



Pennsylvania Independent Regulatory Review Commission
August 25, 2022

Chairperson George D. Bedwick
Vice Chairperson John F. Mizner, Esq.
Commissioner John J. Soroko, Esq.
Commissioner Murray Ufberg, Esq.
Commissioner Dennis A. Watson, Esq.

Dear Members of the Independent Regulatory Review Commission and Department of Health,

My name is Christine D. Findlay and I have been a licensed, practicing pharmacist in Pennsylvania since 1982. I have been working in the cannabis industry as a pharmacist since 2019.

Thank you for reviewing and reflecting upon my remarks prior to the finalization of the rules and regulations, especially regarding section 1161a.25 pertaining to the regulation of medical professionals operating within the medical dispensary.

The following statements are my own opinions and are independent of my employer.

Prior to the onset of Covid, the pharmacist or medical professional ratio to a medical dispensary was 1:1. The dispensaries employed one medical professional per each dispensary. This is extremely beneficial to patient care. When a patient first enters a dispensary, whether experienced or cannabis naïve, they are usually quite apprehensive about what to expect. During a consult, I help them with their medical choices and their overall concerns. A patient care consultant cannot know enough to advise patients on the 23 qualifying conditions in a way that provides total patient care. We hold the knowledge concerning these disease states that are deemed applicable for medical cannabis. More often, the prescribing physician defers to the dispensary pharmacist for this reason. The physician expects the pharmacist will counsel, make dosing recommendations, check for both drug interactions and contraindications, and review the patient's medical history. There are several drug interactions involving both CBD and THC that must be reviewed with patients that a patient care representative (PCC) will not have the background knowledge to assess. I have intercepted many PCCs from giving a cannabis naïve patient a RSO or a strong capsule. Also, many patients who have been to dispensaries that do not offer consults, ask for a consult upon arriving at a dispensary that does offer this assistance. I recall one situation that I will not forgot. A patient went to another dispensary first. She was a first time, cannabis naïve patient, newly diagnosed with breast cancer. The other dispensary handed her an iPad and said to just order. She had zero knowledge of cannabis. She asked for a consult and they said no one was available to do so. She left there and came to the dispensary where I was employed for her consult. This is just one example out of many where the pharmacist is necessary within the dispensary. Imagine a medical dispensary without a medical professional present. It would not provide the medical care needed and would be quite scary. Unfortunately, this is what is occurring throughout the state as

dispensaries are laying off a high percentage of pharmacists while the remaining pharmacists are told to check certifications for numerous dispensaries. They have also told their pharmacists to avoid counseling patients so they can check these certifications and asking for zero information on new patients. Without intake forms, without counseling, patients are left to choose products without medical intervention and assistance from a medical professional. This is occurring because the Department of Health has not made an official statement preserving the ratio that is defined in Act 16, section 801(b) that requires a pharmacist or physician available either in person or by synchronous interaction, to counsel patients and caregivers and to verify certifications at all times the dispensary is open.

I find this to be incredibly concerning.

It is vital that a medical professional to dispensary ratio be the 1:1 ratio and that this be clarified in the upcoming new rules and regulations. It is not to be brushed aside and assumed it will remain that way. Act 44 (2021) does not clarify the need for one medical professional per dispensary. I ask that the Department of Health clearly state and define the 1:1 ratio in the Final Rules and Regulations to ensure proper health care for Pennsylvania residents.

This is necessary.

Thank you for your consideration,

Sincerely,

Christine D. Findlay, RPh
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