COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

MEDICAL MARIJUANA ADVISORY BOARD MEETING

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BEFORE: DEBRA BOGEN, M.D., Chair
COL. CHRISTOPHER PARIS, Member
CHRISTINE ROUSSEL, Pharm.D., Member
MATTHEW EATON, Member
JOHN ADAMS, Member
GEITH SHAHOUD, Member
BHAVINI PATEL, Member
DANIEL KAMBIC, D.O., Member
MICHAEL LYNCH, Member
DIANA BRIGGS, Member
ROYCE ENGLER, Member

HEARING: Wednesday, January 24, 2024
10:31 a.m.

LOCATION: Capitol Media Center
State Capitol
Room 1E East Wing
Harrisburg, PA 17126

Reporter: Erin Badstuebner

W I T N E S S E S

Eric Hauser

Mark June-Wells

David Vaillencourt

Lara Mentch

A P P E A R A N C E S

SANDRA ADAMS, ESQUIRE
Assistant Counsel
PA Department of Health
625 Forster Street
Harrisburg, PA 17120
Counsel for the Department

ALSO PRESENT:
Charlina Daitouah, Esquire

I N D E X

E X H I B I T S

Number	Description	Page Offered
	NONE OFFERED	

P R O C E E D I N G S

CHAIR: Good morning. As you all know, I like to start these meetings promptly, so not too bad. 10:31. I'm officially calling this meeting to order. This is the Medical Marijuana Advisory Board meeting being held at 10:30 in the morning on January 24th. And these meetings are broadcast live.

And so first, I will take a roll call. For your reference you were all provided with a board member list in your packet. And when I read your name, please acknowledge that you are present for the record.

CHAIR: Colonel Christopher Paris.

Christine Roussel.

MEMBER ROUSSEL: Present.

CHAIR: Chief Royce Engler.

MEMBER ENGLER: Present.

CHAIR: John Adams.

MEMBER ADAMS: Present.

CHAIR: Thank you.

Dr. Shahoud?

MEMBER SHAHOUD: Present.

CHAIR: Thank you.

Bhavini Patel?

MEMBER PATEL: Present.

CHAIR: Dr. Kambic?

Dr. Michael Lynch?

MEMBER LYNCH: Present

CHAIR: Diana Briggs?

MEMBER BRIGGS: Present.

CHAIR: Let me see if we have anyone else join for me to retake the call?

I'm going to go back through. Colonel Christopher Paris.

MEMBER ROUSSEL: He is on.

CHAIR: Oh, great. Thank you.

And then Dr. Kambic?

And with that can you confirm that we have a quorum for today's meeting?

ATTORNEY ADAMS: Confirmed.

CHAIR: Great. Thank you so much.

Before proceeding with the rest of the full agenda, I have a few announcements. First, Dr. William Goldfarb, who was the minority leader of the House of Representatives appointee, resigned from the Board.

I want to thank Dr. Goldfarb for his dedicated service and commitment to the Board and for

the Medical Review Subcommittee. We'll miss his guidance. And we will work to find a - for the work of the minority leader on drug replacement for him on the Board.

We now have three vacancies on the Board, as noted on the membership list posted on our website and included in your electronic packages.

Today we have with us Sandra, Sandy, Adams, assistant counsel to assist with today's board meeting. We also have Charlina Daitouah, who's also serving as a legal counsel to the Board, here with us. As you know, all board meetings are held on Wednesday in the same timeframe of 10:30 a.m. to 12:30 p.m. here in the Capitol media Center with a virtual option.

Board Members, if any of the selected dates that we set out for the rest of the year don't work with your schedule, please let Ms. Reddy know. She's in the back of the room. So - because we need a quorum for these meetings.

Today's agenda reflects the items that have been identified by the Board for discussion.

The next order of business is to approve the minutes from the November 15th meeting. I hope you've had a chance to review those minutes

that were distributed to you in advance. We've not received any suggested changes, so at this time, if there are no corrections to note, may I get a motion to approve the meeting minutes as they are for the November 15th board meeting?

MEMBER ROUSSEL: Roussel, I motion to approve the minutes.

CHAIR: Thank you.

Second?

MEMBER EATER: Matthew Eaton. Second.

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

AYES RESPOND

CHAIR: Is there anyone opposed? Are there any abstentions? Looks like those minutes are approved. Thank you. And those minutes will be posted on the website later this week.

The next agenda item is an office of Medical Marijuana Program update. I'm going to turn things over to Laura Mentch, the Director of the Office of Medical Marijuana, to provide the program update.

As always, welcome, Laura. Thank you.

MS. MENTCH: Thank you, Dr. Bogen. Good morning, everyone.

So we haven't met since November. In December, I was lucky enough to attend the Cannabis Regulators Association meeting, the CANNRA meeting. There were at least 39 states represented, as well as Canada and the FDA. Discussions included federal policy, adverse event monitoring, trends in cannabis and hemp, state reference labs, lab standards and best practices, cannabinoid hemp regulation, and rescheduling implications, among a lot of other really fruitful topics.

This meeting is exceptionally valuable in allowing regulators across the country to come together to network and discuss topics, issues, challenges and accomplishments in the cannabis space.

Next slide on December 14th, 2023, Senate Bill 773 now Act 63 of 2023 was signed into law by the Governor and will become effective in April of 2024.

This legislation will allow medical marijuana organizations that meet the criteria to qualify as independent grower processor or independent dispensary to apply for and be issued either a dispensary permit or a grower processor permit, increasing the number of vertically integrated medical marijuana organizations currently

in Pennsylvania.

The office is currently analyzing the legislation and preparing its operations to be compliant with the legislation's effective date. In preparation for the additional dispensary permits and in keeping with the office's commitment to patient access. The office has determined that there are 13 counties that are underserved by dispensary facilities listed in alphabetical order on the next slide, and encourages the independent grower processors to consider these counties when choosing potential dispensary locations in the application.

Next slide. These counties were identified by calculating the average distance traveled per order and the current population or certification density per dispensary.

It should be noted that the criteria and results change as the market matures and as more dispensaries become operational and more patients are enrolled.

Next slide. Moving on to program metrics, this slide information is current. As of January 12th, there were 436,018 active patient certifications. 9,286 active carded caregivers. 1,920 approved practitioners $400,587.09 going to

MMAP phase three qualifiers, 177 operational dispensaries and 33 operational grower processors. The next slide shows the dispensary sales by month since January of 2020 to December of 2023. December of 2023 was a very good sales month and every month has been an increase in sales from the previous year, with the exception of April of 2023, which had a slight decrease over 2022. The next slide shows the dry leaf retail and wholesale pricing details from 2023.

There was a bump in wholesale pricing at the end of 2023 which has not affected retail sales at the close of the year. The bump in price in dry leaf wholesale price is still less than half of the wholesale price from January of 2021.

That is all I have. Thank you, Dr. Bogen.

CHAIR: Sure. With the holidays and meeting in November. I appreciate your time.

DIRECTOR MENTCH: Thank you so much. Thank you.

CHAIR: And I just want to announce that Colonel Paris is present at the meeting as well for our minutes.

MEMBER PARIS: Thank you, Doc.

CHAIR: Thanks for joining us. And we don't have Dr. Kambic.

Is that correct still?

MEMBER ROUSSEL: No, he's on Zoom now. Oh, he's on Zoom now. Okay.

CHAIR: So to correct the minutes, we also have Dr. Kambic on. So we have a full board present. Thank you very much.

So as we discussed at previous meetings, each subcommittee chair will provide an update at each board meeting regarding the activities that have happened since the previous meeting. On the agenda we included the main topic that the subcommittee is addressing as part of each subcommittee update.

So let's start with the Medical Review Subcommittee. But before I begin, I'm pleased to announce that Dr. Shahoud has agreed to chair this subcommittee. Dr. Shahoud has been a very active member of the Board, and I'm excited to have him serving in this role.

At the September board meeting, we announced that we have received a serious medical condition for Chapter 27 research application. Some of you may recall in July of 2022 that the Board

approved a policy that established a process for accepting recommendations from academic clinical research centers for a qualifying serious medical condition to be added for Chapter 27 research purposes only. We received an application from Penn State College of Medicine for a moderate to severe traumatic brain injury with chronic symptoms.

With that said, I will now turn that over to the Medical Review Subcommittee for discussion on the serious medical condition application regarding traumatic brain injury.

Dr. Shahoud, I'm going to turn it over to you. Thank you.

MEMBER SHAHOUD: Thank you. Hello. The Medical Review Subcommittee was in receipt of a serious medical condition Chapter 20 research application from Penn State College of Medicine for moderate to severe brain injury with chronic symptoms in August 2023.

The subcommittee has met a few times to review and discuss the application and has come to a determination to recommend that this research application be approved. This application is to conduct clinical and preclinical studies to document the potential value of cannabis in traumatic brain

injury.

Based on the merit of the application and the subcommittee discussions, I would like to make the motion to approve the serious medical condition, Chapter 20 research application from Penn State College of Medicine for moderate to severe traumatic brain injury with chronic symptoms.

MEMBER LYNCH: This is Lynch. I'll second the motion.

CHAIR: Thank you very much. I'm going to do a roll call to make sure that we record people's votes for this motion. So I'll start with Colonel Paris.

MEMBER PARIS: Yes.

CHAIR: Christine Roussel?

MEMBER ROUSSEL: Roussel, aye.

CHAIR: Chief Engler?

MEMBER ENGLER: Yes.

CHAIR: Matthew Eaton?

MEMBER EATON: Yes.

CHAIR: John Adams?

MEMBER ADAMS: Yes.

CHAIR: Dr. Shahoud?

MEMBER SHAHOUD: Yes.

CHAIR: Bhavini Patel?

MEMBER PATEL: Yes.

CHAIR: Dr. Kambic?

MEMBER KAMBIC: Yes.

CHAIR: Dr. Lynch?

MEMBER LYNCH: Yes.

CHAIR: Diana Briggs?

MEMBER BRIGGS: Yes.

CHAIR: So it looks like we have a unanimous approval for that motion. So this motion is passed.

According to the policy regarding qualifying medical conditions for Chapter 20 medical marijuana research only, the next step is for the Medical Review Subcommittee to submit a report recommending that this application be approved for research purposes only. If the report is approved, then the report is distributed to the governor, the Senate, the House of Representatives, the Secretary of Health, and will be a public record under the Right-to-Know Law.

I want to reiterate that this approval does not mean that the condition is automatically added as a serious medical condition. The Department may or may not effectuate recommendations of that with reason.

All right.

So our next is the patient - thank you, Dr. Shahoud. Is there anything else from your subcommittee before I move on?

MEMBER SHAHOUD: Yes, yes. There is a new business -.

CHAIR: We're at old business now, so I'm going to hold that for new business, if you don't mind.

MEMBER SHAHOUD: All right. Sure. Sure.

CHAIR: Great. Thank you.

The next is a patient and caregiver subcommittee chaired by Diana Briggs.

MEMBER BRIGGS: Good morning. The Patient Caregiver Subcommittee met earlier this month, where we continue to discuss and educate ourselves on extraction and decontamination methods used in other states' medical marijuana programs.

I'd like to thank the teams from Insa and Terrapin for sharing their time and expertise with us on these different methods these last few months. We ended our meeting with me sharing new products.

Colonel Paris and Chief Engler have

expressed an interest in continued knowledge of all the new products, especially after the troche discussions. So I'd like to share that Cannabis syrup is now going to be available in dispensaries starting last week. I haven't seen them in the Pittsburgh area yet, but I'm checking the menus daily. Really nice. Interesting new product for patients.

We continue to appreciate the growth of our medical marijuana program and we look forward to more positive progress this year. Thank you.

CHAIR: Thank you so much, Diana.

Our next is the Regulatory Subcommittee chaired by Dr. Roussel.

MEMBER ROUSSEL: The committee was active - Good morning.

The committee was active. We had three meetings, one specifically related to do business for nurse practitioners, which we'll discuss later. But we did have a subcommittee meeting to discuss, and then we held a stakeholder meeting around medical marijuana regulations related to healthcare facilities and institutions.

We had stakeholders from a variety of different healthcare settings, including the school

nurse association, nursing home representatives, hospital representatives, and we look forward to getting representatives from mental health facilities.

Anyone who's a stakeholder who's interested can reach out to Siri and get involved. We're going to be having another meeting next, and the goals of our meeting were to understand the risks and barriers of storing and administering medical marijuana in facilities and institutional settings, understanding the type of institutional policies for medical marijuana management, both what different institutions are using and what's available.

And then were considering state regulation to help support patients and institutions where continuation of medical marijuana care while in the facility or institutional setting is appropriate. So more to come on that activity, and we'll be having another subcommittee meeting on that soon. And that's the end of the report.

CHAIR: Thank you so very much. It's great. Thank you.

And our last subcommittee report is for the Medical Research Subcommittee, chaired by Bhavini Patel, to also include discussions of Organic

Remedies presentation regarding the findings of the research initiative.

I'm going to turn it over to you, Bhavini. Thank you.

MEMBER PATEL: Thank you.

So at the November Medical Marijuana Advisory Board meeting, the medical research subcommittee reported that it had a few discussions around the Organic Remedies presentation, including discussions with Organic Remedies and with ASTM, the American Society for Testing and Materials. After those discussions, it was decided by the subcommittee to extend an invitation to both organizations to come to today's meeting and provide information on a public platform. We will first hear a brief overview of Organic Remedies research for ten minutes, followed by a brief instruction introduction to ASTM for ten minutes, then board members are welcome to ask any questions or provide comments for the next ten minutes.

CHAIR: So we'd like to go ahead and begin our Organic Remedies presentation.

MR. HAUSER: Hey, good morning. My name is Eric Hauser. I'm the president of Organic Remedies. I'm here today with my research team.

It's comprised of folks from the Philadelphia College of Osteopathic Medicine, which is our ACRC partner, our testing lab, Green Analytics, and in-house talent, our lab director, chief science officer, and chief medical officer. So I'd like to start today by thanking the Medical Marijuana Advisory Board for allowing us to present our research. We've actually presented our research several times now over the past year, and we look forward to discussing our conclusions based on that research. I want to add that our research was peer-reviewed and published in a scientific journal last year.

And for some of our viewers that aren't in the science field, peer-review basically means that third-party researchers basically tried to poke holes in the research and just validated the research as valid, having high levels of academic rigor as well as procedures aligned with scientific design, and that our conclusions were supported by the research.

So on our team, we have five researchers who have Ph.D.'s in their respective fields. Mindy George Weinstein, Ph.D., from the Philadelphia College of Osteopathic Medicine. Mindy's their chief research officer. Brian Balin,

Ph.D., also from Philadelphia College of Osteopathic Medicine. He's a microbiology researcher.

From Green Analytics we have Dan Niesen, Ph.D., he's their lab director over there. And then in-house, we have Mark June Wells, Ph.D., he's our chief science officer. And Fred Fochtman, Ph.D., who is our chief medical officer.

Before we get into today's presentation, I'd like to spend just a few minutes reviewing Act 44 and how we got here today. So since the inception of the medical marijuana program in Pennsylvania, there's been a healthy debate surrounding the use of solvent based extraction to produce products that are both microbe free and safe to consume for patients.

As Act 44 was being drafted, the debate continued to go on, unresolved, in spite of much evidence from other states showing that solvent-based extraction was an acceptable practice to produce clean and safe products for patients. In order to resolve the debate, then Governor Wolf requested that research be done locally here in the State of Pennsylvania, under the direction of an ACRC, in collaboration with their clinical registering partner.

So we took on that challenge several years ago, and the research then was to be presented at this meeting to the Medical Marijuana Advisory Board for review. So the only question being posed here today is, does solvent based extraction result in a clean, microfree, and safe product that meets the regulatory requirements of Pennsylvania for medical marijuana products? In our past presentations, we feel that the Medical Marijuana Advisory Board has not focused on the specific research results and the expectations assigned to them in Act 44.

To answer that question, as a follow up to one of our presentations, we heard testimony about microbial limits and not wanting to change them. And this is something we've never requested or asked for. So we feel that our research answers the question posed by Act 44.

And we'd like to go into detail with it with our Chief Science Officer Mark June Wells, who will walk you through the slides hearing. Thank you.

MR. JUNE WELLS: Thank you, Eric. And personally and on behalf of my colleagues, thank you for taking the time to listen to us today. I'm going

to try to move rapidly since we've been through this presentation a number of times. But I will be presenting our research that we conducted over a year ago now to evaluate whether extracts that were suitable for consumer use and were free of microbial contamination. It could be manufactured from materials that had significant contamination from enterobacteria, aerobic bacteria and yeast and mold.

Next slide, please. So during this presentation, I'm just quickly going to go over the current state regulations, the impact of crop destruction on the patient and business, the purposes and goals of this study, and then I'll review quickly our manufacturing processes, talk about the study methodology, and then our findings.

Next slide, please. So most of you at this meeting are probably aware of the state regulations, and suffice to say that they are more strict than other states in the union. And that is perfectly reasonable, considering we were talking about medical patients and the need to ensure that they are getting safe products. I will also have you note that when it comes to extracts, the limits of the contaminants in those extracts are more strict

than those that are allowed in plant material. So for us to explore this and meet the state regulations, this process would have to have outcomes that are more strict than the flour material that would be put into that process. Also, I'll have you note that material that does not pass what is called harvest testing at this point is not to be utilized in extraction.

So we set out to determine whether the plant material that was contaminated could be used in the extraction process and result in extracts that were within or exceeding state limits.

Next slide, please. So what are the ramifications of product destruction? Most importantly, it's a higher cost to the patients, and that can't be stated strongly enough, particularly with inflation these days, everyone's finding that they have to pinch pennies and have to figure out more creative ways to make ends meet. So first and foremost, the cost of products to patients is of significant concern. Furthermore, employment opportunities could be lost, and then, of course, from a business side, a loss of revenue.

Next slide, please. So what are the goals of this study? Well, first, we set out to

determine whether we could create extractive products that were meeting Pennsylvania's state limits. When we used cannabis material that was contaminated, we wanted to determine whether there were critical steps involved and whether that these extracting materials could be used in the production of consumer products.

Next slide, please. Okay. Again, just reiterating what Eric said. We are not looking for a change in the regulatory framework at all in regards to the limits that are currently present for the state, whether it be flour or extracted products. We are also not comparing our state limits to any other state, and we are not promoting any form of remediation. We are purely looking to see if we can create extracted products that fall within state limits and therefore are suitable for the use by the medical marijuana patients of Pennsylvania.

Next slide, please. Okay. So I'm going to quickly go through how our manufacturing process works to give everybody a point of reference when we're talking about the results of this study. So we have two different manufacturing pipelines, a hydrocarbon manufacturing pipeline and a supercritical carbon dioxide manufacturing pipeline.

Next slide, please. Okay. So first thing I'll draw your attention to are the asterisks, which indicate where samples were taken during this study. So during the hydrocarbon manufacturing process, we start off with plant material. We then go through an extraction process. We then go through a winterization process, which is the removal of the fatty acids and waxes from the extract. We then go through a filtration process. We then go through a clarification process which removes chlorophyll. We then go through a sterilizing filtration process.

And just so everybody knows what that means, the filtration sip size is 0.2 micron, which is smaller than a bacterial cell. We then have to recover our solvent and then purge off the remainder of the solvent to meet state regulations.

Next slide, please. So again, please note the asterisks. This is where samples were collected from our carbon dioxide manufacturing process. Again, we start off with plant material. We go through an extraction process, again, winterization to remove the fats and waxes, and then a filtration process. Again, we remove the chlorophyll during our clarification process, that same sort of sterilizing filtration process. And

then we recover our solvent. We then go through a decarboxylation process.

For anyone who doesn't know, the plant does not make THC, it makes an acid version of THC. We then have to turn that into Delta 9 THC. And then we go through a cannabinoid distillation process, which basically concentrates the cannabinoids to about 99 percent.

Next slide, please. Okay. So just quickly on our study methodology. Again, we have two manufacturing pipelines. Each of those pipelines we use replicates in the number of five for each test. So for hydrocarbons we had 9.67 kilograms material and in each replicate we used 1.93 kilograms. In the supercritical food carbon dioxide process we have 12.98 kilograms, per replicate. We selected a repeated measures analysis to utilize in analyzing those data. We chose this because essentially throughout the process we are sampling the same sample over and over at different time points.

We also selected a two Ps HSD significant difference post hoc analysis to determine whether there were differences at each stage, each sample - or each replicate that was tested for potency using an HPLC, terpenes using a gas

chromatograph mass spec, mycotoxins using liquid chromatography mass spec, and microbial communities using a standard plating technique.

Additionally, each one of those tests executed by the lab was done in replicates of five. Next slide please. So what are our potential hypotheses? One is the null hypothesis, which is that essentially extraction does nothing and microbes are still present in the extract that were present in the plant material and potentially concentrated as well.

Our second hypothesis is essentially a linear reduction from step to step of the microbial communities. And our third hypothesis is that there is a critical step involved. One step that removes microbial contamination.

Next slide, please. Excuse me. So I'll give you the actual outcomes up front. And we did find, most notably, that microbes were not conveyed during the extraction process. We started off with highly contaminated plant material and resulted in extracts that had zero colony forming units of any of the major groups that we tested for. We also found out that there was a critical step involved and that step was actually the extraction

step. There was no linear reduction from step to step. And at the extraction step all of the microbial contaminants were either deactivated or removed. And what we also found is that that removal was maintained through all steps subsequent to the critical step, which was the extraction step.

Next slide, please. So now I'd like to show you those results in graphical form. First thing I'd like to note is that there were no statistics possible on these data sets and the reason for that is because we had no variants. We went from contaminated plant material to extracts that had zero microbial contamination at all, no colony forming units whatsoever.

So these are three graphs from our hydrocarbon manufacturing pipeline. We have total yeast and mold by stage. And you can see that the plant material was highly contaminated. We could not even count the number of colony forming units. Essentially, the whole plate was one huge unit. So to deal with that, I put in a number of one million colony formic units following extraction, zero. The next step, zero. That pattern holds true also for aerobic bacteria and total enterobacteria.

Next slide, please. This slide is

just there for people who prefer numbers over graphs. I'm sure they'll make this presentation available to anybody who's interested. And you can get a closer look at this particular table here that shows the same thing that the graphs did.

Next slide, please. So this is our carbon dioxide manufacturing process. Again, we had highly contaminated plant material that in subsequent steps, showed zero microbial contamination, whether it be yeast and mold, aerobic enterobacteria.

Next slide, please. This is a table of those same data. At this point, I will also say that we did test the mycotoxins just to ensure that while we are either destroying or removing the microbial contaminants, particularly the yeast and molds, that they were not conveying some toxin to the extract. Those data are not presented here, but suffice to say that they were all zero. From one step to the next, all steps showed zero.

Next slide, please. Okay. So just to summarize, what did we find? Again, we found that there was a critical step that removed the microbial contaminants or stopped the control microbial contaminants from making their way from the plant material to the extract. That step was the

extraction step. Furthermore, we found that sterility was maintained throughout all subsequent steps. We would also conclude that these products are suitable formulation into final product and suitable for consumer use. And we would also conclude that prior to extraction, that there may not be a need to test as long as that plant material is intended for extraction and not the final flower product.

Next slide, please. Again, on behalf of my colleagues and all of the participants in this research, as well as my staff, we thank you for taking the time to listen to us and thank you. That's it.

CHAIR: Thank you. We're going to, I think, move to the next presentation.

MR. VAILLENCOURT: Should I jump in? Can you guys hear me okay?

MEMBER EATON: Yes, we can hear you.

MR. VAILLENCOURT: Okay. Awesome.

Good morning - it's still morning - everybody. David Vaillencourt. It's really great to be here. Thank you guys for all having me.

Just a bit about myself. I'm the co-founder and board member for the S3 collective,

which is a 501(c)(3) nonprofit. I'm also the vice chairman for ASTM International's Committee D37 on Cannabis, which I know as CAM was referenced a bit earlier. I've got a Master's degree in science, and I've been working in the Cannabis industry for a little over seven years now. Before that, I did a lot of government contract work.

We'll see in the testing side, the Department of Defense and Department of Interior, and my mission and the S3 collective mission and focus, working together with ASD and international on standard development processes that bridge the gap between science and data, standards and public health, and then ultimately to policies to ensure that marketplaces work and that products are safe. I want to reiterate what Dr. Laura mentioned earlier about CANNRA, which this photo at the front there is myself and several other standards organization members, including U.S. Pharmacopeia and AOAC, discussing the importance of standards to protect public health and safety and allow marketplaces to operate at those two CANNRA external stakeholder events ago. It's one of the amazing organizations that's really working to solve some of these challenging problems that we all have in common.

The problems that we're here discussing, that I've brought up to discuss is not unique or new. It's not new to Pennsylvania. The lack of federal oversight has meant that nobody here, from, whether it's the Governor's appointed office, to lawmakers, to industry, has a playbook with simple answers. So hopefully today I can help shed some light on some recommendations that are rooted in best practices.

If you want to move ahead to the next slide. Just briefly, for this short presentation, understanding the importance of what makes products in the marketplace that are safe, affordable and trusted is the ultimate goal here. I'll spend a couple of minutes. Just what is ASTM International? Why do we have an industry landscape? What is the industry landscape of current microbial and bioburden requirements look like? What's the history of public health crises and regulations?

Why do we need regulations and oversight of these things? And how does decontamination kill steps? What are those words even mean? Are there differences between those words and some of the risks? And ultimately, what matters here, some of the solutions.

So moving on to the next slide. ASTM, as you may have known, may or may not know, it's actually in your backyard in West Conshohocken, Pennsylvania. They were established in 1898 because railroads and train cars were literally falling off tracks because the consistency and quality of steel to lay the tracks was not defined. It's poorly defined and varied considerably based on where it came from.

Today, there's 147 committees spanning with over 12,500 standards developed. ASTM D37 on Cannabis is just one of those committees. We as a committee, have about 700 volunteer members across over 30 countries. And the development and delivery of information is made uncomplicated and straightforward. It's a common sense approach. It has industry drivers, but it is balanced to ensure that public health and safety is there, which the level of consensus to attain, as some of it was mentioned on the peer-review papers earlier, just for context, I didn't think there was anything higher than a peer-review process for the level of rigor. And then I met the ASTM process around consensus. These standards are used - they're set in contracts used by government fairly often. And two standards

that I reference up here are ones that may be relevant for this conversation for consideration.

The specification for medical use, cannabis inflorescence, which defines the quality and quality specifications of limits for things like microbials, which is actually in line with a lot of what I've seen in my brief review of State of Pennsylvania, as well as lab method - test method validation and method development best practices down there. These are actually two standards of the 54 that I helped develop and put through the ASTM process with government industry and public health experts, reviewing to get a consensus.

If you go to the next slide. And just for the sake of time, just very briefly, there's a federal precedent for use of these standards. This actually goes back to the 50s and long before, honestly, things from the Defense Standardization Act of, I believe, 1954, to the National Technology Transfer Advancement Act has recognized the value of these standards.

So again, just similar to the peer-review process, our view - and it's pretty collective is that if it's gone through the consensus process, whether it's through something like ASTM

International, which is an accredited standard body, ISO, that many folks are familiar with, ISO 1755 for lab testing is a fairly global requirement, as well as AOC U.S. Pharmacopeia, then it's ready for prime time use by the marketplace.

I'll let you go to the next slide. So just briefly, you know, I think a reminder of history is always critical. Why the public health regulations, The Jungle, which is a book around the meat packing industry and some of the conditions happening back in the early 1900s, really led to the Pure Food and Drug Act in 1906, which established the predecessor to what is now the FDA.

We've had major critical outbreaks in the world with world health issues as we have grown as a society that's necessitated common sense oversight. And what's being talked about today is we're no different in cannabis. Looking at this slide here, we've got aspergillus just as a point reference. There's over 20 states that aspergillus is a mold that can produce and has been associated with some many injuries and a few deaths by inhalation through cannabis. So this is one pathogen that is important to be testing for. And as you can see, over 20 states have tested for that.

Pennsylvania is not one of them.

Next slide. Total yeast and mold. Again, this is not a problem unique to Pennsylvania. Nobody's come up with a consensus of what the number should be. What is the pass fail number? And we've got over 25 states that test for total yeast and mold. But as you can see, while you're in line with 10,000, the majority, and that's actually the recommendation of mold, that ASTM standard I cite, and the U.S. Pharmacopeia's papers, it's not harmonized across states.

Next slide. So just to look at a broad - actually, can you go back to one slide, please? There we go. Thank you. So again, building on what is out there, what should best practices be? Should decontamination be allowed or remediation, or again, what are we going to call. I'll get to that later.

The American herbal Pharmacopeia is another relevant document that was commissioned. They're a 501(c)(3), and they're one of the most premier Pharmacopeias for non-traditional medicines and non-standard dietary supplements. I want to just quote one thing out of them in the Sarma, et al. paper about Cannabis Inflorescence, which, again,

another peer reviewed paper that was produced by the U.S. Pharmacopeia's cannabis expert panel.

Sarma, et al.'s paper states that cannabis products should be held to microbial specifications that help ensure practices using cannabis production are indeed effective, and to verify that cannabis for medical purposes held to a high quality standard. They recognize that using best sanitation practices, good production practices, and good harvesting practices should help with achieving acceptable microbial loads.

Looking at the American Herbal Pharmacopoeia's publication, which came out almost ten years ago but is still relevant, this was at the request of the State of Washington, if my memory serves me correctly, to develop this monograph, as it's called, what they cited in page 45 of their paper. There's a couple of things that I want to quote out.

One is regarding - it's important to note that microbial and fungal values do not typically represent pass or fail criteria. Rather, they are recommended levels when plants are produced under normal circumstances. Herbs such as mints and cannabis, which have a high concentration of

trichome, are prone to higher levels of mold than crops with fewer trichomes. That's just a fact of botany.

And they state further that as because of this, we should consider that and recommended limits may require adjustment over time as we collect data and start to understand public health risks and market opportunities and market inspirations. The last sentence that they state, I wanted to say is typical microbial and fungal limits may not be appropriate for materials that are subjected to processing, such as infusing, decocting, like using water, extracting with heat, alcohol or other processes that introduce microbial steps prior to reduction, steps prior to consumption.

So again, I hope this kind of sets the stage for where I'm going with the evidence around some of the risks and, you know, what's reasonable.

Next slide. You know, just a broader perspective. A couple images I threw on there's the global or American Spice Trade Association, they have developed a lot of recommendations, and there's actually several World Health Organization and Food and Ag Organization, FAO, which is a subsector of the UN or established through the UN, has developed good

agricultural collection practices as well as microbial reduction best practices for these industries. So this is in line with other industry best practices as well that supports our global food and natural products marketplace, as well as just a citation around sterilitic irradiation and use by the FDA.

So moving on to the next slide, you know, a couple of solutions here. One is looking at - so one, I'm not aware of any state. I'm sure there must be one. But I know of several states that explicitly do allow this.

Colorado is home base for me, and we've had this discussion, this very same discussion many times for the last five years in bowl making, which I have participated as a volunteer on. So I'm not aware, again, at least in Colorado, Nevada and I believe Michigan are the three that come to mind. The top of mind, that explicitly allow what's being discussed today around production being acceptable, using production process like CO2 extraction or ethanol extraction to remediate failed products or products that would have otherwise failed microbial, yeast and mold counts from end plant form or raw material.

Ultimately, we know that flour and galicia flour is the highest risk from a lung standpoint. Sure, the physicians that are much more qualified than me can reaffirm that. It's probably been discussed here, but limits are different based on other administration, say edibles, something that you're ingesting not inhaling.

But how do we control this? The citation at the bottom here is the standard practice of requiring a hazard program. That's a hazard analysis, critical control points. The standard was developed for the cannabis industry. It was actually recently approved in the State of Colorado. It incorporated the reference in Colorado rules as part of their reduced testing loan strategy. And in it, this was actually developed by Pillsbury and NASA for some context to ensure that essentially we don't have astronauts getting stomachaches in space, because that just does not sound fun for anybody.

So it provides a risk production system that requires you to just look as an operator, as a producer of any consumer product, and say, what are the biological risks, aka microbiologicals, that we're talking about here today? Chemical risks and physical risks.

Identify those risks and then identify how you're going to control them. And so that comes into a definition straight from the State of Colorado's regulations, the microbial control step, which means a post-harvest batch process that is intended to reduce the presence of microbial contamination contaminants in a harvest batch for production batch performed prior to testing consistently on all harvest batches. So that's one recommendation that I think you can use in addition to the hassle system to allow folks to use extraction processes or even other control steps, radiation x-ray or other ones, which I'll talk about a standard, I'll reference the standard of valid briefly in a moment on that, to really allow for this type of process to go through with safety and full risk.

Because what essentially, at a simplistic level, much of what at least Organic Remedies did, from what I heard this morning and had reviewed prior to hear that, based on previous discussions you have had, was essentially a validation step of that critical control point, or rather a microbial control stream. That said, there's just a couple considerations there around seasonality and replication of that information,

which I would say was obviously done since this is in Pennsylvania and they had referenced another study out of another state. So getting multiple locations, multiple types of parts of the year is really part of what builds that level of validation, which is the same thing that pharmaceutical products have to go through as well.

And then the last thing I just want to mention that I didn't have time to be able to put on this slide because it's still a work item. So it's not in the standard yet, but it's actually going to ballot this week. I'm actually at the committee meet right now. It is a standard guide for techniques to lower microbial load of post harvest inflorescence of cannabis sativa L.

In other words, what are the appropriate techniques that could be used to lower the microbial load of cannabis flower products? And by having that type of standard, then it makes it a lot easier for industry operators as well as the regulators and lawmakers to say here, the experts have really figured this out.

If it's listed in this document, it's worthy of consideration use. And if it's not on there, then you have to go through the AFC consensus

process to get that approved. So with that, I think I did okay on time, because I forgot to start my stopwatch in the corner, but I'll go to the next slide.

CHAIR: David, we do need you to wrap up. Thank you.

MR. VAILLENCOURT: Thank you. Okay. Yep. So thank you.

CHAIR: So thank you for those presentations by both Organic Remedies and ASTM. The floor is now open for discussion. Comments, questions?

MEMBER ROUSSEL: Hi, I'm Christine Roussel. So I'm a pharmacist, and I oversee a laboratory and my health system. And I kind of had some questions about the study and had the ability to talk to Organic Remedies offline.

Some of the concerns I had about the study were reproducibility of the results. It is a proprietary method, which I think it's always important when you look at research, is it proprietary? Is it something that other organizations could reproduce? But I think it's important when we think about the research. Colony forming unit of a microorganism is something viable,

something that can grow, something that can just replicate. So when you look at something and you measure their colony forming units at one point, if you go back and measure them days later, that colony forming units will increase.

You know, so I think it's important to understand the potential of each one as we're talking about viable, something viable that's going to grow and replicate. When we look at studies like this, also there's different microbial patterns and the type of infections people get in different seasons. We know there's viral season or flu in the winter, but it's the same thing with microbes. One of the things with this study was they looked at one grow and then tested it.

And I think when you're looking at different seasonality, just as we can feel inside our house is dry, you have different microorganisms, specifically fungus, that may be present in different times of the year. So it is some concerns I have with the reproducibility.

I think, in looking at this, some of the questions I also have is if the starting material was a piece of cannabis, that the whole entire plate was one giant unit of mold, too numerous to count,

and well over a million pieces of growing mold, and it was extracted to a product, I guess my first question is, should we even be doing that? I mean, I know sometimes we think of - I'm a pharmacist, so I know my drugs are effective, so I know I could give somebody a drug and it could have an effect. But the question to me is sometimes, is it appropriate to be doing that? And that's one of the questions I have. Where does this fall with other standards, and where does it fall in line with what's being done on a federal level, both from U.S. Pharmacopeia, where it seems that our microbial limits in Pennsylvania are appropriate and consistent with other regulators?

So I have a couple more questions, but I'd really like to hear, Dr. Mentch. I don't know if you have the ability to kind of maybe give us some of your insights. I know you go to CANNRA, so I know this is a hot topic. I'm sure you're familiar with USP and ASTM. I'm wondering if you can kind of give us your perspective on some of the information being a little bit more technical maybe than others.

DIRECTOR MENTCH: Did you have a specific question?

MEMBER ROUSSEL: No, I guess two things, one being with more insight than I think

maybe some of the other people on the committee, I'll throw myself as well. What are your kind of thoughts around the science? And then what are you seeing with regulations in other states? I know one of the things that we had asked was, for some example, regulations from other states where they allowed this. Other than some state names, no specific words were provided.

So I'm not sure if you're familiar with similar processes. And one of the things specifically I think was of greatest level of concern for me is when we look at the study findings, the conclusion that there is little need for testing prior to extraction manufacturing due to the findings.

And I feel that even if you're doing some type of method to reduce microbial burden, I feel that good science is to test beforehand or even have a quality process. I know ASTM mentioned HASEP, which is where you test a fair amount of batches, and once you have a consistent result, you can skip. And you only test risk based in pharmaceuticals. It's called skip batch technology about something where that may play into still doing some upfront testing for quality control.

I know I said a lot. I apologize for calling you on the spot.

DIRECTOR MENTCH: First, I just wanted to say we're really close to having standards. CANNRA is a great. Again, I'll just go back to that, great resource for what they're putting together, pulling people together across - as he had noted difference in the microbial allowances and trying to find some consistency there across the United States as it comes to cannabis.

In Pennsylvania, remediation is only allowed for yeast and mold. I guess I can start there. Just like kind of like a ground setting. It's only allowed for yeast and mold. It can only be converted into toxins. And I can only imagine this because as you stated, your biggest risk is inhalable products and that we contaminate it and directly into the lung. So it was developed so that topical is a safe remediation.

The permittees are required to do compliance testing at Harvest and lot, so that kind of touches on where we were talking recommendation on whether or not there should be any testing whatsoever. Can you hear that? I can't get closer.

Can you hear me? Thank you. Did

everyone hear up until that point? Sorry. Okay.

Remediation is allowed for yeast and mold, but it can only be converted only for yeast and mold. It can only be converted into topicals. And as it was stated during the presentation, your biggest risk is of course, having something remediated. If it was contaminated and remediated into inhaled product, directly into the lungs, as you showed with that aspergillosis, those things can be very deadly.

Permittees are required to do compliance testing at Harvest Lot, and may do research and development testing to better guide how to grow their plants and just better business practice. They can't use research and development to remediate product outside of that use. And research and development testing is not a mechanism that would allow permittees to remediate. Remediation is for any other purpose would be non-compliant.

Of course, along with you, our main concern is patient safety and patient transparency. So if you were to take away that testing at the Harvest Lot, as I was listening, so this is the first time I've seen obviously this presentation. So as I was thinking, if you are taking away that testing and

you would not know if it had been contaminated to the (inaudible), as you had stated too numerous to count, you wouldn't know that. So from a consumer and patient transparency, in my opinion, is it important that the consumer knows what the product was throughout the whole process, would you want to know that it was - I don't want to say remediated because we're not saying that, the extraction process has been used to produce a clean product.

So if you were not testing at the harvest, you would not know that you would have to label that for consumer transparency is one thought. You did have a lot of questions. I'm sorry. So I know that was one of them.

So we did the history and sort of what about the harvest testing? What else?

MEMBER ROUSSEL: I'm sure the Board has a certain level of responsibility, but for you, as an employee of the program, how much time do you guys dedicate time to evaluating the regs yourself and looking at trends in testing microbial limits and do you consider other regulations? I'm wondering as we look at this it is a complicated process and I think we'll talk about what motions we may want to make.

But is the state already looking at this and is this something that you keep apprised of? Like if we come away from this saying I think it's interesting, I think it needs more information, can we ask the state to look further into it? Is this something that you guys are already trending and looking at on a frequent basis already?

DIRECTOR MENTCH: We're absolutely involved in this, which is what - I will not miss the CANNRA meeting because I feel like it's a huge resource for us to learn what is -. So many states are already ahead of Pennsylvania in this realm. So there are committees in CANNRA that are working on lab standardization and testing and so I am in contact with directly more so with states really close around us. So like Maryland is a huge resource for me to see what they were going through because they're ahead of us in that a lot of states are looking for already state-run labs and standards that were not quite there yet. So yes, we of course looked at all of those things.

I was aware of where we landed as far as those CFUs and where Pennsylvania standards fall with other states. So it does give me some - you know, it makes me feel good that we're in with the

majority of people with the 100,000 units and things like that. So we do look at that.

When the temporary regulations became final form that's really - and I was really just starting as director, now it's making recommendations on what we can do with lab oversight and some of those things that we can make suggestions on. But yeah, absolutely interested. Our department is fully, you know, engaged in the lab space in all of this. So this was particularly interesting because I had not seen the original presentation from Organic Remedies. I wasn't an employee at that point, so trying to hear it in the old clips and readings and notes just wasn't as good as, you know, I'm sure being at the presentation. So this was very helpful.

CHAIR: I'm going to try to move along and ask if anyone else has questions as well from the Board. Thanks Laura.

DIRECTOR MENTCH: Thank you.

MEMBER ROUSSEL: Can I ask one question before you go? You said that we're close to having standards. Can you be specific about what standards you're referring to?

DIRECTOR MENTCH: I don't mean Pennsylvania, I mean nationwide with CANNRA is

working on. The committee is working on recommendations for standardization in the lab space as it pertains to all of this testing and whether it's microbial or it's solvents or it's heavy metals or the difference in the amount. And so it makes sense to listen to those experts. As they said, U.S. Pharmacopeia has come out with some things that American Herbal Pharmacopeia as well, all really good resources, but to get it together, CANNRA is were really working on that. So I'm interested in seeing when that white paper gets published.

MEMBER ROUSSEL: Thank you.

CHAIR: Thank you. Is there anyone else from the committee or from the Board that has a question before we move on?

MEMBER BRIGGS: Yes, I do. Diana Briggs. I talked to David when I met with him last week, I had read somewhere that other states are allowing this extraction method. Do we know how many other state programs - medical marijuana programs, of course, allow this extraction method currently?

MR. VAILLENCOURT: Is that for me to answer, Diana?

MEMBER BRIGGS: Do you have an answer for that, David?

MR. VAILLENCOURT: Yeah. So the answer that I know, I was able to look up Michigan, Nevada's and Colorado's and know that those three do state them. I can follow up with you guys to give you the actual languages that would be helpful for the record. And then I'm not aware of any states that don't allow it, but I didn't have time or it gets hard in the regulations to fill it in.

I don't know if Dr. Laura would have the answers through CANNRA as well. But I think, again, CANNRA really is the best use of resources to filter any of these ultimate recommendations. They get closer to recognizing the standards that are being developed. So hopefully that first part at least is helpful in the direct answer to your question.

MEMBER BRIGGS: Thank you.

CHAIR: Thank you.

Are there any other questions? Otherwise, I'll move on.

All right.

Again, thank you for raising this issue to ensure that members of the public with interest in this topic have sufficient notice of this. We can include this as an agenda item on our

next meeting as well if we have more discussion.

So again, thanks the presenters next steps are for the medical research subcommittee to put forth a motion at the March 20th meeting and the Board to vote.

So I want to thank the subcommittee and the committee chairs for their work and the Board as well.

Our next item under old business is discussion of protections for healthcare provider administration of state regulated medical marijuana products brought forth by Dr. Roussel. I'm going to turn it to Dr. Roussel.

MEMBER ROUSSEL: I spoke about it in the subcommittee for providers for - I'm so sorry, I'm just trying to get the notes for that. We had a meeting where we had multiple people together to look at providers of healthcare and their ability to administer cannabis, and then, if needed, store it at their facility for patients who have state cards and state licensed product and we had some barriers, but we are going to have another subcommittee meeting before I actually do a report. So I have no additional update other than what I did in my subcommittee.

CHAIR: Perfect. Okay. Then we'll move right on.

Next is new business. Sorry. We had another serious medical condition for Chapter 20 research application we received earlier this month.

Dr. Shahoud, can you please provide us an update on that application?

MEMBER SHAHOUD: Yes, sure.

Hello. The subcommittee has received a serious medical condition for Chapter 20 research application from Penn State College of Medicine for type two diabetes on January 5th. The subcommittee is in the process of reviewing the materials before any recommendation is made to the full board. The subcommittee will continue to meet to thoroughly review the application and come to our recommendation for the next board meeting.

Thank you.

CHAIR: Thank you so much. And thanks for the subcommittee for reviewing that application.

Next item is the addition of advanced practice nurses to the list of practitioners who can certify medical marijuana patients in Pennsylvania,

brought forth by Dr. Christine Roussel.

MEMBER ROUSSEL: Thank you. The regulatory review subcommittee met and we wanted to make a motion for certified registered nurse practitioners to be eligible to apply to be included in the registry of practitioners who can certify patients for medical marijuana for all serious medical conditions allowed by the Commonwealth within the scope of the Nursing Practice Act. That's the formal motion.

And I just kind of would like to discuss some considerations. You know, in our document that was sent to everybody. It's definitely within our CRNP scope of practice to order controlled substances when it's clinically appropriate for patients, whether it's in retail pharmacies receiving a prescription for oxycodone or it's in a hospital.

A nurse practitioner can write for their audit, and that would be filled based on their relationship with their physician and what they can prescribe for. Also worth mentioning, CRNPs can treat all diseases per their practice act and as such, should have unrestricted ability to certify patients for all serious medical conditions approved by the Commonwealth of PA.

Our big rationale for this is we want to improve access to care for patients in our states. You know, if you look at the U.S. in 2023, nurse practitioners saw more than 1 billion patients across the United States. That's a lot of patient care business, a lot of care interactions, and they're doing great care. We think that this should be an ability for them to also be able to do this as well.

We met with the Board of Nursing, its council and its Regulatory Review Committee were all together in this motion. We have a letter of support from the Board of Nursing. So we put forth this petition.

So first we're making a motion. But I will say the committee went ahead and made the motion and then drafted the report just for - like get all the work done at once. So I guess the first question is, because - you know, I make the motion on behalf of the Regulatory Review Committee. I don't know if anybody would like to second the motion. And you want just the words of the motion? I can say them again.

CHAIR: Yes. Because one of the concerns was you said certified, and I believe nurse

practitioners are actually licensed. I'm turning to Matt for verification.

MEMBER EATON: Yes, certified registered nurse practitioners are licensed.

CHAIR: Thank you.

MEMBER ROUSSEL: And the term CRNP was actually recommended by the Board of Nursing, because that was my question as well. So the motion is for certified registered nurse practitioners to be eligible to apply to be included in the registry of practitioners who can certify patients for medical marijuana for all serious medical conditions allowed by the Commonwealth within the scope of the Nursing Practice Act.

MEMBER EATON: Matthew Eaton. I'll second the motion.

CHAIR: All right.

I will take a roll call. When I call your name, please say aye or you're opposed or abstain.

Colonel Paris.

MEMBER PARIS: Aye.

CHAIR: Christine Roussel?

MEMBER ROUSSEL: Aye.

CHAIR: Chief Engler?

MEMBER ENGLER: Aye

CHAIR: Matthew Eaton?

MEMBER EATON: Aye.

CHAIR: John Adams?

MEMBER ADAMS: Aye.

CHAIR: Dr. Shahoud?

MEMBER SHAHOUD: Aye.

CHAIR: Bhavini Patel?

MEMBER PATEL: Yes.

CHAIR: Dr. Kambic?

Dr. Lynch?

MEMBER LYNCH: Yes.

CHAIR: Diana Briggs?

MEMBER BRIGGS: Yes.

CHAIR: And I'm going to go back to Dr. Kambic. Is he still on?

You can put a note into the chat if you're not able to unmute, Dr. Kambic. He said yes.

Okay. Thank you.

In the chat. Motion has passed.

According to the report policy, the subcommittee must submit a report by the next meeting, but they've already done that, so thank you for that expediency. The report will be distributed to the governor, the Senate, the House of

Representatives, and Secretary of Health, and will be public record under the Right to Know Act.

All right.

And then we have to set up the report separately. I think we have to accept the report separately; correct? Yes. All right.

So you all have received the report in advance of this meeting, correct? So the motion we have now to report policy. They must submit the report and make it public. So we're all done with that; right? Someone needs to make a motion to submit the report.

MEMBER EATON: Matthew Eaton.

MEMBER ADAMS: I'll make a motion.

MEMMBER ROUSSEL: That was John Adams.

CHAIR: Thank you.

Second?

MEMBER EATON: Matthew Eaton, second.

CHAIR: Great. And I'll do the roll call again.

Again, Colonel Paris, this is for submission of the report, the final report.

MEMBER PARIS: Aye.

CHAIR: Christine Roussel?

MEMBER ROUSSEL: Yes.

CHAIR: Chief Engler?
MEMBER ENGLER: Yes.
CHAIR: Matthew Eaton?
MEMBER EATON: Yes.
CHAIR: John Adams?
MEMBER ADAMS: Yes.
CHAIR: Dr. Shahoud?
MEMBER SHAHOUD: Yes.
CHAIR: Bhavini Patel?
MEMBER PATEL: Yes.
CHAIR: Dr. Kambic?
MEMBER KAMBIC: Yes.
CHAIR: Dr. Lynch?
MEMBER LYNCH: Yes.
CHAIR: Diana Briggs?
MEMBER BRIGGS: Yes.
CHAIR: Thank you.

So the motion is passed, and this report will be distributed as we've discussed already, and it will be available under the Right to Know law.

For clarification purposes, it does not mean that the automatic changes are made to the program by adopting this report. Section 1202 of the Act governs the process for effectuating

recommendations of the Advisory Board. As noted, specific reasons for the decision of the Secretary of Health to effectuate or not, each recommendation will be provided within 12 months of receiving the report from the Advisory Board.

So thank you to the subcommittees and chairs today for their work and updates. Next is additional discussion, any questions or items to discuss? All right. Hearing no discussions or any more questions I want to thank everybody for your participation, for joining the Board meeting today.

I look forward to seeing you at the next meeting, March 20th. We again have the dates listed up on the slide in front of you. If you have problems, please let us know.

May I have a motion to adjourn the meeting? Roussel.

MEMBER ROUSSEL: Roussel, motion to adjourn the meeting.

CHAIR: Thank you so much.

Second?

MEMBER LYNCH: Lynch, second.

CHAIR: All in favor, say aye.

AYES RESPOND

CHAIR: Any opposed to ending this

meeting? Thank you so much.

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MEETING CONCLUDED AT 11:43 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Bogen, was reported by me on January 24, 2024 and that I, Erin Badstuebner, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 14 day of February, 2024.

Erin Badstuebner,

Court Reporter