

# Official Report

This report of the Pennsylvania  
Medical Marijuana Advisory Board is  
to comply with 35 P.S. §  
10231.1201(j)(4)

March 22, 2022

## **Introduction**

This document, an official report of the Pa Medical Marijuana Advisory Board (Board), serves to comply with the requirements of Section 1201 of the Medical Marijuana Act (Act), 35 P.S. § 10231.1201(j)(4), which requires the Board to issue written reports to the Governor, the Senate, and the House of Representatives.

In accordance with the Act, this report includes recommendations and findings as to the following:

- (1) Whether to change the types of medical professionals who can issue certifications to patients.
- (2) Whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.
- (3) Whether to change the form of medical marijuana permitted under this act.
- (4) How to ensure affordable patient access to medical marijuana.

35 P.S. § 10231.1201(j)(5).

As per a policy adopted by the Board at the November 16, 2021 quarterly Board meeting, the Report Subcommittee will produce a report in compliance with the Act after any meeting where the Board approves a recommendation relating to any one of the above four issues of consideration. The report will be presented to the Board for approval at the next regularly scheduled meeting.

This report reflects the findings and recommendations presented at the November 16, 2021 Board meeting.

### **I. 35 P.S. § 10231.1201(j)(5)(i)**

**Whether to change the types of medical professionals who can issue certifications to patients.**

The Regulatory Subcommittee of the Board was previously assigned to review whether to change the types of medical professionals who can issue certifications to patients.

The Regulatory subcommittee has no findings or recommendations to date.

### **II. 35 P.S. § 10231.1201(j)(5)(ii)**

**Whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.**

The Medical Review Subcommittee of the Board was previously assigned to review whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.

Pursuant to 35 P.S. § 10231.1201(j)(3), the Medical Marijuana Advisory Board is empowered to accept and review written comments from individuals and organizations about medical marijuana. A policy approved by the Board established a procedure for the Board to accept comments, and in particular recommendations that serious medical conditions be changed, reduced or added. This policy further outlines the sequence of events following the submission of the “Qualifying Medical Conditions for Medical Marijuana Usage Application.”

At the November 16, 2021 Board meeting the Medical Review Subcommittee presented to the Board one application which they received and reviewed. The application was in support of adding chronic hepatitis to the medical marijuana program.

The application, SMC21-0004, was submitted by Kevin J. Shea of Bethlehem, Pa. The application identified 16 states and territories where chronic hepatitis is approved as a qualifying condition for use of medical marijuana. The application cited four published scientific studies which demonstrated a benefit to chronic hepatitis patients by using medical marijuana.

The section of the application titled *Documentation Supporting Qualified Physicians Opinion: Benefits of Medical Marijuana Use Outweigh Health Risks for Condition* offered the following summary:

“Patients diagnosed with chronic hepatitis C frequently report using cannabis to ease both symptoms of the disease such as pain and decreased appetite as well as the nausea associated with antiviral therapy. As chronic HCV infection progresses, marijuana has been shown to help alleviate complications, especially portal hypertension and liver cancer without worsening liver cirrhosis, complications of cirrhosis, mortality, liver cancer, and unfavorable discharge disposition. Marijuana may also help to prevent progression of steatosis or at least not contribute to worsening steatosis. While marijuana alone cannot treat chronic hepatitis C, it can be used in a complementary way along with physician-prescribed medications to provide a higher likelihood of treatment success for chronic hepatitis C patients.”

The Medical Review Subcommittee recommended that the Board approve application SMC21-0004.

A motion to accept the application was approved by the Board. Thus, the Board recommends adding chronic hepatitis as a qualifying serious medical condition for medical marijuana usage in Pennsylvania.

### **III. 35 P.S. § 10231.1201(j)(5)(iii)**

#### **Whether to change the form of medical marijuana permitted under this act.**

The Medical Research Subcommittee of the Board was previously assigned to review whether to change the form of medical marijuana permitted under this act.

The Medical Research Subcommittee has no findings or recommendations to date.

#### **IV. 35 P.S. § 10231.1201(j)(5)(v)**

##### **How to ensure affordable patient access to medical marijuana.**

The Patient and Caregiver Subcommittee of the Board was previously assigned to review how to ensure affordable patient access to medical marijuana.

The Patient and Caregiver Subcommittee reported that they continue to look into this issue but did not present any final recommendations or findings to date.

The Subcommittee did note preliminary polling and surveys of the patient community indicate a strong desire to have the Medical Marijuana Assistance Program established and operational, as well as to have legislation passed by the Pa General Assembly to allow home cultivation of cannabis plants by certified patients or their caregivers.

##### **Conclusion**

Upon adoption of this written report by the Pennsylvania Medical Marijuana Advisory Board at a public meeting, it will be presented to the Governor, the Senate, and the House of Representatives, and shall be a public record under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law, amended June 30, 2021, P. L. 210, No. 44.

Upon receipt of this report of the Board, at the discretion of the Secretary, the Department may effectuate recommendations made by the Board by transmitting a notice to the Legislative Reference Bureau for publication in the Pennsylvania Bulletin. The Secretary shall do so within 12 months of the receipt of the report.

35 P.S. § 10231.1202.

##### **Appendix**

SMC21-0004 – Chronic Hepatitis – PAMMB November 16, 2021



### Qualifying Medical Conditions for Medical Marijuana Usage Application

#### Individual Requestor Information

Full Name: **Shea** **Kevin** **J**  
*Last First M.I.*

Address: **1309 Stefko Blvd** \_\_\_\_\_  
*Street Address Apartment/Unit #*

**Bethlehem** **PA** **18017**  
*City State ZIP Code*

Phone: **484-408-6122** Email **kevin@keystonecannaremedies.com**

Medical License Number (if applicable): **RP444670** Registry I.D. Number (if applicable): \_\_\_\_\_

#### Qualifying Condition Request

Name of Medical Condition **Chronic Hepatitis**

Has this condition been approved in any other state? YES  NO

16 States and Territories:  
 States: Arizona, Arkansas, Illinois, Maine, Massachusetts, Michigan, Missouri, New Hampshire, New Mexico, North Dakota, Ohio, Rhode Island, Washington  
 Territories: Commonwealth of the Northern Mariana Island, Puerto Rico, Virgin Islands

If yes, where? \_\_\_\_\_

#### References Supporting Qualified Practitioner's Opinion

Full Name: **David Gordon, MD** Relationship: **Certifying MMJ Physician**

Hospital/Agency: \_\_\_\_\_ Phone: **(888) 916-9937**

Address: **798 Hausman Rd. Suite 170**  
**Allentown, PA 18104**

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Full Name: **Charles Harris,** Relationship: **Certifying MMJ Physician**

Hospital/Agency: \_\_\_\_\_ Phone: **(484) 602-4438**

Address: **6724 Kernsville Rd.**  
**Orefield, PA 18069**

**Documentation (clinical, medical, or scientific data) Supporting Efficacy of Medical Marijuana as Treatment for Condition**

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| Citation: | <p><b>Adeyinka Charles Adejumo, Oluwole Muiyiwa Adegba, Kelechi Laurretta Adejumo, and Terence Ndonyi Bukong, "Reduced Incidence and Better Liver Disease Outcomes among Chronic HCV Infected Patients Who Consume Cannabis," Canadian Journal of Gastroenterology and Hepatology, vol. 2018, Article ID 9430953, 9 pages, 2018. <a href="https://doi.org/10.1155/2018/9430953">https://doi.org/10.1155/2018/9430953</a>.</b></p>   |
| Summary:  | <p>Researchers investigated the effect of cannabis use on chronic liver disease (CLD) from Hepatitis C Virus (HCV) infection. They analyzed hospital discharge records of adults (age ≥ 18 years) with a positive HCV diagnosis. Records were evaluated from 2007 to 2014 of the Nationwide Inpatient Sample (NIS). The study revealed that cannabis users (CUs) had decreased prevalence of liver cirrhosis (aPRR: 0.81[0.72-0.91]), unfavorable discharge disposition (0.87[0.78-0.96]), lower frequencies of higher Baveno4 score and lower total health care cost (\$39,642[36,220-43,387] versus \$45,566[\$42,244-\$49,150]), compared to non-cannabis users (NCUs). Cannabis users had decreased frequencies of ascites and portal hypertension. The frequency of mortality and liver cancer were similar between cannabis users and nonusers.</p>   |
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| Citation: | <p><b>Nordmann S, Vilotitch A, Roux P, Esterle L, Spire B, Marcellin F, Salmon-Ceron D, Dabis F, Chas J, Rey D, Wittkop L, Sogni P, Carrieri P; ANRS CO13 HEPAVIH Study Group. Daily cannabis and reduced risk of steatosis in human immunodeficiency virus and hepatitis C virus-co-infected patients (ANRS CO13-HEPAVIH). J Viral Hepat. 2018 Feb;25(2):171-179. doi: 10.1111/jvh.12797. Epub 2017 Nov 20.</b></p>  |
| Summary:  | <p>Researchers aimed to study whether cannabis use in the HIV and HCV coinfecting patient population, was associated with a reduced risk of steatosis, measured by ultrasound examination. A cross-sectional analysis was conducted using data from the first visit where both ultrasound examination data for steatosis (positive or negative diagnosis) and data on cannabis use were available. A logistic regression model was used to evaluate the association between cannabis use and steatosis. Among study sample patients (n = 838), 40.1% had steatosis. 14% reported daily cannabis use, 11.7% regular use and 74.7% no use or occasional use ("never or sometimes"). Daily cannabis use was independently associated with a reduced prevalence of steatosis (adjusted odds ratio [95% CI] = 0.64 [0.42;0.99]; P = .046), after adjusting for body mass index, hazardous alcohol consumption and current or lifetime use of lamivudine/zidovudine. Daily cannabis use may be a protective factor against steatosis in HIV-HCV-co-infected patients.</p>   |
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| Citation: | <p><b>Sylvestre, Diana L; Clements, Barry J; Malibu, Yvonne. Cannabis use improves retention and virologic outcomes in patients treated for hepatitis C. European Journal of Gastroenterology &amp; Hepatology: October 2006 - Volume 18 - Issue 10 - p 1057-1063</b></p>   |
| Summary:  | <p>This study was conducted to define the impact of cannabis use during HCV treatment. The researchers conducted a prospective observational study of standard interferon and ribavirin treatment in 71 recovering substance users, of whom 22 (31%) used cannabis and 49 (69%) did not. A total of 21 out of 71 (30%) had a sustained virologic response: 12 of the 22 cannabis users (54%) and nine of the 49 non-users (18%) (P=0.009), corresponding to a post-treatment virologic relapse rate of 14% in the cannabis users and 61% in the non-users (P=0.009). Overall, 48 (68%) were adherent, 29 (59%) non-users and 19 (86%) cannabis users (P=0.03). Although cannabis users were no more likely than non-users to take at least 80% of the prescribed interferon or ribavirin, they were significantly more likely to remain on HCV treatment for at least 80% of the projected treatment duration, 95 versus 67% (P=0.01). Results suggest that modest cannabis use may offer symptomatic and virologic benefit to some patients undergoing HCV treatment by helping them maintain adherence to the challenging medication regimen.</p> |
| Citation: | <p><b>Iris Lavon, Tatiana Sheinin, Sigal Meilin, Efrat Biton, Ayelet Weksler, Gilat Efroni, Avi Bar-Joseph, George Fink and Ayelet Avraham A Novel Synthetic Cannabinoid Derivative Inhibits</b></p>  |

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|          | <b>Inflammatory Liver Damage via Negative Cytokine Regulation Molecular Pharmacology December 2003, 64 (6) 1334-1341; DOI: <a href="https://doi.org/10.1124/mol.64.6.1334">https://doi.org/10.1124/mol.64.6.1334</a></b>  |
| Summary: | <p>In this study, they investigated the mechanism of action of a novel synthetic cannabinoid to determine the therapeutic potential of cannabinoids. Treatment with PRS-211,092 significantly decreased Concanavalin A-induced liver injury in mice that was accompanied by: 1) promotion of early gene expression of interleukin (IL)-6 and IL-10 that play a protective role in this model; 2) induction of early gene expression of the suppressors of cytokine signaling (SOCS-1 and 3), followed by 3) inhibition of several pro-inflammatory mediators, including IL-2, monocyte chemoattractant protein-1 (MCP-1), IL-1<math>\beta</math>, interferon-<math>\gamma</math>, and tumor necrosis factor <math>\alpha</math>. These results allowed the researchers to propose a mechanism by which PRS-211,092 stimulates the expression of IL-6, IL-10 and the SOCS proteins that, in turn, negatively regulates the expression of pro-inflammatory cytokines. Negative regulation by PRS-211,092 was further demonstrated in cultured T cells, where it inhibited IL-2 production and nuclear factor of activated T cells activity. These findings suggest that this cannabinoid derivative is an immunomodulator that could be developed as a potential drug for hepatitis as well as for other short- or long-term inflammatory diseases.</p> |

**Documentation Supporting Qualified Physicians Opinion: Benefits of Medical Marijuana Use Outweigh Health Risks for Condition**

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| Summary: |  |
|          | <p>Patients diagnosed with chronic hepatitis C frequently report using cannabis to ease both symptoms of the disease such as pain and decreased appetite as well as the nausea associated with antiviral therapy. As chronic HCV infection progresses, marijuana has been shown to help alleviate complications, especially portal hypertension and liver cancer without worsening liver cirrhosis, complications of cirrhosis, mortality, liver cancer, and unfavorable discharge disposition. Marijuana may also help to prevent progression of steatosis or at least not contribute to worsening steatosis. While marijuana alone cannot treat chronic hepatitis C, it can be used in a complementary way along with physician-prescribed medications to provide a higher likelihood of treatment success for chronic hepatitis C patients.</p> |

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Individual  
Requestor  
Signature:

*Kevin Shea*

Date: **10/27/21**

Patients diagnosed with chronic hepatitis C frequently report using cannabis to ease both symptoms of the disease such as pain and decreased appetite as well as the nausea associated with antiviral therapy. As HCV progresses, marijuana has been shown to help alleviate complications, especially portal hypertension and liver cancer without worsening liver cirrhosis, complications of cirrhosis, mortality, liver cancer, and unfavorable discharge disposition. Marijuana may also help to prevent progression of steatosis or at least not contribute to worsening steatosis. While marijuana alone cannot treat chronic hepatitis C, it can be used in a complementary way along with physician-prescribed medications to provide a higher likelihood of treatment success for chronic hepatitis C patients.