

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
MEDICAL MARIJUANA ADVISORY BOARD MEETING

* * * * *

BEFORE: DEBRA BOGEN, M.D., Chair
COL. CHRISTOPHER PARIS, Member
CHRISTINE ROUSSEL, Pharm.D., Member
MATTHEW EATON, Member
DAVID SPLAIN, Member
JOHN ADAMS, Member
GEITH SHAHOUD, Member
BHAVINI PATEL, Member
DANIEL KAMBIC, D.O., Member
I. WILLIAM GOLDFARB, M.D., Member
SHALAWN JAMES, Member
DIANA BRIGGS, Member

HEARING: June 28, 2023
10:30 a.m.

LOCATION: State Capitol - East Wing
Commonwealth Ave,
Harrisburg, PA 17120

Reporter: Madeline Helmsteter
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ANNA LAMANO, ESQUIRE
PA Department of Health
625 Foerster Street
Harrisburg, PA 17120
Counsel for The Department

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CHAIR: Good morning. It is 1030, so we're going to start right on time. Thanks, everyone, for being here. Thank you for attending today's Medical Marijuana Advisory Board meeting. To help ensure that we have a better experience today with technology, we're here. We've called upon the experts from the Commonwealth Media Services to assist us with allowing board members the ability to participate virtually in addition to offering a live broadcast for those who can't attend.

So I'd like to officially call this meeting to order. Again, this is a Medical Marijuana Advisory Board Meeting being held at 1030 on June 28, 2023. First, we will take the roll call. For your reference, you were provided a board member list in your packet. When I read your name, please acknowledge that you're present for the record, Colonel Paris or Designee?

DR. GOLDFARB: Hello.

CHAIR: I'm not sure if there's somebody present for Colonel Paris. You all need to mute your microphone because we're getting a lot of feedback. I don't think we have a response to that

1 one. Christine Roussel?

2 MS. ROUSSEL: Present.

3 CHAIR: Thank you. Matthew Eaton?

4 MR. EATON: Present.

5 CHAIR: John Adams?

6 MR. ADAMS: Present.

7 CHAIR: Dr. Shahoud? I think I saw a
8 hand wave. Thank you, Dr. Shahoud. Bhavini Patel?

9 MS. PATEL: Present..

10 CHAIR: Thank you. Dr. Kambic?

11 DR. KAMBIC: Present.

12 CHAIR: Thank you. Dr. Goldfarb?

13 DR. GOLDFARB: Present.

14 CHAIR: Shalawn James?

15 MS. JAMES: Present.

16 CHAIR: Thank you. Diana Briggs?

17 MS. BRIGGS: Present.

18 CHAIR: Wonderful. Before I ask Legal
19 Counsel to confirm that we have a quorum today, I want
20 to take a moment to acknowledge the recent changes.
21 Earlier this month, Katelyn Maltais, who was the Board
22 Counsel for the last couple of years, left the
23 Department of Health for new opportunities. I want to
24 thank Katelyn for her dedication and the commitment
25 she made to ensuring that the Board was operating

1 effectively and in accordance with the Medical
2 Marijuana Act.

3 So on behalf of the Department of
4 Health and the Medical Marijuana Advisory Board, I
5 want to congratulate her and offer her best wishes as
6 she takes a new path in her career journey.

7 Additionally, I ask that you all
8 please join me in welcome Anna LaMano, who will serve
9 as the Board's legal counsel moving forward. Anna,
10 sitting to my left here. Ms. LaMano has been on the
11 legal team at the Department of Health for two years.
12 She oversees or leads the Department's Right to Know
13 program, and she's kindly and graciously agreed to
14 serve as legal counsel for the Board. So thank you,
15 Anna, and welcome.

16 And as your first duty, could you
17 please confirm that we have a quorum for today's
18 meeting?

19 ATTORNEY LAMANO: I can.

20 And I can confirm that we do have a
21 quorum with nine.

22 CHAIR: Thank you very much. The next
23 order of business is to approve the previous meeting
24 minutes. You were all sent the meeting minutes for
25 the last board meeting that was held on April 12,

1 2023. I hope you had a chance to review the minutes.
2 We did not receive any suggested changes. So at this
3 time, may I get a motion to approve the minutes from
4 the April 12 board meeting?

5 DR. KAMBIC: Kambic, so moved.

6 CHAIR: Thank you. Second.

7 MR. EATON: Matthew Eaton second.

8 CHAIR: All in favor of the motion to
9 approve the minutes, say aye.

10 ---

11 AYES RESPOND

12 ---

13 CHAIR: Is anyone opposed? Are there
14 any abstentions? It looks like the minutes from the
15 April board meeting are approved. The next agenda
16 item is an Office of Medical Marijuana program update.
17 I'd like to turn things over to Laura Mench, Director
18 of the Office of Medical Marijuana, to provide the
19 program update.

20 MS. MENCH: Thank you, Dr. Bogan.

21 Good morning, everyone. Can you hear me well enough?
22 Thank you. In the blink of an eye, 9 months has
23 passed from being hired as the Director of the Office
24 of Medical Marijuana, and this is now my third
25 in-person board meeting. I can say with confidence

1 that there is never a dull moment and no shortage of
2 work to go around. Part of that is due to the
3 consistent growth we continue to see in the program,
4 which we'll look at in the slides to come. But it's
5 also because of the staff's commitment to continuously
6 look for ways to make improvements to the program as
7 well as the stakeholders - as well as the
8 consideration given to suggestions and ideas from the
9 stakeholders.

10 As a result, we continue to expand the
11 office to not only meet the demands that accompany
12 program growth, but also to provide additional support
13 to fill existing gaps in areas of need and to help
14 implement program improvements as we determine ways to
15 do it better.

16 With a close eye on the ever-evolving
17 world of medical marijuana at both the state and
18 federal level, we not only take into account the
19 current office needs, but we also consider what may be
20 ahead to ensure that our foundation allows for
21 continued growth and stability and service to patients
22 well into the future. This proves to be challenging
23 at times due to the unknowns. And we have made great
24 strides over the previous months. And I'm excited for
25 the work that lies ahead.

1 Before we get into the program
2 metrics, I want to share some program updates since
3 the last board meeting. We had a research summit.
4 And the update on the research summit is that it took
5 place on April 17th, and it was inspirational and
6 motivating to see so many bright minds on the research
7 front speak to the hard work that they are doing to
8 shine light to the benefits of the program as it
9 relates to patient care.

10 The summit was an opportunity for the
11 ACRCs to show off the innovative ways the data is
12 collected, to speak to the improvements in the quality
13 of life for patients enrolled. And equally as
14 important, a chance for the research teams to discuss
15 ideas on how to collaborate with each other to future
16 - to further the opportunities for research in the
17 future.

18 The Cann-Ra conference that I just got
19 back from last night - Cann-Ra, it was in Annapolis,
20 Maryland, and it stands for the Cannabis Regulators
21 Association, of which Pennsylvania Office of Medical
22 Marijuana is a member, along with more than 40 other
23 states and U.S. territories. I had the opportunity to
24 network with regulators from other states to discuss
25 shared challenges, discuss ideas, and basically

1 collaborate to identify and share best practices to
2 safeguard public health and consumer safety.

3 There were a broad range of
4 presentations and roundtable discussions, including
5 subject matter on interstate commerce, emerging
6 trends, best practices and challenges related to
7 policies to support small businesses, education for
8 consumers and prevention of youth access, federal and
9 international cannabis policy updates, new directions
10 in cannabis, equity and social justice, standards for
11 cannabis and novel ideas to improve cannabis product
12 safety, ongoing challenges with cannabis research and
13 how to advance the science, detection of cannabis
14 impaired driving, regulatory policies on cannabinoid
15 hemp products and more than that. Just to list a few.

16 It was an excellent conference for
17 networking and educational and ways to collaborate on
18 issues that we all share and solutions that we can
19 also attempt in each other's states. I am very
20 grateful to have had the opportunity to attend, and I
21 look forward to sharing what I learned with the Office
22 - the Medical Marijuana Office Staff.

23 Coming soon is our aggregate data on
24 the web page. We're working to develop a page on our
25 website where we will begin providing and posting

1 various types of aggregate data as part of the
2 Office's continued goal for transparency. Our goal is
3 to make program data available on our website in one
4 place where people can easily find it.

5 We plan to use a phased approach as we
6 launch the page and continue to work through
7 determining what information already exists, what can
8 potentially be pulled, how often, and how best to
9 share it. More to come on that. And we hope to
10 launch the page by the end of the summer. The Office
11 of Medical Marijuana Standard Operating Procedures.
12 We continue thoroughly reviewing and updating the
13 Office's SOPs, and this effort is to maximize the
14 Office's efficiency and will include discussions with
15 department leadership to ensure that our work will
16 align with current leadership goals.

17 Now we can move on to the program
18 metrics, which I believe are up on the screens. The
19 first slide that you're going to see is going to show
20 the program statistics as of 6/1 of 2023, its program
21 today has 922,705 patients and caregivers registered,
22 426,015 active patient certifications, 1,857 approved
23 practitioners, 32.9 million patient dispensing events.
24 93.5 million products dispensed. \$7.5 billion in
25 total sales, \$9.2 billion by grower processors to

1 dispensaries, \$4.6 billion by dispensaries. And
2 currently we have 178 operational dispensaries.

3 The next slide is going to show
4 month-to-month dispensary sales. And that will show a
5 continued trend on increased sales from the previous
6 year. Of note, all the numbers are increased from
7 last year, the same for July and October, which are
8 basically even. And the program continues to grow.
9 But that increase continues to level out. We've said
10 that in the last three meetings.

11 The next slide will show a similar
12 trend, but it's a combination of all years from 2022
13 to March of 2023. And the next slide will show the
14 sales from January, February, and March from 2020 to
15 2023, clearly still growth, but that growth has
16 slowed.

17 Patient purchase trends. There is no
18 change here and that has been consistent. Dry Leaf is
19 still the top seller, followed by vapes concentrates
20 infused and others.

21 And that's the program update. Thank
22 you.

23 CHAIR: Thank you, Laura. Does any
24 member of the Board have any questions on the material
25 that was just presented? All right. Hearing no

1 questions, we'll move on to old business. As you may
2 recall, at our last meeting on April 12th, the Medical
3 Research Subcommittee shared findings and
4 recommendations regarding the July 2022 Research
5 Initiative presentation by Organic Remedies on the
6 efficacy of a process designed to clean contaminated
7 cannabis product. The next step for the Board will be
8 to review the report of the Medical Research
9 Subcommittee. I understand that the subcommittee
10 intends to present their report today.

11 Pursuant to the Medical Marijuana Act,
12 I will review the report and make a determination on
13 the Board's recommendation in accordance with section
14 1202 of the Act. I also want to share that my office
15 has received written feedback regarding the findings
16 and recommendations presented at the last meeting.
17 These comments are included in your Board packet as
18 they constitute written comments, which pursuant to
19 Section 1201 of the Act, should be accepted and
20 reviewed by the Board as a whole.

21 Let me be clear that I'm not adopting
22 or taking any position, either positively or
23 negatively on these comments, but merely sharing them
24 for general awareness and transparency.

25 Any discussion on that? All right.

1 With that, let me move on to new
2 business. I've asked Sirisha Reddy, better known as
3 Siri, in our office, to assist me with the management
4 and oversight of the Medical Marijuana Advisory Board.
5 Siri will serve as the lead for dissemination of all
6 Board communications, including requests and/or
7 inquiries that are directed to and from me as the
8 Board chair.

9 Outlining a clear process will help to
10 ensure proper and timely review and dissemination of
11 Board-related messages and materials. Additionally, I
12 want to make sure that the current board members and
13 subcommittees take the opportunity to review and
14 revise current board policies and procedures
15 accordingly.

16 To accomplish this, I'm proposing that
17 the following Board policies and processes be reviewed
18 and revised, if needed, by the following
19 subcommittees. The reports policy by the Patient and
20 Caregiver Subcommittee, Serious Medical Conditions
21 Process and Serious Medical Conditions Processes for
22 research only by the Medical Review subcommittee, and
23 bylaws by the Regulatory Subcommittee.

24 As a follow up to the meeting, Siri
25 will send this information in writing and include the

1 subcommittee assignments, as well as additional
2 details and guidance regarding the board related
3 communications.

4 Does anyone have any thoughts or
5 questions or feedback regarding the subcommittee
6 assignments? Hearing none, next, as it relates to the
7 subcommittees and staying aligned with our agenda, are
8 the subcommittee updates.

9 As was discussed at previous meetings,
10 in order to share information on an ongoing basis,
11 each subcommittee chair will provide an update at each
12 board meeting regarding the activities since the
13 previous meeting. Board members are also queried
14 ahead of each board meeting to determine if they have
15 additional or specific agenda items that they would
16 like to include that may require deliberation.

17 At this time, I'll ask each of the
18 subcommittee chairs to share an update. First, I'll
19 start with the Medical Review Subcommittee. I'm aware
20 that there currently is a vacancy for the chair
21 position for the subcommittee. And my goal is to get
22 this role filled in the near future.

23 While I can confirm that there have
24 not been any new serious medical condition
25 applications received for review, and therefore there

1 weren't any that needed to be discussed or considered
2 for this particular meeting, I don't want to assume
3 that others may not have something to share.

4 That said, does anyone else who
5 participates in this subcommittee have anything to add
6 or report at this time?

7 Next is the Patient and Caregiver
8 Subcommittee, chaired by Shalawn James.

9 MS. JAMES: Good morning. The Patient
10 and Caregiver Subcommittee met over the last couple of
11 months a total of two times. We did review all of the
12 information that was submitted online from Patients
13 and Caregivers. And we do have a report to submit our
14 responses back to those individuals - each individual
15 submission. We do have a report to submit to the
16 board that will go out today for those responses that
17 we have.

18 In addition, there was some
19 legislation that passed out of the Senate Law and
20 Justice Committee. And so we wanted to see if we
21 could get an overview of those changes that were voted
22 on as they affect the medical marijuana program.

23 CHAIR: Are you asking a question?
24 Sorry, I'm not sure. Can you clarify your question or
25 comment? Yeah.

1 MS. JAMES: Yeah. So there were a
2 number of laws - a number of issues that were passed
3 out of the Senate. I believe it's SB 835 that passed
4 maybe a week, week and a half ago. I'll listened, and
5 I know one of the major things was a lift of the ban
6 on restriction for physicians to advertise. There
7 were some other issues around edibles that were
8 passed. There were a number of issues. I just wanted
9 to make sure that the board is aware of them and to
10 try to get some clarification, if not at this meeting,
11 but very soon at an upcoming meeting.

12 Speaker4: I think at this point, it's
13 not appropriate for the Department to comment on
14 pending legislation. There is an established
15 procedure for the department to weigh in when
16 appropriate, but at this juncture, because it is
17 pending, I don't think that we would provide any
18 comment as to the actual legislation.

19 MS. JAMES: Okay.

20 So once it's passed, we will have a
21 discussion. Is that - just to clarify?

22 ATTORNEY LAMANO: Well, if there's an
23 agenda item relating to legislation, then at that
24 point, I think it might be appropriate. There would
25 still be some procedural restraints or constraints on

1 the Department's ability to comment. But certainly at
2 this juncture, it's not an agenda item and the
3 department doesn't comment on pending legislation.

4 MS. JAMES: Okay.

5 That concludes for this portion - the
6 report.

7 CHAIR: Thank you for your report.
8 Our next is the regulatory subcommittee chaired by
9 Christine Roussel.

10 DR. ROUSSEL: Hello.

11 The regulatory subcommittee met on
12 June 21st. We discussed two topics with a focus on
13 Doctors of Podiatric Medicine's ability to provide
14 medical marijuana certifications to patients in
15 Pennsylvania. And then we also discussed the use of
16 edibles as an approved dosage form. But both of them
17 are their own agenda topics, so I guess I will save
18 them for that. But we did meet and we did reach
19 consensus, specifically about the agenda item which we
20 asked to have put on the agenda, which was related to
21 the Doctors of Podiatric Medicine.

22 That's all for our update, and then
23 we'll save it, unless you want us to do that now, but
24 I figure we'll go in order.

25 CHAIR: Thank you again. Those are, I

1 think, are later on in the agenda, so I'll leave them
2 for that part of new business. Thank you for your
3 report.

4 Our next subcommittee is the Medical
5 Research Subcommittee chaired by Bhavini Patel.

6 MS. PATEL: Thank you. So the Medical
7 Research Subcommittee actually did receive the letters
8 of feedback through email yesterday. And taking into
9 consideration that feedback, were hoping to know if it
10 would be possible to reevaluate our assessment and
11 come back with another presentation, as Christine did
12 provide feedback at the last meeting indicating that
13 we had a conversation, but we would like to look into
14 the letters provided and reevaluate.

15 CHAIR: So it sounds like you're
16 requesting delay in your report at this point to
17 reconsider.

18 MS. PATEL: Correct. We would like to
19 take into consideration the feedback that was provided
20 in the letters. And so the subcommittee will take
21 that information in, have that discussion, and then
22 provide a presentation for the board to consider and
23 then provide a report following that.

24 CHAIR: Thank you. I appreciate your
25 due diligence. Thank you. Is there anything else

1 you'd like to report?

2 MS. PATEL: No. Thank you.

3 CHAIR: Thank you so much. I want to
4 thank all the subcommittee chairs or their designees
5 that spoke today and shared their updates.

6 At this time, I want to turn things
7 over to Diana Briggs. Diana requested that edibles as
8 an approved form of medical marijuana be added to the
9 agenda for discussion. So, Diana, thank you for
10 leading that discussion.

11 MS. BRIGGS: Thank you, Dr. Bogen.
12 It's no surprise since November I have been advocating
13 and sharing my support for edibles in our program.
14 One of my biggest concerns was legislation change.
15 And us as a board have the ability to change forms,
16 add forms, to the product list. And as Shalawn had
17 mentioned earlier, I know you can't speak on, but I'd
18 like to share for maybe my fellow advisory board
19 members who don't know that the PA Senate Law and
20 Justice Committee passed out of committee, Senate
21 Bill 835, Senate Bill 538, and Senate Bill 773, which
22 would all amend our program, one being that edibles
23 would be added to our forms list. Also inhalation
24 would be added.

25 There is some really positive things

1 they want to do away with the list of illnesses. So a
2 Doctor who prescribed or certified could say that any
3 illness could certify a patient for. They want to
4 also approve the ability for Doctors to advertise, as
5 there has been complaints to the Board before that
6 some of the bigger companies are advertising and the
7 younger - the smaller guys are not.

8 So as I've said over and over again,
9 my biggest concern with our legislature making changes
10 to our program, it opens it up to any types of
11 negativity. And if you read further into this
12 legislation, there are some really negative things.
13 And I think most of it comes with oversight of our
14 program. So at this point, I think that it behooves
15 us to take a vote - plan for a vote on adding edibles
16 and inhalation.

17 It passed out of the Law and Justice
18 Committee with bipartisan support. So it looks like
19 our legislature is on board for those types of
20 additions to our program. And as advisory board
21 members, I think it is our job to do that and add that
22 ability for our patients.

23 There are many, many patients being
24 left out. We sent along some letters from just a few
25 of the Doctors that we've heard from who certified in

1 this program, who support it. Patients are asking for
2 it, dispensaries are telling us as well. So I think
3 it's beyond time that we take that stand and try to
4 pass that as a new product in our program that could
5 help many, many more.

6 CHAIR: I'm going to let our board
7 legal team respond.

8 ATTORNEY LAMANO: Thank you, Dr.
9 Bogan. This topic raises an important legal issue I
10 think that we can address at this juncture.

11 First, just generally speaking, as I
12 already indicated, the department monitors pending
13 litigation and will continue to administer the medical
14 marijuana program as currently prescribed by law and
15 regulation. If governing law changes, the program
16 would obviously adopt and adopt those changes. With
17 respect to the issue of edibles, I think it's
18 important to clarify the Secretary's authority versus
19 the board's authority as it relates to recommending
20 new forms of medical marijuana and specifically
21 edibles. As you're well aware, the Act presently
22 lists lawful forms of medical marijuana, such as
23 pills, oils, topicals, certain vaporization and
24 nebulization, tinctures or liquids. Then the Act
25 separately designates as unlawful the incorporation of

1 medical marijuana into edible form except by the
2 patient or caregiver to aid ingestion by the patient.
3 Finally, the Act empowers the board to issue written
4 reports to the Governor, the Senate, and the House of
5 Representatives that include recommendations as to
6 change the form of medical marijuana permitted under
7 the Act.

8 With respect to edibles, it's not
9 clear that the general authority to change the
10 permissible forms of medical marijuana overrides the
11 specific prohibition against edible forms. Under the
12 rules of statutory construction, the result of this
13 apparent conflict is that any form of medical
14 marijuana not specifically prohibited can be added to
15 the list of permitted forms. For this reason,
16 although the Board can recommend any forms of medical
17 marijuana it deems appropriate and can issue a report
18 with those recommendations, which would be sent to the
19 governor, the Senate, and the House, the Secretary
20 would be constrained to disapprove any recommendation
21 that conflicts with the current law.

22 That's just a statement of the law as
23 it stands at the moment. So I wanted to make that
24 clear for the body.

25 CHAIR: Is there any discussion?

1 DR. ROUSSEL: As a pharmacist, I've
2 been involved in compounding many different products
3 to meet the needs of patients. Certainly for
4 pediatric patients, we make rapid dissolving tablets
5 that dissolve in the mouth. Oral products that
6 someone may consider might be a gummy or of a gelatin
7 base or a polyethylene glycol base that might be
8 suitable for patients, so would not be considered
9 incorporating edible into food, but would still allow
10 for presenting a product to a child for ingestion that
11 may be in a matter that they like.

12 So I think there might be an option to
13 use some more appropriate pharmaceutical dosage forms
14 that maybe people don't realize, you know, we have
15 other names for, such as troches or lozenges or
16 chewables, and be able to meet the needs of the
17 patients without touching the prohibited edible food
18 incorporation, which I think, you know, can
19 occasionally be problematic. I would be remiss if I
20 didn't mention that the rates of pediatric accidental
21 ingestion of cannabis edible products has increased
22 more than 1300fold in the last five years,
23 specifically occurring in residential settings. And
24 up to 70 percent of the cases yield significant CNS
25 depression based on some of the research studies.

1 So I hear the concern of those who
2 wrote the law considering pediatric ICU and non ICU
3 admissions. So I'm willing to help if anybody would
4 like in drafting some opportunities. And maybe I
5 could summarize a couple of dosage forms that would
6 not be considered edibles, but would be available to
7 children, made with gelatin based gummies and whatnot.
8 I'd be happy to support helping make some of that
9 language if that would help the committee.

10 CHAIR: Any other discussion? Are you
11 making any specific motions or at this point just
12 discussing?

13 MS. BRIGGS: I think after your
14 explanation, certainly I would love to make a motion
15 for a vote. But after listening to what you had to
16 say, I'm so supportive of Christine and I may be
17 sitting down and talking about a report that she can
18 help you draft.

19 DR. ROUSSEL: I feel that possibly
20 some of the physicians on the committee are familiar
21 with troches, you know, oral chewable dosage forms.
22 Would that be something where you'd want to make a
23 proposal to have us evaluate that and come back with a
24 list of them and doctors weigh in? I think you guys
25 may feel that you're more familiar with those dosage

1 forms than the average person. Or we can wait. We'll
2 come back with language.

3 CHAIR: It's the agenda item, your
4 agenda item. So I'm leaving it for you to make a
5 motion or discussing.

6 MS. BRIGGS: I appreciate everything.

7 MR. EATON: I have another question.
8 When we make this recommendation, is this proposal or
9 the bill that - and I'm supportive of edibles. But my
10 question was, is this also going to go through on the
11 same bill that allows any diagnosis to be included in
12 what we're going to be using medical marijuana for? Is
13 it a separate item or is this more of a line item?
14 Support edibles but still need more clarification on
15 what they're going to do, adding any and all diagnosis
16 that anyone who wants to use?

17 ATTORNEY LAMANO: Just a point of
18 clarification. The report would not be a bill. It
19 would be a report of the board that would be submitted
20 to the House, the Senate, and the governor. So it
21 would not relate directly to any pending bill.

22 MR. EATON: Well, no. When she
23 started her presentation, she had mentioned that there
24 is a proposal that's going to allow medical marijuana
25 to be used for any diagnosis, not just the 25 that

1 we've approved already. And then you went in forward
2 and said there's a direction going to include edibles.
3 So when we make our recommendation to the legislature,
4 Governor, whoever we're going to make it to, are we
5 saying that we support everything they're trying to
6 do, which is including all diagnosis that have not
7 even been delineated by our Board yet? Or are we able
8 to support and say we are in favor of edibles, and
9 we're not necessarily touching the additional wide
10 open diagnosis? That's my question.

11 MS. BRIGGS: I wanted us to act
12 separately from what the Senate is currently passing
13 through their committees. So mine was just for
14 edibles and a vote by the advisory board as that being
15 a new addition, not touching, you know, the Senate
16 bills that are in action right now in the Capitol.

17 MR. EATON: Okay. That helps me with
18 that.

19 And the other stumbling block I have
20 on edibles are that there was discussion from in the
21 last year for our board was that we had concerns about
22 packaging because some of the mistakes that were made
23 in some of the pediatric cases where there were bad
24 outcomes in California was because their packaging
25 allowed for confusion for children getting into

1 gummies that were - loaded gummies with THC as opposed
2 to regular gummies.

3 So I thought were stating that we need
4 to do a little more - or somebody needs to do a little
5 more due diligence on the proper packaging. So the
6 confusion in the residential setting is not going to
7 be as easy as what has happened in other states.

8 MS. BRIGGS: I'm not sure if you've
9 seen what a troche looks like, the packaging in our
10 program, it is kind of a disc. And I can share with
11 you that they are soft, they can be chewed, obviously
12 swallowed. And I struggle to get the packaging open.

13 So I can share with you that there are
14 things like that being sold in our program currently
15 that make it very hard for a child to even open the
16 packaging. So I would of course expect that we would
17 continue that with any type of new ingestible edible
18 as we move forward.

19 MR. EATON: Thanks.

20 CHAIR: Thank you. Any further
21 discussion? All right. Thank you.

22 The next item on the agenda was brought
23 by Christine Roussel pertaining to Podiatrist ability
24 to provide medical marijuana certifications to
25 patients in Pennsylvania.

1 Dr. Roussel?

2 DR. ROUSSEL: So the regulatory
3 subcommittee evaluated this topic on 6/21, and we feel
4 that Doctors of Podiatric Medicine are specialists in
5 treating some of the serious medical conditions for
6 which patients can be certified to access medical
7 marijuana in the Commonwealth of Pennsylvania.

8 Just as a little bit of background,
9 podiatrists have a four-year degree, bachelor's
10 degree, and then a four year Doctorate of Podiatric
11 Medicine, which includes education in pharmacology.
12 There is a Podiatric Practice Act in our state
13 allowing for the diagnosis and treatment of mechanical
14 and surgical elements of the foot and related
15 anatomical structures. And in that they have a
16 subsection on therapeutic drugs. Doctors of Podiatric
17 Medicine may administer prescribe a section of drugs -
18 it's a list, but it's not restricted. It's a may.
19 And it includes pain relievers, both narcotic and
20 non-narcotic.

21 So for this reason, the Regulatory
22 Review Committee is in support of recommending Doctors
23 of Podiatric Medicine permitted to be eligible to
24 apply, to be included in the registry of practitioners
25 who can certify patients for medical marijuana.

1 Two things as a reminder, all
2 healthcare practitioners involved in the program from
3 certifying physicians, pharmacists, physician
4 assistants, and nurse practitioners, working
5 dispensaries must complete a four hour educational
6 training by a Department of Health approved entity.

7 And then the question is for this
8 committee - and we would throw it out with our formal
9 recommendation, would this be something where the
10 committee might want to limit the providers to one
11 specific indication? And would we want to limit that
12 indication related to pain as a serious medical
13 condition? And that's up for discussion. We kind of
14 wanted to know about the steps to make that formal
15 recommendation and then just get the feedback from
16 those on the committee - on the board.

17 CHAIR: Any discussion on this topic?

18 MR. EATON: Hi, Matthew Eaton. I
19 would also like to add in addition to the vast
20 schooling that podiatrists do have to complete, they
21 also have to be licensed by the State Board of
22 Podiatry through the Department of State. And
23 obviously they need to be inclined with all laws and
24 regulations through the State Board of Podiatry.

25 I would also like to add that the

1 current board members for the state board support this
2 decision as well as its legal counsel. Thank you.

3 CHAIR: Any other comments, questions?
4 Is there a particular motion you're putting forward or
5 just discussion at this time?

6 DR. GOLDFARB: Dr. - I have a comment.
7 We run into this problem credentially
8 at the hospitals also. And I certainly am not doing
9 anything to condemn or come down on any of my
10 podiatric brethren. I would support the narrow
11 diagnosis of not only chronic pain, but Podiatrists
12 are on a daily basis dealing with people with
13 peripheral neuropathy. So I would support to allow
14 them to use the diagnosis of neuropathy and chronic
15 pain, but perhaps not anxiety and cancer and other
16 things that are more diverse and without the scope of
17 their subset of the treatment. It's constantly a
18 battle at the hospitals about who owns the ankle,
19 whereas podiatry can do the foot and orthopedics will
20 say, yeah, but the knee is definitely ours and the
21 ankle, is that Podiatry or is that orthopedics. So
22 it's that type of battle that goes on all the time.

23 So I would be in support of peripheral
24 neuropathy, which is definitely the feet. And chronic
25 pain.

1 But I think we're on a slippery slope
2 if we're going to start saying hepatitis C and some of
3 the other diagnosis that we have that's probably not
4 within their scope, certainly not condemning anybody's
5 four-year degree and training, but it all has to do
6 with constant evolution and continuing education on
7 how the practice of medicine continues to evolve
8 through the years. And I'm not quite convinced that
9 everything is completely current in that regard
10 because that's beyond the scope of what podiatry does
11 on a day in and day out basis.

12 MR. EATON: I'm in complete agreement
13 with that.

14 DR. ROUSSEL: So would we be able to
15 amend the proposal to say recommending Doctors of
16 podiatric medicine be permitted to apply for
17 eligibility with a limitation to severe chronic or
18 intractable pain of neuropathic origin or severe
19 chronic or intractable pain? And further, would you
20 want something within the scope of the Practice Act,
21 which puts it back to podiatric medicine shall meet
22 with the diagnosis and treatment, including mechanical
23 and surgical treatment of ailments of the foot and
24 those anatomical structures of the leg governing the
25 functions of the foot?

1 And around - it talks about
2 administration prescription thereto, including local
3 manifestations of that systemic disease.

4 So is that - would that wording be
5 acceptable and then leave it up to who the Board
6 promotes it to for further wordsmithing?

7 DR. GOLDFARB: Yes. From my point of
8 view, I'm comfortable with that wording. Can also
9 support that.

10 DR. KAMBIC: Kambic. I also support
11 that.

12 DR. ROUSSEL: Then we would make a
13 formal proposal then, if that's acceptable. Madam,
14 Chair.

15 CHAIR: Sorry about that sneeze. Are
16 you making a formal motion at this time?

17 DR. ROUSSEL: Yes, we are, Madam
18 Chair. And I can set a word and follow up in an email
19 as well. I know I put them out loud, but I think that
20 might be easier.

21 CHAIR: I'm just conferring with legal
22 just to look at the process. Hold on 1 second.

23 I think it would be helpful if you
24 could read sorry, it would be helpful if you could
25 reiterate the motion as best you can.

1 DR. ROUSSEL: The motion is made on
2 behalf of the Regulatory Review Committee for Doctors
3 of Podiatric Medicine to be permitted to be eligible
4 to apply to be included in the registry of
5 practitioners who can certify patients for medical
6 marijuana using a specific serious medical condition
7 of severe, chronic, or intractable pain of neuropathic
8 origin, or severe, chronic or intractable pain as
9 designated within the scope of the Podiatric Practice
10 Actor.

11 MR. EATON: I have a comment. I don't
12 know exactly what the scope of the Podiatric Act is to
13 allow - I think your idea about doing proper
14 wordsmithing even outside this committee, if we can't
15 do it today, and I don't know if it's in the scope of
16 the committee, what we normally do at a hospital is
17 even have an E vote on this to expedite it along. But
18 I don't know for sure what I'm voting on. Especially
19 adding as long as it's within the scope of the
20 Podiatric Medicine Act.

21 CHAIR: Can I propose that you bring
22 this back next - before the next meeting, you submit
23 so that the whole committee can review the language
24 and that we can vote on it more at the next meeting
25 where you have the language in front of you and

1 everybody's clear on the language.

2 DR. ROUSSEL: That's definitely fine.
3 I'm happy to bring it back. And also, if it helps, I
4 do have it in front of me if you'd like me to show my
5 screen. But I think it would best to let people take
6 it and digest it as well.

7 CHAIR: Okay. With that process?

8 MR. EATON: Yes.

9 MS. MENCH: It might be best to do an
10 official motion to table the item until the next
11 meeting just to preserve the issues going forward. I
12 don't know if this Board generally operates that
13 formally, but I see no harm in a motion to table and
14 confirming. So we just need a motion to table and
15 then a second.

16 DR. ROUSSEL: I will make the motion
17 to table the topic pending formal wordsmithing for
18 next time.

19 CHAIR: A second?

20 DR. KAMBIC: Second.

21 CHAIR: Thank you. I look forward to
22 seeing that next time.

23 Are there any other topics for
24 discussion? Otherwise I'll move on. Hearing no more
25 discussion.

1 DR. ROUSSEL: Yeah.

2 MR. EATON: Dr. Bogen, if I can just
3 add one comment and I defer to Counsel on this one, if
4 it needs to be its own agenda item, or if we can add
5 it to the discussion that we just had on the topic of
6 the podiatrist able to provide medical marijuana
7 certifications, I think that we should also add
8 certified registered nurse practitioners to that
9 conversation. And I don't know if the regulatory
10 review committee needs to have that conversation and
11 lump it in with Podiatrists or if it needs to be a
12 separate discussion altogether.

13 ATTORNEY LAMANO: I would think it
14 would probably better to raise it as a separate issue
15 since it hasn't been noticed for today that we're
16 technically only tabling the issue that's on the
17 agenda. But it's a request for the next agenda.

18 MR. EATON: Yeah. Thank you.

19 CHAIR: Thank you. I think we also
20 have a request for our program to clarify something,
21 so Laura is going to come back up. Thank you, Laura.

22 MS. MENCH: Hi again. Consistent with
23 the prohibition on edibles, as Attorney Lamano had
24 explained earlier, I just wanted to clarify that the
25 office has approved certain troche forms of

1 medication. And the definition of troche is typically
2 a medicated tablet or lozenge, intended to be
3 dissolved slowly in the mouth between the gum and
4 cheek, which is called buccally, buccal, or under the
5 tongue sublingually. This route of administration
6 allows medication to enter the bloodstream directly
7 from the mouth. This form is particularly helpful or
8 useful to patients who do not use vaporized products
9 and/or struggle to swallow pill forms and/or have
10 difficulty consuming or side effects from oil-based
11 tinctures.

12 But just to clarify, they're not
13 approved as chewable or referred to as such. Thank
14 you.

15 CHAIR: Thank you for that
16 clarification.

17 Hearing no more discussion or more
18 questions, I want to thank everyone for your
19 participation and for joining today. I look forward
20 to seeing you at the next meeting scheduled for
21 September 6th. May I have a motion to adjourn this
22 meeting?

23 MS. PATEL: Motion to adjourn.

24 CHAIR: Thank you.

25 DR. ROUSELL: Rousell second.

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CHAIR: Thank you. This meeting is
officially adjourned. Thank you.

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HEARING CONCLUDED AT 11:15 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Bogen, M.D., was reported by me on June 28, 2023 and that I, Madeline Helmstetter, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 20 day of July, 2023



Madeline Helmstetter,
Court Reporter