



Stephen Hoffman

From: IRRC
Sent: Tuesday, July 19, 2022 10:17 AM
To: Michelle Elliott; Scott Schalles; Fiona Cormack
Cc: Stephen Hoffman; Madison Brame; Kathy Cooper
Subject: FW: Written Comment on Medical Marijuana in PA
Attachments: Staff Recommendations.pdf; A Failure to Guide_2021_SUM_Reed (1).pdf; Dispensary Staff Training.pdf

[Comment received on #3290](#)

From: Geoffrey Brown <gwbrown@buffalo.edu>
Sent: Tuesday, July 19, 2022 6:54 AM
To: IRRC <irrc@irrc.state.pa.us>
Subject: Written Comment on Medical Marijuana in PA

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Dear Sir or Madam,

I'm writing in opposition to remote supervision by a pharmacist (or healthcare provider) at dispensaries. Remote supervision removes medical professionals from the medical cannabis space, has already led to dissatisfaction with the State's medical program, and will ultimately lead to patient harm. Pharmacists and healthcare providers working at dispensaries can be very involved in patient care; collecting medical/medications histories, screening for drug-drug or drug-disease interactions, and tailoring their recommendations to the individual patient's clinical circumstances. However, after multiple delays to recreational cannabis and poor performance of cannabis stocks nationwide, cannabis companies have begun to phase healthcare professionals out of their workflows, and are putting immense pressure on their staff to shift the focus from patient care to increasing sales volume. This is not a win for the people of Pennsylvania. Surveys of medical cannabis patients in PA (see attached) have shown that patients are extremely frustrated with how much they spend at dispensaries, a lack of symptom relief, and overall integration between when they're certified for medical cannabis and when they visit dispensaries. The problem is that dispensaries are not operating with the patient's best interest in mind and that needs to change. Pharmacists and other healthcare providers working at dispensaries can help be a part of that change, but not if they're supervising stores remotely.

Many providers that recommend medical cannabis in PA defer treatment decisions to the healthcare professionals working at the dispensary. I don't believe that these providers are aware of the current situation and I doubt they'd be comfortable recommending medical cannabis to patients who will receive products and information from staff with no clinical training who aren't being supervised (in-person) by a healthcare professional. Pharmacists and healthcare providers working at dispensaries are already responsible for supervising all patient counseling activities and all handling and dispensing of cannabis products. Their ability to effectively consult with patients and supervise their staff performing patient counseling is extremely limited by the immense pressure that cannabis companies place on staff to increase sales. If anything, we need to increase the on-site presence of healthcare professionals at dispensaries not decrease it. Cannabis companies are for-profit businesses that are incentivized to increase their sales regardless of any medical considerations. Allowing them to operate medical dispensaries without in-person oversight from a medical professional is akin to having the fox guard the henhouse.

Medical cannabis remains a Schedule I controlled substance, with abuse, drug-drug, and drug-disease interaction potential. I don't believe pharmacists or healthcare providers can effectively monitor these risks remotely and I don't believe that non-clinical staff at dispensaries can effectively monitor these risks or will bring them to patients' attention at all. The staff at dispensaries receive employer training that is often at odds with the information in State-approved training for healthcare practitioners. This results in misinformation reaching patients, which again, has led to dissatisfaction with PA's medical cannabis program and will inevitably lead to patient harm.

Medical cannabis is promoted for health purposes and without an adequate discussion of health risks, there is virtually no medical aspect to what goes on at medical dispensaries. Pharmacists and the healthcare providers working at dispensaries are currently some of the only staff that are clinically trained and can bring a discussion about health risks to the table. Remote supervision is not a good idea for patient care, public health, and the State's medical cannabis program. If the State wants to preserve the medical program, it should promulgate policies that mitigate the issues I've mentioned above before they aim to further remove healthcare professionals from the medical cannabis arena. This would be a step in the wrong direction.

I have attached three peer-reviewed studies that offer more granularity on these issues and I urge the PA Department of Health to consider these findings before establishing further regulations that decrease pharmacists and other healthcare professionals' presence at dispensaries. Thank you.

Geoffrey Brown, PharmD
Dispensary Pharmacist
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