minutes to do that. I know for many of you that probably wasn't the first time that you have introduced yourself in this forum, but it's really great to start to put a bit of background and faces with names. And again, I just really want to commend you and extend my deepest gratitude for your work on this Board in pursuit of, you know, promoting better health for all Pennsylvanians.

So before I ask John Collins to provide a program update, I would like to take this opportunity to pause and acknowledge a few items. First, I want to congratulate the staff of the Office of Medical Marijuana on two important announcements made earlier this month. One is regarding the Medical Marijuana Assistance Program, or MMAP. With the enactment of Act 44 of 2021, the Department of Health was able to add new services that help provide assistance to medical marijuana patients and caregivers and to provide assistance as quickly as possible. The expansion of these services is

occurring in three phases.

Phase one would eliminate annual identification card fees for eligible participants registered in an existing Commonwealth financial hardship program. Those types of programs include WIC, CHIP, Medicaid, PACE or PACENET and SNAP. Phase two would eliminate all background checks - excuse me, background check fees for eligible caregivers. And phase three will distribute a to-be-determined benefit amount per funding period per eligible patient.

We made a commitment at the previous Board meeting to have phase one implemented by quarter one of 2022, and I'm very pleased to announce that as of March 1st, 2022, the Office of Medical Marijuana has successfully implemented both phase one and phase two of MMAP ahead of schedule.

Additionally, we continue to work aggressively towards implementation of phase three. The Department is excited to be able to expand assistance to medical marijuana patients and caregivers who may be experiencing financial hardships. Patients deserve to have access to their medication and to treat medical conditions, and cost should absolutely not be a barrier. And so, for those reasons, we're really proud of the pace at which this

progress has moved and we're excited and committed to moving through phase three judiciously. So congratulations to the whole team for that accomplishment. I'm very grateful and proud of that work.

The second announcement involves the Medical Marijuana Research Program. The Department recently approved the ninth Clinical Registrant, or CR, Story of PA CR, LLC, who's been approved to work with the Geisinger Commonwealth School of Medicine, who is the ninth certified academic clinical research center. This Clinical Registrant will have a grower/processor facility in the Southwest region and will initially have two dispensaries, one in the Northeast Region and one in the Southeast Region. This means that all nine currently certified, academic clinical research centers in the Commonwealth are partnered with a CR and are in a position to conduct much-needed and highly-anticipated medical marijuana research.

The Department continues to grow and support clinical research opportunities of the medical marijuana program because we know that this research is essential to providing physicians with more evidence-based information to make clinical decisions

for their patients.

It is the cornerstone of our program and a key to our clinically-based patient focus program for people suffering with approved, serious medical conditions. Congratulations to the office for moving these two very important initiatives forward and seeing them successfully across the finish line.

Now, really before I hand it over to John Collins, I did just want to take a moment to acknowledge John. As many of you have heard by now, John is finally being allowed to retire. He has attempted to retire a few times before this, but is finally going to do so successfully. On a personal note, I admire John greatly. I think the work that he has accomplished in the Office of Medical Marijuana since 2016 is extraordinary. He was given a very big task by way of implementing legislation and has done so expediently while also building a team. And that is no short order, and so I really want to commend John for the work that he's done. It's been a privilege to serve alongside him, and I am very grateful for everything he has done for the Commonwealth.

I think it's exciting for him personally to be able to spend more time with his

family, but of course, we will miss him deeply. But I know John is leaving behind an incredible legacy and we are looking forward at the Department to continuing that legacy of excellence and of continuing to provide a much-needed clinical option to patients in Pennsylvania. So John, sincerely on behalf of the entire Department and Wolf Administration, can't thank you enough for the work that you have done to advance this important mission on behalf of the Department of Health and Pennsylvanians.

So with that, I will now turn it over to you for a program update, and I'm looking forward to hearing from you. Thank you so much.

MR. COLLINS: You're quite welcome. And what an honor. Thank you so much. I appreciate the support of the Governor, Department of Health leadership, including yourself, of course, Secretary, the Legislature. This program has been expanded many times for the benefit of patients. That leads me to our stakeholder group. You know, all of those interested parties have contributed to the success of the program, most notably our patients. This is about them, and they have stepped up multiple times to assist us with the creation of a program that ultimately benefits them. Also appreciate our

practitioners being able to engage and willing to do so. Again, it's been quite an honor and a privilege. Thank you, Secretary, so much.

We will go through a couple of items. This won't take too long this morning. As you're seeing here, the Medical Marijuana Assistance Program that the Secretary has already outlined, I'll just touch on that again as a way of summarizing. We have our statement topic, which is what is the program doing called Program Metrics. And it continues to grow. We'll take a little deeper dive on patient purchasing activity, most notably around permittee pricing trends, you know, what are the pricing trends and what does the cost of this program really mean to patients at the dispensing counter.

Next slide, please. So let's go ahead and go to the next slide. This is just a way of summarizing, Secretary and Board. This was presented at the November Board meeting, and this outlines the multiphasic approach the Secretary just spoke about. It also illustrates on the left-hand side of the illustration that these types of phases were made available as long ago as 2017 and more recently as of March 1st have been truly implemented thanks to Act 44 passing in June of 2021. Very helpful.

Next slide. Again, just to again document this, that we were targeting phase one to be completed before the end of the first quarter that we're currently in. As the Secretary has already noted, we're quite pleased to point out that both phase one and phase two have been fully implemented and patients who qualify are already - and caregivers already benefiting from this early implementation. Still left to implement most notably is the assistance program, and we're working diligently to have that implemented as soon as possible.

Next slide, please. We'll go ahead and advance one more slide. We're going to take a look at program metrics. And there's a lot to unpack here, so I'm going to go ahead, Secretary and Board, and focus on these highlighted items, these four highlighted items that were just up. Let's go back to that. Thank you. The number of active patient certifications would speak to how many patients currently have the ability to walk into a dispensary and purchase product, how many approved practitioners do we have, what has been the total dispensing events and what has that resulted in, in terms of products safely dispensed to patients, physician guided, through the practice of pharmacy. And I want to just

do a quick comparison to our last Board meeting on some of these topics, most notably dispensing events.

At the last Board meeting we had a little bit more than 16 million dispensing events. We're now up to 20 million. So that's quite significant growth since the last Board meeting. And also, we have about another ten million. We were around 47 million products dispensed, and we are now approaching 57 million. Financials are clearly stated here. It's a significant program benefiting all those that are able to participate.

Next slide, please. We're going to next take a look at the purchasing activity of - you know, what is actually going on at the dispensing counter.

Next slide, please. And take a look at this program, the current year, meaning the last 12 months, over the prior 12 months. And you'll see continued growth, but you should also note the program is growing but at a decreasing rate. So although numbers continue to go up, patient engagement continues to increase. The program is still increasing, but as I noted, at a decreasing rate.

Before we advance to the next slide, I just want to point out that we're going to take a

little deeper look at the two most recent months and really point out how significant these increases have been historically, most notably due to the beginning of the pandemic on the far left-hand side of this illustration, but also how it's compared to a year prior. So again, the key takeaway here is continued growth but at a decreasing rate.

Next slide, please. This is the illustration I just referenced. So we're taking a look at January and February, and we're comparing that to the exact same month over a three-year period of time. January and February tend to trail down from December. In any given year, December is always the highest month in any calendar year, and then it falls off slightly in January and then again in February. And you're seeing that occur here in 2021, as well as 2022. And then it tends to pick up and grow again as we approach the summer months. So we're seeing the same trends here. What you're able to look at is about a 20-percent increase in January of this calendar year over the past same month of last year. And the same is true for February compared to 2021.

Next slide, please. Next we're going to take a look, and a very detailed look, Secretary and the Board, at our continued focus on pricing. As

previously mentioned in multiple past Board meetings, we have a competitive marketplace. We're anticipating pricing to come down, which you'll see, but it needs to be passed along to the patient. And we do have some trailing activities here that I want to illustrate.

Next slide, please. This is dry leaf sales. Dry leaf sales account for the most significant part of all of the types of products that we have. On this slide you'll see that the number of dispensaries have grown in this particular period of time, from January of 2020, from 77 actually up to 156 through early this week. And as a result, we also see service increasing. We also see volume increasing for the highest volume product, which is dry leaf sales. And we're delighted that, as volume grows, that our dispensaries are able to keep up and patients have outlets, with a couple of noted exceptions. There are about eight counties that have been previously identified that we're still, Secretary, seeking a way to service those patients. We have, as noted previously, about eight locations where there's more than 2,000 patients that could easily support a dispensary because that's the average number of patients seen by a dispensary, but there are no

dispensaries there. So we're continuing to look for avenues to broaden the penetration of dispensaries to be able to meet the needs of those patients in those communities.

Next we're going to take a look at what is happening to pricing. And before we advance the slide, I want to point out two things. One is retail pricing, which refers to purchasing at a dispensary. And also, wholesale pricing, which refers to the cost of the product for dry leaf that a dispensary pays. And I think you're going to see some interesting trends.

Next slide, please. So this is a trend line, and it illustrates how pricing has declined since the beginning of the audited period. Now, just for clarity, this is not since the beginning of the program. Pricing has fallen more aggressively since the beginning of the program, but we elected January 20th the first - you know, preceding the pandemic, that first calendar month, to take a look at what pricing trends have been because of the increase in participation in the program, as evidenced in sales on this illustration, and the growing number of dispensaries, which should provide more competition. And you can see this downward trend line, which is a

good thing, but we also want to take a look at a similar trend line for wholesale pricing. You're going to see a notable difference here.

Next slide, please. This shows a bit of a disparity between the falling price on the purchase side for dispensaries in terms of their cost, if you will, to purchase product from suppliers versus how is that being passed along to patients. This is not the trend line that we'd like to see continue. We continue to emphasize the fact that these savings must be passed along to patients. And since our patients, Secretary and the Board, don't buy percents, they purchase things based on dollars, right, we're going to take a look at something else a little bit more granular. But the key takeaway on the slide is this is not a good trend.

Next slide. This is an important distinction because this looks at price. You'll see price on the left-hand side. And this does tease out trend lines. So in an ideal world, both of these trend lines should be falling at the same rate. And although visually they have a look like they do, because of the volume, I'm going to provide another illustration to point out that they, in fact, do not.

Next slide. This slide clearly shows

that the wholesale pricing per gram for dry leaf, again our highest volume product, continues to fall at a decreasing rate for retail pricing per gram. So for clarity, $15.67 was the average in January of 2020. It is now $13.40. And again, this is average. But I do want to point out that wholesale pricing in January of 2020, at $10.19, is now $6.65. And for those seeing this, you can clearly see this widening trend line. And the area between the top line and the bottom line are clearly saving opportunities for patients that we're just not seeing being passed along.

I do want to, in fairness, point out that directionally this is the direction to go. However, there is a significant opportunity to pass along savings to patients. And speaking for them, they should demand that this be passed along to them, Secretary. So that said, we're seeing the evidence of a competitive market, but this is again illustrating a bit of a holdback on passing those savings along to patients.

Again, in fairness, things tend to be trailing, but we would expect for this to continue to decrease at the same rate per wholesale as it would be for retail. These things at the counter, for example,

need to be more aggressively priced, in my opinion.

That concludes the update, Secretary. I'll hand you back the floor. I'm happy to answer any questions about any of the information that I presented here today. Thank you.

SECRETARY KLINEPETER: Thank you, John. Does anyone have questions regarding the information John just presented to us?

MR. SHULTZ: Yeah. This is Luke.

SECRETARY KLINEPETER: Please, Luke.

MR. SHULTZ: Yeah. What - Director Collins, what can you do or what are you doing to encourage the dispensaries to adopt better pricing as their wholesale pricing is dropping?

MR. COLLINS: Luke, thanks for the question. We - we can't particularly force a price point. This is an open market, a free market model. Dispensaries take title to the product and have the right to price it.

What we can do to encourage more competition is to put a spotlight on it, like we're doing today, to make sure that patients are clearly aware that there are savings opportunities here, as illustrated in this line, Luke, that may not be being passed along to them and that it must happen, in my

opinion.

Also, we're operationalizing more dispensaries as quickly as those requests come in. So more dispensary locations clearly would make it more competitive. And the Department has pledged significant resources in getting these 256 and looks to continue to grow that.

MR. SHULTZ: Okay. Thank you.

MR. COLLINS: You're quite welcome.

DR. KAMBIC: John, Dr. Kambic. Along those same lines, patients have been commenting to me about -.

SECRETARY KLINEPETER: Perhaps it's just me. I'm having a very difficult time hearing you. John, are you able to hear the question?

MR. COLLINS: Barely, but it's - yeah, I can hear it. Dr. Kambic, go ahead.

DR. KAMBIC: Patients are asking the same comments that Luke is pointing out. And I told them, I said, look, I mean, you go to the grocery store, a pound of bacon costs almost double what it did a year ago, too. So I don't know if that trickles down all the way from the economy and the inflationary problems we are having.

Do we have any - as a state, do we

have any control on trying to maybe lock these prices as opposed to going up with the inflationary measures that everything else is going. I don't know what to tell the patients is what I'm getting at.

MR. COLLINS: Dr. Kambic, a couple of things, and then I'll ask Counsel to program the comment on what kind of legal oversight do we have here, if any, but we did set this up as an open-market model, meaning patients can go anywhere they want, which leads to a lot of competition. So you're seeing the benefit of that over the long run.

In terms of, you know, what can be done to require a dispensary to pass along point to purchase savings to patients, I'm not sure other than what we're speaking about today, putting an emphasis on it and pointing out that it's lagging, and it should not continue to lag. I think that's about the best we're able to do here.

Carol, I'll have you add any additional comments, please.

ATTORNEY MOWERY: Sorry, John. The unmuting was just not working. So as you know, the only real action we can take under the statute is to set pricing caps if - if we determine that the pricing has become - I'd have to look to check the exact

language, but excessive or unreasonable maybe. I know excess is in there. And I'll let you talk. I know you have an explanation for why we haven't done that to date.

MR. COLLINS: Yeah. Thank you, Carol. Those two parameters, unreasonable or excessive. One, parsing those two things, since it's an or, not an and, there is a reason. So it's not without reason for seeing price changes. Excessive is the box that needs to be evaluated, Dr. Kambic, in my view. And we have a subcommittee to look at that. I would encourage that that look get a fairly significant deep dive on whether or not what's being represented here can be characterized as excessive.

To Carol's point about pricing caps, in my experience, they don't work because what happens is everyone raises up to that level. And also, putting a note of caution here based on the litigious environment that we're in, we cannot, in my opinion, come across as arbitrary and capricious with just picking a number because it needs to be defended. So sometimes pricing caps get conflated with pricing floors. That's not what we have here.

We also have to confer with the Department of Revenue to be able to reach a conclusion

that both of those hurdles have been met, but I would encourage the subcommittee that can take a little bit more granular look at this. I'm clearly calling out today, Secretary, a red flag that needs to be investigated. Thank you, Dr. Kambic.

SECRETARY KLINEPETER: Thank you, Dr. Kambic. Are there other questions for John? Okay. Hearing no more questions, we will move on. Thank you again, Director Collins, for that update.

The first thing I want to cover today is some carryover or some old business. At a previous meeting, the need to create a way for the public to provide feedback or contact the Board was brought up and discussed. The previous Chair informed you that we are looking at ways to accommodate this request. And today I am very happy to report that we have found what feels like an easy way for people to provide feedback to this Board, and I hope that you'll find it to be a useful tool moving forward.

So right now there is a contact form that is available on the Department of Health's website as a way for the public to ask questions or provide feedback to the Department. By modifying this preexisting form and process, individuals are now able to select a specific option to contact the Medical

Marijuana Board as one of the options. So this means that when the forms are created and the Advisory Board option is selected, the form will be routed to somebody in the Office of Medical Marijuana, who will gather information and create a spreadsheet for Board members. The spreadsheet will be shared with Board members at upcoming scheduled meetings. And so this is, you know, a live function today that the public will be able to use to provide questions or contact the form - or contact the Board, excuse me, via the form in order for us to be able to be responsive to their questions, ideas or concerns.

Does anybody have any questions or comments about this advancement? Okay. Excellent. Well, hearing no questions, we'll move on to new business.

The first item on the agenda under new business is the subcommittee chairs and members. As mentioned earlier, we do have some recent changes in membership that impacted the subcommittees, and I want to make sure I acknowledge on the record the following new assignments. Arion Claggett, who is again not with us today, will join the Regulatory and Report Subcommittee. And I've asked Shalawn James to please serve as the Chair of the Patient and Caregiver

Subcommittee, and she graciously accepted. So thank you so much, Shalawn. I'm really looking forward to your leadership in this capacity, and I'm grateful for your willingness to serve. Additionally, Shalawn will join the Medical Review Subcommittee under Dr. Johnson's leadership. And so I'm really looking forward to having your expertise there as well.

Everything else will remain the same at this time. For your convenience, an updated list of the subcommittees has been provided in your electronic Board packet today. And just to recap for everybody, the roles, responsibilities and significance of these subcommittees, Act 44 of 2021 gave the Board the authority to continue to present recommendations and findings through a written report that would then be submitted to the Secretary of Health. Act 44 also outlines what recommendations and findings the Board shall submit reports on. We want to make sure that the items that this Board can consider providing recommendations and findings on were appropriately assigned to the Board's already-established five subcommittees for additional visibility and review.

The assignments, which you can see on the screen - thank you very much, Holli, are as

follows. The Regulatory Subcommittee, chaired by Janet Getzy Hart, is responsible for looking into, one, whether to change the types of medical professionals who can issue certifications to patients. The Medical Review Subcommittee, chaired by Dr. Denise Johnson, is responsible for whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under the Act. The Medical Research Committee, chaired by Bhavini Patel, is responsible for whether to change the form of medical marijuana permitted under the Act. Pardon me. The Patient and Caregiver Subcommittee chaired by Shalawn James is responsible for looking at how to ensure affordable patient access to medical marijuana. And the Report Subcommittee chaired by Luke Shultz is responsible for compiling any reports and incorporating each subcommittee's recommendations and findings accordingly.

When these assignments were given it was also decided that each subcommittee will provide an update at each Board meeting on their activities since the previous meeting, which creates the perfect segue into our next agenda item, subcommittee updates. At this time, each of the subcommittee chairs or their designee, if they wish, will be asked to provide an

update. So first up we have the Regulatory Review Subcommittee chaired by Janet Getzy Hart. Janet?

MS. GETZY HART: Thank you, Madam Secretary. At this point we do not have an update. We were not able to meet with the change from Kalonji to Arion, so we will meet for the next meeting.

SECRETARY KLINEPETER: Understood. Thank you so much, Janet. Really appreciate it.

Okay. Well, then next up we have the Medical Review Subcommittee. I'm happy to hand it over to you, Dr. Johnson.

DR. JOHNSON: Thank you very much, Secretary. The Medical Review Subcommittee was asked to update our policy to account for Board members who might want to add or modify condition, a serious medical condition. We had previously updated the policy so that we added a little bit more transparency to the process, so that when the Committee met and made our deliberations, we would forward information to other Board members so that they can weigh in on the discussion during the Board meeting, and so we had updated that policy.

As you recall from the Act, others besides the public, meaning Board members, are able to suggest conditions that may be considered, and we

wanted to make sure that the process was consistent. So right now, for the public, when they want to add a condition, this is submitted on our application that also requires some research be submitted with it. We updated our policy now, and you received a copy of that in your packet, to indicate that not only the public but the Board members could go through the same process.

The only other change that we made on the - on the policy was that on the policy, it was listed that there were 21 conditions currently listed, and we just changed that to list of conditions instead of putting the number so that we wouldn't need to update this policy each time the number changed. So the Medical Subcommittee has reviewed this policy, and we would like to make a motion that this policy be adopted.

SECRETARY KLINEPETER: Fantastic. Thank you, Dr. Johnson. Is there any discussion on the updated policy proposal? Okay. Hearing no discussion, does someone want to make a motion to approve or reject the updated policy to change, add or reduce a qualifying serious medical condition?

DR. JOHNSON: I'd like to make that motion, if I can, Secretary.

SECRETARY KLINEPETER: Of course. Thank you. Do we have a second?

MS. GETZY HART: Hart, second.

SECRETARY KLINEPETER: Thank you very much. I'm going to go through and allow everyone present the opportunity to vote. Janet, do you vote in favor?

MS. GETZY HART: Yes.

SECRETARY KLINEPETER: Thank you. Dr. Johnson, do you vote in favor?

DR. JOHNSON: Yes.

SECRETARY KLINEPETER: Dave, how do you vote?

MR. STEFFEN: I vote in favor.

SECRETARY KLINEPETER: Thank you. John, how do you vote?

MR. COLLINS: Support. In favor.

SECRETARY KLINEPETER: Thank you, sir. Dr. Shahoud, how do you vote?

DR. SHAHOUD: In favor.

SECRETARY KLINEPETER: Thank you, sir. Bhavini, how do you vote?

MS. PATEL: In favor.

SECRETARY KLINEPETER: Thank you. Dr. Kambic, how do you vote? Dr. Kambic, do we have you?

Okay. We'll circle back. Shalawn, how do you vote?

MS. JAMES: In favor.

SECRETARY KLINEPETER: Thank you. Luke, how do you vote?

MR. SHULTZ: In favor.

SECRETARY KLINEPETER: Thank you. Repolling for Dr. Kambic. Okay. Katelyn, given that we don't have Dr. Kambic or I'm unable to hear him, how would you like us to proceed?

ATTORNEY MALTAIS: I checked my roll call count, Secretary. We still have a quorum without Dr. Kambic, so we can proceed without his vote, which, if my math is correct, that gives us eight yeses.

SECRETARY KLINEPETER: That's my count as well. So it looks like we have sufficient votes to proceed with approving this update. Is that your recommendation as well, Katelyn?

ATTORNEY MALTAIS: Yes, that's correct, Secretary.

SECRETARY KLINEPETER: Excellent. Thank you. Wonderful. Appreciate everybody's input there. Excellent. Dr. Johnson, anything else?

DR. JOHNSON: Yes. Thank you, Secretary. Our committee was also charged to consider conditions that would be approved for research only.

We are still working on that process, as we need to have an actual process for people to be able to submit those requests and how they will be considered. So we expect to have an update at the next Board meeting on that separate policy.

SECRETARY KLINEPETER: Okay. Excellent. Well, we will look forward to that then. Thank you, Dr. Johnson.

DR. KAMBIC: Dr. Kambic. Can you hear me yet?

SECRETARY KLINEPETER: Oh, yes. There you are.

DR. KAMBIC: I was unable to work it, so I signed completely out and came back in. So now we're back.

SECRETARY KLINEPETER: Of course, sir. Would you like to offer -?

DR. KAMBIC: I approve.

SECRETARY KLINEPETER: Thank you very much. Thank you, Dr. Kambic. Katelyn, I've updated my tracker to reflect Dr. Kambic's preference and would like the record to also reflect his vote.

ATTORNEY MALTAIS: Perfect. I have nine as well then also.

SECRETARY KLINEPETER: Okay.

Excellent. Thank you so much. All right.

Then any other discussion on Dr. Johnson's updates? Okay. Thank you all very much.

Let's go next to the Medical Research Subcommittee chaired by Bhavini. Bhavini, please.

MS. PATEL: Thank you, Secretary. So we did have a chance to meet. And Luke Shultz had actually called this meeting, requested it, and we did organize it and had a conversation. So I would actually like to hand it over to Luke to talk about the things that he mentioned in that meeting since he had requested it, particularly focusing on new forms of medical marijuana.

SECRETARY KLINEPETER: Fantastic. Luke, please take it away.

MR. SHULTZ: Okay. Thank you.

At this point we're just presenting our findings and information for discussion, but we're not making a recommendation. I'll summarize what was in the report that I hope you'll get a chance to read. The Medical Research Subcommittee was tasked with investigating the issue of changing or adding to the available forms of medical marijuana. For the purpose of this discussion, I'll define edibles as medical marijuana-infused food and drink products as well as

forms that can easily be mixed into food and drink. This can include baked goods, candies, beverages and also a water-soluble powdered form.

Patients, caregivers, medical professionals and other stakeholders have wanted edibles since the program started. Edibles are wanted not only for convenience, but more importantly, for those patients for whom current forms are difficult to administer. And also, for some patients, edible forms work better than other forms of administration.

Currently, patients and their caregivers are permitted to make their own edibles, but that can present its own set of challenges. Getting the medical marijuana concentrate properly homogenized throughout the edible products can be problematic and result in products of varying strength. Some patients have been able to produce quality products and should be permitted to continue to do so, but for others it has been very troublesome, and they would greatly benefit from professionally-made products. Also, it's technically illegal to not have unused medical marijuana in its original packaging, which is a problem if the patient is taking their homemade edible medication outside of their residence.

The primary concern with edibles of medical - edible forms of medical marijuana is diversion, especially to children. If edibles were part of the program, they would be regulated, so as to minimize diversion and unintended use. At a minimum, the products would be in child-resistant opaque packaging, with labeling that clearly identifies what it is, who it is intended for, and with appropriate warnings. Currently, there are no regulations or even guidance regarding edibles made at home. It is up to the patients or caregivers to package and label them.

As an aside, my pain management doctor, who is also my medical marijuana certifying practitioner, has been asking me for over a year when the program will include edibles. He sees firsthand the real benefit in using them and has told me about his brother-in-law, who uses a low-dose gummy for insomnia in the Maryland program. And just this past Thursday he told me how Tower Health Medical Group is referring people addicted to heroin to him to be certified for medical marijuana, and that he's been advising those patients to make their own edibles and use the low doses to suppress the cravings for opioids. He said they are having real progress with this approach. But again, the patients have to be

able to make their own edibles and do it correctly.

I identified my doctor's name and practice in my written report and would be happy to provide additional contact information if anyone would like to reach out to him directly. I would strongly urge support for adding edible forms of medical marijuana, as is done in the vast majority of other states that have medical marijuana programs. At this time I'll open it up for questions and discussion.

SECRETARY KLINEPETER: Thank you. And final call for questions from others on this important topic?

DR. JOHNSON: All right, Luke. This is Dr. Johnson. I know that there has been some concern, even concern in other states, with the introduction of edibles into a medical program. Can you tell us about some of the negatives or the cons or some of the concerns that others might have?

MR. SHULTZ: Yeah. Thank you. In some of the other states, either in their medical or recreational marijuana programs, it wasn't very well regulated, so that they were allowing gummies and other products to be produced in the shape of animals and people, and they were really lax on their packaging and labeling so that the products were,

indeed, attractive to children. And they've since - and I'm referring to what I've read about California and Colorado. They've since upgraded their regulations to deal with those concerns, and they've had much success in reducing the amount of unintended use by children.

SECRETARY KLINEPETER: Dr. Johnson, does that answer your question sufficiently?

DR. JOHNSON: Yes. Thank you for that, Luke.

MR. SHULTZ: Sure.

MR. STEFFEN: Secretary, -

SECRETARY KLINEPETER: Oh, please.

MR. STEFFEN: - as part of that committee, I do want to indicate that there was not consensus on this issue and that the edibles were outside the scope of the original statute and probably with good reason. Our concern is based upon diversion. Simply put, we've heard some issues today about regulatory matters, especially as it relates to pricing. And basically part of the concern that we would have in the law enforcement community is the diversion. Certainly I understand there is potentially a need. However, the information we were presented was anecdotal at best and did not have any

data supporting the recommendation.

SECRETARY KLINEPETER: Understood, Dave. Thank you very much for that perspective. Other questions or thoughts from the Board, please.

MR. SHULTZ: If I could just make a comment to Chief Steffen. I think we did much better patient safety-wise and public safety-wise to have the edibles added to the program in a structured regulatory framework versus now we're expecting the patients to make these items on their own, with no guidance. And I imagine a lot of them are making up cookies, gummies and other products, putting them in clear Ziploc bags. They may mark them. They may not mark them. Who knows? They throw them on the kitchen counter, and now we have the situation where they're easily identified by children as something that looks attractive versus what we'd have in a regulatory framework where these - these products would be properly labeled, packaged and it would be a much better situation for diversion, in my opinion.

SECRETARY KLINEPETER: Thank you, Luke. Anybody else? Okay. Thank you. Very good discussion, everyone. Thank you.

Next we'll move to the Patient and Caregiver Subcommittee. Shalawn, would you like to

give us an update, please?

MS. JAMES: Yes. So the patient and Caregiver Subcommittee has not had an official meeting, but I will defer to Luke to give any update that he would have for the subcommittee as I am just taking on the role of Chair.

MR. SHULTZ: Okay.

Thank you, Shalawn. In your packet of information that you received there was a document titled Document of Findings and Recommendations on Affordable Access. I won't real the whole thing, of course. I'll just highlight some of the main points.

The Patient and Caregiver Subcommittee was given the task of investigating the topic of how to ensure affordable patient access. Information and suggestions to approve affordable access to the medical marijuana program were collected from patient and caregiver communities, other stakeholders in the program, the patient survey conducted by the Patient and Caregiver Subcommittee in early 2020, and consideration of how medical marijuana programs are administered in other states. This is an important topic in that costs involved with becoming a medical marijuana patient and purchasing products in Pennsylvania have been a concern since the start of

the program.

Given that the cost of product in Pennsylvania are among the highest in the country and it must be paid for entirely out of pocket, it is a real struggle for many patients to obtain products that best treat their symptoms. In many cases, patients use less than what they need or go without the products that best work for them.

As was discussed earlier in Director Collins's presentation, as the program matures and the final allotment of permits for grower/processors and dispensaries are granted, product pricing has stabilized and has even started a downward trend. This trend, along with product and patient ID card discounts, has helped many, but is far from adequate, especially for those most in need. Adoption and implementation of the recommendations presented herein require changes to state and federal law, program regulations and Department of Health policies.

I'll now review the six topics related to this that were addressed in that document. Number one, price caps on products. The Medical Marijuana Act permits the Department of Health to implement a cap on the price of medical marijuana being sold for a period of six months if they determine prices to be

unreasonable or excessive. And this was discussed earlier.

Instituting price caps might seem like an effective approach to controlling pricing. However, it won't be sustainable as a long-term solution. There are also concerns that unintended consequences might result when pricing is artificially manipulated rather than relying on market forces that allow for robust competition. For these and other concerns we recommend that the implementation of price caps be reserved for only the most extreme circumstances. And if enacted, that the - they be limited to select product lines and closely monitored for their impact.

Two, expand competition within the industry. The success of the program and robust participation has often caused the demand to outpace the supply and allowed for premium pricing on those products. Expanding the number of operators in the market would foster more competition, which, in turn, would encourage better pricing. We recommend that additional permits for grower/processors and dispensaries be made available. Also, that modifications be made to the type of operators that can obtain a permit in PA. Access to permits by

smaller entities with less capital should also be available, including those in marginalized communities that have been disproportionately and harshly impacted by the war on drugs. This would not only allow for more competition in general, but those smaller, more flexible operators could fill those segments of the market to provide products that are not in high demand overall but are still desperately needed by certain patients.

Approving more operator permits would require an amendment to the Act by the Pennsylvania General Assembly. HB-2035, introduced by Representative Shusterman, seeks to accomplish this by adding farmer growers to the program. We recommend that the General Assembly take this action.

Three, reduce or eliminate burdensome and excessive regulations and policies that add to the cost of producing and distributing medical marijuana products. To an extent, this is already in the pipeline with the finalization of the program regulations now set to be adopted in May of this year and from the changes to the Act - from Act 44, which amended the Act last June. Reform of cannabis laws at the federal level would also benefit and improve the cost effectiveness of our medical marijuana industry

and result in lower operating costs. Additionally, we recommend that policies developed and implemented by the Office of Medical Marijuana be done so with consideration as to how they will affect permittee operating costs and product pricing.

Four, establish the Medical Marijuana Assistance Program. This is also in the works, as was discussed earlier, as being rolled out in phases. We recommend expeditious implementation of the Assistance Program, which could significantly assist those patients with the greatest financial need to access the program and purchase medical marijuana products.

Five, allow multi-year patient certifications. Currently, patients can be certified for up to one year. There is a $50 annual charge for the ID card, with a waiver for eligible patients. Increasing the certification period to up to two years would lessen the financial burden on all patients and then certification renewals from practitioners would only be needed once every two years. Also, a lifetime certification should be permitted for patients with serious medical conditions determined to be terminal or chronic. We recommend that the Pennsylvania General Assembly amend the Act to allow for two-year patient certifications and also for lifetime

certifications for patients with qualifying conditions that are terminal or chronic.

And finally, amend the Medical Marijuana Act to allow home cultivation of cannabis plants by medical marijuana patients and caregivers. Home cultivation has consistently affirmatively been requested by the patient and caregiver communities since before the program was established. Home cultivation was initially included in the legislation that ultimately became the Medical Marijuana Act, but was removed before passage. Many other states with established medical marijuana programs allow for home cultivation. Allowing patients or their caregiver to grow a limited number of cannabis plants would benefit them by not only having access to medical marijuana at a considerably lower cost, but they would have complete control over how the plants are grown and processed. Just as important, patients could grow the specific cultivars of plants that work best to treat their serious medical conditions.

Any attempt at improving comprehensive, affordable access to medical marijuana without consideration of home cultivation falls short. Several bills currently in the PA General Assembly, including Senate Bill 1024, introduced by Senator

Street, addressed this concern. We recommend that the Pennsylvania General Assembly amend the Medical Marijuana Act to allow home cultivation of cannabis plants by certified patients or their caregivers.

In conclusion, until significant reform of cannabis laws is enacted at the state and federal level, affordable access to medical marijuana will continue to be a concern. Thank you.

SECRETARY KLINEPETER: Thank you, Luke. Is there discussion on these findings and recommendations that have been presented by Luke today? Yes, Dr. Johnson. Please.

DR. JOHNSON: Yes. Thank you. Thank you for that, Luke. There are a couple questions that I have. I have been very impressed by the quality control of the Pennsylvania medical program and just really concerned about how that would be ensured with home cultivation. Any thoughts around that?

MR. SHULTZ: Yes. Thank you for that. The patient - if this would go through at some point, the patient should be able to access the services of accredited laboratories to have their products tested so that they know for sure what the constituents are and the levels of THC, CBD and the other cannabinoids and be assured that there's no contaminants.

DR. JOHNSON: Okay.

And another question on the certifications. And I think for the clinicians on the Board, isn't there a necessity to do some reevaluation of individuals to recertify them? Two years seems like an awfully long time in between that.

MR. SHULTZ: Well, for a lot of patients, especially when you talk about chronic issues and terminal issues, it's almost a formality to just go back year after year to be recertified for the same condition that's not going to be going away. It would still be up - ultimately up to the practitioner to decide how long they're going to certify the patient for, just as it is right now.

DR. JOHNSON: Thank you, Luke.

MR. STEFFEN: Secretary, the law enforcement community is opposed to the provision for home cultivation for a variety of reasons. There's also a provision, I believe, that was excluded from the original statute to the issue and was touted wisely, I believe, in the regulatory aspect of this on the requirements of quality growth and submission of product to the consumer. In recent weeks we saw an issue related to some of the ingredients for vaporized marijuana and other vaping devices. So I believe that

in the best interest of the community we should table this portion of the discussion and make certain that we can look wisely to the regulatory piece.

While post-market - or post-testing is available, in the law enforcement community we find that you have to know what you're going to ask for to be tested for in order to find the results. And unregulated growth is going to result in unregulated introduction of other items into the supply chain.

SECRETARY KLINEPETER: Thank you, Dave.

ATTORNEY ADAMS: I would second that - those comments. This is John Adams.

SECRETARY KLINEPETER: Thank you, John.

MR. SHULTZ: If I could respond to that, that even though the majority of patients are in support of home cultivations, only a small percentage would actually follow through with it, as we've seen in other states and just the polling among the patient community right now. It's estimated by the patient advocates in Pennsylvania that maybe 20 to 30 percent of the patients would attempt to grow their own if given the chance. And of those, once they find out the commitment that's involved with tending to the

plants daily, it would probably end up being less than ten percent of the patients that would ultimately commit to growing the plants at home long term. Of those, yes, you'll probably have a few that divert what they grow into the black market. And to that I say if they're going to be willing to break the law doing it then, what is stopping them from growing plants right now?

As far as the concern of children getting into the plants, I'm sure the legislation would require that the grow operation be in a locked room and not available to children. If they would happen to get in and eat a plant, the worst thing that's going to happen by eating a plant is it's going to cause an upset stomach because plants are on the acidic side. But it would not make them high because in the living, growing plants and the freshly harvested plant material there's little to no Delta-9 THC, which is the constituent that generally is recognized as making you high. What is in the plant, the growing plant, the freshly-harvested plant, is the precursor to Delta-9 THC, which is THCA, where the A stands for acid. The THCA does not make you high. It's only after the plant is harvested, properly dried, cured and decarboxylated that the THCA converts

to Delta-9 THC and then the plant is able - it can make you high. And I would say that if a kid is sophisticated enough to know how to properly harvest, dry, cure and decarboxylate the plant material - and decarboxylation occurs when heat is added to the plant material - if the kid is sophisticated enough to go through that process, I'm sure they already know how to access the black market.

And if we're really concerned about children getting into things, we really need to be focusing on things like unsecured firearms, alcohol and prescription drugs. Those things are actually killing our children, not cannabis plants.

SECRETARY KLINEPETER: Thanks, Luke. Thank you. Before we veer a little bit off topic here, from other members of the Board, are there any final comments that folks have before we move on to our next order of business? Excellent.

MR. SHULTZ: Secretary, this is Luke again.

SECRETARY KLINEPETER: I was going to move on to our next item, Luke, unless there's something urgent.

MR. SHULTZ: Well, I'd like to make a motion to approve the documented findings and

recommendations on affordable access.

SECRETARY KLINEPETER: Okay. All right.

Is there someone who will second that motion?

MS. JAMES: I'll second that motion.

SECRETARY KLINEPETER: Okay.

So to be clear, Luke, you're looking for the Board to vote to approve or reject the findings and recommendations that you've just outlined?

MR. SHULTZ: Yes, as found in the complete report. I just did a brief highlight of what's contained in the full report.

SECRETARY KLINEPETER: Okay.

Well, let's take a vote, as motioned by Luke and seconded by Shalawn. Janet, how do you vote?

MS. GRETZY HART: I vote not to accept.

SECRETARY KLINEPETER: Thank you. Dr. Johnson, how do you vote?

DR. JOHNSON: Do not accept.

SECRETARY KLINEPETER: Thank you. Dave?

MR. STEFFEN: I vote to reject that recommendation.

SECRETARY KLINEPETER: Thank you, sir. John?

MR. COLLINS: Vote not to accept that - those recommendations.

SECRETARY KLINEPETER: Thank you. Dr. Shahoud?

DR. SHAHOUD: Not to accept the recommendation.

SECRETARY KLINEPETER: Thank you, sir. Bhavini?

MS. PATEL: I vote to not accept that recommendation.

SECRETARY KLINEPETER: Thank you. Dr. Kambic?

DR. KAMBIC: I vote not to accept.

SECRETARY KLINEPETER: Thank you. Dr. Goldfarb - or excuse me. Dr. Goldfarb is not with us. Shalawn?

MS. JAMES: I vote to accept.

SECRTARY KLINEPETER: Thank you. And Luke?

MR. SHULTZ: I vote to accept.

SECRETARY KLINEPETER: Thank you. So

if my math holds, one, two, three, four, four, five, six - Katelyn and Holli, if you can confirm, I'm registering two votes to approve this motion and seven votes to reject this motion. Given that we have nine in attendance today, I believe there is consensus that we should reject this motion.

Is that what you all are tracking, too?

ATTORNEY MALTAIS: Yes, your math is correct. I have the same.

MS. SENIOR: Agreed.

SECRETARY KLINEPETER: Thank you very much, ladies. All right. Thank you, Luke. For the record, this motion has been rejected. If there are no final comments or questions, we will move on to our next order of business, please, which is the Report Subcommittee. Luke, can you please move forward with your presentation regarding chronic hepatitis?

MR. SHULTZ: Yes. This is related to the official report that I - or our committee submitted that everyone received a copy of. I won't read through the entire report but give a quick overview of it.

It was developed to act as a template. This is the first one that we would submit - that has

been submitted so far. So it was worked up and developed as a template for future reports so that whoever creates them in the future can just remove the old information and replace it with the current, new information.

The report reviews the duties of the Advisory Board and presents findings and recommendations made by the Board. The primary action noted in this report is that the Medical Review Subcommittee presented an application to add chronic hepatitis to the list of serious medical conditions. The Board approved the application, and thus made the recommendation to add chronic hepatitis. Is there any questions on the report?

DR. JOHNSON: Yes. This is Dr. Johnson. Yes, thank you, Luke, for laying it out this way. I think it covers all of the items of the process of approval and I think it makes it easy to read and to follow. So thank you for that.

SECRETARY KLINEPETER: Thanks, Dr. Johnson. Other comments or questions from the Board? Okay. Would someone make a motion to approve or reject this vote - or this report?

MR. SHULTZ: Yeah, I'll do that, Secretary. I'd like to make a motion to approve this

document of findings - sorry. I'd like to make a motion to approve the official report dated March 22nd, 2022, produced and submitted by the Report Subcommittee.

MS. JAMES: I second.

SECRETARY KLINEPETER: Thank you both. Let's go ahead and take our vote. Janet, how do you vote?

MS. GETZY HART: I vote accept.

SECRETARY KLINEPETER: Thank you. Dr. Johnson?

DR. JOHNSON: Accept.

SECRETARY KLINEPETER: Wonderful. Dave?

MR. STEFFEN: Accept.

SECRETARY KLINEPETER: Thank you. John?

MR. COLLINS: I accept.

SECRETARY KLINEPETER: Thank you. Dr. Shahoud?

DR. SHAHOUD: Accept.

SECRETARY KLINEPETER: Thank you. Bhavini?

MS. PATEL: Accept.

SECRETARY KLINEPETER: Thank you. Dr.

Kambic?

DR. KAMBIC: Yes, I accept.

SECRETARY KLINEPETER: Wonderful. Shalawn?

MS. JAMES: I accept.

SECRETARY KLINEPETER: Great. Luke?

MR. SHULTZ: I accept.

SECRETARY KLINEPETER: Wonderful. Then if my math holds, we have unanimous support for approving this report. Katelyn or Holli, any difference from your perspective?

ATTORNEY MALTAIS: Nope. I have nine as well.

MS. SENIOR: Agreed.

SECRETARY KLINEPETER: Okay. Wonderful.

Well, as a reminder, it is at the discretion of the Secretary, the Department of Health can transmit notice to the Legislative Reference Bureau, known as the LRB, setting forth the Secretary's rationale for effectuating or declining any recommendation of the Board within 12 months of the receipt of their report.

So thank you all to the subcommittee chairs and your designees for your updates. That was

a wonderful discussion today. I want to remind everyone that, although you are assigned to a specific subcommittee and most of you are actually dedicated enough to participate on more than one, you are able to request to participate in other subcommittees that may interest you. And if that applies to you, please just reach out to Holli Senior, and she would be glad to help facilitate that.

At this time I'd like to open it up for any other business of the Board for discussion or questions. Okay. Fabulous. Well, hearing no more discussion or questions, I want to be respectful of your time. Thank you all so much for your time and participation today. I'm looking forward to our next Board meeting, May 26th, at 10:00 a.m.

Do I have a motion to adjourn today's meeting?

DR. KAMBIC: So moved.

MS. GETZY HART: And Hart second.

SECRETARY KLINEPETER: Thank you all. Excellent. Today's meeting is adjourned. Have a wonderful day. Thank you so much. We will do this again in a couple months. Take care.

* * * * * * *

MEETING CONCLUDED AT 11:22 A.M.

CERTIFICATE

I hereby certify that the foregoing proceedings, hearing was held before Secretary Klinepeter, was reported by me on March 22, 2022 and that I, Jennifer Corb, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 25 day of April, 2022

Jennifer Corb

Jennifer Corb,

Court Reporter