

**Stephen Hoffman**

From: Thomas Cook <thomasjcookphd@gmail.com>
Sent: Tuesday, July 19, 2022 9:37 AM
To: IRRC
Subject: Medical Cannabis Regulations

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Dear Pennsylvania Independent Regulatory Review Commission,

I have had the pleasure of working as a cannabis pharmacist since 2020. During that time, I have learned a lot about medical cannabis and the benefits that patients derive from medical cannabis. I have also seen how the lack of adequate medical professional staffing can be detrimental to patients. In discussions with other medical cannabis pharmacists, I learned of multiple examples of the need for medical professional oversight/involvement in the dispensing of cannabis. Two recent examples stand out.

In one instance, a new patient came to a dispensary where pharmacists are not available for walk-in consultations due to company policies. The patient was encouraged to sign a waiver of consultation. Dispensary staff advised the patient to purchase vape products. A few days after making their purchase, the patient realized that the products may contain substances to which they are allergic. Thankfully, they did not medicate with the products. However, since the company pared down medical professional involvement, the issue of allergies was never discussed by dispensary staff. In addition, while the patient's certification had no restrictions, the patient indicated to a pharmacist in a follow-up that the certifying physician recommended tinctures. Pharmacist involvement at the beginning would have likely avoided the purchase of a product with an allergen and would have adhered to the certifying physician's recommendation.

In another instance, an elderly patient (>80 years) started with a low dose, 1:1 (THC:CBD) tincture based on an initial pharmacist consultation. Upon returning for a new purchase, dispensary staff steered the patient to a highly concentrated, all-THC tincture. Without sufficient instruction for use, the patient took a very substantial dose and required a hospital stay to recover. If there had been sufficient pharmacist staffing and involvement, most assuredly the patient would have been directed to a more appropriate product, and a bad experience and hospital stay would have been avoided.

Based on my experience and the experiences of colleagues, the active involvement of pharmacists and other medical professionals is critical for providing quality care to patients in the Pennsylvania medical cannabis program. Even if/when adult use cannabis comes to Pennsylvania, patients like those described above will continue to benefit from medical care provided by cannabis pharmacists and other medical professionals.

Therefore, I respectfully request that you include language in the final medical cannabis regulations to require a 1:1 medical professional to dispensary ratio (in person or through synchronous interaction). Requiring that this ratio is maintained (through regulation and enforcement) will be the best assurance that patients will receive the most appropriate health care from the medical cannabis dispensaries. Whether remote or on-site, requiring at least one medical profession per dispensary will ensure that patients will have access to the care they need.

Thank you for considering my perspective.

Best regards,

Tom

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