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Independent Regulatory Review Commission

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Commissioner Dennis A. Watson, Esq.
Pennsylvania Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Sirs,

I am grateful to the State of Pennsylvania, the Department of Health (DOH), and the Medical Marijuana Program (MMP) for the opportunity to submit comments that will help ensure patient safety remains paramount.

I am a current graduate student pursuing my Master of Public Health (MPH) at a Philadelphia university with a focus on the public health implications in and around the cannabis industry. I have also had the honor of working within the legal cannabis industry for the past seven years. As the former Director of Education for the nation's first science-focused dispensary in Oregon and during my tenure as Science Editor for a key cannabis industry publication based in Ohio, I have worked with and learned from thought leaders across diverse sectors, including research, policy, education, and business. My current role within the Pennsylvania market is both patient-facing and research driven. I offer personal comment on IRRC #3290 regarding proposed permanent regulation 28 Pa. Code § 1161a.25(b): Licensed medical professionals at facility. These comments do not reflect the views of my employer or university.

The proposed subsection states that a facility's "physician, pharmacist, physician assistant and certified registered nurse practitioner may rotate coverage of facilities as long as a physician or pharmacist is always present at one of the facilities." While this flexibility ensures patient access to medical cannabis products during circumstances of emergency, such as those seen throughout the COVID-19 pandemic or during brief rotational coverage for lunches or patient consults, clarification is requested to ensure remote coverage is the exception, not the standard, thereby preserving patient access to medical professional guidance for safe and effective use of cannabis products. While I feel fortunate to work for a company that strives to put patient safety first, commentary and staffing actions from other big cannabis companies suggest a gross misinterpretation of the proposed regulation that puts patients at risk for serious adverse reactions due to a lack of access to medical guidance when medical professionals are forced to simultaneously cover multiple high-traffic locations.

Passion is not enough when dealing with serious medical conditions and the hundreds of phytochemical and physiological variables associated with cannabis use. Patient-facing retail consultants lack the knowledge necessary to provide specific guidance on dosing, drug-to-drug

interactions (DDI), and tailoring products to the needs of a vulnerable population.[1,4] Despite regulatory efforts, the US legal market has skewed toward a model driven by demand, not patient well-being. Cannabis works within a bodily system whose primary job is to maintain homeostasis yet demand for increasing delta-9-tetrahydrocannabinol (THC) potency has flooded legal markets with product that increases risk for acute adverse reactions from overconsumption or DDI.[2,5] Life-changing conditions such as cannabis use disorder (CUD) and cannabinoid hyperemesis syndrome (CHS) are also on the rise.[3] These conditions destroy a patient's ability to use cannabis therapeutically, perpetuate stigmatization of alternative therapies, and ultimately reduce industry revenue when patients are forced to leave the market. The continuous availability of professional medical guidance is essential in attenuating adverse outcomes and assuring lifelong positive patient relationships with the plant.

A lack of medical professional presence hinders research. Pennsylvania prides itself on being the first state to incorporate medical research into the structure of its regulations and I am thrilled to have the chance to participate in research design and implementation here in Philadelphia. If research-partnered cannabis businesses are allowed to move away from a 1:1 ratio of on-site medical staff, research roll-out and data collection will suffer. Additionally, many of our research patients, especially in Philadelphia, face time poverty restrictions – multiple jobs, reliant on public transportation, debilitating physical conditions - that would limit access to medical guidance should reduced medical staffing and simultaneously remote coverage across multiple locations become the standard practice. Here again I ask for clarification pursuant to changes in § 1161a.25 so that Pennsylvania may continue to place patient safety first.

Sincerely,
Andrea Sparr-Jaswa
MPHc
American Geriatrics Society, Student Executive Board

References

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