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Pennsylvania Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

July 18, 2022

Re: Rulemaking #10-219: Medical Marijuana  
IRRC #3290  
Proposed Permanent Regulation 28 Pa. Code 1171a29(c)

Dear Sirs:

My name is Brenda Nixon. I am a medical marijuana Certified Caregiver for our adult physically disabled daughter, Shelley Nixon. Shelley uses medical marijuana for chronic pain and purchases medical marijuana in Pennsylvania.

Shelley is 45 years old and has quadriplegia Cerebral Palsy. She uses a motorized wheelchair, graduated from Cabrini College with a degree in social work, and lives independently with the 24/7 help of home health aides. She needs total personal care. She cannot stand or transfer out of her wheelchair by herself. Static sitting in a wheelchair for 43 years has contributed to a lifetime of pain caused by her CP spasticity. She receives PT twice a week, deep muscle massages every 2 weeks, botox injections in both legs every three months to treat spasticity, botox injections in her neck to treat dystonia, and myofascial trigger-point therapy every 2 months for back pain. She also suffers from nerve pain in her hands. Her pain has steadily increased with age. She has maxed out on various pain medications that she can take to control her increasing pain — unless she moves to opioids. Wisely, she refuses to do that. She is a warrior. But when pain began preventing her from sleeping, requiring that she be repositioned every hour, she hit a wall. It became necessary to find something to help her, ruling out opioids. One of her pain specialists at Jefferson Hospital in Philadelphia suggested that she try medical marijuana.

Working under the assumption that your committee supports medical marijuana being distributed in dispensaries under the existing State Regulations, I will assume that you agree that medical marijuana is, indeed, being used as a medicine to treat physician-recognized medical conditions. A patient cannot purchase medical marijuana in a dispensary without being properly vetted and certified by a physician, who must initiate the state certification from his/her office. The patient must individually complete the certification process and pay a fee to receive a card. The cards have photos and the caregivers must be fingerprinted in their certification process. A patient and/or certified caregiver cannot even *enter* a dispensary without a PA card. It is a carefully controlled process that is matched to the purpose: to offer help to people who suffer from hard-to-treat medical conditions that are not responding to traditional medicines.

I ask each of you to imagine this scenario: you go to a physician and he/she gives you a diagnosis and a prescription with exact dosage. You go to your local drugstore and fill the prescription, with the knowledge that the pharmacist on duty will automatically check it against the other drugs you take. You also know that you can ask the pharmacist any questions that might concern you about the new medication, because they are as specialized as the physician who wrote the prescription. We all enjoy an innate comfort from knowing that a trained pharmacist is an integral part of our medical treatments. Now...what if your drugstore decided that pharmacists were too expensive and that their company's profit margin would really benefit in these difficult economic times if they just eliminated them? The company's new plan is to train floor workers in the drugstore to share shifts as "pharmacy aides" because — how hard could it possibly be to find the medicines on the shelves, count the pills, and dispense?

Physicians who are recommending medical marijuana to patients have not had ANY formal studies of the pharmaceutical makeup of the different strains of cannabis and the many inflammation-fighting properties in varieties of hemp. They simply know that, if properly prescribed and dosed, it can offer results absent in present day pharmaceuticals. They must rely upon the certified medical marijuana pharmacist in each dispensary to help their patients navigate finding the correct strain and the correct dosage.

Indeed, when our daughter's physician recommended that she try medical marijuana, I replied, "We know nothing about how to get it, where to go, or what to ask for when we get there." He replied, "I will start the process from my office for the cards, then you will take your cards to a dispensary and ask for a consult with the pharmacist." My next question was, "How do I know which dispensary to go to? Or where they are located?" He replied, "Look on the internet and just choose one. Each dispensary has a pharmacist to help you figure out the marijuana."

We entered the process completely clueless, slightly nervous, and with the feeling that we were exploring the last hope for Shelley's relief from pain. We followed the physician's instructions

and, in our introductory consult with pharmacist Tina Brunetti, Shelley asked her: “Are you a *real* pharmacist?” Tina assured Shelley that she did graduate as a real pharmacist. She offered some of her work history, explained her medical marijuana certification, and how/why she took that path. She spent 90 minutes with Shelley, looking over her present medications, asking about the dosages and when they were given throughout the day. She asked about past reactions to prescribed drugs. She wanted to know about the home health aides who would be helping Shelley take the medical marijuana. After a completely thorough discussion of medical history and Shelley’s assisted independent living, Tina then asked what result Shelley hoped to achieve from medical marijuana.

In what we came to learn was an extraordinarily important part of the consultation, Tina then explained that it would be a very slow titration process, with low doses being gradually increased, trying different strains along the way, and that sometimes it took quite a while to find the right combinations. She warned that it could even take as long as three months. She asked Shelley if she was willing to “give it” three months, or maybe even longer. By that time, Tina’s professionalism and knowledge had completely convinced Shelley to proceed. We both felt we were dealing with a professional pharmacist who would ‘hold our hands’ along the way. And, in fact, Tina even said, “you can call me any time...any time....if you have a question or you are worried.”

Indeed, the process was slow and careful. It required exact, extensive record keeping of THC & CBD doses, time given, and personal observations. Each time the dosage equation was altered, new charts were drawn. Shelley’s home health aides were an integral part of charting — especially by noting the smallest of effects, both good and concerning. The doses were so slowly titrated that, from Shelley’s viewpoint, it was hard to recognize levels of improvement. In contrast, family, friends, and aides saw Shelley gaining a lighter and happier affect, but the nightly pain continued. We ended up working closely with two different pharmacists from two dispensaries (as we tried different strains). She reached the final “yippee!” moment when the 2nd pharmacist Purvi Shah suggested a capsule containing CBN (a different cannabinoid) in her nighttime dosage. That one small addition completed the winning combination.

Six months later, as I am writing this, I can state unequivocally:

Without a pharmacist offering a professional intake — and then being available throughout the process of finding the solution that would work for *Shelley*, with *her* particular medical issues — we would not have been able to manage all that was required. We would have given up. Instead, Shelley is sleeping through the night now, pain free, for the first time in many years. In contrast to opioid side effects, she remains alert and active while taking medical marijuana. And there is no addiction factor to worry about.

A 'trained' dispensary worker is a salesperson. They cannot offer a deep, authentic knowledge of pharmaceutical effects and treatment equations. Their recommendations would merely be 'best judgments,' rather than informed opinions based upon years of study and practice. A pharmacist treats the whole person and the reason that brought them to the dispensary. The medical marijuana pharmacist in a dispensary is what doctors are expecting and promising to their patients when they are referred.

I ask you to resist changing state regulations to allow reduction or removal of pharmacists from medical marijuana dispensary staff.

Thank you for your consideration of my email, and I ask you to think of Shelley --- and all the other people who, like Shelley, need and rely upon knowledge-driven guidance and experience as they navigate difficult medical issues.

And, circling back to my imagined scenario, how would you react if the pharmacy you rely upon suddenly decided that pharmacists were too expensive for their profit margin?

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