

PENNSYLVANIA DEPARTMENT OF HEALTH
MEDICAL MARIJUANA ADVISORY BOARD

* * * * *

IN RE: ADVISORY BOARD MEETING

* * * * *

BEFORE: DR. DEBRA BOGEN, Secretary of Health, Chair
Matthew Eaton, Member
Christine Roussel, Member
Shalawn James, Member
Bhavini Patel, Member
John Adams, Member
William Goldfarb, M.D., Member
Dianna Briggs, Member
Geith Shahoud, M.D., Member
Chief David Splain, Member

HEARING: Wednesday, April 12, 2023
10:31 a.m.

LOCATION: Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

WITNESSES: None

Reporter: Devin Nunemaker

Any reproduction of this transcript
is prohibited without authorization
by the certifying agency

A P P E A R A N C E S

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

KATELYN MALTAIS, ESQUIRE

PA Department of Health

625 Forster Street, Room 912

Harrisburg, PA 17120

Counsel for <Name>

ALSO PRESENT: LAURA MENCH, DIRECTOR, OFFICE OF
MEDICAL MARIJUANA

I N D E X

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

OPENING REMARKS

By Chair 5 - 6

ROLL CALL 6 - 8

APPROVAL OF MINUTES 8

DISCUSSION AMONG PARTIES 8 - 37

E X H I B I T S

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

<u>Number</u>	<u>Description</u>	<u>Page</u> <u>Offered</u>
---------------	--------------------	-------------------------------

NONE OFFERED

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

P R O C E E D I N G S

CHAIR: Wonderful. Good morning. Can you hear me okay. My voice is a bit hoarse, but I'm getting over a cold. So good morning, everyone. I'm excited to be here. Thank you for attending today's Medical Marijuana Advisory Board. Again, please be patient with us as we are using a new form. As I said, please be patient with us because we're using new technology. We wanted to conduct today's meetings we want to see how it goes. We're really making every effort to find a hybrid model that best fits the needs of both the board. So of all members of the board were found across the Commonwealth.

So regardless of whether you're in person or online, my goal is really to ensure that all members of the board are able to participate effectively. I also see the value of making sure the general public or anyone who wishes to tune in can do so, which is why we're sort of having this hybrid method. So there are people online who can hear and see what is going on, but can't actively participate.

So I'm excited by the opportunity to

1 chair the board and eager to see how we can work
2 together to help improve Pennsylvania's already
3 successful medical marijuana program. Before we get
4 too far along, I want to take a moment to introduce a
5 new board member. Unfortunately, he cannot be here
6 with us today, but Colonel Christopher Paris is
7 replacing the previous commissioner, Colonel
8 Evancheck.

9 So Colonel Paris is a native of
10 Lackawanna County. He was nominated by Governor
11 Shapiro to serve as the Commissioner of the
12 Pennsylvania State Police. His rare and broad range
13 of expertise brings a unique perspective to the
14 board's diverse structure that's paramount to the work
15 that we do here. So I welcome Colonel Paris, I'm
16 sorry, he's not here today. I also want to thank the
17 previous Commissioner for his work, his many years of
18 service to the board, and for laying the foundation
19 for the work that we do here.

20 With that being the only major change
21 in membership to announce this time I'd like to
22 officially call this meeting to order. Again, this is
23 the Medical Marijuana Advisory Board being held at
24 10:30 on April 12, 2023. We'll get started by taking
25 roll call. So most of you are online. We haven't met

1 in person, and we'll have an opportunity for you all
2 to introduce yourself in just a few minutes but right
3 now, I'm just going to take roll call. Christine
4 Roussel?

5 MS. ROUSSEL: Good morning.

6 CHAIR: And if I mispronounce your
7 names, please feel free to correct me. I'll try to be
8 a quick learner. Matthew Eaton?

9 MR. EATON: Here.

10 CHAIR: David Splain?

11 MR. SPLAIN: Here.

12 CHAIR: John Adams?

13 MR. ADAMS: Here, here, John Adams is
14 here.

15 CHAIR: Thank you. Doctor Shahoud?

16 DOCTOR SHAHOUD: Here.

17 CHAIR: Thank you. Bhavani Patel?

18 MS. PATEL: Here.

19 CHAIR: Thank you. Daniel Cambic? I
20 don't think Doctor Cambic is here. Doctor Goldfarb?

21 DOCTOR GOLDFARB: Here.

22 CHAIR: Shalawn James?

23 MS. JAMES: Here.

24 CHAIR: Thank you. And Diana Briggs?

25 MS. BRIGGS: Here.

1 CHAIR: Great, okay. So I want to ask
2 legal counsel Ms. Maltais to confirm that we have a
3 quorum today.

4 MS. MALTAIS: Yes, I can confirm that
5 we have a quorum this morning.

6 CHAIR: Great. The next order of
7 business is to approve the previous meeting minutes.
8 I understand that we all set the meeting minutes for
9 the board last the last board meeting that was held
10 November 22, 2022, which I hope you had a chance to
11 review. At this time may I get a motion to approve
12 the minute meetings from November 22, 2023 board
13 meeting?

14 UNIDENTIFIED SPEAKER: Motion to
15 approve.

16 CHAIR: Great. Second.

17 MS. ROUSSEL: Roussel second the
18 motion.

19 CHAIR: All in favor to approve the
20 minutes, say aye.

21 ALL RESPOND AYE

22 CHAIR: Any opposed? All right. Any
23 abstentions? Okay, looks like the minutes for the
24 November meeting are approved.

25 So before we move on to the agenda

1 items today, since this is my first meeting, most of
2 you are, and most times you're actually meeting me for
3 the first time, I was hoping we could take a minute to
4 introduce ourselves and share some background. So
5 I'll go around and I'll start.

6 For those of you who don't know me,
7 I'm Doctor Deborah Bogen. I'm a pediatrician by
8 training and by passion. I really made a career
9 swerve in 2000 and went from academic medicine, where
10 I did clinical research, primary care, patient care,
11 and administrative medical education work, to really
12 full time public health when I became the director of
13 the Allegheny County Health Department. And I served
14 until I moved here. And I'm truly honored to be
15 nominated by Governor Shapiro to serve as the
16 secretary. And I'm still in an acting role and don't
17 know when that will change, but I'm currently going
18 through the process, so I'm thrilled to be here with
19 you all. I have learned a lot from our medical
20 marijuana team over the last couple of months. That
21 office is great.

22 So that's a little bit about myself so
23 if it's okay with you, I'll just run down the same
24 roster I went down for roll call and ask you each to
25 introduce yourselves and to tell us a little bit about

1 yourselves, keeping it brief so we can keep our
2 meeting on time. So Christine Roussel?

3 MS. ROUSSEL: Hi. I am appointed by
4 the Board of Pharmacy to be part of the Medical
5 Marijuana Advisory Board. In my day job, I'm senior
6 executive director pharmacy laboratory medical
7 research at Doylestown Hospital. And then I also
8 teach the Medical Cannabis Program for Philadelphia
9 College at St. Joe's.

10 CHAIR: Thank you, Matthew do you want
11 to go ahead?

12 MR. EATON: Sure. I'm Matthew Eaton.
13 I am the designee for the Bureau of Professional and
14 Occupational Affairs, where we license we have 29
15 licensing boards and commissions. I'm currently the
16 director of operations originally from Pittsburgh,
17 where I was an optician for seven years and came to
18 the state in 2018.

19 CHAIR: It's a small little
20 Pennsylvania world because Matthew was my optician for
21 many years which we discovered when we sat down
22 together. It's great to see him.

23 MR. EATON: Good to see you again,
24 Doctor Bogen.

25 CHAIR: That is the way the world

1 works, right. David Splain?

2 MR. SPLAIN: I'm David Splain, I'm the
3 police chief in Nether Providence Township in Delaware
4 County. I'm also the president of the Pennsylvania
5 Police Chiefs Association.

6 CHAIR: Wonderful, thank you. John
7 Adams?

8 MR. ADAMS: Good morning. I am the
9 District Attorney of Berks County. I've been a
10 District Attorney for 16 years, and I was president of
11 the District Attorneys Association when this board was
12 organized and have been on the Medical Marijuana Board
13 almost since, it's actually most of its life, I've
14 been DA's representative.

15 CHAIR: Great. Well, it's great to
16 have the experience of you all, many of you having
17 served on this board a long time and I look forward to
18 your institutional knowledge, which is essential.
19 Doctor Shahoud. I'm not sure you're unmated, we can't
20 hear you here.

21 DOCTOR SHAHOUD: Can you hear me?

22 CHAIR: Yes, we can hear you now.

23 DOCTOR SHAHOUD: Okay. This is Geith
24 Shahoud I'm a child and adult psychiatrist ---

25 CHAIR: Wonderful, thank you. Bhavini

1 Patel?

2 MS. PATEL: Good morning, everyone.
3 My name is Bhavini as mentioned, I was appointed by
4 --- Costa, and my day job is in the Allegheny County
5 Executive's Office where I serve as Community Outreach
6 Manager.

7 CHAIR: Great. And Doctor Goldfarb?

8 DOCTOR GOLDFARB: Good morning. Bill
9 Goldfarb, retired physician and former chief medical
10 officer at Allegheny General Hospital and West Penn
11 Hospital. I've been on the board since inception.

12 CHAIR: Great, thanks. And Ms. James?

13 MS. JAMES: Good morning. My name is
14 Shalawn James. My day job is as a mental health and
15 housing advocate. I've been on the board since it's
16 inception and I'm really happy to be here. Thank you.

17 CHAIR: Great, thank you. And Ms.
18 Briggs?

19 MS. BRIGGS: ---

20 CHAIR: I think we lost your sound,
21 Diana. Yeah, we lost you shortly after you started.
22 Make sure --- yep, good.

23 MS. BRIGGS: Can you hear me now?

24 CHAIR: Yes.

25 MS. BRIGGS: I was appointed by

1 Governor Wolf ---

2 CHAIR: Unfortunately, we're having
3 some technical challenges here. The connection seems
4 to be challenging. Can't really hear. It might be
5 where she's at. You want to try one more time to
6 introduce yourself we're having a hard time hearing
7 you. I'm so sorry.

8 MS. BRIGGS: Okay, --- and I'm a
9 founding member.

10 CHAIR: Diana, I don't know if you
11 could maybe try to find a different location on your
12 end, just because the way that it's going in and out
13 makes me feel like it might be the connection or
14 location.

15 UNIDENTIFIED SPEAKER: She needs her
16 cell phone. If she dials in on her phone it will be
17 better.

18 CHAIR: All right, well, hopefully
19 I'll get to meet you in person and hear your
20 introduction a little better. I just want to thank
21 you all for introducing yourselves and giving your
22 background. It's really quite a lovely, diverse group
23 of people with really diverse expertise so I'm excited
24 to work with you all over the coming years.

25 The next item on the agenda is the

1 Office of Medical Marijuana program update. It is
2 really my great pleasure of handing things over to
3 Lauren Mench, Director of the Office of Medical
4 Marijuana, to provide the program update.

5 MS. MENCH: Good morning. Thank you,
6 Doctor Bogen, for the kind introduction. All of a
7 sudden, it's seven months later from being hired as
8 the Director office of Medical Marijuana. I'm not
9 sure where the time went. The second in person board
10 meeting. Since that time the final form regulations
11 were published on March 4, along with what we hope
12 served as a helpful, frequently asked question
13 document. We continue to expand the Office of Medical
14 Marijuana, filling holes and hiring additional staff
15 while reorganizing to best suit the needs of the
16 office for efficiency and productivity. And as you
17 have heard at every board meeting and you will see in
18 a moment, the program has consistently grown since its
19 inception, and it is imperative that we adequately
20 staff to continue to accommodate that growth.

21 We work to ensure that all processes
22 and policies that were currently used in the office
23 were clearly documented, allowing us to better
24 prepared to easily teach and train new employees
25 moving forward. At the last meeting, we promised to

1 publish updated Fillable compliance forms to be used
2 by the permittees, and we delivered on that promise.
3 I attended the Cannabis Regulators Association meeting
4 in December, shorthand is CANRA. I found it very
5 valuable to network and collaborate with other
6 regulators in cannabis across the country and an
7 opportunity to speak about the issues we are all
8 facing and the hurdles we have crossed. It's a great
9 resource for information and an excellent
10 collaboration association.

11 There is certainly much more to do,
12 but overall, I am pleased with what we have
13 accomplished in a short amount of time and the
14 direction in which we are headed.

15 Moving on to the program update this
16 month we have the seven year anniversary of the bill
17 signing, which is very exciting, as well as an
18 upcoming research summit hosted by Penn State in
19 Hershey on April 17. That will be an exciting meeting
20 for everyone involved in research of medical marijuana
21 to gather and offer oral presentations of what they
22 are working on, as well as poster displays and
23 presentations. It's an opportunity for the
24 researchers to meet in person, as well as pave the
25 road for collaboration efforts and expand the areas of

1 research.

2 As an update to the Medical Marijuana
3 Advisory, I'm sorry, Medical Marijuana Assistance
4 Pilot Program Pilot Phase Three in November, we began
5 distributing \$50 monthly financial benefits to
6 patients registered in and who had selected PACE or
7 PACENET as their financial hardship program to reduce
8 the fee of their medical marijuana identification card
9 and annual fee.

10 CHAIR: Do you want to advance that
11 slide? Thank you.

12 MS. MENCH: That slide that you're
13 looking at there is showing the implementation in the
14 different phases. So we are still currently in phase
15 three with the rollout of the PACE and PACENET.
16 Patients will be able to use their financial --- their
17 monthly financial benefit at any dispensary in
18 Pennsylvania to assist with the purchase of their
19 medical marijuana for the remainder of the fiscal
20 year, which is June of 2023. The Office of Medical
21 Marijuana partnered with the Department of Aging's
22 PACE program provider Magellan Health to supply the
23 required infrastructure and to execute and manage the
24 benefit transactions. We continue to work in
25 conjunction with them and the call centers to

1 administer the program and to assist PACE enrollees
2 who will be eligible or may be eligible for MF.

3 To date, we have performed over 1100
4 transactions and distributed nearly \$65,000 to
5 eligible patients, and we will continue to offer
6 updates as we expand those expansion efforts move
7 forward. This next slide will show the program
8 metrics. I will read it to you just so the people in
9 case there's people that are traveling, you can't see
10 the slide. So there's almost 900,000 patients and
11 caregivers registered, 425,000 rounding to make it
12 easy active patient certifications, 1825 approved
13 practitioners, 31 million patient dispensing events,
14 87.9 million products dispensed, 7.3 billion in sales,
15 2.9 billion by grower processors to dispensaries, and
16 4.4 billion by dispensaries. We have 173 operational
17 dispensaries, and those numbers are as of March 30 of
18 this year. Month to month dispensaries, I think I
19 need the next slide. Month to month dispensary sales
20 show continued trend on increased sales from the
21 previous year of note, all the numbers are increased
22 from last year. However, I believe it's July and
23 October are basically even. Those were our flattest
24 months for growth. The program continues to grow, but
25 that increase continues to level out.

1 This next slide will show a similar
2 trend, but it's a combination of all years from 2020
3 to March of 2023. The next slide shows the sales for
4 January, February, and March of 2020 to 2023, and
5 clearly still growth, but again, it has slowed.
6 Patient purchase trends will be the next slide. No
7 change here. It's the same story. Dry Leaf is the top
8 seller, followed by Vapes concentrates, infused and
9 other. The next slide will show you that Dry Leaf
10 retail and wholesale pricing. So that slide is
11 showing you that the prices have continued to
12 decrease, with retail price per gram at an all time
13 low, and a wholesale price program reaching an all
14 time low in January, with only a slight increase to
15 date of \$0.29.

16 Does anyone have any questions?

17 CHAIR: Thank you. Are there any
18 questions from the board for Ms. Mench? Thank you,
19 Laura, for running the program so well. It's really a
20 pleasure. We've all gotten to work with her, but
21 she's pretty astonishing. All right, so hearing no
22 questions, we will now move on to old business. On
23 March 18, 2023, through the publication of the
24 Pennsylvania Bulletin, the recommendation set forth by
25 the board to add chronic hepatitis C as a qualifying

1 serious medical condition for medical marijuana usage
2 in the program was effectuated. I agree with the
3 recommendations that by adding chronic hepatitis C to
4 the list of serious medical conditions for medical
5 marijuana usage, patients may get relief and help
6 alleviate complications of the disease and its
7 symptoms. To be clear, while medical marijuana alone
8 cannot treat hepatitis C, there is research that
9 supports, when used to complement physician prescribed
10 medications, there is a higher likelihood of treatment
11 success for chronic hepatitis C. The addition of this
12 new serious medical condition for the program serves
13 as a reminder for how important medical marijuana
14 research is for both patients and the medical
15 community.

16 Another item of old business that I
17 wanted to close the loop on today is feedback received
18 from the health contact form that is intended for the
19 board. At the last board meeting, there was a
20 discussion about how we could best use the health
21 contact form submissions. From a review of the
22 meeting minutes, it was decided that the patient and
23 caregiver subcommittee would be tasked with reviewing
24 the health contact form submissions and providing
25 updates of the board at our meetings. All the board

1 members were provided with the health contact form
2 submissions received since the November meeting in
3 your packet. Going forward, the patient caregiver
4 subcommittee will be provided with the feedback in
5 advance of the meeting so that they have ample time to
6 review and discuss them. At each board meeting, the
7 committee will also receive, I mean, the board will
8 receive a copy of the feedback in their packets and
9 the patients and caregivers subcommittee will provide
10 updates, offer feedback, and identify trends as
11 appropriate and necessary.

12 All right, onto new business. I'd
13 like to discuss the board duties and current
14 subcommittee structure to ensure we are maximizing our
15 ability to achieve the best possible outcomes. My
16 understanding is that when Act 44 passed in June of
17 2021, the board regained most, if not all, of their
18 initial duties and responsibilities outlined in the
19 original medical marijuana act. At that time, the
20 previous acting secretary, Alison Dean, increased the
21 frequency of the board meetings to every two months.
22 At the November 2022 board meeting, the frequency of
23 the board meetings was discussed again and the
24 consensus was that every two months would be most
25 efficient. Therefore, going forward, the board will

1 continue to meet every two months. Acting secretary
2 being also reestablished or reactivated, the board's
3 preexisting subcommittees and assigned each one with
4 specific tasks identified in the act. At this time, I
5 do not intend to change that because I'm certain this
6 was done to assure the board was focusing on things
7 that they had the ability to change and make
8 meaningful impact. My understanding is also that
9 Doctor Levine originally established the subcommittees
10 and assigned members. Her goal was to create a
11 diverse group of individuals on each subcommittee. So
12 as such, I thought it only appropriate to assign
13 Colonel Paris to the vacancy left by the previous
14 commissioner on the patient and caregiver
15 subcommittee.

16 I can certainly see why it would
17 beneficial for law enforcement to be represent on the
18 patient and caregiver subcommittee. This allows for a
19 different, yet extremely important perspective to be
20 considered when making decisions that will impact the
21 future of the program. I really want to make sure
22 that subcommittees make up not only still makes sense
23 today, but also aligns with what we accomplish moving
24 forward. So as I am new to the board myself, I'd like
25 to take a few minutes to ask for your thoughts and

1 feedback on how useful you feel the subcommittees are
2 and what you think could be improved.

3 In your packet today, you were
4 provided a list of the subcommittee and its members.
5 So, as you can see on the slide, we currently have
6 four subcommittees, and they include the medical
7 review subcommittee, which is assigned to modify the
8 types of serious medical conditions for which someone
9 can be certified to participate in the medical
10 marijuana program. We have the patient and caregiver
11 subcommittee, which is responsible for ensuring
12 patients have affordable access to their medical
13 marijuana. We have a regulatory review subcommittee,
14 which is responsible for what types of medical
15 professionals can certify patients to participate in
16 the program. We have the medical research
17 subcommittee, which is responsible for exploring what
18 forms to consider for patients to access in our
19 program.

20 As the board chair, I'm responsible
21 for determining not only who chairs, but who is
22 assigned each subcommittee. However, for your
23 awareness, board members can always request to join
24 additional subcommittees for which they want to
25 partake. This can be done by reaching out to Holly

1 Senior at any time we'll make sure I'm notified and
2 that appropriate action is taken. So I'd like to
3 pause now and ask if you have any thoughts or
4 questions or feedback regarding the structure of the
5 subcommittees or anything else related to the
6 responsibilities and how that's currently working.
7 Again, many of you have served on the board for a long
8 time. I'm new, and I'm really seeking your input at
9 this time.

10 UNIDENTIFIED SPEAKER: Really quickly,
11 before we move forward Secretary, Diana can you just
12 confirm if could speak and we can hear you?

13 MS. BRIGGS: ---

14 UNIDENTIFIED SPEAKER: You're still a
15 little shoddy. I just wanted to make sure weren't
16 missing you if you were trying to provide feedback.
17 Sorry about the connection, Diana.

18 CHAIR: So you can just unmute
19 yourself and speak or raise your hand, and we can call
20 on you if you have comments or thoughts on the
21 subcommittee structure or anything.

22 UNIDENTIFIED SPEAKER: Don't be shy,
23 board members.

24 UNIDENTIFIED SPEAKER: I am.

25 CHAIR: You're a quiet group today.

1 All right, so as it relates to the subcommittees and
2 staying aligned with our agenda, we'll have some
3 subcommittee updates. As most of you are aware, it
4 was determined before my time that the best way to
5 track progress and share information on an ongoing
6 basis would be to have each subcommittee provide an
7 update at each board meeting regarding their
8 activities since previous board meeting. So board
9 members are also queried ahead of each board meeting
10 to determine if they have additional or specific
11 agenda items that they would like to include that they
12 require deliberation. For those of you who may not be
13 aware, we are required to share the agenda for these
14 meetings no later than 24 hours in advance of the
15 meeting, and we must include all issues expected to be
16 deliberated on and any planned official actions such
17 as votes on the agenda.

18 So, at this time, I'm going to ask
19 each subcommittee chair to share an update. I will
20 start with the medical review subcommittee. I'm aware
21 that there's currently a vacancy for the chair
22 position of this committee, and my goal is to get that
23 filled in the very near future. While I can confirm
24 there have not been any 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. So does
4 anyone from that subcommittee have anything to share
5 at this time? Again, quiet group. Next is the
6 patient and caregiver subcommittee, chaired by Ms.
7 James.

8 MS. JAMES: Good morning. Currently
9 we are really pleased with the progress that we have
10 made. --- are reviewing ---

11 CHAIR: Unfortunately, we are having,
12 as I said at the beginning, be patient with us. This
13 is our --- we're trying to do a hybrid model, and
14 clearly it's not working as effectively as we would
15 like. We're definitely having trouble hearing the
16 folks online. Are they able to ---

17 MS. JAMES: Can you hear me?

18 CHAIR: Yeah, we can hear you, but it
19 comes in and out is the problem. We hear every couple
20 of words.

21 MS. JAMES: Let me try to speak
22 slower.

23 CHAIR: Okay, that would work. Let's
24 try that.

25 MS. JAMES: The patient and caregiver

1 committee is pleased with the current progress that we
2 are making, and we've seen great change over the
3 inception of ---, and we hope to continue to see
4 change and affordability for patients as we move
5 forward.

6 CHAIR: Speaking slower definitely
7 helped, so thank you.

8 MS. JAMES: You're welcome.

9 CHAIR: Is there anything else you'd
10 like to add?

11 MS. JAMES: Not at this time. We will
12 be meeting within the next couple of weeks to review
13 the form and then have a full report ready for the
14 next meeting.

15 CHAIR: Thank you so much for chairing
16 that committee and for your report. Up next is a
17 regulatory subcommittee chaired by Ms. Russell.

18 MS. ROUSSEL: Hello. Regulatory
19 subcommittee does not have any formal recommendations
20 at this time. We have received a request from another
21 professional board related to the last certified
22 patients. We will be working on that and hopefully
23 bringing an update for the next meeting.

24 CHAIR: Wonderful. Thank you again
25 for chairing that committee and look forward to your

1 report next time. And our last subcommittee is a
2 medical research subcommittee chaired by Ms. Patel. I
3 understand that the subcommittee has findings and
4 recommendations to share today regarding the research
5 initiative presentation from July of 2022. Ms. Patel,
6 before your update, if you can please explain what
7 your subcommittee is covering today and why, for the
8 record, that would be great, and then you can give
9 your presentation. Thank you.

10 MS. PATEL: Thank you. So the medical
11 research committee did meet, and we discussed
12 presentation that was provided by Organic Remedies,
13 and this team will actually be presenting some of the
14 findings and questions that we had based on the July
15 28 board meeting.

16 UNIDENTIFIED SPEAKER: Christine,
17 please remember to speak slowly when you're presenting
18 today just so that we can make sure we hear every
19 word. Thank you.

20 MS. PATEL: If we can start with the
21 first slide that details the request. At the Medical
22 Marijuana Advisory Board meeting on July 28, a
23 presentation was made, which was a summary of medical
24 literature, the evaluation of the efficacy of a
25 proprietary process to sterilize extract the

1 contaminated cannabis product. Their goal was to show
2 that all these extractions will minimize contamination
3 with microbial elements, specifically around bacteria.

4 The request was to have the act or the
5 committee recommend that the act be modified ----
6 regulation on the level of bacteria and fungus ---.
7 We can pop to the next slide. The subcommittee met
8 twice and with a unanimous consensus that at this time
9 we did not want to make a recommendation based on the
10 regulation allowable quantities --- forming units of
11 bacteria and only use ---. What we'd like to --- a
12 little bit about regulation, how it's measured. Look
13 at Pennsylvania in terms of other states. Look at
14 that research and then what's on the horizon.
15 Firstly, next slide is perfect, when we talk about
16 bacteria and fungus, we measure them in colony forming
17 units.

18 And for anybody who is not a nerdy
19 microbiologist it really is looking at viable cell
20 effects and growth. So you think about Petri dish and
21 where organisms start to grow and replicate. And
22 that's how it's measured. It's measured per gram of
23 cannabis. We'll say a gram of dried cannabis is about
24 the size of a grape, a larger grape. And then also
25 for perspective, I have a little bit of numbers on the

1 screen. Colony forming units are measured by how many
2 are allowed, so we allow --- 1000, 2000 all within
3 that grape size piece of material. The larger the
4 number we allow, the more permissive or lenient
5 regulations. Let's hop on to the next slide.
6 Pennsylvania regulations currently, if you look
7 there's six organisms that are not allowed at all ---
8 ---. There is a full amount of molding --- that is
9 permissible currently listed about 10,000 --- colonies
10 from a unit gram of cannabis. And then bacteria can
11 --- there are many types. We'll just focus on aerobic
12 bacteria. There is also 10,000 colonies in the units
13 per gram. There are different things that we'll offer
14 you.

15 And now if we can pop to the next
16 slide, just see where Pennsylvania fits in with other
17 states. So this is totally --- permissible per gram
18 of cannabis. But you can see a lot of the states in
19 the US have 2000 colony forming units per gram
20 estimates. A couple of states that are more a --- a
21 couple that are more restricted. In some states like
22 California, it's not apples and oranges --- are the
23 same way. Pennsylvania is definitely on par with
24 other states. On the next slide is looking at aerobic
25 bacteria. And aerobic bacteria Pennsylvania is also

1 similar. Again, some states are a little bit more
2 lenient, some are more specific and it --- some
3 states only allowing as little as 100 colony forming
4 units per gram of material. Pennsylvania is in that
5 mix. What was presented by the researchers with lower
6 processors was how they could start with the product
7 --- and reduce it to almost nothing. The parent
8 materials that they use, this is from what they
9 presented, I added some numbers in red to clarify
10 because the --- presented, the exponent and the graph
11 is block rhythmic so just to help visualize our
12 threshold is 10,000. This manufacturing process
13 article --- yeast products that had over a million
14 homecoming units of yeast and mold per gram of
15 cannabis. And actually their literature dictated TNT
16 means too numerous to tell. It's a significant burden
17 of mold that was used to remediate. And I'd just like
18 to remind people that mold and yeast produce things
19 called microtoxins, which could be toxic, and ---
20 something called aflatoxins, which mold can produce
21 carcinogenic chemicals as well.

22 Looking next slide, please. So in
23 consideration of this --- their research, which we did
24 across separate meetings, there are questions about
25 reproducibility of results. Also, the company

1 presented information based on proprietary method that
2 was not necessarily available or replicated by all
3 lower processors. We were concerned about the
4 magnitude of the amount of bacteria and fungus in the
5 base product. Looking at the other states,
6 Pennsylvania is pretty consistent with the other
7 states. And also when looking at laws from other
8 states these states allow for remediation products.
9 So some of them actually required what they're
10 allowed. While it is not a cut and dried to amend the
11 regulations to allow remediation, there would have to
12 be a lot more details about what that topic would be
13 and what board would handle providing approval for
14 mediation of certain batches of cannabis and someone
15 may produce that has significantly high bacteria or
16 fungus. Next slide, please. What is important ---
17 today is that there are current regulations that are
18 actually standards that are being produced right now.
19 US Pharmacopeia is something that physicians and
20 pharmacists are very familiar with, basically putting
21 drugs, cosmetic act, an FDA regulation in that act.
22 US Pharmacopeia is a formulary service for our
23 government. They're an organization that sets the
24 standard for medicinal products as well as food
25 products, depending on the situation ---. The USB has

1 produced a cannabis monograph. It convened an expert
2 panel working on this monograph for nine years and was
3 recently published for comment. The comment period
4 closed in May 2022. So we're kind of on the precipice
5 of some national document creating safety standards
6 around cannabis. And there's a list of tests that
7 would apply to cannabis. Most people may not know,
8 --- but pharmacy, there are limits on how much
9 bacteria, fungus given off drugs, the levels of heavy
10 metals, or pesticides that are allowed in that product
11 and so those are the similar standards that have been
12 proposed for cannabis. Next slide, please. While the
13 cannabis --- monograph, a lot of topics on it from
14 safe labeling related to the --- CBD ratio and also
15 even defining cannabis in terms of its variable ---.
16 The most important thing with appreciating microbial
17 contamination limits is that elemental impurities.

18 Next slide please. So in consistent with
19 USB you know on your --- table straight out of the
20 document and then on your right I kind of paraphrased
21 it a little bit maybe severe to digest, but microbial
22 testing depending on what they're looking at, maybe
23 the limit anywhere from 100,000 or less for the
24 bacterial component and then final acceptance criteria
25 for the non feral product. Again, as little as 100 --

1 --- units per gram for aerobic bacteria and --- colony
2 units. I think it's just perspective with regards to
3 where the regulation are going. Slides, please.

4 So with this, the Medical Research
5 subcommittee diligently evaluated these over ---
6 meetings and they found that while they recognize that
7 regulation is heterogeneous, Pennsylvania is pretty
8 consistent with current regulations throughout other
9 states. Board threshold for bacteria as well as total
10 yeast present in cannabis chemistry. Considering the
11 actions of the US Pharmacopeia with the Cannabis
12 monograph in 2022, and like these comments will be
13 finalized in 2023, at this time, we recommend not
14 changing Pennsylvania regulations, opening the door to
15 cannabis not --- reconsidering our threshold as it
16 relates typically to patient safety. I'll be honest,
17 I got criticism my bachelor's in oncology and Board
18 Certified in oncology and really this is our first
19 consideration patient ---. With that, that was the
20 recommendation from the medical research subcommittee.
21 Open for questions, if any.

22 CHAIR: Thank you so much for that
23 presentation. Again, open for discussion. Are there
24 any questions from the board on the presentation and
25 the recommendation? Quiet group. Hearing no more

1 discussion or no discussion, does anyone want to make
2 a motion to accept or reject their recommendation as
3 presented?

4 DOCTOR GOLDFARB: Goldfarb, motion to
5 approve.

6 CHAIR: Thank you. Do I have a
7 second?

8 MS. JAMES: Shalawn James, second.

9 CHAIR: I'm sorry, I didn't --- did
10 you get who that was.

11 UNIDENTIFIED SPEAKER: It was Shalawn
12 James.

13 CHAIR: Great. Thanks, Ms. James. All
14 right, so we'll do a roll call is that right. All
15 right, so I'm going to take a roll call to see how
16 we're voting on this. Do you want to reiterate what
17 the motion is?

18 UNIDENTIFIED SPEAKER: The motion
19 would be to approve the recommendation of the Medical
20 Research Subcommittee. So when Doctor Bogen calls
21 your name it will be a yes to approve, a no to reject
22 and then if you wish to abstain you can abstain.

23 CHAIR: Christine Roussel?

24 MS. ROUSSEL: Yes.

25 CHAIR: Matthew Eaton?

1 MR. EATON: Yes.

2 CHAIR: David Splain? David, you
3 might be muted if you're trying to talk. We didn't
4 hear your vote. I'm sorry. Okay, I'll come back to
5 you. John Adams?

6 MR. ADAMS: I support the
7 recommendation of our committee.

8 CHAIR: So that was a yes.

9 MR. ADAMS: Yes.

10 CHAIR: Thank you. Doctor Shahoud?

11 DOCTOR SHAHOUD: Yes.

12 CHAIR: Thank you. Ms. Patel?

13 MS. PATEL: Yes.

14 CHAIR: Doctor Goldfarb.

15 DOCTOR GOLDFARB: Yes.

16 CHAIR: Ms. James?

17 MS. JAMES: Yes.

18 CHAIR: I think you said yes. Okay,
19 Ms. Briggs?

20 UNIDENTIFIED SPEAKER: Diana is going
21 to do a thumbs up or a thumbs down, Diana? Thanks
22 Diana.

23 CHAIR: Yes. And then Dave Splain?

24 UNIDENTIFIED SPEAKER: Chief Splain,
25 you might be muted on your end if you want to vote on

1 the record if you could speak now.

2 CHAIR: All right. Okay. So, as a
3 reminder, per the board's report policy following the
4 approval of a recommendation the subcommittee is
5 responsible for proposing the recommendation as to
6 generate a written report to be presented at the next
7 regularly scheduled public meeting. At the discretion
8 of the Secretary, the Department of Health can
9 transmit a notice to the Legislative Reference Bureau,
10 also known as the LRB, setting forth the Secretary's
11 rationale for effectuating or declining any
12 recommendation of the board within twelve months of
13 receipt of the report. And again, this motion was
14 approved. This process is the same as the one that we
15 used for the chronic hepatitis C addition as a serious
16 medical condition.

17 At this time, I want to thank the
18 subcommittee chairs or any of the designees that spoke
19 today for sharing your updates. I'd like to open
20 things up for additional discussion, but first, I want
21 to note on the slide are the dates and times for the
22 upcoming 2023 board meetings.

23 We'll also be sure to send those out
24 to everyone after the meeting for your convenience. A
25 notice in the Pennsylvania Bulletin will be

1 forthcoming.

2 Does any member of the board have any
3 questions or comments? Hearing no discussion or any
4 more questions, I want to thank everyone for
5 participating and for joining today. I look forward to
6 seeing what we can all accomplish together. May I have
7 a motion to adjourn the meeting, please.

8 UNIDENTIFIED SPEAKER: Make a motion
9 to adjourn the meeting.

10 MS. ROUSSEL: Roussel second.

11 CHAIR: All right. We are officially
12 adjourned. Thank you so much. We will work on
13 technology.

14 * * * * *

15 MEETING CONCLUDED AT 11:18 A.M.

16 * * * * *

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Secretary of Health, Chair Bogen, was reported by me on April 12, 2023 and that I, Devin Nunemaker, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 5 day of May, 2023.



Devin Nunemaker,

Court Reporter