COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

HEALTH COMMITTEE
joint with the
JUDICIARY COMMITTEE
PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PA

MAIN CAPITOL BUILDING
ROOM 140

WEDNESDAY, APRIL 8, 2015
9:30 A.M.

PRESENTATION ON
MEDICAL CANNABIS

HEALTH COMMITTEE MEMBERS PRESENT:

HONORABLE MATTHEW BAKER, HEALTH MAJORITY CHAIRMAN
HONORABLE JIM COX
HONORABLE GARY DAY
HONORABLE MARCIA HAHN
HONORABLE AARON KAUFER
HONORABLE JOHN LAWRENCE
HONORABLE HARRY LEWIS
HONORABLE KRISTEN LEE PHILLIPS-HILL
HONORABLE PAUL SCHEMEL
HONORABLE MARCY TOEPEL
HONORABLE TARAH TOOHIL
HONORABLE JESSE TOPPER
HONORABLE JUDITH WARD
HONORABLE KEVIN BOYLE
HONORABLE VANESSA BROWN
HONORABLE MARY JO DALEY
HONORABLE GERALD MULLERY
HONORABLE MIKE O'BRIEN
HONORABLE MIKE SCHLOSSBERG
HONORABLE RONALD WATERS

JUDICIARY COMMITTEE MEMBERS PRESENT:

HONORABLE RONALD MARSICO, JUDICIARY MAJORITY CHAIRMAN
HONORABLE JIM COX
HONORABLE SHERYL M. DELOZIER
HONORABLE GARTH EVERETT
HONORABLE GLEN GRELL
HONORABLE BARRY JOZWIAK
HONORABLE TEDD NESBIT
HONORABLE MIKE REGAN
HONORABLE RICK SACCONE
HONORABLE TODD STEPHENS
HONORABLE MARCY TOEPEL
HONORABLE TARAH TOOHIL
HONORABLE JOSEPH PETRARCA, JUDICIARY DEMOCRATIC CHAIRMAN
HONORABLE BRYAN BARBIN
HONORABLE RYAN BIZZARRO
HONORABLE DOM COSTA
HONORABLE TINA DAVIS
HONORABLE GERALD MULLERY

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Pennsylvania House of Representatives
Commonwealth of Pennsylvania

HEALTH COMMITTEE STAFF PRESENT:

WHITNEY KROSSE
MAJORITY EXECUTIVE DIRECTOR

NICOLE SIDLE
MAJORITY RESEARCH ANALYST

JUDY SMITH
MAJORITY RESEARCH ANALYST

TRICIA LEHMAN
MAJORITY PUBLIC RELATIONS COORDINATOR FOR CHAIRMAN BAKER

GINA SAVAGLIO
MAJORITY ADMINISTRATIVE ASSISTANT

ABDOUL BARRY
DEMOCRATIC EXECUTIVE DIRECTOR

REBECCA SAMMON
DEMOCRATIC RESEARCH ANALYST

CAMILA POLASKI
DEMOCRATIC RESEARCH ANALYST

JUDICIARY COMMITTEE STAFF PRESENT:

THOMAS DYMEK
MAJORITY COUNSEL AND EXECUTIVE DIRECTOR

KAREN DALTON
MAJORITY COUNSEL

JEN DURALJA
MAJORITY SECRETARY

MICHELLE MOORE
MAJORITY ADMINISTRATIVE ASSISTANT

MIKE FINK
MAJORITY RESEARCH

SARAH SPEED
DEMOCRATIC EXECUTIVE DIRECTOR

KRISTEN BERNARD
DEMOCRATIC LEGISLATIVE ASSISTANT

I N D E X

TESTIFIERS

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SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

P R O C E E D I N G S

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JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, good morning, everyone. Please take your seats.

Once again, good morning. Welcome to this public hearing with the House Judiciary Committee and the House Health Committee. First of all, please silence your cell phones.

I want to ask the Members to my right to introduce themselves, Members to our right.

REPRESENTATIVE SCHLOSSBERG: Good morning, everyone. Sorry. Mike Schlossberg, 132nd District from Lehigh County.

REPRESENTATIVE BIZARRO: Good morning, everyone. State Representative Ryan Bizzarro, 3rd District, Erie County.

REPRESENTATIVE BOYLE: State Rep Kevin Boyle, 172nd District, northeast Philadelphia.

REPRESENTATIVE HAHN: Marcia Hahn, 138th District, Northampton County.

REPRESENTATIVE KAUFER: Aaron Kaufer, 120th District, Luzerne County.

REPRESENTATIVE DALEY: Mary Jo Daley, 148th District, Montgomery County.

REPRESENTATIVE COX: Jim Cox, 129th District,

Berks and Lancaster Counties.

REPRESENTATIVE COSTA: Dom Costa, 21st District, Allegheny County.

REPRESENTATIVE SCHEMEL: Paul Schemel, 90th District, Franklin County.

REPRESENTATIVE MULLERY: Gerry Mullery, 119th, Luzerne County.

REPRESENTATIVE O'BRIEN: Mike O'Brien, 175th District, Philadelphia, pinch-hitting for Chairman Fabrizio.

MS. KROSSE: Whitney Krosse, Executive Director of the House Health Committee for the Republican Party.

HEALTH MAJORITY CHAIRMAN BAKER: Good morning. Representative Matt Baker, Chairman of the Health Committee, delighted to co-chair this hearing today with my good friend Ron Marsico, Chairman of the Judiciary Committee and to see such a great turnout of Members from both Committees. Representing Tioga, Bradford, and Potter Counties.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Ron Marsico representing 105th District in Dauphin County.

MR. DYMEK: Tom Dymek, Executive Director of the House Judiciary Committee.

JUDICIARY DEMOCRATIC CHAIRMAN PETRARCA: Joe

Petrarca, Westmoreland, Armstrong, and Indiana Counties, Democratic Chair of the Judiciary Committee.

MS. SPEED: Sarah Speed, Democratic Executive Director of the House Judiciary Committee.

REPRESENTATIVE LAWRENCE: John Lawrence, 13th Legislative District, Chester and Lancaster Counties.

REPRESENTATIVE JOZWIAK: Barry Jozwiak, 5th District, Berks County.

MR. BARRY: Abdoul Barry, Executive Director for the House Democratic Health Committee.

REPRESENTATIVE GRELL: Glen Grell, Representative from the 87th District, Cumberland County.

REPRESENTATIVE TOOHIL: Tarah Toohil, 116th Legislative District, greater Hazleton area, southern Luzerne County.

REPRESENTATIVE STEPHENS: Todd Stephens, Montgomery County, 151st Legislative District from the Judiciary Committee.

REPRESENTATIVE EVERETT: Garth Everett, 84th District, Lycoming and Union Counties, Judiciary Committee.

REPRESENTATIVE REGAN: Mike Regan, 92nd District, York and Cumberland County, Judiciary Committee.

REPRESENTATIVE DAY: Gary Day, 187th District, Lehigh and Berks Counties, Health Committee.

REPRESENTATIVE NESBIT: Tedd Nesbit, 8th

District, Mercer and Butler Counties, Judiciary Committee.

REPRESENTATIVE WARD: Judy Ward, 80th District, Blair County, Health Committee.

REPRESENTATIVE TOPPER: Jesse Topper, 78th District, Bedford County, Franklin County, and Fulton County.

REPRESENTATIVE PHILLIPS-HILL: Kristen Phillips-Hill, southern York County.

REPRESENTATIVE SACCONE: Rick Saccone, southern Allegheny County and northern Washington County.

REPRESENTATIVE TOEPEL: Marcy Toepel, 147th, Montgomery County. I'm a Member of the Judiciary and the Health Committee.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you, Members. Thanks for being here. This really is a great turnout. I appreciate you being here and taking the time to be at this hearing.

This is the second of three planned hearings that the Committees are holding on the topic of medical marijuana. As you probably know, the first hearing took place two weeks ago at Pennsylvania Hospital in Philadelphia. That hearing focused on the medical debate concerning medical marijuana. The Committee heard from numerous medical professionals and others concerning medical research and their experience in using marijuana or

marijuana extracts for medical treatment.

This second hearing today will also include some discussion of the potential of medical benefits and drawbacks of marijuana but the primary focus will be on the law enforcement and the regulatory debate relating to medical marijuana.

We hope to learn if there's a safe and reliable way to regulate medical marijuana were it someday to be made available in Pennsylvania. This hearing, like others, is not about a specific bill. Let me repeat that. It's not about a specific bill. Rather, all of these hearings are fact-finding hearings meant to educate House Members and the public about issues concerning medical marijuana.

While it may be natural for testifiers to reference some of the medical marijuana proposals already introduced, the Committees are not seeking positions on any specific bill.

Later this month, the Committees will hold one more hearing. This hearing will examine other States' experiences with implementing their own kinds of medical marijuana legislation. I want to ask Chairman Baker if he wants to make some comments.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you very much, Chairman Marsico. This has been quite an educational process for our Health Committee Members, as well as all

the Members in the Legislature.

This indeed is a fact-finding hearing. It is not designed to advance or oppose any particular piece of legislation, whether it be in the House or the Senate, but merely to receive good testimony and insights and perspectives from various experts and leaders in various fields of medicine, science, law enforcement, and eventually to also ascertain fact-based information and experiences from other States that may have legalized marijuana in one form or another. And so we will continue this investigation and hearing and fact-finding mission. Again, we're going to have at least three hearings and I really appreciate the interest of the Members.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Chairman Petrarca for opening remarks.

JUDICIARY DEMOCRATIC CHAIRMAN PETRARCA: Thank you, Chairman.

I agree with Chairmen Marsico and Baker that the fact-finding here has been an eye-opener for me in a number of areas. And as we are possibly or potentially heading down this road, I think what we've seen and what we're learning from, as Matt said, in other States, it is hopefully something that will help us if we do do this to do it in the right way that makes sense for Pennsylvania. And so I look forward to the hearing and thank everyone for

being here.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative O'Brien is pinch-hitting for Chairman Fabrizio for remarks.

MR. O'BRIEN: Thank you, Mr. Chairman.

Certainly, we have a deeply charged issue before us on both sides. It's incumbent upon these Committees to take a moment, to step back, and to have a proper vetting of the issue to allow us to go forward with a clear understanding and not to be bogged down in the emotions that surround the issue.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you.

Our first testifier is Chris Ellis. Chris is the Cofounder and Principal of the Beacon Information Designs.

Chris, welcome.

MR. ELLIS: Good morning.

JUDICIARY MAJORITY CHAIRMAN MARSICO: You can begin. Go ahead.

MR. ELLIS: Thank you.

Good morning, Chairman Baker, Representative O'Brien, and Chairmen Marsico and Petrarca and Members of the House Judiciary and Health Committees.

My name is Chris Ellis. I'm Cofounder and Principal of Beacon Information Designs. I'm submitting

this testimony to provide technical expertise in the tightly regulated medical programs and the need for wide-ranging regulatory framework to include audit compliance and data management protocols.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Excuse me, Chris. Could you move the microphone a little closer to you? Thank you.

MR. ELLIS: Is that better?

JUDICIARY MAJORITY CHAIRMAN MARSICO: Yes.

MR. ELLIS: My focus today centers on the critical need for real-time centralized registry or database to track all transactions and participants of the Medical Marijuana Program. When deployed and managed properly, a centralized database can limit diversion, generate sophisticated reports, and improve inspection and audit functions to avoid unintended consequences.

I also serve as President of Environmental Pharmaceuticals. I'm licensed by the Drug Enforcement Administration and Arizona State Board of Pharmacy as a reverse distributor. We manage the reverse logistics of controlled and noncontrolled substances on behalf of manufacturers, wholesalers, pharmacies, and State and Federal agencies nationwide. This experience gives me expert knowledge in the management of controlled substances in a highly regulated environment.

Beacon was created as a result of my unique experiences in controlled substance management. We've learned through examination in other States which have enabled medical marijuana programs that the key to success is to balance the regulatory environment that provides safeguards while ensuring safety compliance and accountability and not hindering the patient's access to the medicine.

Beacon's registry system has been designed as a result of the dissection of best practices from successful programs. We accurately and securely track all transactions to provide all stakeholders with customized data sets and financial reporting, which is critical in an all-cash industry.

To recap, a centralized real-time registry provides secure and streamlines data to limit diversion and provide real-time analytics to best support public safety and industry compliance.

By utilizing a real-time registry, all program participants will have the necessary tools to comply with the rules and regulations. A real-time registry will allow for the Department to receive timely notifications on program activities which may trigger further review. Our registry identifies those red flags, prompting actions such as compliance, exemptions, or complaints, which could

result in an inspection or an enforcement action against a licensee. Through the use of a centralized registry, all requisite data can be quickly compiled in a customized manner and formatted in two reporting dashboards for the State's use.

Thank you for allowing me to participate in today's hearing. I welcome the opportunity to answer any questions you may have.

JUDICIARY MAJORITY CHAIRMAN MARSICO: I'm not sure if I read this or if you said in your testimony, there are 23 other States that have some sort of medical marijuana --

MR. ELLIS: Yes, sir.

JUDICIARY MAJORITY CHAIRMAN MARSICO: -- enacted laws. Do you work for any of those States as far as --

MR. ELLIS: We're working in seven States currently to gain access to the audit and compliance programs and actually manage them for them. We have one State that we're expecting within the next 90 days that we'll be actively working with.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay. Questions, Members?

Chairman Baker?

MR. ELLIS: Yes, sir.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you,

Chairman Marsico.

Thank you very much for your testimony. And I concur that if we ever go down the road of legalizing marijuana, there needs to be a serious construct for regulation, oversight.

I just finished reading the 115-page report. It was an investigative report by three investigative reporters in the Colorado *Gazette* and they went to the schools, they went to the dispensaries, they went to every aspect of the marijuana program, and they have found that the regulatory oversight of marijuana has led to some severe, serious gaps and problems. And in fact there's literally no regulatory oversight and they're very, very concerned about it.

In fact, Ben Cort, the Director for Professional Relations in Addiction, Recovery, and Rehabilitation at the University of Colorado Hospital said, "It was promised regulation and it has been met by the industry that fights tooth and nail any restrictions that limits its profitability. Just like big tobacco before it, the marijuana industry derives profits from addiction and euphemistically calls that 'heavy use' and its survival depends on turning a percentage of kids into lifelong customers," quite an indictment about the regulatory process out there.

And other Colorado officials said that it's led to a serious black market environment that a lot of people with medical cards in Colorado were then getting their marijuana and then reselling it to others. There's been over 100 percent increase in middle school children becoming users of marijuana. And there's really the seed-to-sale tracking program that was highly touted by State officials and marijuana industry leaders they claim does not address diversion of the drug after the point-of-sale. And even though they were promised oversight and regulation and all these metrics that you're talking about, it didn't exist.

Have you had an opportunity to evaluate the problems in Colorado or had any opportunity to try to help address the lack of regulation?

MR. ELLIS: Yes, sir. It's very interesting when you look at marijuana as an industry that is loosely regulated; I mean we'll be honest. If we compare it to pharmacy, pharmacy has tight controls and a closed-loop system, and that's the same type of regulation that we have to set forth in a sensible medical marijuana program. We need to track not only the patient but the cultivator, the dispensary agent, the analytical testing lab, a reverse distribution component so we have a way to accurately destroy the product and record it, and we also need to

understand what inventory is and how do we define that, through a quota and a yield or is it simply you get 10 plants and we monitor those 10 plants through the growing process?

So there's many different ways to look at it and we definitely have put together what we believe to be the industry's best practices as it relates to the closed-loop chain of a sensible medical marijuana program.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Representative Stephens.

REPRESENTATIVE STEPHENS: Sorry, it was a long way from my seat the microphone, Mr. Chairman. I apologize.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, you have long legs.

REPRESENTATIVE STEPHENS: True.

Good morning, Chris. Thanks for coming to share some of your insights here.

MR. ELLIS: Absolutely.

REPRESENTATIVE STEPHENS: If I understand correctly, you have a background with the FDA. Is that --

MR. ELLIS: I do not. I'm licensed by the Drug Enforcement Administration and the Arizona State Board of

Pharmacy as a licensed reverse distributor and wholesaler.

REPRESENTATIVE STEPHENS: Okay. I guess do you have any insights -- what I'm trying to understand is obviously we don't have an FDA in Pennsylvania, and as we go down this road, I'm trying to understand what functions the FDA serves at the Federal level that we might need to consider implementing here in Pennsylvania? And if you happen to know what that may cost or what that would look like or just some comments on that? So does your background lend itself to speaking to the issue or --

MR. ELLIS: I can accurately speak to kind of the 30,000-foot level, what the FDA does as it relates to a drug. Obviously they're heavily involved in the approval process of a prescription medication that is introduced within the United States, so they're looking at the medical testing, the science that goes behind it, they're looking at the legitimate medical purpose for the drug, and then they're looking at what are the accurate expiration dates and how is the labeling of the drug consistent with the industry. So if it has side effects, if it causes whatever it might cause, they're going to be required to put all those components together before the drug moves through the scheduling process.

REPRESENTATIVE STEPHENS: And then even after the scheduling process, I guess as it relates to controlled

substances today, are they the entity that oversees sort of the manufacture, the storage, the distribution, and all that regulation that accompanies all of the currently utilized controlled substances?

MR. ELLIS: In conjunction with the Drug Enforcement Administration, yes.

REPRESENTATIVE STEPHENS: Okay. So I guess you make a great point. We don't have a DEA here either. Obviously, we have a lot of law enforcement agencies. So the DEA plays a role in regulating how those controlled substances are moved through commerce, too? Is that --

MR. ELLIS: They do. They do. There's a --

REPRESENTATIVE STEPHENS: What do they do?

MR. ELLIS: The DEA controls all controlled substances in accordance with the Controlled Substances Act. So a Schedule II drug would go through a process by which the 222 Form or a Purchaser Custody Form is issued. So any time that a pharmacy is purchasing from a wholesaler, they actually purchase the Schedule II drug and then they report the dispensation of that drug once it goes to the end-user. Schedules III through V are transferred a little bit differently, on a written inventory form. But for a Schedule II substance, there definitely is a process, and then Schedule I also. But that's very limited as to the transfer of those drugs, but they're all accounted for

on paper and/or a database that's managed by the Drug Enforcement Administration.

REPRESENTATIVE STEPHENS: Do they also handle the storage and transport and everything else like that, the logistics of moving these controlled substances around? Do they oversee that regulatory --

MR. ELLIS: They will review it upon inspection, so when they come into the facility, that's one of their checklist items. They review the inventory, the recordkeeping, the security protocol of the facility, and the standard operating procedures of that facility are going to be specific to how the drugs move within the chain.

REPRESENTATIVE STEPHENS: Okay. Thank you very much.

MR. ELLIS: Absolutely.

REPRESENTATIVE STEPHENS: Appreciate it.

MR. ELLIS: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Daley.

REPRESENTATIVE DALEY: Thanks, Mr. Chairman.

I've been obviously reading to get ready for today's hearing, and one of the things that I'm a little confused about is, is there an actual definition of medical cannabis?

MR. ELLIS: There's no published definition by the Federal Government to the best of my knowledge of medical cannabis.

REPRESENTATIVE DALEY: So when we talk about it, how do we know -- so the reason for the confusion that I have is that I read about the THC and I read about CBD, and the THC is the element that is psychoactive in the drug and I think it's CBD, is not. Who has an answer to that?

MR. ELLIS: That's a very good question. I don't have a medical background. My focus is solely on the regulatory side.

REPRESENTATIVE DALEY: Okay.

MR. ELLIS: So we're agnostic as to whether or not a State has a program. We just simply want to see sensible regulation wrapped around the program to make sure that we limit diversion and provide safe access for the patients.

REPRESENTATIVE DALEY: And so with regard to the real-time system that you're talking about, and I don't know if it's a specific system or just the fact that there be a real-time system, is that something that would track from seed all the way to use by a patient?

MR. ELLIS: That's correct.

REPRESENTATIVE DALEY: Okay.

MR. ELLIS: We track from -- and again, just to

clarify, in the marijuana industry seed could mean a graft so you could have plants which they're grafting the material from and then planting new plants, so it's a little bit of a misnomer, the seed the sale. We call it from start to finish so that we properly cover all bases. And with that we track everything on a quota and a yield perspective, so again, we're trying to tie this down.

Much like pharmaceutical manufacturers are required for OxyContin, they're given a quota and then they can yield off the quota and they have to account for the difference between the quota and the yield. And that's the same type of protocol that our system has designed.

REPRESENTATIVE DALEY: Okay. And one last question if I may, I don't really understand the term "reverse distribution."

MR. ELLIS: Sure.

REPRESENTATIVE DALEY: If you could just explain that.

MR. ELLIS: Absolutely. Basically, we take back unused and expired pharmaceuticals, to include Schedule I substances, from specific registrants. We segregate, store, and destroy those on behalf of our clients. We have roughly 9,000 clients across the United States that we deal with. And then we provide Certificates of Destruction, as well as what's called a Form 44, the Drug Enforcement

Administration's term for the destruction document to the DEA in a reporting fashion on our customers' behalf.

REPRESENTATIVE DALEY: And you're doing that for narcotics that are currently on the market --

MR. ELLIS: That's correct. That's correct.

REPRESENTATIVE DALEY: Okay. Great. Thank you very much.

MR. ELLIS: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative O'Brien.

REPRESENTATIVE O'BRIEN: Thank you, Mr. Chairman.

Let's piggyback on what Representative Daley asked and flesh out the compassionate drug monitoring program a little bit more.

Now, I see a doc who does the electronic transmission of prescriptions, my primary, a gentleman who's been in practice for a very long time, and he does the scripts by paper. Now, I'd like you to build for me where we go here. I'd like you to take a walk down the technology side of this because certainly my primary is not going to sit there at the end of the day and log all these scripts in. So where are we with this? Flesh that out, please.

MR. ELLIS: Sure. Our system again can be customized to what the business rules are of the State in

which we're working. So let's walk down the road of an electronic prescription. And we can't call it a prescription because, as a registrant, a doctor has a responsibility and a Hippocratic Oath, and under their DEA registration they cannot issue a prescription for a Schedule I narcotic. So it has to be a recommendation that's being written. That recommendation could be entered into our system.

It starts with the patient, so the patient signs on and says I have a medical condition, they check their condition, they go to their practitioner. The practitioner then -- and again, this is where the assumption is made that the practitioner would log into the system and fill out an attestation form, as well as a recommendation, which is downloaded in. That information comes back, is vetted by our staff, and then is turned over to the State for approval or to an administrator for approval. And then at that point a card is issued to the patient and then the patient is assigned a dispensary, and then they have the ability to go out and purchase whatever amount is allowed under the State's rules.

REPRESENTATIVE O'BRIEN: So it's specifically a dispensary. They are not going to their local pharmacist to do this?

MR. ELLIS: No, we do not envision medical

marijuana in a pharmacy realm at all.

REPRESENTATIVE O'BRIEN: Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Cox.

REPRESENTATIVE COX: Thank you, Mr. Chairman.

I appreciate your testimony today.

Diversion has been a subject we've heard about in the first hearing in Philadelphia. There was a big discussion of diversion. The Medical Society and others are very concerned about diversion. As I began digging into this issue, I learned fairly quickly that when you look at prescription drug overdose deaths and things like that, it came back pretty quickly that we've got more prescription drug overdose deaths than we do deaths from heroin and other illegal substances, and so somebody in my discussions kind of half-jokingly said it seems like drug dealers are doing a better job at preventing death overdoses than doctors and hospitals, et cetera. So it's a little bit tongue-in-cheek but I'd like to ask, how does your proposed model of regulation, how does that transcend the existing model that most States have in regard to protecting patients from getting their hands on this illegally?

MR. ELLIS: Absolutely. Again, our system is such that we're close loop, so we want to make sure we

track everything from beginning to end or start to finish. So we're going to look at everything that comes out of the cultivation site and then we're going to confirm that that goes into a dispensary location and that the dispensary is properly maintaining their inventory.

And then once sold to an end user, we're tracking them in the system and we're considering it dispensed. So what happens with it after the end-user has it in their hands, that's not something that's trackable but we do track everything all the way up until the point of when the end-user has a transaction and takes the product and it leaves the dispensary.

REPRESENTATIVE COX: The idea of monitoring each of those different segments from cultivation, production, processing, et cetera, as we've begun this discussion, we've seen that there's kind of two approaches that are being talked about. One of them is have multiple licenses where you might be able to grow, another individual does processing, another individual -- and when I say individual, different companies, whatever -- might have three different companies growing, processing, and then dispensing.

And then the other model is where a license is given to one company that is able to do everything from growing to processing to the dispensing. Can you point out

advantages/disadvantages to one system or the other? I personally am looking to find out is there a model that seems to work better. And I'm not going to say I don't care if people don't make money on this, but that's not my primary interest in this.

If we put a model in place, I want it to be a model that's effective for patients and a model that's effective to protect our children and other people from the misuse and the misdirection of this. So if that means a lower profit level, then so be it. But can you tell me which model provides the best protection in your opinion?

MR. ELLIS: Absolutely. We are most comfortable with the vertical integration model where you have one license-holder that is able to operate multiple enterprises. It allows us to have a single point of contact from an audit and compliance perspective. When we send our audit teams in to perform an inspection, you're dealing with a known entity all the way across the board so it's much easier to go through records and to understand the commonality of security protocols, et cetera. However, we also have contemplated working in environments where you have multiple license-holders all the way across the board. So vertical integration is easier but that's not to say we can't handle both sides.

REPRESENTATIVE COX: And by easier you mean it's

easier to ensure compliance?

MR. ELLIS: It allows us --

REPRESENTATIVE COX: Is that in a nutshell what you're saying?

MR. ELLIS: Yes.

REPRESENTATIVE COX: Okay.

MR. ELLIS: I mean when we walk into an operation and you have one owner or five owners over four different enterprises, usually what you're going to see is their standard operating procedures are alike is so we're not having to go through and understand how every different part and piece works. We're able to look at the information, recommendations are going to be logged in such a way that it's going to be common. So from a time perspective we could go in and perform an audit within a one-week period, whereas with multiple enterprises, you're going out and spending months in the audit and compliance track.

REPRESENTATIVE COX: Okay. Last question, we have recently within the past year put in place ABC-MAP, which is a Prescription Drug Monitoring Program. Are you familiar with the construct of that as far as what we've attempted to set up for prescription drug monitoring?

MR. ELLIS: Absolutely.

REPRESENTATIVE COX: Okay. And I'm kind of

trying to think along the same lines of not reinventing the wheel. Would you recommend perhaps taking a look at ABC-MAP and integrating some of your recommendations in there for nonprescription drugs such as medical marijuana? I've talked to other doctors and so forth that have said knowing what supplements their patients are using -- and I've used this in a previous testimony -- St. John's wort, it's counterproductive to antidepressants so that's an over-the-counter type of supplement but it negatively impacts the effectiveness of a prescription drug. So doctors have told me that they think it would be useful to have that sort of information.

And since medical marijuana is not a prescribable medication or would not be a prescribable medication, would you recommend taking and paralleling ABC-MAP or expanding ABC-MAP to include supplements and other things like medical marijuana that a patient may be ingesting or utilizing?

MR. ELLIS: I really like your concept of adding in non-controlleds to an ABC-MAP type of program. It allows the doctor and/or pharmacist to really look at your medical history. If you didn't disclose something or forgot something, they might be able to look at it and say, oh, well, let's go down this path.

The danger in adding medical marijuana and/or

marijuana to your existing drug monitoring program is that most Prescription Drug Monitoring Programs require or rely upon Federal grants. Being that marijuana is still federally an illegal substance, your Federal grant for your Prescription Drug Monitoring Program might be in jeopardy. That's why we've created the Beacon Standards database so that we can draw a clean line in the sand to say this is for marijuana, this is for prescription drugs. Essentially, one component of our system tracks exactly the same thing as a Prescription Drug Monitoring Program but we want to make sure that we draw that line so that we do not jeopardize a federally funded program.

REPRESENTATIVE COX: Okay. Thank you.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Last question, Mr. Barry.

MR. BARRY: Thank you, Mr. Chairman.

I would like to talk about costs. Is there a cost associated with you providing centralized registry services to either the State, the dispensaries, or the growers?

MR. ELLIS: Sure. The transaction fee which we collect is going to be based on the patient dispensary cultivation relationship. So we have a revenue-neutral model to the State. We generate our fees based on a

patient identification card and/or the dispensary licensing and permitting and cultivation licensing and permitting.

MR. BARRY: One last question. You said that you were working with seven States. Can you provide the list of the States you're working with currently?

MR. ELLIS: We're actually under a confidentiality agreement --

MR. BARRY: Okay.

MR. ELLIS: -- with those States --

MR. BARRY: Okay.

MR. ELLIS: -- but as soon as it's public, we'll make sure that is passed on to you.

MR. BARRY: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, thank you very much for your testimony and being here today.

One last question.

REPRESENTATIVE: Thank you, Chairman.

Mr. Ellis, thank you so much for being here today.

You alluded to it a little bit but could you share with us some of the challenges that some of the other States have in regards to regulation?

MR. ELLIS: Absolutely. Again, most States had very well-thought-out rules; it just came to an implementation standpoint. Department of Health,

Department of Revenue, they're very good at managing health risk and managing taxation and revenue models, but when it comes to stepping out into medical marijuana, which again is an industry -- we're not talking about a program; this is an industry that's basically being created within a State -- you have to have people with regulatory background that understand how to manage the close loop.

So everything from, again, as we talked about before, the cultivation side, what can you grow, where can you grow it, how much can you grow, how does it get from point A to point B, and then how is it managed once it's at point B? What are the security, recordkeeping requirements? And then the ultimate dispensation to the patient, what does that transaction look like? And what information is coming back to the State that they can use to adequately track how the program is going? And what I mean by that is how much material is being grown, how much is being sold, how much is being destroyed, at what are the financial aspects of that transaction? What should be paid to the State? Who's making what and where is that money going?

So those are all the things, and then also having an investigative-type background to look for the red flags and identify through that process where diversion might be occurring, where you might have a bad operator and/or an

operator that might need some help. Those are all the things that have to be encompassed into a sensible program and managed either by the State and/or a third-party to ensure success.

REPRESENTATIVE: Okay. Thank you so much.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Jozwiak.

REPRESENTATIVE JOZWIAK: Good morning, Mr. Ellis.

I was just sitting here wondering, you're involved with the regulation right from the start, so right from the start on this marijuana it starts with the seed. Now, to make sure that these plants or marijuana substances are standardized, would these seeds have to be patented or some level of control as to what this does to produce the plant? Are there any regulations anywhere else on that?

MR. ELLIS: There are regulations as it relates to where the seeds come from and it's kind of a gray area. We haven't been involved so much as to where the seeds come from. It's once the seeds are in the States how are they managed, how are they accounted for. And then we also contemplate inspection and analytical testing of any product that is being grown within the State. So that's under our program. Again, the business rules of the State prevail as to whether or not you would have an inspection and an analytical test and component.

But once those seeds get to the State, they're inventoried and then the mother plant as it's called is created, and that's when they graft off that mother plant and create other plans. And we manage from the top down in that pyramid.

REPRESENTATIVE JOZWIAK: Are you involved in any way with removing the THC and leaving just the cannabinoid in there?

MR. ELLIS: Not at all. Not at all. We don't touch the product in any way, shape, or form. We simply provide regulatory guidance into the process. Our inspection protocol does call out the CO2 extraction, so we do ask that question during our audit compliance and/or permitting application process. But the physical or scientific methodology we have nothing to do with.

REPRESENTATIVE JOZWIAK: Thank you, Mr. Ellis.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you once again for being here --

MR. ELLIS: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: -- and your time.

MR. ELLIS: Appreciate it.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Next testifiers are the Honorable Risa Ferman, Montgomery County

District Attorney; the Honorable David Heckler, Bucks County District Attorney.

Welcome. With that --

MS. FERMAN: Good morning.

JUDICIARY MAJORITY CHAIRMAN MARSICO: When you're ready, you may begin.

MS. FERMAN: Good morning, Chairman Marsico, Chairman Baker, and Members of the House Judiciary Committee and the Health Committee. Thank you for allowing us the opportunity to be here with you today.

So I'm Risa Vetri Ferman, as you indicated, the District Attorney of Montgomery County and the Vice President of the Pennsylvania District Attorneys Association. And I'm here with my colleague David Heckler, the District Attorney of Bucks County. And we are here speaking on behalf of the Pennsylvania District Attorneys Association.

In the interest of time we have submitted written testimony to you and I will not trespass on your time by reading that for you here today. But if I could just summarize the position of the District Attorneys Association as it relates to medical marijuana.

And in sum, our position would be if this is something that you choose to pursue, we would hope that it would be done with extensive and robust regulation so that

we don't create additional public safety and law enforcement problems in our community. And if I could just backup from Mr. Ellis' testimony and say I think there are a number of issues that I can highlight for you briefly.

The initial two would be there needs to be some consideration given to what sort of ailments would be appropriate for the dispensing or prescription of marijuana? And we've had the benefit of seeing in some other States a lack of regulation where marijuana is simply prescribed for anything under the sun, and that has proven to be unworkable. We would also suggest that you address the issue of how marijuana might be dispensed and what the format should be. And there is a good deal of research on marijuana that can be dispensed via a liquid or oils or a pill, other sort of methods that will not cause negative consequences.

But once you get past the issue of when it can be used and how it can be used, I would really echo what Mr. Ellis talked about in terms of the need for regulation. And the regulation that would be required from our experience with other law enforcement agencies across the country really comes in three primary places. First would be the cultivation and dispensaries, second would be the doctors, and then third would be the patients. And what we've seen across the country where it has not been

regulated well is abuse in all three areas.

So I don't know that today we need to or even can get into the weeds of how you do that and I don't know that we're the ones who can really address that for you directly, but what I think we can do is benefit from the experience of other States who have done this experiment and who have gone down this road and use their experiences so that Pennsylvania can craft a system where we can give patients who need this medication and drug and who can benefit from it, the benefit of the medicine without causing other negative consequences.

DA Heckler?

MR. HECKLER: Thank you.

I certainly concur with the written testimony that's been submitted, with everything District Attorney Ferman has said, and I'm sort of here on my own to boot. I've had a variety of experiences in life, some of which may be relevant. And of course I'm just fascinated actually that we're here.

I remember in my day serving where you gentlemen and ladies are serving trying to advance the proposition that hate crimes might appropriately apply to those who are either lesbian or gay and launching one of the ugliest debates I've ever seen. So I guess we've all come a long way and I'm about to advance a theory that maybe we've come

a bit too far.

It's certainly appropriate that you take this matter up and look to see how it can be done responsibly. I'm certainly going to raise with you the question of whether it can.

A couple of thoughts: We all learned in political science that the States in our constitutional system are the laboratories of democracy. We are blessed if you want to look at it that way, and I think Pennsylvanians are blessed, because we haven't legalized even medical marijuana and so we have the opportunity to look at some States that have done it, in the instance of California in particular, arguably very poorly, very loosely, some other States perhaps better. You have the opportunity to study that and you have the opportunity just simply to wait until more extensive academic study has taken place, which typically takes a couple of years of experience to review. So there's one thought. Other people are either benefiting or suffering. Let's see what their experiences really are by way of some scientific analysis.

Secondly, from the standpoint of pulling marijuana and its various components into the accepted world of medical science, I suspect that one of the things the Pennsylvania Legislature could do is memorialize

Congress -- and I know we do that from time to time and it's not necessarily all that successful -- but I think everybody in this room would agree that listing marijuana as a Schedule I substance and discouraging academic and corporate science from looking at what it has to offer and what the components within and have to offer is behind the times.

Certainly, if you folks are considering any kind of legalization for any purpose, you are looking to the anecdotal information you're getting from some people and from some doctors who are saying, hey, I'm persuaded this has helped this patient or that patient. We wouldn't accept that with anything else, any other kind of medicine. We would expect double-blind studies; we would expect the extensive kind of analysis that goes into bringing a medicine to the world.

Pennsylvania happens to be one of the great centers of academic and corporate activity in this area. Let's do everything we can to empower the people who know what they're doing, the people who are saving -- and certainly for somebody as old and fat as I am, I have medical science to thank for just being here. They're doing a pretty good job. Let's empower them and encourage them to do the same thing with marijuana.

And if there are people who are anecdotally

saying, oh, my child had less difficulties or this made my life better or saved this aspect of my existence, let's see if we can't support that and analyze why that is and do what we do with any other medical substance from aspirin on. That's number two.

And the one other thought, frankly, I would wish to offer some encouragement to those of you who are hearing these matters skeptically. From what I can tell from the press accounts, an awful lot of the impetus behind this effort is anecdotal stories of parents who come in, particularly parents who tell you about terrible experiences their children have had or ways in which marijuana has helped them; for some of them, why it's important that it be smoked and not administered in some broken-down medical form.

Let me give you a couple of anecdotes. Unfortunately, I'm in a position of sharing some. In fact, I suspect, I hope that I'm the only person in this room who has seen his 13-year-old daughter absolutely stoned, Cheech and Chong, smiling at her fingers and just stoned. Now, unfortunately, some of you knew -- I actually served with you when she ultimately passed away, succumbed to leukemia after a 10-year battle.

When she was first being brought into remission so that she could receive a bone marrow transplant,

unfortunately she was placed in remission, began to come out of remission when she would have been taking the medications to get her ready for the transplant. So the doctors really hit her with everything they could think of to suppress and destroy the leukemia, and that had of course just terrible effects on her systems. For a period of a couple of weeks, if she was awake, she was retching; she was just that sick.

And in the course of that terrible experience for her, obviously as her parents, my wife and I were enormously concerned, hated it all. The doctors were equally concerned and at one point, well, let's try THC. I was sent over to I think it was the Temple dispensary, got whatever was available at the time, and she indeed took the first one dosage, and then the dosages were increased until finally she did stop being ill and, as I say, was just stoned and eventually went to sleep. And she would with various medications. Her one surcease during all of this was being asleep.

When she woke up the next morning before she again became ill, she made it very clear to us that whatever, she would rather be sick then be as out of control and loopy and crazy as she felt under the THC. Now, that was her particular choice. It was sort of a one-off situation, and with the help of other medications, she

got through that period of time and ultimately had her bone marrow transplant and survived for some years.

Any parent hates to see their child suffer. Any parent is going to want to do anything they can to help them. We need better and more analytical science before we decide policy and decide for all the malarkey about how marijuana is just the same as alcohol, I think any of us who have any experience know that that's not quite the case.

Let me give you one other anecdote and then I will be quiet. I also in another life had occasion to preside over the trial of a so-called drug doctor, a fellow who was pushing -- at that point OxyContin happened to be the drug du jour and so you could go to him, have a physical exam which amounted to him looking at you across the table, and then he'd write you a script and off you could go. And he treated people, not just people who just wanted drugs but actually purported to be treating people who had real ailments.

The prosecution, in the course of convicting him, presented about 20 patients altogether, and the testimony of one of them will always live with me. A young woman of maybe -- say by the time she testified she was 30 -- she was in her 20s, had hurt her back and had spasms, had the things that go along with a bad back. And she had tried I

guess a chiropractor. Instead of going to other physicians, she went to this fellow and he gave her major doses of OxyContin, what I would have thought as a layman would be associated with cancer treatment, end-stage cancer.

And she said my pain just went away. I felt great. My back didn't bother me anymore. I realized after a couple weeks that I didn't want to go back to work. I couldn't muster the energy to do anything. I wasn't even doing housework. And I said to myself, well, wait a minute; this can't be right. And so I tried not taking the pills and then my back pain came back.

Ultimately, she made her way to a competent doctor, got treatment, and stopped taking the OxyContin. She still had back pain as of the time of the trial but was doing physical therapy and doing the right things for it.

What I want to share with you is that when asked on cross examination, well, he did fix your back pain, right, and you've never been that pain-free again, she just had that little wistful look and said, yes, you know, that's true. I was never that pain-free, haven't been ever since.

I suspect -- I can't honestly say I'm one of those reprobates that was almost before marijuana so that I can't say that I was told I was smoking it once but it

didn't have any effect on me that I could tell, so I can't tell what it would be like to be stoned all the time or some of the time -- it might be that life would be great. You'd feel a lot better about a lot of things.

I'm sure that marijuana has some effects that were experienced as positive by people who are suffering various maladies. The question with everything is balancing the societal cost and the cost for the patient against what you're getting in the way of pain relief or other relief of particular symptoms like nausea.

So before you commit the Commonwealth to this potential ill in our midst and before I try and figure out whether the next auto fatality was caused by somebody who was driving high on marijuana and it was medical marijuana as opposed to just the marijuana that gets illicitly imported anyway, I would urge you to be very careful and evaluative of the basis for your choices.

I'd be happy to entertain any questions.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Chairman Baker for questions.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you, Chairman Marsico.

Thank you very much for your testimony. And I would encourage the Members to read the entire testimony proffered by the District Attorneys Association. They

adequately in good balance discuss the dangers of marijuana needing a framework to address various loopholes, the doctors' issues, the patients' issues, the dispensaries, the criminal and civil consequences. And I really like the idea and suggestion about memorializing Congress to ask them to do more research on this issue. I suspect the drug that your daughter took -- I'm not sure with cancer unfortunately -- it was a derivative of marijuana called Marinol, was it not?

MR. HECKLER: I'm not sure.

HEALTH MAJORITY CHAIRMAN BAKER: I suspect --

MR. HECKLER: The active ingredient was THC.

HEALTH MAJORITY CHAIRMAN BAKER: Okay. And that is a derivative of -- FDA-approved, Food and Drug Administration-approved.

But what the District Attorneys Association, what you've said here on page 2 is marijuana is harmful. Legalization of recreational marijuana would be dangerous and ill-advised. And I think there's a reason why this is a Schedule I drug. And the Federal law, as you know, defines a Schedule I drug as having a high potential for abuse, no currently accepted medical use in the United States, and a lack of accepted safety for use under medical supervision. And until that gets changed at the Federal level, it remains as a Schedule I. And so the

opportunities for research are limited, and you're spot on with regard to that issue.

But if there was some way we could send a message to Washington that they could at least find some way to do more testing, longitudinal, double-blind, peer-reviewed, serious research, as is prescribed for most medicine through FDA approval, I mean for once -- we need to find out whether there are efficacious properties associated with marijuana. And I don't think the jury is in yet that marijuana is safe or effective and we need more research. And if the research says it is, then let's have it rescheduled as a Schedule II. If it's not, then it needs to stay as a Schedule I. So I do appreciate that.

As the States' primary law enforcement people, the District Attorneys Association that you're representing, this report -- and I hope the media takes a look at this report from Colorado; it is a newspaper investigative report. I view Colorado as Ground Zero in so many aspects. They've had a long history of legalization. And Governor Hickenlooper, since it's been legalized and been implemented over a number of years, has now actually called it "reckless" and a bad idea. And the Colorado Attorney General Cynthia Coffman declared recently to a dozen of the States' Attorneys General last month "not worth it."

And it goes on to say in terms of the regulatory aspects of this, that Colorado hasn't lived up to many of the basics of the regulatory framework that was approved by the State Legislature in 2013 and 2014, much less in the campaign promises of Amendment 64, and it was by a popular vote that it was approved, not by the Legislature.

And they still have serious concerns about the regulatory process, about how it's produced, sold, distributed, and used, and it goes into great detail about all the concerns and problems that they're having in Colorado. And in some areas of Colorado they've actually banned dispensing and they're continuing down that road now. Not all areas but some areas have moved into that direction.

And we keep hearing the word diversion. I'm very concerned about that. In that report they arrested a doctor that had 7,000 patients, many of whom he never personally saw or evaluated, and yet he was issuing marijuana medical cards. That's Colorado.

So I really appreciate your warnings, your concerns, and the potential dangers of this product and appreciate your testimony.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Lawrence.

REPRESENTATIVE LAWRENCE: Thank you, Mr. Chairman.

DA Ferman and DA Heckler, I appreciate you testifying in front of the Committees today, appreciate you taking the time to be here. Thank you.

I have two questions. The first one I have is with regard to kind of the unique nature of the medical marijuana business in States that have implemented it. Since it is a Schedule I drug, the business owners that are involved with it, it's typically an all-cash business. I quote from an article just a few weeks ago in the *New York Times*, "Pot businesses dealing cash, lots of it, held in safes, handed out in clipped bundles on payday, carried in brown paper bags and cardboard boxes to the tax office and the utility company, ferried around the State by armored vehicles. The reality in Colorado is that it's legal to grow pot but extremely hard to grow a pot business."

I'm wondering if you could share from a law-enforcement perspective some of the concerns you might have with regard to that nature of the business. I don't have it in front of me here but I read something very recently about medical marijuana dispensaries have been targeted in Colorado and other States by folks who are looking for cash. You hear that old quote, people rob banks because that's where the money is, right? That's where the money

is. So I'd like your take on that and kind of what your perspective might be if that were to move forward in Pennsylvania.

MS. FERMAN: So I think from a law-enforcement perspective you are correct that the nature of the business being a cash business creates many problems. I have had the benefit of talking to my colleagues in other States, both law enforcement officials, district attorneys, as well as some legislators, and what I've heard consistently is that there have been significant increases in crime surrounding the marijuana trade. So from the perspective of the dispensary, they become targets for robberies, burglaries. There are increases in personal crimes, perhaps not the dispensary but the person carrying cash. There have been homicides and other crimes in these locations that all center around the marijuana business.

And interestingly, in any of the States that I'm aware of, there have not been increases in law enforcement resources to combat these crimes. So you have a situation in these other jurisdictions where crime is increasing by virtue of this business and law enforcement is taxed even further with significant crimes and they're not given additional resources to be able to address them. So I think it is just another part of the cautionary tale that we needed to be aware of and do our best, if we are going

to go down this road, to regulate very carefully.

MR. HECKLER: The only thing I might add, we know that this takes place. I think over the weekend there was a story of -- I guess I can't at 68 call somebody in her 50s "elderly," but a woman --

MS. FERMAN: You better not.

MR. HECKLER: -- who had worked for years on Jewelers Row in Philadelphia was kidnapped, I think managed to get away once, scooped up again all so her kidnappers could force her to disclose I think it was the code to get into the safe in the business that employed her, so absolutely. You create a location where cash and marijuana will be and you've created a target for crime.

Additionally, you -- well, I'll save my philosophical reflections on what this does for kids' perceptions of their behavior and what their behavior ought to be for another time. But, yes, it does no good for law enforcement, that's for sure.

REPRESENTATIVE LAWRENCE: Thank you. And if I may, Mr. Chairman, with a second question, the other issue I wanted to bring forward and get your thoughts on with regard to law enforcement is with regard to DUI. I have an article here from a Dr. Lee at Columbia University, a quote there: "Currently, one in nine drivers involved in fatal crashes would test positive for marijuana." And the study

goes on to say how that's increased over time as we've seen legalization move forward in various States.

And it also goes through some of the challenges that come forward with testing for marijuana in a roadside traffic stop or something like that whereas DUI there's a breathalyzer test and you can get pretty good results very quickly, and there's also a consensus about how much alcohol and your blood alcohol level and what that does to your impairment and ability to drive, whereas there is a significant challenge when it comes to marijuana in that the drug stays in your system for a lengthy period of time. So there's some question as to whether you are truly under the influence or not.

And I think that's an important issue as the Legislature takes this broader discussion up because certainly that's an issue that we'll have to address in statute. I'd appreciate your thoughts on it and anything that you might bring to our attention that we should look at for further review.

MS. FERMAN: Well, certainly. When we look at DUIs just right now in Pennsylvania, a significant number involved marijuana, as well as prescription drugs. And both of them have the challenges of the roadside testing. So in law enforcement we are dealing with that right now.

The stories we've learned from other States where

it's been legalized either for recreational use or for medical use is there have been significant increases in crashes, and fatal crashes, and driving-related incidents where marijuana is involved. And so we certainly cannot avoid that.

And I'm glad you brought that up because, as DA Heckler was talking, I thought we really ought to be talking about DUI as well. So the notion that we can avoid this is just not possible. I think you do need to address it. Right now, we have a statute in Pennsylvania that addresses marijuana in your system and we prosecute many cases under them, and we see far too many already, fatal crashes that involve marijuana sometimes alone or with alcohol or other substances.

And I think when we think generally about the impact on law-enforcement, I would take it back a step not just to talk about particular crimes but I think it's important that you recognize that there are many crimes that have the potential to increase based upon the experiences of other States. So it's not just us as a bunch of prosecutors saying we think this might happen. The data has been evaluated in other States, they have done the research, and we know that those sorts of crimes will increase. And I think it's important that whatever you do legislatively you approach in a very holistic way so that

we can deal with all of the collateral consequences of providing the medication because there will be many, and this one of them.

MR. HECKLER: The only thing I would add -- District Attorney Ferman covered it very thoroughly and you're obviously recognizing the issue -- as civilization, we've had thousands of years to deal with alcohol. Alcohol has been the byproduct of preserving grain. Literally for thousands of years we've been consuming alcohol one way or another and adjusting cultural norms to it, and certainly in more recent times with regard to the operation of automobiles, adapted to the fact that people drive drunk.

The kind of intoxication that marijuana yields, while it's certainly been with us I think -- I saw one quote attributed to George Washington about telling his overseer of his plantation to grow more hemp -- I think the people who were advocating that may have misunderstood that at the time he was advocating that, we could no longer get cordage from England and that hemp was originally grown more for its stalks than getting high.

But in any event, the marijuana intoxication, discovering it, and learning how to deal with it is a much, much, much more modern dynamic, a much more modern thing. It has different effects. And this is again strictly anecdotal, I believe we're seeing certainly in Bucks County

-- I review the files as they come in -- more DUI drugs and particularly marijuana and that the types of intoxication are in many cases more pernicious, more comprehensive in terms of the inability to control a vehicle so that anything that makes it more likely that people are going to have marijuana in their system is going to have an effect on traffic safety if they're driving.

REPRESENTATIVE LAWRENCE: I appreciate that very much. I note the article here I'm reading from. The headline is "Fatal Car Crashes Involving Pot Use Have Tripled in the U.S., Study Finds." They've looked at six States for a period of 10 years.

MR. HECKLER: I believe that.

REPRESENTATIVE LAWRENCE: So I appreciate, again, your willingness to testify in front of the Committee today and I appreciate your comments. Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Kaufer.

REPRESENTATIVE LAWRENCE: Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Kaufer.

REPRESENTATIVE KAUFER: Thank you very much, Mr. Chairman, and thank you for your testimony today as well.

A lot of what we talked about today, especially to Mr. Heckler, was about anecdotal evidence, and I feel your story and I appreciate your story, but I've also heard a lot of stories from people across my district, across the State. I actually have somebody here in the room today who actually has a home in my district who actually travels to California for treatment. She came up to me earlier today and specifically mentioned I would like to live in Pennsylvania but I just can't.

I had a friend in college who her father developed Crohn's disease when she was a freshman. Their family had to pick up and move from New Jersey to Washington State. When she ended up being a senior in college, she actually developed Crohn's disease, went through several different treatments that didn't work, eventually ending up having medical marijuana actually work for her, and she ended up moving from Pennsylvania and Lafayette College all the way to Washington State.

Now, I appreciate your anecdotal story, but these anecdotal stories carry weight with me, too. And I think it's important to balance out that you made that decision as a parent with your 13-year-old child. I'm wondering what you think about other people making decisions that if their child had the exact opposite reaction and said I would appreciate maybe in a lower dose so that I didn't get

sick, what would you think in regard to that, of somebody making that decision on behalf of their family in conjunction with their doctor?

MR. HECKLER: Well, first of all, this was -- and I think this goes so far back in time I'm not sure that it was FDA-approved. I got the idea the doctors wanted me to go get this stuff so that there was something a little -- Temple had it and they were willing to share it, but at that point it was sort of pre- some of the substances being broken out.

But the point is, number one, some of these substances are available as Marinol, and my understanding is the cannabinoids in some degree are available and that they have particular medicinal effects so that around the edges, medical science is already addressing this. I'm not sure whether your particular constituents' situation is that in order to get the effect they want, it needs to be smoked. That's one of the things at least that I've read about.

Nobody is saying that smoking marijuana is any better for you than smoking cigarettes, so we know that smoking anything is not particularly good for you, is not desirable. Wouldn't it be great if the medical establishment -- which, as I say in Pennsylvania, is enormous -- were to feel that they could devote time and

effort to finding an alternate way to get that stuff into the human system quickly and as efficiently in delivering it as smoking apparently does?

Every other substance I know of, if somebody says -- in fact, people are knocking themselves out exploring collecting tree bark in the jungles and performing experiments to try and find the next super-drug -- I have difficulty with the idea that because some of your constituents have this experience -- now, happily, they can go to California and the Californians have to suffer all the adverse consequences that goes with that, in our view at any rate -- but why does marijuana have to be the one substance that doesn't come to us through medical science, through Merck, through the University of Pennsylvania, the Wistar Institute, and everybody else who's devoted to figuring these things out? I still have trouble with that, and unfortunately, California and Washington are there for that purpose if you want to look at that way.

MS. FERMAN: Representative, may I just add a nuance to what DA Heckler said to you?

I want to be clear that our association, the DAs Association, has not taken a position for or against. This is something that you are researching, you are all looking at, and you as the legislative body will make determinations, from everything I can see, based upon

collection of information and data. So our initial and primary purpose here today was to say if you choose to go down the road of allowing marijuana to be used as medicine, we would recommend very robust regulations.

District Attorney Heckler has simply added the opposite side of the anecdotal evidence that you have from other people, but I think it's important to be said that we are not advocating against it. We're simply saying that if we do go down this road, that regulation is important.

REPRESENTATIVE KAUFER: Well, I just wanted to make sure that we clarified a little bit of the anecdotal evidence, that it is a balanced approach to what we're talking about because I think everybody in this room has heard stories on one side or the other and I think we've all heard some of the national stories that have gotten out there in particular. And I certainly feel that if it comes to an issue that it's helping a patient, it becomes a patient's rights issue.

And so if it is something recommended by a doctor, not through a prescription as we found out it cannot be a prescription but a recommendation, that that is an issue between the doctor and the patient themselves. And so I think it's also important in the anecdotal evidence and stories that we're talking about that this is a determination between the patient and their doctor.

Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Regan.

REPRESENTATIVE REGAN: Good morning.

MS. FERMAN: Good morning.

REPRESENTATIVE REGAN: Thanks for being here.

Mr. Heckler, I'm a big fan. I followed you all through the Child Protection thing and I really appreciate your work and great history in your career. I'm just curious is have you ever admitted in a background investigation whether your marijuana use -- we'll have to go back and check on that I think.

MR. HECKLER: Happily, I don't think the question ever came up, but at least I wasn't dopey enough to say, well, I puffed on some but I didn't inhale.

REPRESENTATIVE REGAN: Yes, that sounds familiar.

Anyway, the question is for DA Ferman.

MS. FERMAN: He didn't tell me how much he loved me.

MR. HECKLER: I do.

MS. FERMAN: I'm sorry.

REPRESENTATIVE REGAN: Representative Baker's comments indicated that there was a real rise in trafficking from Colorado. Have we seen anything in a medical marijuana form and trafficking here in Pennsylvania

or in your district?

MS. FERMAN: I don't know if I'm following your question. We're not dealing with --

REPRESENTATIVE REGAN: Well, the indication --

MS. FERMAN: -- medical marijuana yet so --

REPRESENTATIVE REGAN: Let me clarify. Medical marijuana in either oil form or pill form or however else it's available in States that do have legal medical marijuana, I know for a fact and people have admitted to me that there is trafficking that's going on from people who are here in Pennsylvania who have sick children who are trying to get --

MS. FERMAN: Sure.

REPRESENTATIVE REGAN: -- the medication from other States are involved in a bootlegging process which brings the drugs from Washington or from Colorado into Pennsylvania. Have you experienced that in a law enforcement perspective?

MS. FERMAN: I have to say that is not something that I've seen or that's come onto my radar. What we have seen is other States that have versions of marijuana being legalized have developed significant black markets and by virtue purely of greed I would say to you, they export their marijuana legally grown and cultivated in their States to other States that don't have it.

So, for example, in my county we've had a number of significant drug trafficking cases where marijuana is grown in California and then exported to Pennsylvania by somebody who gets very clever and thinks that they can make some more money, and then they're spreading it around our community. Certainly, the more marijuana that's coming into our community we're seeing many more people involved in crimes where they're under the influence of marijuana.

But to your specific question, anything that relates to people who are getting medicine from other States and then potentially using it here, it is not on my radar at all.

REPRESENTATIVE REGAN: Okay. So we're talking about Colorado and Washington and States that have legalized recreational use of marijuana, correct? That's not what's on the radar here in Pennsylvania, is it?

MS. FERMAN: I think you know better what's on the radar. My understanding is we were talking today about medical marijuana only.

REPRESENTATIVE REGAN: Correct. So in States where medical marijuana, just strictly medical marijuana, is legal and being utilized, have you experienced any drug distributions or any uptick in crime or anything relative to your district that has to do with medical marijuana?

MS. FERMAN: My understanding of California is

that their law deals with medical marijuana, and we've had specifically from California significant exports.

REPRESENTATIVE REGAN: Okay. So medical marijuana in California, I'll agree, but we could probably also make the case that medical marijuana in California is very, very loosely enforced. I mean I think anyone can be prescribed marijuana --

MS. FERMAN: Yes.

REPRESENTATIVE REGAN: -- for any reason, for anything, which is, I can tell you, not what we're talking about here in Pennsylvania.

So I mean I'm just trying to -- one-size-fits-all kind of testimony I think you've provided so far I think doesn't paint the true picture. Like, for instance, DUIs, are we talking about an uptick in DUI deaths in States that just have medical marijuana or are we talking about upticks in death from DUIs in States that have marijuana legalized recreationally?

MS. FERMAN: I don't know that I can really break down, as I'm sitting here, all the data for you. I know that different States have done different research. What I would simply say to you is I agree; one size doesn't fit all and we've looked at what other States have done and come up with a framework for suggestions for the things that we need to pay attention to in Pennsylvania.

If we're going to have a medical marijuana statute, if we're going to make marijuana available as medicine, we've identified the areas that need to be examined and regulated so that we don't have the kind of problems that some other States have had. I would not sit here for a moment and suggest that every State that has marijuana as medicine has the sort of problems we're identifying. I don't believe that's the case and I think it's fair to say that some States have done it better than others. And we should look to the States that have done it well as models for what we want to craft in Pennsylvania.

REPRESENTATIVE REGAN: Okay.

MR. HECKLER: If I may --

REPRESENTATIVE REGAN: Certainly, sir.

MR. HECKLER: -- I think there has been across the board in States, including those in which marijuana is just flat illegal, an uptick in the reporting of DUI marijuana, both deaths and the incidence of arrest.

Now, what I'm not sure whether that's partly a product of a greater sophistication on the part of law enforcement in identifying the presence of marijuana as the intoxicant; that could well be the case. The only thing that I would offer, and I can't associate it with a medical marijuana State, my person who's the lead on drug cases has indicated that we are seeing more cases particularly in

which teenagers and young adults are not being able to gauge the level of active -- however you want to put it -- the stuff that makes them high with the oils, in some cases baked goods or butter used, ingested in one way or another, that they are getting much, much, much more stoned in some cases to the point of unconsciousness, which if you smoke, if you're experienced it all, you have some sense of how much you're ingesting --

REPRESENTATIVE REGAN: Right. Right.

MR. HECKLER: -- but between the greater potency of the plants that are out there and then the extraction and the administration in those fashions, they're just getting in some cases much higher doses than they understand they're getting.

REPRESENTATIVE REGAN: So you could really run into that same problem with blood pressure medicine or diabetes medicine or any kind of medicine that you're taking for any ailment. If you overtake it, if you overindulge, you're going to have adverse effects, correct?

MR. HECKLER: Well, but again, blood pressure medicine, you get a pill and you take one or you take two or you take three. The problem, at least as he's relating it to me, is that these substances don't -- you don't have that little thing on the end of the box that you look at how many servings are contained in this package so that

they don't know what they're getting. They don't have a way of gauging it, and that we are seeing kids who are way more intoxicated because they're not smoking; they're ingesting the marijuana in other ways.

REPRESENTATIVE REGAN: I appreciate your comments. Thank you for your indulgence, Mr. Chairman. Just a couple more points I want to make.

We were recently at the University of Pennsylvania for our last hearing, and we heard the testimony of a Dr. David Casarett, who's an Associate Professor at the University of Pennsylvania, who gave I thought some very compelling testimony about, first of all, the word anecdotal. I've never heard the word anecdotal so many times than I've heard it over the last few weeks. But his point was that basically that's crap. There's plenty of research out there. UCLA, UC Davis have done extensive research that's quantifiable and real that says that medical marijuana helps in many different ailments.

His testimony is posted on my website, by the way. That's www.RepMikeRegan.com. Did everyone hear that?

But it was compelling. I mean he was on the other side saying I think it's addictive, too. I think the research shows that it's addictive. I mean he wasn't just an all-for-medical-marijuana testifier, but his testimony that we've -- nothing's concrete; everything's anecdotal.

His testimony, and a very accomplished guy who approached this issue as a skeptic, says it's not anecdotal. There's plenty of research out there that says that it helps as good as any other drug in the relief of nausea.

And I really appreciate your story and God bless you and your family for what you had to go through with your daughter, but my father-in-law recently passed away from lymphoma, and a guy who was Stage IV was out in his car trying to buy marijuana because Marinol, the synthetic form, didn't affect him in any way. So he was forced to go out sick as a dog looking for relief. I think it's unfair.

But anyway --

MR. HECKLER: And that was the only -- so he was working with doctors --

REPRESENTATIVE REGAN: Yes.

MR. HECKLER: -- who couldn't find any other substance that would help?

REPRESENTATIVE REGAN: Nothing worked. Nothing worked. So I mean I guess when you think about the people who are suffering, when you think about the kids who are suffering -- and I guess my question back to you, DA Ferman, if you intercepted somebody who was receiving, not distributing but receiving medical marijuana, for a child with epilepsy who was seizing, would you prosecute that case?

MS. FERMAN: So I can speak to you as the DA of Montgomery County. I can't speak on behalf of my State association. But certainly my view of this is perhaps even somewhat different from my colleagues. I think that if there is some kind of medicine that can help someone, it ought to be available and we should do everything that we can to make it available. And I can tell you that I would not prosecute such a case.

REPRESENTATIVE REGAN: Thank you for your testimony. Thank you for your honesty. Thanks for being here.

JUDICIARY MAJORITY CHAIRMAN MARSICO: The Chair recognizes Whitney Krosse, Executive Director and legal counsel to the House Health Committee.

MS. KROSSE: DA Ferman, it's a quick question for you. You've brought up these three points where we really need to look at regulation, cultivation, doctors, and patients. From the DA's perspective, so from the organization's perspective, are there any States that have limited the use of medical cannabis, so just to the medical side not recreational side, in such a way that it doesn't negatively impact law enforcement, whether that's for illegal distribution or approaching doctors for distribution of other controlled substances? Are there States that we should be looking at that have done this

correctly?

MS. FERMAN: I think there are. I mean New York jumps out at me and I know there are some others and I think that's certainly something we can be talking to the Legislature about as you're moving forward. I think it starts with what are the ailments that are appropriate for dispensing marijuana. And while we haven't gotten into the science of it -- and I don't think that I'm really qualified to talk about the science of it. I mean that's why I went to law school because I can't do that kind of stuff.

But you use California as the extreme. If you have a headache, you can't sleep, you can get marijuana. You look at some other States like New York, Vermont, and some others we can talk about that have more restrictive lists and there are restrictions on what the doctors can do and the way they can prescribe. The patient has to be seen and has to be seen by a doctor with an area of expertise on whatever the issue is. And a little bit tongue-in-cheek, but in our testimony we talk about a podiatrist prescribing marijuana to someone is foolish. If it's cancer, it should be a cancer doctor, things like that. So I think there are certainly examples of States that have done this in a thoughtful way to deal with the science and where the drug can be used most effectively.

And then I still think we do need to be mindful of the other consequences because it's not just the doctor prescribing it; there's so much area for abuse with the cultivators and distributors. And so when we look at what sort of regulations we want to put into place, we want to be looking at the three that I mentioned, the cultivators/distributors, the doctors, and the patients, and be able to have a system of checks and balances in place that will avoid the ability to abuse the system.

MS. KROSSE: Thank you.

MS. FERMAN: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Daley.

REPRESENTATIVE DALEY: Thanks, Mr. Chairman.

And DA Ferman and DA Heckler, thank you for being here today. I really appreciated listening to you.

So I understand that the DAs Association does not oppose this but you're looking to the Legislature to set up a framework with appropriate regulations that would have to be promulgated in order to do that. The first person who testified actually talked about real-time systems and he laid out some things that it would be important in that because he said that even if the Legislature can draft the law, that the implementation is still the issue. Do you agree with that statement just in a broad way?

MS. FERMAN: Absolutely.

REPRESENTATIVE DALEY: Okay. But he also then talked about needing a regulatory background, an investigatory background, so these seem to be things that he's obviously offering that is how his system works. So in a general way, not to advocate for his system because I'm not trying to do that; I don't know enough about it, but do you see any other aspects that would be necessary as part of setting up some kind of a system?

MS. FERMAN: So one of the things that we've seen in some of the States that have done it poorly with the lack of regulation is that the law simply passed and then it's widespread. There's no limitation on the number of cultivators or dispensaries, very easy to get a license to grow it.

And I hate to go back to California because they're a great example of what not to do. But virtually anybody can grow it. It's very easy to dispense it. You can go to the street corner, a "green doctor," but you can go to the green doctor and get your prescription and fill it right away. And prescription is probably not the right word. So it's a system that isn't a system. So when we think about what sort of regulations, before we think about what business entity we might use, we should be looking at a structure that creates limitations where it would be

easier to manage.

One of the things that I know from my law enforcement colleagues in California is that it's the law enforcement agencies, sometimes the narcotics enforcement teams that are told they should go in and do spot-checks on some of the growers, count the number of plants, see if they're in compliance. I mean that is not a realistic use of law enforcement resources, overtaxed law enforcement resources.

So to the extent that I would offer you a suggestion it would be start small and start in a very small, limited way that's easier to manage and develop a system where we can work out the kinks. It's easy to grow it once we have a good system, but if we pass a law without having a system in place and then try to fit the regulation system into an open-ended distribution network, I think we'll have a problem.

REPRESENTATIVE DALEY: Thank you. That's really helpful. It does seem -- and DA Heckler, I do appreciate your idea of memorializing this to Congress that they need to reschedule marijuana because I mean clearly the Federal Government is doing some research through NIDA, but institutions in Pennsylvania who receive Federal funds would not really be able to do that research because it would endanger all of their other funding. And University

of Pennsylvania, University of Pittsburgh, any other institution that gets Federal funds, which is really the lifeblood of research for these institutions, would really be hampered.

I'm trying to keep my ears open. This is a fact-finding exercise that we're doing for the Health Committee and the Judiciary and I really appreciate the opportunity to be part of that. But it does seem like if we were to have approved medical marijuana, it would also then give Pennsylvania -- and we had a really good regulatory system where we collected data that was able to be reviewed and it followed from the seed or the graft to the use, that it would give us an ability to collect at least some kind of data, potentially not on the efficacy as a treatment but we would be able to collect data in other areas for law enforcement, not the prescribing, the recommending of it and just begin to collect data that could be potentially useful in this whole topic. And potentially then we pass that on to the Federal Government as additional information that we've been able to collect.

Does that make sense to you, that comment?

MR. HECKLER: Well, it does as far as it goes, and you sort of very accurately and honestly limited yourself because probably privacy would prevent us from finding out what we really need to know, which is the

efficacy. And so to me to some extent you're putting the cart before the horse.

Now, again, I haven't seen extensive academic study that says marijuana is okay; it's useful for all these things. Certainly, people report that it is. The double-blind studies, the peer-reviewed science is what we rely on for everything else and that, it seems to me, has been hampered. In fairness to the people who advocate for marijuana, it's been hampered by the, number one, Schedule I designation.

But it sort of keeps coming back to me that if this stuff is good enough and effective enough that States are willing to significantly turn it loose on the citizens of the State, and obviously we're advocating to be as tight as you can, but I will suggest that however tight it is, it's going to be porous to some degree.

It seems like the Federal Government, it seems like somebody should be saying, hey, let's go at this in a scientific way, the way we go at everything else. For the sake of the people who feel that this is really the only hope for them in terms of their nausea with cancer or whatever other symptoms, I hope that happens because that's the hope that these substances will become uniformly, in a regulated, sensible way, available to everybody.

REPRESENTATIVE DALEY: And I agree with that.

Just from what I've heard it's a long road to getting the Federal Government to reschedule marijuana.

And so one other question that just goes back to the Prescription Drug Monitoring Program, my understanding and recollection of when we were talking about that bill, there were measures put in that would take it away from just a law enforcement tool to one that would be more focused -- well, taking it away just from law enforcement, so being more focused on the overuse of the drugs.

Is that something that you would also see as important for this, that it's not just law enforcement; it's also important that -- I mean if this is a medical marijuana, medical cannabis bill, and clearly it's something that's hopefully going to help people, how do you keep the focus away from just being a law enforcement but actually how it can help patients who could really benefit from it?

MS. FERMAN: So I think when we go back to the conversations on the prescription drugs and the database there, our concern in law enforcement was that we have a system of checks and balances so you have a way to look at what the doctors are doing to make sure that they're not inappropriately prescribing or overprescribing, and you also have a way to look at patients who are taking advantage of doctors and doctor-shopping and trying to get

the same prescription from different doctors. So you look at it from both sides.

And I would suggest similarly we should have a system in place that looks both to the doctors who are prescribing, as well as the patients who are obtaining, and only in that way when you're looking at both sides can you really track abuse. Through a monitoring system like that you can find doctors who are simply just giving out the prescriptions inappropriately and you can look further at that. And that would be really a law enforcement effort but you can also look to patients to see if they are obtaining more than one would think that they should be.

So the monitoring systems themselves don't do anything besides provide information, and then it's still up to the licensing agencies or law-enforcement or whatever is looking at it to follow up on that and see if what it looks like from the monitoring system actually is borne out.

REPRESENTATIVE DALEY: Okay. Thank you.

MS. FERMAN: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay. We're running behind a little bit, actually running behind a lot. But I wanted to ask the Members to ask one question, be succinct.

And Representative Cox and then Representative

Jozwiak is on deck.

REPRESENTATIVE COX: Does that one question include compound questions, Mr. Chairman?

JUDICIARY MAJORITY CHAIRMAN MARSICO: And you just asked it.

REPRESENTATIVE COX: I don't know where to begin with this testimony. It seems Congress has left us in a predicament here. Congress won't act; the FDA won't act. Thirty-five States have enacted some form of medical marijuana legalization if you will. Others have gone so far as to legalize recreational marijuana.

I've heard today from different people, let's wait and see. I have to ask the question in my mind; I don't know that I want to use up my question for this but I think your response might be different if you personally had Crohn's or cancer or had a child with epilepsy or one of the other conditions where there's some hope on the horizon with medical marijuana. I feel like your response would probably be somewhat more tempered if that were the case, although I have heard the solution that luckily we can go to California or Washington if we have a condition that we develop or someone in our family develops. I don't know that I take offense to it; I just find that a rather calloused response.

Pennsylvania has long talked about ever since

I've been in the Legislature and even before that we've heard of the phrase "brain drain" from some of our best and brightest students being educated at some of the finest universities in the country and then they leave.

MR. HECKLER: From marijuana?

REPRESENTATIVE COX: Now when we have pain and other types of conditions, we're asked to go to California or Washington, so I guess that's "pain drain."

MR. HECKLER: Well, let me offer --

REPRESENTATIVE COX: I'd like to --

MR. HECKLER: Oh, go ahead.

REPRESENTATIVE COX: I'd like to get to my question.

In continuing with the whole idea that Congress is not acting, we're trying to do something here in the absence of guidance from the Federal Government. We're in a Catch-22 here. It's kind of like going to look for your first job and they say, well, you need to have some experience and you say that's what I'm trying to get, some experience. So we're here in the same position saying -- I'm hearing over and over we shouldn't approve this unless we have substantial research, and yet we can't do the research because the Feds won't reschedule it to Schedule II, so we can't get the level of research that we are all seeking.

We have numerous things that are being used by doctors, off-label prescription drugs -- I should say prescription drugs that are prescribed, recommended by FDA uses, et cetera, and then doctors will write off-label for other conditions. We as a Legislature don't go in and say you can use it for this but you can't use it for that. Congress hasn't done that. The FDA hasn't said you can use it for this but not for that. We let the doctors decide.

That's an avenue that I'm pushing for here in Pennsylvania, and so the idea that we need to restrict and say let's list these five conditions that there is some research on and then every time we need to add a condition to it, the Legislature needs to come back in and over the course of two years hash out which ones they want to include, which ones they don't want to include. We're somehow infusing ourselves in there as medical professionals. I'm a strong advocate to say let the medical community decide. Let the doctors decide how to best treat their patients. Representative Kaufer mentioned that in his comments as well.

We have to do something. Memorializing Congress doesn't work. In a 20-year study done by the NCSL, National Conference of State Legislatures, over 411 memorializations to Congress occur every two years during the 20-year period that they looked at. Congress doesn't

respond to that. It's just a way for States to vent and say please do this or please don't do this. It doesn't work. It's a way for leadership to get Members off their back when they say if this is important to you, we'll memorialize Congress to do it and then we won't actually tackle the legislation.

I don't want to see that happen in Pennsylvania where somebody says, oh, let's do a resolution memorializing Congress and we've done our part on medical marijuana. It's going away and we won't touch it again for two years. That's not acceptable.

My last comment, and I think this is where the question comes in, one of you mentioned that we've got doctors who are mis-prescribing or mis-recommending in other States and that there's a problem with doctors breaking the law, et cetera. We don't typically make a habit and I don't think it's a good idea to punish people who are not breaking the law. We don't say that people can't drive just because some people misuse it. We don't say that people can't drink alcohol just because some people abuse it. We don't say that doctors can't prescribe Oxy even though 12,000 deaths a year occur from prescription drugs like Oxy.

So we've got these serious problems. We don't say that you can't do it because there might be a danger.

We don't punish lawbreakers, but by our inaction we're punishing patients. What do we do? We've got Oxy, Vicodin, Percocet. I know they're terrifying to the law enforcement community as far as the far-reaching effects of the abuse of those legal prescription drugs, yet we've got a substance that testimony has come out -- we heard it recently; people don't die from overdosing on marijuana, yet the law enforcement community seems to be circling the wagons saying nothing new, nothing new, nothing new. What do we do then? In the absence of Federal action, what do we do as a State for the patients that need this so much?

MS. FERMAN: Representative, and I mean this with all respect, I think you might misunderstand our message here today very simply. I think what you do if you choose to go down this road is to take heed of the recommendations we've put in our written testimony. We've tried to be as explicit as we can in the areas that you should look at, and we've given you the best information that we have gleaned from law enforcement in other States. And so by all means move forward and pass the laws that you think would be appropriate to deal with the issue.

You can choose to follow our recommendations or not. We're still going to be here to deal with the aftermath to the extent that there is some, but we're not standing here saying you should not do anything. But

you're doing your research now and do what you feel is appropriate for Pennsylvania. And I think that's the best advice that we can give you. Do what you think is right for Pennsylvania and hopefully use the guidance that we've gathered to come up with the best bill possible so that we can have a way to provide medicine for people who need it but we can do it in a way that does not endanger public safety.

REPRESENTATIVE COX: DA Ferman, I do appreciate your response and your -- there is a compassion in your testimony and I don't want that to go unnoticed. It's a stark contrast to your colleague.

And one of the comments made was that misuse, whether it's prescription drugs, whatever, I couldn't help but ask myself if we had a structure set up -- and I think of ephedrine. Years ago, ephedrine was in all kinds of dietary supplements. FDA went about saying we're going to yank ephedrine out of -- or we're not going to allow people to put dietary products on the shelves that contain ephedrine because it has all kinds of problems. I had a friend who ended up with all kinds of -- he couldn't sleep. For over a year he struggled with the effects of ephedrine from dietary supplements. And I'm again going down the road of I really have a problem with saying let's prevent this from happening because there could be some ill

effects. There could be some ill effects so let's just not do anything. I think that's a dangerous thing.

I think we're looking and saying there's car crashes and things like that that medical marijuana or other types of marijuana, other uses of marijuana are responsible for it. I daresay we don't even have a glimpse of how many car crashes or other deaths are caused by individuals on Oxy or other types of painkillers. Ambien, a sleep aid, there is story after story about people hopping in their car and driving on Ambien, having no recollection of it. I know somebody personally whose children would come in her room and talk to her after she'd taken Ambien, she'd seem fully awake, she'd seem fully functioning. They'd say, hey, can I take the car and drive to Mexico? Sure, no problem; just be back by morning. And so that may seem extreme but we've got things out there that are so much more dangerous, so much more dangerous than medical marijuana.

So my next question is, if we're going to take this "nothing new," maybe we should go about making Oxy, Vicodin, Percocet, Ambien, all these other -- maybe we should go about making those illegal so that these dangerous things can't happen because we know that that's happening. Marijuana, we think things might happen but we know these things are happening. Maybe we should make all

those others illegal?

MR. HECKLER: Well, let's just make one thing very -- I think it's clear already but let me restate it. And you're right. District Attorney Ferman is much more compassionate than I am. I spent some years on the bench and I think defense attorneys would uniformly agree with that statement.

We have all of this stuff with us. We have tons of marijuana being abused right now in this Commonwealth. Some 17-year-old is getting stoned as we speak, probably, unfortunately, a lot more than just one. So turning loose medical marijuana isn't going to loose the hounds of hell who are presently residing only in Mexico and California.

I'm not speaking for the Association. District Attorney Ferman is. I happen to be along as a DA and have had some various experiences which lead me to certain conclusions. You folks will decide whether marijuana should be legalized for recreational purposes, whether it should be legalized for medical purposes, or for whatever purposes. You're going to have that debate. As a citizen if nothing else, but somebody who's had some broad experiences, I'm offering some thoughts. If I am insufficiently sympathetic to the folks you are speaking for, so be it. I remain a very serious skeptic that there aren't other medical solutions for the problems which they

experience, and therefore, I will continue to suggest, and nothing I've heard this morning would change my mind that we're talking about anecdotal evidence rather than the kind of evidence we use for every other medical decision that gets made.

But be that as it may, doctors make whatever recommendations they make. You have to make the law. We do have a pretty good idea statistically of what affects driving and what leads to accidents, and Ambien so far as I know, while you may read articles about it, it's because it's an oddity. The article is printed because it's an oddity. What causes accidents is, number one, alcohol; probably, number two, marijuana that's available illegally; and then controlled substances.

I don't want to make pain medication -- one of the great frustrations of an earlier time is that we didn't understand hospice care, that people died in absolute wretched agony when, because of all those wonderful things like OxyContin, Vicodin, whatever, they could be spared that. And it is a good thing that medical science finally sort of caught up with that.

Unfortunately, do I think doctors are presently overprescribing a great many of those substances because nobody's ever supposed to feel any pain? I do. That's a matter for the doctors and I think our Association and

others are approaching the medical community and saying, hey, look at this. We're not the professionals you are but look at this very carefully because there are a ton of pills.

One of the things that the DEA started that we've been enormously successful in the southeast, both Bucks and Montgomery County, is taking back excessive prescriptions, the pills that are unused, sit in the medicine cabinet, because we know that Granny's prescriptions are one of the number one ways that kids get into the use of illicit --

MS. FERMAN: Drugs.

MR. HECKLER: -- drugs -- I'm not coming up with the right scientific term but the relatives of heroin essentially.

You'll make the policy. I question whether if it were 50 people telling you I have this experience and the only thing that will work for me is marijuana, I have my own personal doubts about that scientifically but at the end of the day it'll be for all of you as the elected representatives of the people who sent you here to make that call.

REPRESENTATIVE COX: If you can provide your contact information to us at some point, I think there's probably 50 people in this room that'd be glad to give you personal stories and personal relief offered by the use of

marijuana, illegally obtained at this point. But I would like to close --

MR. HECKLER: And if they live in Bucks County, the odds on our prosecuting them, if that's really what's going on, are pretty slim. That's the other thing that kind of gets -- and I'm not speaking for any other District Attorney. The DAs and police for Pete's sake have been using common sense in dealing with these laws for a long time and will continue to, just as, unfortunately, maybe they shouldn't have been driving people home. They stopped drunk driving on occasion.

So there's a practical aspect to all this, too. You're making the law by which everybody in this Commonwealth is going to have to live.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you. Moving on --

REPRESENTATIVE COX: Mr. Chairman, I was making my concluding remarks --

JUDICIARY MAJORITY CHAIRMAN MARSICO: Oh.

REPRESENTATIVE COX: -- when -- and I will just be a moment.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay.

REPRESENTATIVE COX: I appreciate the latitude.

We have a way of prolonging things in the Legislature. I do not wish that to happen here.

I have heard from 50 people plus who have specific conditions. Many of them are illegally obtaining a form of marijuana, whether it's the oils for seizures, et cetera. And because of my position on this issue, they feel comfortable sharing that with me, many times in a confidential manner. They are currently receiving relief, some of them, from prescription drugs.

They also see the havoc that that is wreaking on their bodies, the liver damage that is well documented. At the previous testimony offered in Philadelphia, I held up a package of a sleep aid that was sent to me in the mail as a free sample, and it talks about getting stomach ulcers, et cetera. And so that's just the tip of the iceberg. Prescription drugs are well documented on the side effects and the long-term use damage that is done to the body from that use. Medical marijuana offers an alternative to that that doesn't have the long-term physical effects that those prescription drugs have.

And so these are my closing remarks. I just wanted to leave you with that as far as, yes, I know there are medical alternatives out there but you're burning down your body in the hopes that maybe you get some pain relief when you're using some of these prescription drugs. Medical marijuana does offer some hope to these patients and I think we as a Legislature, you as the law enforcement

community should take a step back and say maybe this is an alternative that we need to really allow to be explored. Maybe this is something that we should really back off on and find a way to make it happen for the patients of Pennsylvania.

Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you.

Let me ask you, correct me if I'm wrong, but the DAs Association is not taking a position on this medical marijuana legalization. Your concerns are the public safety concerns. Is that --

MS. FERMAN: That's correct, Chairman Marsico. We're not taking a position on whether you should or shouldn't. We leave that to your collective wisdom based on the information you gather. Our position is simply that if you do choose to legalize marijuana as medicine that you create a structure that allows it to be regulated so that we don't cause other public safety or law enforcement problems while you are trying to provide medicine for patients.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay. Representative Jozwiak for the last question.

REPRESENTATIVE JOZWIAK: Thank you, Mr. Chairman. I'll be very brief. It won't be a half-an-hour.

First of all, I'd like to say I do agree with

what you're saying about the robust regulations. I've said it all along. And I think we keep talking about medical marijuana. We should be talking about medical cannabis. Cannabis is the product here. When you say marijuana, you think of the recreational use, which I don't think anyone here -- at least I'm not -- talking about recreational use of marijuana.

So what I wanted to clarify is, District Attorney Heckler, you in your comments earlier mentioned hemp. And I don't know if you know this or not but we've learned that hemp, while it looks like marijuana, it's similar to marijuana, you don't get high on it. You can get sick on it if you eat it or smoke it, but I didn't know if you knew that there was a difference or not.

MR. HECKLER: Well, I believe the plants are related. I was actually referring to something I'd seen in some of my research for this in which the folks who are advocating legalization of marijuana were citing George Washington's comments about hemp, which was indeed the plant that was grown for the fibers you get out of the stalk to make cordage for ships and so forth. The two have been used interchangeably and I wouldn't doubt that there may be some relationship. Botany was not one of my strong suits in college. But, yes, certainly the stuff that's grown now as cannabis is far removed from what George

Washington was growing.

REPRESENTATIVE JOZWIAK: Okay.

MR. HECKLER: But I think there are those who would refer to hemp in the more generic -- or refer to it when they're talking about marijuana. I would agree with you they were grown for other purposes and certainly anything that was around in the 18th century had much less concentration of the psychoactive ingredients than the stuff we've got today, which is one of the many issues.

REPRESENTATIVE JOZWIAK: Right. Well, the only other question I really have is, representing law enforcement, I know there are law enforcement people here as well, but if this would come to be, somewhere along the way this medical cannabis starts with the seed and starts with the growing of it, do you foresee law enforcement in any way monitoring that or keeping a check on that? I personally would not like to see that happen because unfunded mandates to these people stretches them out even further. So that's my question.

MS. FERMAN: I think to your question, Representative, if you establish a regulatory structure that tasks different organizations and different groups with different things, then it will certainly be monitored. If you were simply to allow for marijuana as medicine without any sort of regulation surrounding it, that creates

many challenges for law enforcement. I don't know if I'm exactly answering your question, but our view of it is that you would create a structure that would provide for appropriate oversight by law enforcement to ensure that it's not being abused.

REPRESENTATIVE JOZWIAK: Okay.

MS. FERMAN: And when I say it, I'm not talking specifically just about the drug; I'm talking, as I indicated earlier, about the cultivation and dispensing of it, the doctors prescribing it, and patients who are -- prescribing isn't the right word, but doctors who are recommending it, and then patients who are obtaining it. So there is certainly a structure in there that would allow for oversight.

REPRESENTATIVE JOZWIAK: Okay. Thank you.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you. Thanks for your time. We always look forward to your perspectives and appreciate you being here.

MS. FERMAN: Thank you, Mr. Chairman.

MR. HECKLER: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Like we said, moving right along, the 10:20 testifier is Nathan Groff, Chief Government Relations Officer, Veritec Solutions.

Welcome, Nathan. Thanks for your patience. You may begin.

MR. GROFF: Thank you, Mr. Chair. And I'll keep this very brief to try to help the Committees speed up the time that's remaining.

You have my written testimony that I submitted so I won't be reading that, but I want to echo some things that came out recently from the Department of Justice and then I want to briefly talk about a handout you may have received right before the Committee that is really nice. It has some cartoons in it, but it kind of explains what a real-time enforcement system looks like.

But the DOJ issued their guidance. They said, "Our updated guidance also makes one overarching point clear: The Department of Justice expects that States and local governments that have enacted laws authorizing marijuana-related conduct will implement effective regulatory and enforcement systems to protect Federal priorities of the health and safety of every citizen."

So I want to first say before we get into some questions is that we view Colorado and Washington State -- although Washington is going through some legislative changes and I believe California will be, too -- are not States to look at in terms of medical cannabis. Medical cannabis and recreational marijuana use are completely

different ends of the spectrum. What I come here today to talk about is what should be in our view in an overarching legislation for the Commonwealth of Pennsylvania to put a medical cannabis program in place. And I think it starts with technology.

Certainly, we can talk about the list of diseases and other medical conditions, we can talk about how much and quantity and all those kind of things, but at the heart of it the questions that have come out in last year's Senate bill and the hearings that have happened are how do we control access? How do we make sure that children aren't getting this, it's not being resold by straw-buyers, that doctors aren't overprescribing it, and all of these things?

Unfortunately, what I'm proposing today could be done in pharmaceuticals instead of the backend systems that were referred to today, prescription drug monitoring, because in those cases in many States it's voluntarily. It's not at real-time at the point of sale. In fact, I believe in Pennsylvania's is about 72 hours or later when things are updated, and it doesn't actually stop the point of sale. It gives investigatory information for regulators to go in and see if things are happening.

But what we are proposing today is that the environment that is set by Pennsylvania is a real-time

enforcement. If you have the graphic that's in front of you, what you'll see is two distinct sides. Hopefully, I had enough for the Committee Members. And on the one side that you will see, you'll see the States' real-time database. And what does that do? That handles all the registration. It handles the registry cards; it handles all of that. And then on the left side you see all of the stakeholders that are in this field.

On the far left you will see, and my graphics, trying to keep it friendly, some laptops. And what those represent are the seed-to-sale inventory tracking systems that are already commercially available. In fact, many of the States that were talked about today require seed-to-sale inventory systems. Unfortunately, seed-to-sale inventory systems don't control the point of sale. It controls the quantity and what goes up to the dispensaries.

And so what is needed in this space is that when the doctor recommends an amount, they have to put it in real-time into the system. When the patient goes to get that amount, it can only match up with the doctor's recommendation and it's verified against who they are, the time, the place. So if somebody is prescribed one ounce over 30 days, they can go to five dispensaries but they can't have any more than one ounce. They could go to 10 or they could go to one. So the object here is to put, first

of all, the burden on the recommending physician to say this is what I am recommending for this patient.

This also changes a little of the dynamics about how most States have done this with that patient has to go to the doctor, they have to then request from the State can I get access, this, that, and the other, and then they submit all this paperwork, the State reviews whether they really have a medical condition or not. This puts the burden on the physician but it also tracks what the physician is doing in real time.

I won't go into a lot of detail, all the reporting mechanisms and everything, but the aspect of the entire process is real time at the point of sale. So as soon as they get that dispensed amount, if they try to walk down the street to another dispensary, they're locked out, okay?

So this gives also the ability for the board, if it's set up as the bills that I've seen, to add on diseases, maybe start out with five or ten or whatever the Legislature recommends, but then over time being able to add on because you're still being able to control at the point of sale what goes on.

This system is very successfully deployed in a number of States on financial transactions. My colleague at Beacon used the word agnostic. I would agree. We are a

technology company. We are agnostic as to the product that's being dispensed at the point of sale. What we do is control what is being dispensed, when, how much, tracks all of the financial aspects of it and makes sure that the State has complete control over this.

So, with that, again, trying to get other folks up here to be able to talk, I will stop my remarks and be open for any questions that you may have.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Day for questions.

REPRESENTATIVE DAY: Thank you, Chairman.

Thank you for your comments, and I read over your testimony. Thank you for that testimony.

In the interest of time I just want to make a statement. I'm going to ask questions about cost of the system like what you're talking about what was referred to before, any information you can provide about cost. But I do want to make a statement because many Members are talking about where they are philosophically at this time, and I think Chairman Baker really summarizes where I am on this topic. I think I want to just put on the record that I wholeheartedly agree with all of the direction, everything he said thus far in this hearing about how we should proceed.

Some of my colleagues have talked about, well, we

shouldn't call it marijuana; we should call it cannabis. I find it hard to call it medical until the medical industry kind of gives us that okay. That might be the FDA process or other processes in Pennsylvania. So there's a lot of work we have to do and I applaud both Chairmen for having this Committee meeting.

But while growers, distributors, retailers, they're going to pretty much decide what does it cost to produce this and get it to market, get it to that patient or customer or consumer? What does that cost in the pricing? I want the medical community to come forward and make it medical marijuana if that's possible, which includes research, and maybe memorializing Congress may advance that further. And maybe there's a two-prong attack here that we take the longer road that some people say we take a long time and maybe there's a short road to continue to pursue as well.

But I know the growers and retailers will determine the price to bring the product to consumers. The medical community, I want them to determine the impact on patient health, pros and cons, and give that to us as advice.

But one of the things that I think is important for us to do is to understand the cost of regulation, not just regulation and what exactly we're going to do it if

we're going to have a very tight system, seed-to-sale you had said. I had written down grower, distributor, retailer, consumer. The seed-to-sale is good if we're going to have a system like that.

I'm trying to understand what would the cost be per patient when those medical cards are issued? Should that be something that we include in there so that we don't do things like my other colleagues have said, give unfunded mandates to local law enforcement, unfunded mandates to our State budget? How do we get the users of this system to help contribute and pay for that? Many of the advocates that have come forward to me, I don't think that they would be opposed to that.

So my question is you have a lot of experience with the computer technology, database, point-of-sale monitoring. If we had a large, robust system like that, seed-to-sale, what would something like that cost either per person or to a market as large as Pennsylvania?

MR. GROFF: Representative Day, Mr. Chairman, I think that's a great question. I'm going to answer it very shortly in two distinct areas. First of all, there are commercial seed-to-sale tracking systems and point-of-sale systems that, regardless of what product a dispensary or a grower or a cultivator would have, would have to have that is just good business practices. I mean certainly I don't

think you want any dispensary that doesn't have a basic computer point-of-sale system even operating in the State. You wouldn't want any type of organization that's doing something, whether it's a financial product or it's medical cannabis, operating with no computer technology or no infrastructure in place. So I think that is a normal cost of doing business, as it is in most of the States. There are dozens of software platforms that dispensaries can use.

On the seed-to-sale inventory systems, it's really based on the size of the growers and the cultivators, and so my understanding it is not cost-preventative. There's typically licensing fees that are involved and then maintenance fees that are involved, but it's not in the hundreds of thousands of dollars for that.

But the other side of this in terms of cost, you made a very good point, is that you have to be careful. And from our observations, when you're talking about medical cannabis, one of the issues is price because if the price is established in a State because of either burdensome regulations that drive the cost of production up or taxation that drives the cost up, that is a huge difference. And I don't know what the difference is but if there's an arbitrage between the price of medical cannabis and the price of illegal marijuana, then you're going to have a situation where people will seek out the illegal

product based on price, whether they can afford or not. That's just the realities of it.

So I think States have to be concerned and not be tempted to drive the price so high in terms of what not only the regulatory infrastructure is but the taxation structure is. Coming to a system on the State side, I actually think this is why a State needs to consider this because it is a much lower cost to deploy technology than it is to deploy people and resources.

For an example, we operate a system like this in a State that we track in real time small dollar lending. That was the genesis of our company. When you're talking 3 and $400 transactions, the cost on the transaction is around 50 cents. So when you're talking about medical cannabis and the ounces -- I can't quote but let's say you have a price that averages 450 an ounce, you're talking about, again, $1, $2 transactional price to support all that infrastructure in place. So it's not a burdensome price to put on the market.

And I think absolutely the State should ask those participants -- just like we do if you lose your driver's license, at least in my State you have to pay to get another one. I would expect that the board would establish fee structures for things, replacement cards, maybe a registration fee to get into the system. So I think there

are a lot of participants in it but I think the burden falls on the dispensary and the folks that are growing and dispensing the product.

REPRESENTATIVE DAY: Thank you. In the interest of time I'm just going to make a comment about -- you made part of your answer don't drive the price too high. It is not a concern of mine right now. What my concern is is allocating the cost of regulation; that's our job. Figure out what that is when we say I want a robust system, well, how much will that cost? It doesn't mean I'm against it or anything just because I want to drive the price higher, but I want to know what that is for real. If we are subsidizing to give people access and be compassionate and give people access, I want to know that were subsidizing the cost of regulation and I want to know we're not just pushing it to our DAs and our local law enforcement. And I just want to know that, sunshine that. It's something I work on as a State Representative all the time.

One last question about patient data and patient usage. So seed-to-sale is when you give it to -- and the pharmacist or the dispensary would say we've now given Gary Day -- well, gee, I shouldn't put that on the record, right? Can I use your name? No --

MR. GROFF: Sure.

REPRESENTATIVE DAY: Or who was it before who

said that -- it was you that said you had done this before, not that I'm bringing that up again. I wanted to read him his rights and then I was told it's out of the limitations.

But my question is when they dispense it, that would be logged in, and therefore, you could potentially follow that product all the way back from the grower, distributor, and there's no leakage in the system into the dark market or black market.

Do you also then, with the user card, then say that there's an amount that's too much for any one user or patient and therefore you monitor the usage? So if my usage was by the ounce, hopefully not the -- I don't know if we do it by the pound but however we would measure it, do you track the patient data for law enforcement to be able to check into and say, okay, what we've found here in this car is indeed legal?

MR. GROFF: Representative Day, that's a great question. There's a key difference in terminology, monitor versus enforce. Monitor simply says you're watching. Our system is designed to enforce, meaning actually stop the transaction. That's at the point of sale. So it would come up to the dispensary and say this person is not eligible for any more purchase of any quantity based on their doctor's recommendation and what's in the system.

That's very different than monitoring because

what that gives you is the ability for law enforcement -- our system has a law enforcement portal so that if a patient is coming home from their dispensary and they run a red light and they get pulled over and the law enforcement officer says I see cannabis in your seat and they say, well, I have a patient access, and let's say there's four pounds of cannabis in the seat, and he says, but I have an access card, law enforcement would be able to immediately have a portal into the system with that access card and the person that sitting there ID'ed and saying, well, you are only allowed to have two ounces in 30 days. I believe this is more than two ounces and 30 days.

So to your point, absolutely, it has to be tracked to the individual. In our environment we don't own those records; the State does, and we recommend that the State destroys those after its useful regulatory life. And then the only thing that is retained is aggregate data about what is going on.

So you have this whole side of the equation that's tracking what's being grown, what's being transported, what's being distributed and all of that. Of that is inventory, management, and control. Then at the point of sale you have the enforcement of the dispensing amounts, and that allows, by the way, for different strains. I mean our system drills down into whatever type

of strain that the doctor recommends so that they only can get that strain with that amount. And it's designed to grow as the board expands, whether it's expanding coverage, expanding who can recommend amounts.

So hopefully that answers your question.

REPRESENTATIVE DAY: Thank you. Thank you very much for your answers and for being here today.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Toepel.

REPRESENTATIVE TOEPEL: Thank you, Mr. Groff, for being here.

I have a quick question. In the testimony offered by the District Attorneys, they referenced Oregon. I don't know if you're familiar with what they've done. And there was a statement in there that the estimate was up to 75 percent of the medical marijuana ended up on the black market. Can you tell us what they did or did not do to allow that to happen?

MR. GROFF: Thank you, Representative. Let me start out by saying the system that I am proposing that would suggest that the Legislature in Pennsylvania consider is not in place in any State right now in the United States. There is a current request for proposal by the State of Illinois who, by the way, passed over two years

ago. They just issued licenses. They still have not gone live with their program.

Now, there are many States that have registry systems. There are many States that have seed-to-sale, but real-time enforcement at the point of sale is not present in any State. Now, soon we think Illinois will award their RFP and that will go live.

So I think you have to look at, first, Oregon. If what you have is a registry and what you have is a card that allows you to buy off of that, then you are opening yourselves up for straw buyers. It would be similar to the fake ID or the stolen ID and buying alcohol and spirits if you're underage. And so I think what controls that is at the point of sale not only are you identifying who that person is that's buying, you're recording that transaction, date, time, and you're also matching it to a record that's been authorized.

So if someone was to try to get around a real-time system, they would have to, A) employ numerous straw buyers, B) get numerous doctors to prescribe amounts, and then C) go to dispensaries to collect all those amounts. But the problem that you would have is that the system is in real time so it's seeing patterns of purchases and it's seeing patterns of doctors prescribing. And it would probably be more costly, as well as the bill anticipates,

what I have read, maximum amounts for time periods versus just whatever the doctor would want to prescribe.

So in order to have any type of macro amount to resell on the street as it were, you would have a massive criminal enterprise to try to get around a real-time system at the point of sale to do that. When you don't have that in place, it's fairly easy to do that because you simply just have people sign up. Like in California, you can go anywhere and get a card and you can go and buy anywhere, so there is a lot of leakage in those States.

And I think the references to Colorado are not really fair in terms of what you are looking at in a statute here because, again, Colorado is not medicinal; it's recreational.

REPRESENTATIVE TOEPEL: But specifically to Oregon --

MR. GROFF: Yes, I --

REPRESENTATIVE TOEPEL: -- you would say that the safeguards that you're proposing in our regulatory system --

MR. GROFF: Would stop that.

REPRESENTATIVE TOEPEL: -- would stop that and they --

MR. GROFF: Yes.

REPRESENTATIVE TOEPEL: -- and they did not do

that.

MR. GROFF: They do not do that.

REPRESENTATIVE TOEPEL: Okay.

MR. GROFF: In fact, Washington State has a bill -- I'm not sure where it is -- to put in a real-time, very simplistic web-based application at the point of sale.

REPRESENTATIVE TOEPEL: Thank you very much.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Nesbit.

REPRESENTATIVE NESBIT: Thank you, Mr. Chairman.

Just briefly, you had said prescribe, but an earlier witness said that it can't be prescribed because it's a Schedule I.

MR. GROFF: Right.

REPRESENTATIVE NESBIT: And so you would mean recommended?

MR. GROFF: Recommended, yes, sir.

REPRESENTATIVE NESBIT: Okay. And your point of sale, was it a program? And it's similar to a financial system, but another witness testified that this would be all cash based on banking regulations. Would the point of sale still be as effective if we're dealing with cash transactions rather than, say, a credit card or insurance payments?

MR. GROFF: Representative, that's a great

question. Yes. The point of sale is tracking the transactional amount, not the form of payment, and there is a whole other discussion that probably needs to be had in Pennsylvania in terms of, because of Federal law, how these companies and dispensaries are banked. That is, if you go into other States you will see ATMs literally sitting in the lobby and cash is taken out and paid and then you have the trucks that come and pick up the cash. Now, is that the most ideal? No. Unfortunately, banks have been given a very gray area of what they can bank and who they can bank.

But in terms of a real-time point-of-sale system, I simply need to know how much the transaction was for, when it was done with the amounts and everything. How it was paid for, I don't care if it was paid for in cash, if it was paid for by credit card, which I doubt, if it was paid for by debit card. Ideally, if the Federal Government continues to keep the status quo, I think States are going to have to figure out a way to bank this industry without Federal Government oversight of that banking structure. And it's probably more complex than that to talk about here. Illinois recently ran into a problem where they put an RFP out for the State to have a bank come in and do this and no bank responded to the RFP, zero.

REPRESENTATIVE NESBIT: So what --

MR. GROFF: So they pulled it.

REPRESENTATIVE NESBIT: From a practical point, though, in terms of sales tax or whatever type of tax the Commonwealth would look at placing on this, it would just be a data collection as opposed to any type of collection of the sales tax or whatever mechanism because it wouldn't be an electronic transaction, so therefore, we would still be relying on the dispensaries --

MR. GROFF: Correct.

REPRESENTATIVE NESBIT: -- to self regulate and report all that cash?

MR. GROFF: You would. You would have an audit trail and say, okay, that dispensary had $38,000 in sales and the sales tax due on that was $8,000, and the dispensary would have to determine how they got that $8,000 to the State for remittance. In the financial world, to your point, it's all automated. It's all either in ACH or it's a credit transaction or it's an EFT because we can utilize the formal banking system.

REPRESENTATIVE NESBIT: But to your knowledge now the way the Federal law is based you wouldn't be able to do that if we would go forward with something in Pennsylvania?

MR. GROFF: I think it would be very difficult for the dispensary to have a banking relationship to accept -- if their merchant provider found out that they were

accepting credit card transactions for the sale of medical cannabis, I believe their merchant provider would cancel that merchant agreement.

REPRESENTATIVE NESBIT: So the Illinois system that's being proposed, these people would come through in the distributorships bringing bags of cash to the State House? I mean what's --

MR. GROFF: Again, without getting too technical, I believe they are creatively figuring out how to kick cash into a bank account and then remit checks to the State for their fees and their other costs that are required by State law to provide to the State.

REPRESENTATIVE NESBIT: Okay. Thank you.

MR. GROFF: But it is a challenge.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Representative Lawrence.

REPRESENTATIVE LAWRENCE: Thank you, Mr. Chairman.

Just very briefly as a follow up there, when you say they're looking at creative ways to get money -- that currently folks who are involved in medical marijuana use creative methods to get cash placed into bank accounts and then remit to the authorities, I mean I don't want to put too fine a point on it but that sounds like money

laundering. Is that what you're alluding to?

MR. GROFF: Representative, Mr. Chairman, again, we are a technology company that would work for the State, so my knowledge of this is my personal knowledge from understanding this industry. The way I read Federal law is that a bank would not be able to accept the proceeds of cannabis sales, whether it's medicinal or whether it's recreational, and so in its rawest terms it's money laundering. I guess if you have to take cash and figure out how to get it legally into a bank system without the bank knowing what the proceeds were from, that would probably be the definition. I'm sure there's States' attorneys here and the Attorney General of the State would probably say, yes, that would be money laundering. But again, the other alternative is the cannabis dispensary can bring bags of cash to the State Treasurer's office and say here's my taxes.

REPRESENTATIVE LAWRENCE: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Thank you, Nathan. Appreciate your time and testimony.

MR. GROFF: Thank you, Mr. Chair.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Next to testify is James Walsh, Pennsylvania State Lodge,

Pennsylvania Fraternal Order of Police. Welcome, James.

MR. WALSH: Good morning, Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: You may begin when you're ready.

MR. WALSH: I think it's still morning, no?

JUDICIARY MAJORITY CHAIRMAN MARSICO: No, it's not.

MR. WALSH: Then I'll change it. Good afternoon.

Good afternoon. My name is James Walsh. I am a 30-year veteran of local, county, and Federal law enforcement. I was privileged to serve as a Municipal Police Officer, County Detective in York County, and then as a Special Agent for the U.S. Department of State from which I retired in December 2001. I am also privileged to serve on the Legislative Committee for the Fraternal Order of Police, Pennsylvania State Lodge, which represents over 40,000 law enforcement professionals throughout the Commonwealth of Pennsylvania.

I'd like to extend my thanks to the Committee Chairs and co-Chairs and the other Committee Members for inviting the PA FOP to participate in today's joint hearing and for your work on matters of concern to Pennsylvania's law enforcement.

I appear before the Joint Committee today to state the PA FOP's position on the use of medical cannabis

in Pennsylvania. While the FOP supports the use of safe and effective medication in order to alleviate pain and cure disease, we recommend caution on this issue, and we ask the General Assembly to take a deliberate approach to considering a highly regulated system for the distribution and use of medical cannabis.

In theory, and only in theory, it is difficult to oppose the physician-supervised use of any medication to treat those in need. In practice, however, especially on the issue of medical cannabis, it is not so difficult to be skeptical, especially for police officers. One reason for skepticism is Federal law, and I remind the Committee and we've heard it numerous times already this morning that this is a Schedule I drug.

I was in Washington, D.C., about a month ago lobbying with our State Lodge at the Federal level, and I brought this question up to several Congressmen, and there is no movement in Washington to change cannabis from Schedule I Schedule II. That's the fact of the matter. The easy solution would be to get the Federal Government to treat this as any other drug. Let the FDA do their job, let the DEA do their job. That's not happening. And so addressing it at the Federal level, and we've heard that this morning from just about all of the testifiers, would be the preferred solution.

In the event, however, that there is a clear consensus in the medical community on the necessity for medical marijuana and that there exists the political will to move forward with such treatments in Pennsylvania, the PA FOP does not oppose the exploration of a highly regulated system of medical cannabis prescription -- I should say recommendation -- for Pennsylvania.

Any such system would need to be highly regulated and would need to satisfy the following:

Enabling legislation must be specific as to the medical conditions for which medical cannabis treatment is permissible.

If "off label" use is allowed, its approval should be not limited to the discretion of a single doctor but instead subject to the review and approval of an appropriate board or committee.

I've sat through much of the testimony prior to this at other hearings. We've had a number of bills that came up last year and this year and some of them had a loophole after going through all of the various diseases that this covered, the very last sentence said "or anything else the doctor feels that it would be needed for." That kind of negates the fact that you're listing all of the diseases above. So we're not saying that off-label use should not be considered; that's up to the Legislature.

But if it is considered, it shouldn't be at the sole discretion of a single doctor, which we see out in California, prescribing for any condition that walks in the door.

Administration of medical cannabis should be limited to medically-approved methods of drug administration. I don't know of any drug that is administered by smoking at this point. We heard about pills, oils, other forms of inhalation such as nebulizers. We've heard that at other hearings that I've sat through. As far as getting it into the patient in a very rapid manner, according to the testimony -- and I'm not a doctor and I'm just repeating the testimony that you all have heard before -- the nebulizer does it just as well as smoking.

And any medical cannabis system should be subject to strict inventory and quality controls, from grower to end user. Again, we've heard that from many of the testifiers this morning. We did not collude in our testimony. This was written entirely separately. I think we've all come to the same conclusions, though.

Pennsylvania's medical cannabis system should be the strictest in the Nation in order to make it very clear that the law is not a subterfuge for recreational use. If the General Assembly wishes to consider recreational use of

marijuana in Pennsylvania, then that should be done is an open and honest fashion.

As law enforcement officers, the PA FOP's members spend significant time and effort dealing with Pennsylvania's sick and injured. We are often the first to arrive to those calls for assistance. From our perspective, then, we should not be arresting sick people for taking medicine that they need. Yet we also should not unnecessarily expand access to what we know is a very popular, dangerous, and illegal drug.

As I stated earlier, we counsel caution on this controversial issue and look forward to a full and fair review of the costs and benefits of a medical cannabis system in Pennsylvania.

In closing, let me thank the Committee Members for your continued support of Pennsylvania's law enforcement officers. We look forward to continuing to work with the Committee on this and other issues in order to provide for safer communities and safer citizens throughout our Commonwealth.

I would be happy to answer any questions on my testimony.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you.

Chairman Baker.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you,

Chairman Marsico.

Mr. Walsh, thank you for your testimony from the FOP here in Pennsylvania.

The comment you made toward the closing remarks about if we should go down this road, Pennsylvania should have the strictest protections in place to make it clear that this law is not a subterfuge for recreational use, and I, too, and very concerned about that.

In fact, when you look at this investigative report from Colorado, it started off as being purely so-called medical marijuana in Colorado, but since the approved legalization for recreational use, their data seems to indicate -- and they have a very hard time tracking any of this because there is very poor regulation and oversight and extrapolation of data -- but they have indicated that only 2 to 4 percent of all people now using marijuana in Colorado use it for medical purposes. So that speaks volumes to me in saying that the vast majority are using it for recreational use now.

And it concerns me that this is the trend I'm seeing in every State that's gone down this road to legalization, that it may have been a subterfuge in some cases. It may have been a Trojan horse to start out that way, but now the endgame was recreational use and that concerns me.

It concerns me that traffic fatalities in Colorado have doubled. It concerns me that drug interdiction and seizures have increased 1,000 percent in Colorado. Crime has gone up exponentially in Colorado. There are class action lawsuits with bordering States to Colorado because of the black market and sale and distribution of marijuana near Colorado, the adjoining States.

So it concerns me to no end that if we go down this road, that we have, as you say, the strictest law in the Nation that protects our citizens. So I just wanted to thank you for your concerns. I know that I've spoken privately with a lot of law enforcement leaders and they're very, very concerned about this issue. And personally and privately they've shared with me that they are flat out against legalization of marijuana Pennsylvania. Thank you, sir.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Regan.

REPRESENTATIVE REGAN: Good afternoon, James.

MR. WALSH: Good afternoon.

REPRESENTATIVE REGAN: Good afternoon.

Okay. First, you mentioned in your testimony that if we do go down this road -- and I agree with this, by the way -- we should have a very tightly regulated and

monitored system in Pennsylvania. But just anecdotally again, have you ever been involved in your law enforcement career -- our law enforcement careers overlapped. We spent time together in Federal service. Have you ever been involved in a briefing where someone said use caution; this person is a known user of marijuana?

MR. WALSH: No, I can't remember that.

REPRESENTATIVE REGAN: Have you ever responded or been a part of or even read about a marijuana overdose?

MR. WALSH: No.

REPRESENTATIVE REGAN: Ever?

MR. WALSH: No.

REPRESENTATIVE REGAN: Have you ever seen anyone commit a violent crime and it directly be related to use of marijuana?

MR. WALSH: I've seen violent crimes committed by people that are under the influence. Whether that was a causal reaction, I couldn't say.

REPRESENTATIVE REGAN: Under the influence strictly of marijuana --

MR. WALSH: Yes.

REPRESENTATIVE REGAN: -- determined?

MR. WALSH: Yes.

REPRESENTATIVE REGAN: Okay. I have not, for the record.

Would you agree to the statement that there was a profound difference between a State that has enacted medical marijuana laws and a State that has enacted recreational-use marijuana laws?

MR. WALSH: I really haven't read enough about recreational use. That's relatively new, the reports in that area, so I really couldn't comment on it.

REPRESENTATIVE REGAN: Okay. So I mean I've heard it said today that the law enforcement community generally is opposed to this. I can tell you that from off-line conversations with the law enforcement members of the General Assembly here, guys who spent lifetimes, careers in law enforcement, including myself, and without exception they're all for medical marijuana laws. Do you know that to be true?

MR. WALSH: Well, I tried to do a survey of our membership as best I could and I would have to agree with that. Most members would not have a problem with true medical use. We have taken a neutral position on this. We want to see what comes out, what the law looks like, and if there's loopholes in it, we'd like to see them filled. But as far as being against this legislation, we are not in any way against the legislation.

REPRESENTATIVE REGAN: Okay. So just because I've known you --

MR. WALSH: We'd like to see the legislation first.

REPRESENTATIVE REGAN: -- for a long time, I'm going to ask you a personal question. I hope you will give me a little latitude here. Do you think it's right to stand idly by and continually talk about this subject and investigate it and insist for more research on this when there are children and cancer patients who are in dire need and are suffering and are in pain? Do you think that's right not to give them what they need?

MR. WALSH: I think in the testimony, I wrote the testimony, and the feeling is that if the Federal Government is not going to take action, which is the preferred solution to this problem --

REPRESENTATIVE REGAN: Which we know that's not going to happen.

MR. WALSH: We know that's not going to happen, that, yes, the State should probably be able to step in and alleviate the pain.

REPRESENTATIVE REGAN: Okay. So a Schedule I drug is a drug which is known to have no medical benefit, correct?

MR. WALSH: Correct.

REPRESENTATIVE REGAN: Thank you so much, sir.

JUDICIARY MAJORITY CHAIRMAN MARSICO:

Representative Daley.

REPRESENTATIVE DALEY: Thank you, Chairman Marsico.

And, Mr. Walsh, thank you for being here today.

So you did say in your testimony, "From our perspective, then, we should not be arresting sick people for taking medicine that they need." And so my question is do police departments or FOP have policies or standard operating procedures that they follow if they encounter someone who they believe is using marijuana to treat an illness?

MR. WALSH: That would vary from department to department. Since we don't have national or universal training, nor do we have universal regulations for police departments, every police department in this State, over 900 of them, have their own regulations as to how to act in that situation.

REPRESENTATIVE DALEY: So that it could actually in some way help police departments if there were regulations put out by the State that then police departments could have uniform standard operating procedures on how to deal with this kind of an issue?

MR. WALSH: Oh, yes. Yes. Guidance from the Legislature is always helpful.

REPRESENTATIVE DALEY: Okay. And I mean I'm even

looking at some documentation that the United States Department of Justice has really made it clear that States can regulate the cultivation and sale of marijuana. My understanding is it's for adult use. I'm not sure how we deal with patients who are children in this.

But I find it interesting that the Federal Government, while they're not necessarily moving forward with changing the scheduling, actually seems to be encouraging States to do that, even saying that regulating marijuana could be more effective than prohibiting its use. I mean does that kind of fit in some ways with what you're saying? And I'm not trying to put words in your mouth so I apologize if it seems like I am.

MR. WALSH: I think what we want to put forth is that we are compassionate, that we don't necessarily have to make an arrest. There's always discretion in whether you make an arrest or not in most cases unless it's a felony. So that discretion can be exercised.

I really have to defer those questions to the District Attorneys because ultimately, even if we make the arrest, we may get on the phone and call the District Attorneys -- having worked for a District Attorney for five years as a county detective -- many times a police officer will call and say we have these circumstances; do you want us to charge? And the District Attorney in these instances

indicated here today would say, no, don't charge.

REPRESENTATIVE DALEY: And so that would also then rely on the 67 different District Attorneys that we have --

MR. WALSH: Absolutely.

REPRESENTATIVE DALEY: -- in Pennsylvania?

MR. WALSH: But again, that's pretty common for a police officer. You may stop and hold and get in touch with the duty DA and the duty DA will either say, yes, charge them or no, do not charge them.

REPRESENTATIVE DALEY: All right.

MR. WALSH: So it's really more the DAs' responsibility that the police officers' because ultimately, even if you make the arrest, if the DA is not going to prosecute it, it's a waste of time.

REPRESENTATIVE DALEY: So ultimately it is up to the Legislature to create the legislation or not in this case. Obviously, it's something we're working on to determine what the best path is.

MR. WALSH: Well, police officers like hard guidelines. It's either this or that. I'm to do this in this situation or that in that situation. And it's kind of the nature of a police officer to like those kinds of guidelines.

REPRESENTATIVE DALEY: Okay. Thank you very

much.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Seeing none, thank you, Jim.

MR. WALSH: Thank you, Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Appreciate your time.

Next up, Deb Beck, President, Drug and Alcohol Service Providers Organization of Pennsylvania; and also Ken Dickinson, Director of Marketing at Gaudenzia, Incorporated.

Good afternoon, Deb. Thanks for your patience.

MS. BECK: I think my colleague took off. Somebody's going to try to find him.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay.

MS. BECK: You do want to hear from him; he's a pharmacist, so some of the more esoteric questions --

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay.

MS. BECK: -- I think our lent there.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Would you mind then --

MS. BECK: No.

JUDICIARY MAJORITY CHAIRMAN MARSICO: -- pulling the microphone a little closer?

MS. BECK: Let me get on my glasses here. First,

I just got to commend you guys, men and women alike, the seriousness and what a terribly difficult job you have. And all the jokes that are made about political people and voting on stuff they haven't seen or read, look at what you're doing. I'm sitting here just watching democracy in action. I applaud you for that. And, boy, you must be tired of sitting. I was getting tired --

JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, thanks for those comments.

MS. BECK: But truly, I'm not going to comment on any specific bill. My comments are in the line of kind of a cautionary note. I'm not going to read the testimony either. I just want to say look at what we're doing, folks. He just passed a prescription drug monitoring bill that we hope will limit access to drugs that cause a lot of problems and load up the addiction treatment field with people seeking help. And we backed that bill and we thank you for that bill. The people here on this panel, Matt, I'm looking at you -- six years of work on that bill.

The issue for us in the treatment field was let's not increase access to drugs that may be problematic. Now, because I want to be an equal opportunity offender here today, I kind of aspire to that, I think you are laughing at that, our position is the same position we have on privatization. We don't think it's a great idea to get the

free enterprise system pushing drugs that are already problematic in the culture.

We're not prohibitionists. We know there are roles for all of these, but ours is a note of caution. My name is Deb Beck. I'm with the Drug and Alcohol Service Providers Organization. Hi. I haven't seen you for a while.

Ours is a note of caution about access, and whatever you do here -- and I'm going to cut to the end and then come back -- is be sure you're controlling what you do. You don't want this to be a Trojan horse. You don't want to open the door and then try to shut the door after the horse got out. And that would be one of our concerns. But I think there are ways to handle that and I really like how you've been carefully exploring how to handle this.

I wanted to talk about perception of risk research. I've been in the treatment field since 1971 and there are studies called perception of risk. And it's kind of duh when you think about it but there are actually people who do research and I'm sure get government grants to reach these conclusions. And if the perception of risk around a drug is high, we Americans over time cut down our use of those, particularly young people. It's kind of weird. We think young people don't listen to parents and authority figures; they actually do. When the perception

of risk goes up, young people's use goes down. And when the perception of risk is low, they start to use these substances more and more.

I think the battle you all have been with me on -- I feel very much owned by you guys -- on prescription drug addiction was very much that. I think the media and the Legislature really raised the perception of risk. As young people thought, well, they don't want us using illegal drugs so let's use a pill, and if the doctor creates the pill, it couldn't possibly be problematic. We have all worked together again to put the lights on that perception of risk matters and I think we're going to see some things happened that will lower kids' experimentation.

And where we are coming from primarily is what about the kids? What about the kids? What we're seeing now nationally because of these discussions and debates going on about this, we're seeing, the surveys that are out there are showing kids' perception of risk is going down for marijuana. So we're going to see increased use and then absolutely we're going to see increased admissions to our facility. So we're concerned this national discussion in fact is lowering the perception of risk, but, I'm sorry, that horse is already out of the barn.

I'm going to read a little bit because I want to make a point that I think is very important. Dr. Sanjay

Gupta, who's a major advocate for medical marijuana; he's on CNN all the time, he's a terrific guy, and he wrote an article about why he changed his mind and why he's now for medical marijuana. And I was reading the article and I want to read a couple of sentences to you because I think they're very important to know.

This is according to a major advocate for medical marijuana: "Young developing brains are likely more susceptible to harm from marijuana than adult brains. Some recent studies suggest that regular use in teenage years leads to a permanent decrease in IQ" -- this is from an advocate for medical marijuana. Other research hints at a possible heightened risk of developing psychosis." Again, the doctor is an advocate for medical marijuana. He's not an advocate for increased use for kids. He clearly is worried about potential abuse of the substance.

So with our concerns about young people and the national debate and this whole thing about perception of risk going on, we urge you to bolster your current drug and alcohol system. If you're going to do this, we're going to have more business. We can't handle what we've got now. So if you're going to do this, please carefully regulate it and keep in mind you need to bolster your system. We have a bunch of laws on the books in Pennsylvania that are not being enforced or need to be revisited and bolstered at

this time.

I've been up here on the Hill since 1980 and I do want to tell you Dave Heckler is compassionate. I just wanted you to know that. I used to go to his office in the Senate and bug him for treatment stuff all the time. You know what? He always let me back in. It was an ongoing thing.

Number one, student assistance programs, student assistance programs used to be in all your schools where there would be somebody trained to work with the teachers to do intervention if a kid came to school and seemed to be high or had other problems; it could be a lot of other problems. Those programs have almost disappeared. When the Safe and Drug-Free Schools money disappeared off the Federal side, the student assistance programs, which were like a warning bell that there's a problem out here, terrific job, they did wonderful work in all your communities, pretty well withered off and died. We need to reestablish that system for the kids who will get into trouble.

And even the advocates for medical marijuana will tell you there'll be a 9 to 10 percent rate of probable addiction to this and that's about what it is for alcohol. Some of the other drugs are quicker sicker. I think some of the legislative strategies make sense on other drugs

because the other drugs are quicker sicker. You get hooked faster.

But I would say bolster your student assistance programs.

Number two, when I first came to the Hill, you enacted a K through 12 prevention bill in the schools. We had a bit of a fight. The school districts weren't sure they wanted to do it and we're thinking that's crazy. My treatment programs all over the Commonwealth were seeing kids, but of course the school systems weren't sure they had a problem. After a long fight, the kind of fight you're having now across education going on, I think the school districts backed those bills.

But the K through 12 curriculum -- and I'm sorry we left the "u" out in curriculum; it needs an extra "u," apologies -- needs to be bolstered and they need to be brought up to date to the current drug use pattern to also look at marijuana whose potency is at a whole other level than what it was in the '70s. But that's K through 12 prevention. If you're going to do this, student assistance programs are lifesaving; they need to be reestablished.

Drug and alcohol addiction treatment effort, our treatment field has been cut 11.5 million over about a 10-year period. We can't handle the people coming in now. We got people coming in now we don't know what to do with

them. A lot of charity going into it and some of our treatment programs have been on the ropes from time to time from simply admitting people. I would suggest you should do that.

We now have a Department of Drug and Alcohol Programs. It's one of the reasons we wanted that. That was almost a unanimous vote out of this -- I look to you guys; you got it through. You really did. You led the fight for that. Let's give them the funding. Let them go after dealing with the treatment issue.

I also listed a number of addiction treatment laws. The General Assembly has been terrific. You have passed a bunch of really good laws. They need to be enforced, muscularly enforced. We're like highways with potholes and everybody forgot to repair the highways and the bridges. People have forgotten to in fact muscularly assert the laws that are on the books.

We have a very strong insurance law that has to be enforced. The Federal Parity Act came through in '08. It is not enforced yet anywhere that I can tell in the Commonwealth so people can't even access the help that they should to get help. And I hear from people every day. I'll have at least three in my voicemail when I leave today and go back to the office. Each of these laws requires -- I listed them there for you; I'm not going to bore you and

read them -- coverage of treatment for alcohol and drug addiction. Each needs a muscular plan of enforcement. Many of these laws also include family counseling and how to do intervention services. Bolster -- you should do this anyway, but if you're looking at problems with access to another drug, for heaven's sake, let's do that.

I'm going to bore you a little bit. There's an American Society of Addiction Medicine. These are doctors who are doctors who then went and got an extra level of education and it's in addiction. I didn't want to stick you guys on staff with trying to copy it. It's this big. It's in my briefcase if you want to see it. But the American Society of Addiction Medicine has issued a statement that I'm going to read you a couple pieces of. These are doctors with the additional specialty of training and addiction medicine.

"One must consider the drug approval process in the context of public health, not just for medical marijuana but also for all medicines, especially for controlled substances. Controlled substances are drugs that have recognized abuse potential; marijuana is high on the list because it's widely abused and a major cause of drug dependence in the United States and across the world." The current pattern of medical marijuana, the standards are not up to that standard. This is according to the American

Society of Addiction Medicine.

So they conclude that all these products should be subjected to the rigorous scrutiny of the FDA, which is in fact a consumer protection. FDA was looking at approving Zohydro, which is a much more addictive form of OxyContin and we're try to figure out how the hell are they going to do that and think that was a good idea? We were writing letters. So we see this as a minimal protection but it is a protection.

I'm going to go on. I'm not going to read the whole quote; you have it here. The Pennsylvania Medical Society has put out a similar document that says much the same. These are docs who aren't necessarily specifically trained in addiction.

So in closing, we in the drug and alcohol treatment field, we have about 700 programs around the Commonwealth, we're not medical researchers so we're not going to pretend to have expertise in that area. But we are concerned about increased access to drugs of abuse and dependency, particularly for our young people. We certainly support research efforts on this and in fact we think the research efforts that have begun ought to be increased. They really ought to be increased. Let's get to it.

And then if you do move forward with legislation

in this area, I urge you to make sure the bill is narrowly constructed and only offered by physicians, narrowly constructed on the diagnoses. Something I think you had said earlier or somebody said earlier, be cautious, start small and see how you make out. But we would urge you if you're going to do this, let's not have a bill that has a diagnostic category that's wide open that people can run a truck through and let's limit the healthcare professionals who can prescribe if you're going to do this.

So I always made a couple extra comments here. I don't know if any of them matter at this point. You want to think about things like hospice. Somebody mentioned that no one had considered hospice. I was listening to everybody here today and then also saw parts of the testimony you had down in the Philly area. This is a balancing act and you're not all going to agree, and what we need from you is a very carefully constructed process if you're going to go forward.

Keep in mind the rest of your prevention and treatment system here. We are going to be the recipients if this isn't drafted and worked properly. I have colleagues in Colorado. I know they're very busy, very, very busy. I should be for totally wide open medical marijuana, legalization. We need more business, right? No, we know we will have more business if this is not done

with great caution.

So all joking aside, that's my testimony. And I do appreciate the seriousness with which all of you on both sides of the issue, or all three sides of the issue have gone at this.

And I do think you have killed off my colleague. The pharmacist who came in with me has disappeared.

JUDICIARY MAJORITY CHAIRMAN MARSICO: You think he's coming in at all?

MS. BECK: He might have gotten called to a case.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Yes, okay.

MS. BECK: I know he's in the hall.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay.

MS. BECK: I mean he was in the hall.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Chairman Baker.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you, Chairman Marsico.

Deb, thank you for your testimony and for your good work with drug addictions and trying to help so many folks that are hurting out there and suffering and their families are suffering as well. And it was a great pleasure working with you and your organizations on the Prescription Drug Monitoring Program --

MS. BECK: A great bill.

HEALTH MAJORITY CHAIRMAN BAKER: -- much-needed legislation.

MS. BECK: We need that one.

HEALTH MAJORITY CHAIRMAN BAKER: You had indicated in one of your remarks, Deb, your concern about the growth and dependency and the acceptance level of marijuana. Have you in your experience in treatment of drug addiction seen an increase in marijuana indicators, addictions? And could you just talk about the linkage of marijuana as a gateway drug to other addictions?

MS. BECK: I'm not a treatment clinician, not a politician. The gateway argument is a tough one. It's a fair question but it's a toughie because I'm going to be honest with you; most of the people I dealt with when I first got in the field, their first drug of abuse, but nobody asks, is alcohol. Now, by the way, that doesn't take away the problem with marijuana, but also cigarettes.

Think about your own experience. I mean think about your own first drink. I'm sure you all had your first drink underage. And that is typically where people start. That doesn't mean they're going to necessarily get hooked by any means.

In terms of what we're seeing in the treatment centers, the people with addictions almost always are also using marijuana, addictions to the other drugs. We ask.

We see very few pure single-substance addicts in treatment. So if the person comes into an addiction treatment center with marijuana, there's usually a whole bunch of other things with that, too. Once in a blue moon -- it's so rare to see a pure alcoholic anymore that when it happens it's a matter of note. We all call each other and say I got one. So people with alcoholism are coming in poly-drug addicted as well. Very rarely do we see these not mixed together.

Now, I will tell you people recovering from heroin and alcohol use sometimes get the deluded idea that if they smoke a little marijuana, they'll be all right. I've had a lot of experience with people going back to their primary drug of addiction because they thought marijuana was harmless. So you kind of get where I'm going here. It is clearly a drug that goes back to relapse for our people, and then typically they move back to heroin, cocaine, alcohol, and mix it again.

HEALTH MAJORITY CHAIRMAN BAKER: Does it trouble you at this point, Deb, that many advocates are calling marijuana medical when it has not been conclusively proven to be medicine? For instance, other Schedule I drugs, cocaine, heroin, we don't call it medical cocaine, medical heroin. But for some reason we are calling marijuana medical. And we have the FDA in place for a reason and that is to protect children, men, women to the best of

their ability through scientific --

MS. BECK: Yes.

HEALTH MAJORITY CHAIRMAN BAKER: -- and medical study to make sure that medicine is both safe and effective.

MS. BECK: Yes.

HEALTH MAJORITY CHAIRMAN BAKER: And what we're considering here is putting on medical white coats and saying that marijuana is medicine, and we're not doctors, we're not scientists. And the FDA is there for a purpose.

I agree with you. I think we need all the science, we need all the testing, all the studies that we can that if the FDA approves another derivative of marijuana such as Marinol and others, that that would be a good thing.

MS. BECK: Yes.

HEALTH MAJORITY CHAIRMAN BAKER: And I do support additional research that is science-based and medical-based. I'm the Health Chairman. I have to look at the medicine. I have to look at the science. I have to look at what the experts say is medicine.

And I noticed in your testimony you have attached to this "research indicates regular pot use may harm developing brains."

MS. BECK: I did.

HEALTH MAJORITY CHAIRMAN BAKER: And I will tell you I have read 150 science-based research papers and I have them right here in a three-ring binder, and these 150 studies show the dangers of marijuana, that it can cause damage, that it can cause cancer, that it can cause death, that it can cause gum disease.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Excuse me. If we can refrain from comments, positive, negative.

HEALTH MAJORITY CHAIRMAN BAKER: And I will give you the references. This is not me. This is science-based evidence that it can cause heart disease, lung disease, obesity, osteoporosis, pregnancy complications. Again, I'm the Health Chairman. I have read each one of these reports personally. It can cause viral infections, vehicle accidents, addiction, all kinds of issues.

And where did these studies come from, folks? Let me just go through that very, very quickly for you. Mayo Clinic, it's come from the University of Colorado School of Medicine, University of Pittsburg School of Medicine, Yale School of Medicine, Mayo Clinic, John Hopkins University School of Medicine, Harvard Medical School, Mount Sinai School of Medicine, Albert Einstein College of Medicine, American Academy of Neurology, Duke University Medical Center. I won't go through all 150 of them. I'll stop.

But I just think we need to be very careful when we start calling something medicine that hasn't been absolutely proven to be safe and effective.

Thank you.

MS. BECK: We're not medical researchers but I just wanted to comment again. Democracy is hard work, isn't it? And no matter what you do, no matter what any of you do, you're going to be wrong; you know that. You're going to get beat up by the public from one direction or another.

Again, our caution is if you're going to do this, make sure you have a hold of it, no wide open diagnoses. Make sure these are real medical docs, you know, that kind of thing if you're going to do it. And please bolster your drug and alcohol prevention and treatment system. We're in trouble now. We nearly had to close programs down at the end of last year. We came very close to shutting down major parts of our publicly funded addiction treatment system. Before you give us anything else to do, please bolster our system.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Barbin.

REPRESENTATIVE BARBIN: It's nice to see you.

MS. BECK: Hi. Likewise.

REPRESENTATIVE BARBIN: And you're doing a good

job trying to answer our questions on a very difficult subject.

I was listening to testimony and I know that the recreational use of marijuana in Colorado has increased underage --

MS. BECK: Yes.

REPRESENTATIVE BARBIN: -- use, okay, and that's what I'm most concerned with --

MS. BECK: Me, too.

REPRESENTATIVE BARBIN: -- because if it's the same as alcohol, then you've got a 10 percent possibility of somebody overusing it and if it's --

MS. BECK: And that's by the advocates who will tell you that.

REPRESENTATIVE BARBIN: And if that's a student, then we have a bigger problem. We've got 2 million students; 10 percent is 200,000. That's a cost.

So my question is this: If we were going to take a go-slow sort of approach looking at the fact that there is some research that cannabinoid provides benefits for epilepsy, which may be the worst of our unmet medical needs, are there any States that you know of that take the position that loose marijuana should be regulated, THC should be regulated, but cannabinoid should be allowed with limited prescriptions?

MS. BECK: I'm not an expert on the State-by-State comparisons. I'm speaking to you as a treatment clinician. And we're going to see diversion. I mean our folks always find a way to divert. There'll be some diversion and we've got to be prepared to handle it.

We're going to see an impact on our prevention system, our school-based system, and our treatment system. I think you're going to see an impact on your criminal justice system. If we're talking about alcohol, it would be the same discussion. When you increase access to a substance of potential addiction, you're going to increase problems. It's that simple. I keep it kind of simple. I'm not a medical researcher. And you need to do that research.

REPRESENTATIVE BARBIN: All right. Well, then switch to this. How many people do we treat today with alcohol and drug --

MS. BECK: Yes.

REPRESENTATIVE BARBIN: -- problems and how much money do we spend on it?

MS. BECK: Not nearly enough on the latter.

REPRESENTATIVE BARBIN: Is it about $100 million?

MS. BECK: Good number. Your accountancy is coming through, sir.

REPRESENTATIVE BARBIN: Okay.

MS. BECK: I actually did add the Welfare Department up and the Department up and it's about 100 million. We have, what, 12 million people in Pennsylvania. The unmet treatment need right now is estimated at over 800,000. We treat -- it depends on whether you're looking at Welfare's website or the Department's website -- probably somewhere between 80,000 and 100,000 people a year.

REPRESENTATIVE BARBIN: Eighty thousand, okay. So if we did 100,000 and we were spending 100 million, we're spending $1,000 a person?

MS. BECK: That would be one way to look at it. The opiates require really long-term treatment and the advent of the prescription opiates and then the moving to heroin has really created a problem.

REPRESENTATIVE BARBIN: So even if we were spending $1,000 more per person, if we had an additional 1,000 people in, we'd need 100,000. If we had an additional 10,000, we would need another million or another 10 million?

MS. BECK: Keep going.

REPRESENTATIVE BARBIN: All right.

MS. BECK: Wait a minute, you're the accountant.

REPRESENTATIVE BARBIN: Bottom line is we have 100,000 people we're treating --

MS. BECK: Yeah.

REPRESENTATIVE BARBIN: -- and we've got $100 million we're spending. And if we're not careful about what it is we define as medical marijuana, we could be treating a lot more people?

MS. BECK: Yes, sir. Please keep it tight. If you're going to do it, keep the rule tight. We can't handle what we got.

REPRESENTATIVE BARBIN: Thank you.

And thank you, Mr. Chairman. That's it.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Regan.

REPRESENTATIVE REGAN: I'll keep this very brief, Mr. Chairman.

Sanjay Gupta you mentioned earlier, I think he's a Facebook friend of mine so I'm going to have to message him on this one.

If you had a child who had epilepsy and was seizing hundreds of times a day, are you really going to care about any cognitive issues that may occur down the road with the use of marijuana? And I'm going to keep going. You can answer at the end. If you have a child who's terminally ill with cancer, do you think that parent's really going to care about cognitive issues that may arise down the road? Go ahead.

MS. BECK: Our concern is what happens to young people today in the mainstream. Again, I'm not a doctor or a medical researcher. Those other questions belong in the medical side. I'm worried about getting people involved in drugs and alcohol at younger and younger ages. It's why we were out stomping on your doors on the prescription drug monitoring. I hope it would also be included in the prescription drug monitoring if you go forward and enact something because I think we have to make sure there's no diversion and that is handled by medical people.

REPRESENTATIVE REGAN: I mean I totally agree with all of that.

MS. BECK: Good.

REPRESENTATIVE REGAN: But --

MS. BECK: I'm not a doctor.

REPRESENTATIVE REGAN: I know you're not a doctor but do you have children?

MS. BECK: I'm sorry?

REPRESENTATIVE REGAN: Do you have children?

MS. BECK: I do not and I'm an admirer of --

REPRESENTATIVE REGAN: Okay. Well, let's just -- I'm going to ask you --

MS. BECK: I've had family members that had some issues --

REPRESENTATIVE REGAN: Okay, but --

MS. BECK: -- so we all know --

REPRESENTATIVE REGAN: -- if someone was suffering, would you really be concerned -- suffering like on their deathbed --

MS. BECK: I'm going to come back.

REPRESENTATIVE REGAN: -- or really sick --

MS. BECK: I'm going to come back. I think that's a different question and I think medical research has to respond to that and you and your own conscience and me and mine --

REPRESENTATIVE REGAN: Right.

MS. BECK: -- have to respond to that. I know what I would do but I think that's my business.

REPRESENTATIVE REGAN: Okay.

MS. BECK: But I also think you ought to --

REPRESENTATIVE REGAN: Fair enough.

MS. BECK: -- avoid getting kids hooked at the front end, and that's why we're urging -- my concern here is around young people.

REPRESENTATIVE REGAN: Okay.

MS. BECK: If you're going to do this, do this narrowly and controlled.

REPRESENTATIVE REGAN: Can a child who has terminal cancer become hooked?

MS. BECK: I'm sorry?

REPRESENTATIVE REGAN: Can a child who has terminal cancer become hooked?

MS. BECK: It goes back to your other question. At that point, who cares? If you're in a hospice and dying, again, I think you need to narrow -- I'm not going to do your job for you. I think you have to narrowly construct the bill to handle those questions, and I think you're up to it. I think the hearings really are laying this out so you're going to be thinking about things like hospice. I would pray that you're thinking about things like hospice.

REPRESENTATIVE REGAN: Thank you so much for your testimony.

MS. BECK: Thank you.

REPRESENTATIVE REGAN: I appreciate it.

MS. BECK: And did you not exclude hospice from prescription drug monitoring or from the parts of the prescription drug monitoring bill? I'll stop.

MS. KROSSE: That makes me remember from a long time ago. I believe we did exclude it. I know --

MS. BECK: The six-year fight maybe.

MS. KROSSE: We've excluded a fair number of people but I believe you are accurate that we excluded hospice from those that have to report into the database.

MS. BECK: Yes. So in your construction of a

bill, if you choose to go forward, you could answer some of the questions the Representative was asking.

MS. KROSSE: Oh, absolutely.

MS. BECK: That was my point.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Cox.

MS. BECK: Really, Heckler really is compassionate.

REPRESENTATIVE COX: I believe you.

I want to remind people we've heard shifts in discussions. Recreational use, my understanding, is not in play in Pennsylvania. It's not something I advocate for.

MS. BECK: Good.

REPRESENTATIVE COX: I hear people touching on it in their comments and I wanted to --

MS. BECK: Yes.

REPRESENTATIVE COX: Everybody has their wish list but I'd like this discussion to remain on medicinal use of marijuana.

And while there's no such thing as medical cocaine or medical heroin, it's my understanding from speaking with numerous ER doctors is that cocaine in fact is used fairly often in the ER specifically with things like severe nosebleeds and things like that to constrict the blood vessels and stop the bleeding. So cocaine does

have a clear medicinal use. We don't define it on paper anywhere to say medicinal or medical cocaine.

I don't have a binder with a bunch of studies. I'm not the Health Committee Chairman. But I have read numerous studies and I'm continuing to read studies from *American Journal of Surgery*, *Journal of Pain*, *Canadian Medical Association Journal*, *Journal of Pain and Symptom Management*, *American Journal of Hospice and Palliative Care*. And there's a lot of research that's been done on this, and I think we as a Legislature would be remiss to ignore that in light of all of the studies and the other binders that say here are the problems with it. There's just as much on the other side and a simple Google search will show those studies.

Likewise, there's a lot of discussion on the gateway drug, and that's where my question for you comes in. Law enforcement for years -- and we've heard about it, and somebody indirectly asked you the question, is marijuana a gateway drug? And I've had this discussion with a number of law enforcement individuals and they ultimately come back after a couple minutes of talking to them they say, you know what, it's not the drug that's the gateway; it's the community that they have to go into that is the gateway to other illegal drugs.

If they're going to a doctor who is then

directing them to a State-licensed facility to obtain medicinal-grade marijuana, they're not going to interact with a guy who's got heroin and every other type of illegal drug. Would you agree with that assessment from some of those law enforcement individuals that marijuana is not a gateway drug so much as the peddlers of marijuana currently are the gatekeepers and the actual gateway?

MS. BECK: Wow. That's part of it. We're getting involved with people who may be sprinkling cocaine in the marijuana or other such -- that's possible. But please understand my perspective. I'm a treatment person. When you come in, you're already baked, man. We don't spend a lot of time trying to figure out --

REPRESENTATIVE COX: How you got there, yes.

MS. BECK: -- which -- we've got to save your life. And you're coming in in withdrawal, you might be potentially dying from some combination of drugs. We're not the right people to have that discussion. We really aren't. You want to talk to the medical people.

But I do want to say this to you and I know you didn't want to talk about recreational. Aside from the discussion on medical, I understand the concerns around cancer and some of the other things. I don't understand why we as a country are so interested in getting more drugs. I mean we're spending a lot of time at debating

access to a drug, and thank God you are. Please make it government-run. I would be really concerned if the free enterprise system and its great scales were harnessed to selling this. So please, if you're going to do it, make it a government-run program. Same reason we've supported the State stores. Yes, people get alcohol. We think that you need a modicum of control or we're going to get into trouble.

But I don't know why we're looking for drugs. I don't know why the young people of America today are so inclined to go use all the time. I actually got a chance to go to Hawaii once on somebody else's dime. I wouldn't have gotten there any other way. And we were down there at a drug and alcohol seminar and the people in Hawaii, the young people are using crystal meth, ice it was called. And it was terrible because they are these wonderful people and they had this big problem.

So as we toured several of the islands, I went into the beaches and asked the young people why are people using? Now, mind you, everywhere you go in Hawaii if you never been there, there's water and you swim and you can go looking for shells, just wonderful things. And the kids told me they didn't have anything to do.

So I'm wondering what we're doing here. I was just stunned. How could you not have something to do in

Hawaii, utterly beautiful places, boats, people making boats? There's some kind of searching we're doing where we don't insist on -- I would love to see kids get really radical and make their parents deal with them stone-cold sober. Wouldn't that be radical?

Anyway, I'm sorry. It wasn't your question. But I'm worried.

REPRESENTATIVE COX: I guess the desire -- and I don't know if you've touched on it or if I'm mixing somebody else's testimony -- where would you place your concerns on having -- and I think of the prescription drug use. Prescription drugs we have FDA-recommended uses and then we have the off-label use. Previous testifiers talked about having potentially off-label use for medical marijuana. Do you share their concerns in that? I'm assuming you do from a diversionary --

MS. BECK: Diversion for sure. Diversion for sure.

REPRESENTATIVE COX: Okay.

MS. BECK: I mean people come in with bags of things. It's kind of scary trying to figure out what's going to happen to them in withdrawal.

REPRESENTATIVE COX: And --

MS. BECK: Again, we see them when they're already baked. We don't see them --

REPRESENTATIVE COX: Right.

MS. BECK: We don't get to admit you only on this drug or that drug. That doesn't happen.

REPRESENTATIVE COX: It's a combination --

MS. BECK: Yes.

REPRESENTATIVE COX: -- of multiple factors and multiple intoxicants or whatever.

Based on your experience with the Legislature, you talked about a couple times now a six-year battle to get the Prescription Drug Monitoring Program into place. Do you feel, from a healthcare perspective, we should have the Legislature enumerate conditions and then have them go back and periodically have to add things to allow patient access to them, or do you take a different approach that the medical community has the wherewithal to do that and we should create enabling legislation that puts a structure in place allowing the medical community to make those decisions?

MS. BECK: I'm in favor of the latter.

REPRESENTATIVE COX: Okay. Thank you.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Daley.

REPRESENTATIVE DALEY: Thank you, Mr. Chairman.

The very first question that I asked was for

definition of the medical cannabis, and actually somebody gave me a sheet that attempts to define the hemp oil versus medical marijuana versus marijuana, marijuana being the illegal version that is higher in the THC; the medical marijuana being grown in greenhouses, lower levels of THC; and the hemp oil being the one where most of the THC is removed.

So I mean I'm looking at this and one of the comments is that when we can't define what we're talking about, we really have a problem. And when I'm looking at this and thinking that one of the important things if we move forward with this is to actually define the topic. So you're nodding your head so you're agreeing with that?

MS. BECK: It would make it easier to have the discussion.

REPRESENTATIVE DALEY: It would make it easier I think for all of us because I think we've heard a variety of different things and I think without starting with the definition for what we're actually talking about, it really makes it really very difficult. So I kind of wanted to use that opportunity to make that comment.

But I did also have a question, and you may have touched on this actually, but in treatment do you see folks who are coming in and marijuana is their only issue or is it generally combined with some other substance that they

may be addicted to?

MS. BECK: Again, we rarely see single drug addicted people anymore. There was a time when we did. Almost everybody is poly-drug at this juncture. And sometimes they don't know what they took. They're smoking stuff, they're dropping pills, washing them down with alcohol, they're shooting. It's really scary. It's gotten very scary out there.

REPRESENTATIVE DALEY: Well, thank you very much for the work that you do. I really do appreciate it. I think you're right that we all have someone in our family that we worry about or that we've seen or friends going down a road, but I also think that if you look at the things that are allowed, you start with cigarettes and cigarettes are addictive, too, and they actually really damage your health, so if we can look for some positive things, which is seems like people have talked about. There are really positive aspects of marijuana, and we'll just call it by that plain name at this point until we get that good definition.

We're not going to convince the Federal Government to lift the prohibition but it seems as though we do have some authority in the State to regulate it --

MS. BECK: There does seem to be a widespread consensus, and I agree with whoever it was that pointed out

that it's probably very hard to do with a resolution from the House, but I wonder about the National Conference of State Legislators getting together and leaning on the folks up there, on the FDA.

And 2,252 Pennsylvanians died last year of drug overdoses. I mean this is serious, serious business. We've got to be careful what we do.

I do agree about the resolution but I wonder if there was concerted action by everybody here through their Congressman or -woman, whether we could get something done at the FDA level while you're doing whatever else you're doing. I wouldn't say don't use the one for a stall for the other or whatever, whoever was worried about that, but let's do both because there seems to be broad consensus just listening to you, to your hearings, among law enforcement, healthcare professionals. Everybody seems to say let's at least do that. So why don't we take a shot at that while you carefully construct whatever you're going to construct here.

We've got one country who's starting to use medical heroin, trying to figure that out, man. Whew.

REPRESENTATIVE DALEY: What country is that?

MS. BECK: I can't remember. It's either Canada or Britain that's starting to do a little bit of experimental stuff. They were actually giving heroin to

heroin addicts. I was trying to figure that one out.

REPRESENTATIVE DALEY: But it's my understanding that Israel is also doing research into the use of marijuana and that they've gotten some very good results. So I think that there's probably something written for every audience out there and it's our job to sift through it and figure out what the right thing to do is, so thank you --

MS. BECK: Yes.

REPRESENTATIVE DALEY: -- very much for your testimony.

MS. BECK: Thank you for your work.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Hill.

REPRESENTATIVE PHILLIPS-HILL: Ms. Beck, thank you for being here.

MS. BECK: There are still people here.

REPRESENTATIVE DALEY: Thank you to all of you for being so patient and sticking it out and staying with us today.

I want to shift gears a little bit. We talk about educating our children and you spoke to quantifying the perception of risk, and I guess my first question would be have any studies been done in States that have legalized medical cannabis as to the increase in use by our children?

MS. BECK: I do think there is some stuff out there. I'm not an expert on that research. But my memory is that the answer is yes, and again, the perception of risk matters.

REPRESENTATIVE PHILLIPS-HILL: Okay.

MS. BECK: We expect will see more people with marijuana use coming through our doors --

REPRESENTATIVE PHILLIPS-HILL: Okay.

MS. BECK: -- because of the perception of risk thing.

REPRESENTATIVE PHILLIPS-HILL: So one of the things that school districts constantly struggle with is mandates, and clearly if this goes forward we're going to have to ask school districts to look at prevention, education that they typically do in health classes and they have been struggling with the efficacy of the DARE program and other curriculum that have been used to educate and inoculate our children against abusing a wide variety of substances.

If this curriculum is in need of updating and revision, can you specify, are other States doing things to help with this type of prevention? What has been effective? How can our school districts move forward and do that?

MS. BECK: I can talk a little because PA, we've

struggled but we've done some stuff that most other States haven't done. And I will tell you when I came to the Hill in 1980, I'm a street drug clinician, was running a skid row program in our City of Harrisburg. The very first bill I asked the General Assembly to do for me not knowing a clue how you got anything done around here was I asked for a K through 12 prevention bill. And there was a heck of a fight. I think the State of Washington had the only K through 12 curriculum available in the whole country. They didn't have a requirement that schools use it but they actually had one. And I kept thinking, well, let's get the damn bill through and then somebody will figure out how to do the prevention because we'd be crazy to not have the structure in place.

So the structure is there but what happens is curriculum, anything, it needs to be updated. It wasn't happening. You guys supported the Department of Drug and Alcohol Programs. I know it's high on the list for Gary Tennis to take on. However, again, we've got a little funding program that's been ongoing with the agency. It is absolutely on Mr. Tennis' list to work with the educators to update the curriculum.

There are three or four different versions of curriculum. I don't know if they pick up this particular issue. It's not my area of expertise. We catch everybody

after nothing worked, prevention didn't work. That's when we see them. But it does need to be updated. I know it's on the list. I know it's on Gary Tennis' list of things to do.

REPRESENTATIVE PHILLIPS-HILL: Okay.

MS. BECK: Please support the Department.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

I don't see any more.

MS. BECK: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: We have Ken's testimony so --

MS. BECK: We lost him.

JUDICIARY MAJORITY CHAIRMAN MARSICO: That's all right. We still have his testimony and we'll --

MS. BECK: Is that called lost in the halls? Is that that legislative technique we know about?

JUDICIARY MAJORITY CHAIRMAN MARSICO: I think you're the one that lost him.

MS. BECK: I lost him. I think it was you guys.

JUDICIARY MAJORITY CHAIRMAN MARSICO: I'm sorry. We have one more. Representative Toohil.

REPRESENTATIVE TOOHIL: Thank you, Mr. Chairman, both Chairmen that saw me waving. Sorry I was a little bit late on that.

Thank you, Deb, for your testimony.

I think I would be remiss if I didn't get up and just comment about what a need there is for programs like yours, that there is underfunding, that we need more money to go into these programs.

Where I'm from now in northeastern Pennsylvania we're hearing so much where right directly from our schools, right directly from our drug and alcohol institutions where people seek care, they're saying that children now, because of the prescription drug epidemic, that children are now going to a bad party on the weekend, like a pill party on the weekend, they're getting these pills and they're addicted to something by Wednesday, Thursday that they don't even know what it was, and then that they're buying heroin and it's just taking a week in our school districts.

And that's what we're hearing. So I think we want to look at this so cautiously because we have done such a terrible job at regulating what our children are getting access to, if it's because of a family member that has been overprescribed prescription drugs. And so we have a regulatory problem, so it's exciting what we've done with the prescription drug bill, the monitoring bill that we have in Pennsylvania. So that's excellent. So we want to learn from our regulatory problems I think that we have

with prescription drugs already and what that's causing and then we want to learn obviously from other States that have allowed medicinal cannibis and the issues that they're running into.

For you I wanted to ask do you find -- so I'm guessing that you get a lot of people that are addicted to prescription drugs and then they transition to heroin abuse from that.

MS. BECK: Yes.

REPRESENTATIVE TOOHIL: And then with --

MS. BECK: It's driving the heroin problem in Pennsylvania right now.

REPRESENTATIVE TOOHIL: Okay. And that's --

MS. BECK: Opiate prescriptions.

REPRESENTATIVE TOOHIL: Okay. So you're able to affirm that for us.

So is there any data that you've uncovered that the use of medicinal cannibis or like data that you've uncovered or people that you've encountered that perhaps they were trying to ease a pain that they had or they had a real medical condition and they had started by using prescription drugs and became addicted to those prescription drugs? Is there any data or evidence that you have where these people, had they been able to access maybe not the THC but the CDP portion of the cannibis, if they'd

been able to get those properties and get that relief, perhaps they would not have become opiod-addicted?

MS. BECK: Well, remember, we catch the cake when it's baked.

REPRESENTATIVE TOOHIL: Okay.

MS. BECK: That option is gone. Have I seen evidence on that? I'm not a medical researcher. No, I have not.

REPRESENTATIVE TOOHIL: Okay.

MS. BECK: I simply have not.

REPRESENTATIVE TOOHIL: But you get a lot of people that have --

MS. BECK: Absolutely.

REPRESENTATIVE TOOHIL: -- pain issues and that's --

MS. BECK: One of the toughest things we have in the field is the subset of people who come in with a real medical condition that is probably going to require lifetime pain management. Man, is that a tough row because it's so easy if you start to use another substance to get back to your substance of origin. It's really tough. Fortunately, that's not the case for most people coming in but there is a subset of the population that's going to have lifetime pain around something.

I wasn't going to go here but I'm going. There

was an article making the rounds saying the States that adopted I don't know if it was medical marijuana or simply legalization, it may have been both, but after that happened, the overdose death rate went down on opiates. Take a good look at the article. It doesn't say that. That's what the headline says.

REPRESENTATIVE TOOHIL: Okay.

MS. BECK: The article is very honest. The writers in the *Journal of Medicine* who did this are very clear but you have to look at it that they did not control for other confounding factors such as a strong implementation phase of their prescription drug monitoring bill or physician guidelines that are being widely adopted around the country. They absolutely did not control for any of those kind of compounding variables --

REPRESENTATIVE TOOHIL: Okay.

MS. BECK: -- but the headline was, oh, man, you legalize marijuana and you'll cut the death rate by opiates. Just be careful what you do because it's --

REPRESENTATIVE TOOHIL: Okay. And if you don't mind making that available to us --

MS. BECK: Okay.

REPRESENTATIVE TOOHIL: -- if you have that article and with your comments --

MS. BECK: I will.

REPRESENTATIVE TOOHIL: -- for both Committees, that would probably be helpful to us as well.

MS. BECK: Thank you. I'd love to.

REPRESENTATIVE TOOHIL: Thank you, Deb.

MS. BECK: Thanks.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Delozier.

REPRESENTATIVE DELOZIER: Thank you, Mr. Chairman.

Deb, thank you so much for your advocacy. Over the years we've heard many testimonies from you on the passion that you have fighting for victims of those that are addicted, so thank you very much.

MS. BECK: You're quite welcome.

REPRESENTATIVE DELOZIER: You have certainly added your passion to that and here today as well.

The only thing that I wanted to state is the fact of I think in the Philadelphia hearing and here there's two distinct issues in my brain. One is marijuana's drug use and addictiveness and fighting that and the other one is healthcare, the medical side of it, especially when you can take out the addictive portion of it and have it have good use for our constituencies and those in Pennsylvania.

One of the folks that had supplied testimony, Beth McCormick, my constituent, she has a story to tell, as

many people do. And she wanted to make sure that her story was told and I encourage you to read that.

But I guess I would say one thing and then ask you a quick question. We keep going to Colorado and California and Washington and I guess I would say they're being used as examples but they're being used from my interpretation as bad examples, what we should not be doing. We should not be having recreational use of marijuana. We should not be having anybody can get it any day they choose to get it. We should be looking at entities that have been professed to be on the right track like New York with a narrow focus, with the medical community and the law enforcement hand-in-hand making sure those regulations are what they need to be. I fully support that and I think what the FOP has said and the DAs have said, I support that. And I think we do need to have good oversight.

But when it comes back around to these constantly using examples of ones that we have already admitted they are way out in the bounds from what we want to do here in Pennsylvania, and the studies that have been done, I guess I'm a little confused because many of the studies that the Chairman mentioned but yet we're talking about that we haven't been able to study it. So I'm assuming that the difference is is that we're studying straight marijuana use

and the bad effects it does have versus medical use and the bad effects that it could have because we haven't studied it because that is the biggest kind of issue that we're dealing with.

So with that having been said, my question really comes to are you familiar with others in your profession outside of Pennsylvania obviously that have seen where medical marijuana and the ones without the THC and the addictive portion of it having that bad effect, having all the bad effects that marijuana does cause. And I'm not arguing that point because it's been well studied that it causes these issues, that you have seen where that non-addictive medical use has the side effects that keep getting mixed in with this debate on full use of just straight marijuana?

MS. BECK: This will probably strike you as a strange answer. There's going to be diversion no matter what you do.

REPRESENTATIVE DELOZIER: Absolutely.

MS. BECK: I want to just say I don't think it's wrong to look at what not to do. Now, I have a bias in that direction. I have a very large family and I'm very young in the family tree, and I used to watch what everybody else did and I learned a lot. I learned what not to do --

REPRESENTATIVE DELOZIER: Right.

MS. BECK: -- by what others -- of course, then I had my whole list of things that you shouldn't do that were all mine. But I think it's very good to look at other States' laws when you're looking at building a law. You've got to look at what works. I think you're asking the right questions.

I think there'll be diversion willy-nilly. That's why I pleaded with you to get the K through 12 and other stuff in place. But I do think you want to study the States that are doing it in a way that looks wrong and make sure you don't do the same.

So I haven't done the State-by-State comparison. I do have friends. We have a national association. I know my friends in Colorado, California, Washington State are not thrilled that access has increased. It doesn't mean you can't do it right. I don't know how to do that. You'll figure that out if you're going to do it.

REPRESENTATIVE DELOZIER: And I appreciate that because I mean I have a 14-year-old at home that will be attending high school next year, which I haven't quite accepted yet --

MS. BECK: Oh, geez.

REPRESENTATIVE DELOZIER: -- but I don't want that access. I don't want him to have that access or

anybody else that should not have that full access to any drug, never mind just marijuana, which obviously it may be one of the easiest ones.

But I guess I just would point out in having listening to many of the testimonies, and I will not be able to be at the third one of the hearings, is that there are two distinct issues here. One is the drug marijuana and the addictive -- and everything that goes with that, which we need to control and we need to have that oversight; and the second issue being those -- and it has been well described -- that have those stories. Yes, they may be anecdotal because we cannot get the studies done, which is a battle that we can continue to go against.

But we need to keep those two separate. And I know those that may be against this entirely will lump them together, but we need to be clear that there are two separate constituencies that we're talking about here.

And I just would say, again, thank you for your advocacy and always bringing us all different sides of the story and the issue. Thank you.

MS. BECK: You want to delay first use of drugs and alcohol by kids to the degree you can because they addict more quickly. And part of what Ken was going to do a little work with you about is brain science and why that's important, and what the good doctor said is look out

for kids, whatever you do here. He's very pro-medical marijuana but make sure we take care of the kids.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Day.

REPRESENTATIVE DAY: Thank you.

Deb, thank you for being here.

MS. BECK: I'd say good morning but I think that --

REPRESENTATIVE DAY: No, don't say that. You could say good evening in about five more minutes.

MS. BECK: I didn't take any drugs and I lost track of what time of day it is. My goodness.

REPRESENTATIVE DAY: I want to thank you for your work. Every since I've been a legislator, you've provided so much information about drug dependency and the struggles that people in the Commonwealth are facing and have really been an educator for me. So thank you very much.

Taking into account I think it's 35 years of experience in drug and alcohol treatment that you have, I want to understand something and then ask you a question. I heard your testimony would be a no on recreational use and maybe tight on relief issues that have been talked about today --

MS. BECK: Tightly constructed.

REPRESENTATIVE DAY: -- would that be correct?

MS. BECK: Yes, sir, tightly constructed.

REPRESENTATIVE DAY: And you also testified that you professionally fear any type of expanded access because of leakage or the other terms that you used, is that correct?

MS. BECK: Within reason because there's no way to --

REPRESENTATIVE DAY: Totally --

MS. BECK: You can't control the world.

REPRESENTATIVE DAY: Right.

MS. BECK: Yes.

REPRESENTATIVE DAY: You can't control every --

MS. BECK: Don't call me if you're going to increase the LCB hours by an hour and say that's increased access. Please don't call me.

REPRESENTATIVE DAY: I didn't bring up LCB but I did --

MS. BECK: Oh, I --

REPRESENTATIVE DAY: -- hear you say you wanted government to --

MS. BECK: Yes, I did.

REPRESENTATIVE DAY: -- if we did this, government --

MS. BECK: Yes.

REPRESENTATIVE DAY: -- to do it, so --

MS. BECK: Yes.

REPRESENTATIVE DAY: -- I hope that's not considered a modernization of LCB. I won't put those words in your mouth but am I correct --

MS. BECK: Just don't privatize, please.

REPRESENTATIVE DAY: This is what I really stood up for right now, and I want to know if I'm correct. I think I hear you asking us if you're going to do something to comfort a group that's suffering, to keep our eyes on the potential dependency group that we're allowing to happen. Is that correct?

MS. BECK: Yes. Bolster the K through 12, replace the student assistance program, put the treatment money back and narrowly construct. If you're going to do this, narrowly construct to cut down on diversion.

REPRESENTATIVE DAY: Do you feel if we narrowly construct and define what we're allowing to be used in the form that it's used if we narrowly construct that. Do you feel that's a way to cut down on potential abuses and the increase in the dependency group that might be created?

MS. BECK: In my opinion you need two things. And doctors should make the decision, real doctors, and a narrow list that they construct of who it should be applied to.

REPRESENTATIVE DAY: So identify the drug and

also determine how it's used, is that correct, like what it's used for? Because I don't know how to do that. I don't know how to --

MS. BECK: I think the doctors should do that.

REPRESENTATIVE DAY: Let the doctors do all that.

MS. BECK: Scaring me. I keep thinking doctors should do that.

REPRESENTATIVE DAY: Okay. So I want to thank you for your testimony today. I appreciate it. I just wanted to clarify that if we're constructing a regulatory barn and we're opening up some barn doors here, you don't mind letting out the intended use but you're telling us keep our peripheral vision on the unintended consequences of increasing --

MS. BECK: Yes, sir.

REPRESENTATIVE DAY: -- dependency in Pennsylvania, is that correct?

MS. BECK: Well, worry if there's diversion or if increased access. If the control system leaks in ways that cause more problems for our young people particularly -- it's young people we're worried about. If you delay first use, people get beyond a certain age, you don't usually see addiction.

REPRESENTATIVE DAY: Thank you again for your testimony today.

MS. BECK: Thank you.

REPRESENTATIVE DAY: I appreciate it.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Well, Deb, thank you very much.

MS. BECK: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: It's always good to be with you. Thank you for your insight --

MS. BECK: Thank you, Ron.

JUDICIARY MAJORITY CHAIRMAN MARSICO: -- your views. We thank you for all the good you do, appreciate it.

MS. BECK: You're still sitting here, you guys. Neither of you have left to take a break.

JUDICIARY MAJORITY CHAIRMAN MARSICO: We have a few more testifiers.

MS. BECK: I know.

Edwin Quiggle, Pennsylvanians for Rational Drug Policy.

Good afternoon, Edwin. I know that you have extensive testimony you've provided to us. I'm going to ask you to summarize --

MR. QUIGGLE: Sure. Yes.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay.

MR. QUIGGLE: Good afternoon. I'd like to thank the Judiciary Committee and the Health Committee for inviting me to testify on the subject of medical marijuana. My name is Ed Quiggle, Jr. I'm the founder of Pennsylvanians for Rational Drug Policy and People of Sunbury United for Medical Marijuana, and those are the groups I'm going to be testifying on behalf of.

I'm also the cofounder of the Susquehanna Valley Liberty Alliance and I'm a Drug Policy Advisor for Solutions Institute. I currently serve as the elected State Constable of the 9th Ward of the City of Sunbury and I'm also a member of Law Enforcement against Prohibition and the Constitutional Sheriffs and Peace Officers Association.

As a Constable, I've signed a resolution standing up for the rights of medical marijuana patients, and as a citizen and an activist, I've been advocating for rational drug policy for over a decade.

To begin, I'd like to highlight some important facts. Cannabis is nontoxic and it's a nonlethal plant. The medical value of this plant and its compounds has been recognized since time immemorial. It's used to treat a wide range of illnesses and it's been done throughout the history of our Commonwealth and throughout the history of our country.

Some opponents of legalization claim there aren't enough studies, and while there's always room for more studies, cannabis is in fact more well-studied than most drugs approved by the FDA. FDA approves many pharmaceuticals after only a single clinical trial, while the facts are there's thousands of peer-reviewed studies and reviews of cannabis and cannabinoids. And the plant and its compounds are safe and effective and they clearly have medical use and they shouldn't be classified as Schedule I substances at any level of government.

Legalizing medical marijuana will improve the quality of life and health of many patients, and that's one of the biggest impacts of legalizing medical marijuana. In order for the States to reap the most benefits and avoid negative impacts, I'd like to offer some suggestions, but I would like to go back and give a little history lesson on medical research.

We had the research conducted throughout the 1970s and 1980s when over 30 States and the Federal Government initiated programs to research the medical benefits of cannabis and THC, which is the primary psychoactive component. And that led to the FDA approving Marinol in 1985, which is a Schedule III drug. The problem with this is Marinol contains only one of many cannabinoids, and since it's an oral formulation, it's not

always able to be administered effectively for all conditions that other forms of cannabis would. And this illustrates two important things. First, it illustrates why effective medical marijuana laws don't place limitations on the routes of administration and it also illustrates why there shouldn't be limitations on the strains of cannabis used.

Now, this State has considered passing its own research act back in 1979 and again in 1981. There were bills that were introduced but they never passed Committee. So in the 1990s we have the Federal Government closing its program to new patients and they've stopped supplying the States with medical marijuana for their studies. So since 1996 --

HEALTH MAJORITY CHAIRMAN BAKER: Excuse me. I apologize, Mr. Quiggle, but Chairman Marsico had asked if you could possibly --

MR. QUIGGLE: Sure.

HEALTH MAJORITY CHAIRMAN BAKER: -- summarize.

MR. QUIGGLE: All right.

HEALTH MAJORITY CHAIRMAN BAKER: We're so far behind. We do apologize.

MR. QUIGGLE: All right.

HEALTH MAJORITY CHAIRMAN BAKER: But if you could summarize your remarks, we would --

MR. QUIGGLE: Sure.

HEALTH MAJORITY CHAIRMAN BAKER: -- very much appreciate it. I noticed you've been reading verbatim --

MR. QUIGGLE: No, I did --

HEALTH MAJORITY CHAIRMAN BAKER: -- page by page --

MR. QUIGGLE: -- skip a few paragraphs --

HEALTH MAJORITY CHAIRMAN BAKER: -- but if you could just sum it up --

MR. QUIGGLE: Sure.

HEALTH MAJORITY CHAIRMAN BAKER: -- that would be great.

MR. QUIGGLE: All right. Twenty-three States, Washington, D.C., and two territories have passed effective medical marijuana laws. In total, there's 35 States that have tried to protect medical marijuana patients and that leaves Pennsylvania among the minority of 15 States that haven't done anything to help patients.

While we see some progress at the Federal level with the DOJ not prosecuting or trying to undermine State programs, people in the State suffer and die while we wait for the government at all levels to take action. Now, 85 percent, according to Franklin Marshall College and there's a new Quinnipiac quote that says 80 percent of Pennsylvanians, the people who elect you guys, support

legalizing medical cannabis. And they mean real medical marijuana legalization like we see in the 23 States.

Now, our position is that prohibition of medical cannabis is a clear violation of Article I, Section 1 of the State Constitution and the 9th and 10th Amendments to the U.S. Constitution. We had the Shafer Commission in the '70s with our former Governor releasing a report in 1972 where they said that the prohibition of cannabis was constitutionally suspect.

But to get back to the impacts, one of the biggest impacts would be it would ease of some of the burden the War on Drugs places on law enforcement because they'll no longer have to waste their resources on going after patients. And a good bill would prevent law enforcement from cooperating or assisting the Federal Government in prohibiting medical marijuana.

Now, this is very important. This State has a right to refuse to cooperate with the Federal Government with officers of the union when asked to enforce unconstitutional or unpopular acts. This was the advice James Madison gave us. The Supreme Courts affirmed it and it was known as the Anti-commandeering Doctrine in cases such as *Prigg v. Pennsylvania* in 1842, *New York v. U.S.* in 1992, *Printz v. U.S.* in '97, and *Independent Business v. Sebelius* in 2012, which is the ObamaCare case. And this

protects the right of our State and its people to decide the issue. The State can't be forced to enforce Federal law.

Doctors and other healthcare professionals have a free-speech right to recommend medical cannabis to patients and a good bill would forbid law enforcement from arresting any patients who present a recommendation from a doctor or other healthcare professional or who present an optional patient ID card. And we believe the cards should be optional because in order to protect patient privacy, it shouldn't contain any biometric data.

We recommend a free market approach that allows nonprofits, for-profits, and individuals to participate. This will give patients access to more affordable medicine and it will protect their supply in case the Federal Government should decide to come into Pennsylvania and start raiding dispensaries.

Pennsylvania shouldn't rely on a broken and unconstitutional Federal regulatory program to the benefit of foreign pharmaceutical corporations. The State shouldn't deny Pennsylvania's farmers the right to grow this medicinal crop to supply patients and researchers in this State. We urge the Legislature to refuse to tax the sale of medical cannabis, just as our prescription drugs aren't taxed and neither are our over-the-counter or

dietary supplements. We recommend against licensing fees that would prevent the poor and the middle class from participating in the industry.

Another one of the big impacts is this will help create an explosion of jobs and prosperity here in this State and it will also help create low prices so that patients will be able to afford their medicine. When I mentioned Marinol, Marinol is very expensive. Plant-derived medicine is a lot cheaper.

The General Assembly has stood up to the privacy-infringing biometric ID cards foisted upon the States with the REAL ID act. It's currently fighting the States' irrational monopoly on wine and liquor, and we'd hope the General Assembly would continue to stand for these same principles when it comes to the medical cannabis marketplace.

If the General Assembly approves a bill that does not respect patient privacy, that opens patients and caregivers up to arrest and prosecution by the Federal Government, or creates a giant bureaucracy to oversee a government-run marketplace, then Pennsylvania won't have a rational and effective medical marijuana law. All patients with a recommendation need to be protected and have safe access to medicine that's grown in this State.

So in closing, Pennsylvania should join the 23

States, Washington, D.C., and two U.S. territories that have passed effective modern medical marijuana laws. And the reason the majority of Americans and Pennsylvanians support this is because they know it's a safe and effective medicine that shouldn't be prohibited, and the people of Pennsylvania are counting on you to do the right thing and protect patients in 2015. They've been waiting -- since 1979 the General Assembly has taken up this issue, considered it, and patients need it passed this year.

Additionally, I have attached testimony that I submitted on Senate Bill 3 and also the resolution that I signed as Constable that I mention as well.

I'm happy to answer any questions now or at a later time.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Lawrence.

REPRESENTATIVE LAWRENCE: Thank you, Mr. Chairman.

And thank you, Mr. Quiggle, for being here today and for your testimony. I appreciate it very much. And I read through your submitted testimony last night. You used several phrases in your verbal testimony about protecting patients and also broken and unconstitutional Federal regulatory program. I assume you're referring there to the FDA and their approval process?

MR. QUIGGLE: Yes, that's correct.

REPRESENTATIVE LAWRENCE: And I notice in your submitted testimony and the document that you've submitted here, the resolution, there's a great deal of focus on medical marijuana. I didn't see anything else necessarily. My question would be do you see as the broken and unconstitutional, to use your words, Federal regulatory process, do you feel that that's only as it relates to the issue of medical marijuana or do you feel like that is --

MR. QUIGGLE: No, and --

REPRESENTATIVE LAWRENCE: -- broader and the FDA should perhaps be abolished?

MR. QUIGGLE: No. And other States have been passing bills called right-to-try bills, which allow patients to try unapproved medicines, experimental medicines if they're in hospice. This is a result of the broken regulatory process we have in Washington. And what legislators across the country and voters in States that have ballots initiative processes, they're recognizing that the States need to take action to help patients because the Federal Government is clearly not doing it.

REPRESENTATIVE LAWRENCE: I think I would agree with you that the FDA's process is probably not the most effective -- maybe I should say it's not the most efficient to speak properly -- process, and I think there's probably

changes that I think everybody -- maybe we'd all have different changes but there's certainly changes people would submit. But certainly I'm not aware that anyone in the Pennsylvania General Assembly is a medical professional, right? We are elected. Certainly we research issues and we deal with issues on a broad spectrum.

So just from your perspective as your testimony is informing the issue here, you feel like the proper process for perhaps a variety of drugs is not to go through a rigorous process with the FDA but instead would be on a case-by-case basis in the State Legislatures?

MR. QUIGGLE: I'm saying that doctors should be allowed to decide what substances could best treat conditions. The Legislature shouldn't interfere with the doctor and patient relationship. This is a health freedom issue. I really believe if the Federal Government is not doing the job that needs to be done, then it is the duty of the States and the people to fix things if the Federal Government is not going to do it. And this State is not required to wait for the Federal Government on this issue or any other health freedom issue, and I just think Washington is not with the people. I think they're out of touch on this issue is what I'm saying.

REPRESENTATIVE LAWRENCE: And if I may, I

apologize, Mr. Chairman, but it seems to me that you would be for basically anything that a doctor and the patient agreed to, you'd be okay with?

MR. QUIGGLE: You mean medicine-wise?

REPRESENTATIVE LAWRENCE: Yes.

MR. QUIGGLE: Yes, absolutely. Yes. If a doctor truly believes that something is going to help a patient's condition or an illness or help prevent side effects, I believe that's what a doctor is a supposed to do. They're supposed to help patients. The General Assembly has a role in ensuring safety in certain areas, but yes, I believe that it is primarily a doctor-patient relationship issue and not really an issue with the Federal Government, deserves a say in it.

REPRESENTATIVE LAWRENCE: So let me ask you this question, and I don't want to put you on the spot, right, but I think of, for example -- and I'm not trying to make a comparison necessarily between marijuana and the next thing I want to talk about -- but I think it's important to bear something like this in mind. Are you familiar with thalidomide?

MR. QUIGGLE: Yes.

REPRESENTATIVE LAWRENCE: Okay. So that was the drug that was produced, by my understanding, in Germany in the '50s.

MR. QUIGGLE: I believe it's still used in certain patients actually.

REPRESENTATIVE LAWRENCE: And it is. But it was widely prescribed at the time as a sedative. The manufacturer said that it was very effective and it turns out it was very effective with that --

MR. QUIGGLE: As I said, I believe there's always room for more --

REPRESENTATIVE LAWRENCE: I'm not -- excuse me. Excuse me.

MR. QUIGGLE: Sorry.

REPRESENTATIVE LAWRENCE: Excuse me.

MR. QUIGGLE: Sorry.

REPRESENTATIVE LAWRENCE: It only came out unfortunately afterwards and fortunately this drug was never approved for use in the United States by the Food and Drug Administration. It was blocked by the FDA. There were a lot of folks who said the FDA should approve it, but it was unfortunately widely used in Europe and in Canada. It was only after the drug was widely prescribed and used, particularly as it turns out an effective cure for morning sickness, that thousands of babies were born without limbs.

Now, I'm not trying to make a comparison between these two situations, but that was really a touchstone that I think it's fair to say is the basis of the FDA today and

laws that were passed in the wake of that where the average American expects the Federal Government to approve the drugs that are being used by and large through very rigorous double-blind research studies to prevent something similar to that, to the tragedy that happened there. So in that case I would submit to you that a doctor and a patient agreed that this was the proper course of treatment, but unfortunately, the side effects and the studies were done to prevent a tremendously tragic outcome for thousands of people, some of whom are still alive today. What would your comment be on that?

MR. QUIGGLE: All right. Well, I would point to FDA has approved plenty of the deadly drugs and drugs that have been recalled. Every drug that's ever been recalled from the market has been approved by the FDA. The FDA approves things like Vioxx and then 10 years down the line they find out there's all these bad things.

Now, as I said in my testimony, there's always room for more research and I'm not against more research at all. What I'm saying is with this subject of medical marijuana, there are thousands of peer-reviewed studies and research on this. We know it's not going to change people's DNA. It's not genotoxic. We know the side effects of marijuana because there has been a lot of research. As I said, in the '70s and '80s it was widely

researched and this research led to the approval of Marinol.

If you want to trust the FDA, I mean the FDA thinks that the prime component of cannabis is safe enough to be a Schedule III drug. I would say there's no reason to prevent the rest of the plant from being used.

REPRESENTATIVE LAWRENCE: My last question is you appear today on behalf of several organizations.

MR. QUIGGLE: Yes.

REPRESENTATIVE LAWRENCE: And often testifiers appear on behalf of an organization. And one of the things that's helpful to the Committee would be to know what is the average membership of those organizations that you represent?

MR. QUIGGLE: Pennsylvanians for Rational Drug Policy is comprised of about 300 people. It's primarily a discussion group online but we also have outreach. We have model resolutions that we offer, activists, to try and get passed at the local level. And People of Sunbury United for Medical Marijuana, that has I'd say about over 150 people in support of the group. We don't have any official membership. Is there anything else you'd like to know about the groups?

REPRESENTATIVE LAWRENCE: No, that's very helpful. Thank you.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Cox.

REPRESENTATIVE COX: Thank you, Mr. Chairman.

Thank you for your testimony.

Just real quickly I want to encourage you to remain active in this. It's groups like yours that have brought to my attention and others like me, number one, the broad support for this closer look at medical marijuana; and number two, the highlighting of the individual needs that are out there. Groups like yours are absolutely pivotal to this process and so I want to thank you for that and encourage your group and others like it all around this State.

I think we have a lot in common in our approach to things. I looked at the REAL ID thing years ago and said let's back off that. It's a privacy issue. At the same time I understand the need to regulate something like medical marijuana because of the potential dangers or uncertainties of it.

Like you, I think I also share a potentially unhealthy distrust of Federal agencies being the end-all. I think it was Zohydro just a couple years ago, doctor after doctor after doctor, most of the panel on the FDA they said don't approve this. For whatever reason, the

drug was approved. And so I can't look at the FDA and say they are the end-all. Right now, they are unfortunately the only body out there that has an approval process in place for something like medical marijuana.

In the absence of that, and again thinking along the lines of small government, what do States do to put things in place -- and I have to kind of look at some of the legislation that's out there -- the idea of a board that looks and says these conditions should be permitted as permitted conditions and a board that regularly reviews those? In the absence of an FDA process that's doing this, are you okay with the State creating something that serves a similar function specifically on medical marijuana?

MR. QUIGGLE: Well, with the case of medical marijuana, because it's a nonlethal substance and it's nontoxic, I don't really see why it shouldn't be allowed off-label uses just as Marinol is allowed to be prescribed for off-label uses. This really isn't a dangerous drug, and I don't think patients should have to petition the Department of Health just because the Legislature did not include their particular condition in the bill. And I think it can be regulated in the way you would probably like it to be regulated without having to pick and choose which people get protection under the law.

REPRESENTATIVE COX: I found it interesting you

responded letting doctors decide how to interact with their patients, how to treat them. That's something that is inherent in medical practices all across the country, not just in Pennsylvania, that we try to allow that. That's why the FDA allows for the off-label use of so many prescription drugs. I'm hoping for a similar model or a similar structure here Pennsylvania that really gives latitude to the physicians.

And like so many of our other laws, we as a Legislature need to set up laws that punish the lawbreakers such as a doctor who is recommending for uses that aren't appropriate, patients who aren't true patients, people who get access to the medical marijuana. I'm a strong advocate for going after those who are breaking the law rather than putting up barriers so high and so stiff that nobody can get access to it. That's my other concern.

And so, again, I want to thank you for your perspective on that and it's been very helpful to hear from organizations like yours.

MR. QUIGGLE: Thank you.

REPRESENTATIVE COX: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any other questions?

Chairman Baker.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you very

much, Chairman Marsico.

I wasn't going to ask a question but you said this is not really a dangerous drug. I beg to differ with you, sir. We have already identified over 150 science- and medical-based studies from Harvard to Yale to the Mayo Clinic to advanced people with degrees in science that begs to differ with you.

And you are entitled to your opinion. I respect that. I'll defend that. But when we are dealing with medicine, I think we need to rely on the great advancement of education and science and emerging of medicine and science to have good medicine. And when there's any question at all as to whether medicine is good or not, the first thing in my mind is do no harm. We need to make sure that medicine is safe, is effective, especially when we're talking about it trying to help children as well as adults.

And I've got to tell you I've heard different remarks today and I'm very sympathetic and compassionate to the children with seizures, so I reached out to the American Epilepsy Society and the President of the American Epilepsy Society, and I have a letter from the President of the American Epilepsy Society. And this particular doctor serves more children with epilepsy in the Colorado Hospital than anywhere else in the country. And I would encourage the Members on both Committees, both sides, to please read

this report. It is very, very instructive.

And I'm just going to take excerpts from it. They saw no significant reductions in seizures in the majority of patients, and they're using the oils. Additionally, in 20 percent of the cases, reviewed seizures worsened with the use of cannabis. And in some patients there were significant adverse events. Now, this is a place where people are going out of desperation and compassion and trying to help their children, and this is the result that they're seeing at the Children's Hospital in Colorado who has cared for the largest number of cases of children with epilepsy in the United States.

And they go on to say that given their vast experience in treating these children and for many, many reasons for dystonic reactions, for developmental regression, for intractable vomiting, for worsening seizures, they're very, very concerned about these oils, which are also unregulated. They don't know where they come from. There are different levels of potency.

And they opine, and I'm quoting them right now, "not a single pediatric neurologist in Colorado recommends the use of artisan oil cannabis preparations, and possibly of most concern is that some families are now opting out of prudent treatments such as surgery or ketogenic diet or newer antiseizure medications because they put all their

hope in CBD oils."

Now, I know you obviously are in favor of medical marijuana and I understand your also in favor of recreational marijuana, is that correct?

MR. QUIGGLE: I am in favor of that but I didn't prepare my testimony with that in mind because of the subject of the hearing today.

HEALTH MAJORITY CHAIRMAN BAKER: I understand. I understand. I just think that when we're dealing with medicine, we really need to leave this up to the FDA process, to the doctors, to the scientists. I have a serious concern with legislators trying to legislate medicine and we're ill-equipped to do that. I don't think we're qualified for that, and I think we need to leave this up to the experts.

Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, thank you, Mr. Quiggle. Appreciate your time and your testimony. Thank you.

MR. QUIGGLE: Thank you for giving me the --

JUDICIARY MAJORITY CHAIRMAN MARSICO: And your patience as well, thank you.

MR. QUIGGLE: Thanks.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Next to testify is Chief William Kelly, Chief Kelly, Abington

Township Police Department, President of Pennsylvania Chiefs of Police Association.

Good to see you again, Chief. Thanks for your patience. You may begin when you're ready.

MR. KELLY: Thank you.

Mr. Chairman, maybe it was a good thing that I was left toward the end because I've seen a lot of debating going on about the topic, and I actually came prepared to help you do some problem-solving instead. And I say that partly in jest but all of my years of experience of 43 years in law enforcement and 32 as the Chief of Police has taught me that sometimes getting people together and talking about problems and talking about solving the problems is how we resolve them.

And it was said earlier on that law enforcement was circling the wagons and was saying nothing new, nothing new. I want to tell you that's not our approach. You might have seen in the paper that we prepared and submitted that our stance is considerably different than that, and that is if the Legislature decides, for reasons where it is solely intended and designed to enable the humanitarian and compassionate program giving certified medical professionals a carefully designed and strictly regulated means to prescribe so-called medical marijuana to provide relief and comfort to the relatively small number of

Pennsylvanians who've been diagnosed by a doctor to be currently suffering from a serious, a verifiable, and a medical condition, and that that can only be competently resolved and ameliorated by that type of treatment, then we're willing to support that.

Now, that's a judgment that you folks make, of course. You have to decide if those things are true. You have to decide if the negatives that are there that you mentioned, Chairman, the negatives about certain aspects of it, but then we know everything that we use has a downside. Automobiles kill people, too. Hammers kill people, too. So the judgment has to be made, is it going to outweigh it?

And our stance is that if you decide that it can be done a certain way, then we encourage just the question then is no longer "if," it is "how," and that's where we step in and want to encourage you to think about a few things because we believe that significant planning and care and regulations need to be involved in it so that we aren't make the same mistakes that other States have made in the past like Colorado and Oregon.

In the case of Oregon, they started out with the program that was supposed to be medicinal marijuana only, and because of abuses and because of lack of care, it turned into basically a get-rich scheme for the unscrupulous providers and a get-high-quick scheme for the

people that wanted to do recreational marijuana. Remember, Oregon is a State that has not agreed to, has not voted for, and has not approved recreational marijuana. However, they did approve the situation where they did approve the medicinal marijuana and I think that there's an example there that is certainly one that we need to take advantage of because we can learn a lot from it.

Let me just tell you a couple things about that because I think it's important that we take a look at that and learn from their situation. In 1998 medical marijuana came to Oregon, as most of you know, and one of the supporters said this: "The law was pitched as a way to permit marijuana as use as a palliative medicine for critically ill and dying Oregonians. The drug's potential risk and benefits are supposed to be discussed with each patient by a doctor with primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition."

Now, does that description sound familiar to anyone in this room? That's obviously what you're talking about doing here in Pennsylvania or considering. But the investigators' report showed that after several years the Oregon's well-intentioned medical marijuana program turned into kind of, like I said, a get-rich-quick scheme for a few doctors and a get-high-now scheme for those who want it

to turn into recreational marijuana.

They found that only nine doctors approved half of the 56,000 medical marijuana patients that were approved. Think about that. Nine doctors in the State approved half of the 56,000. And the justifications after a while went to the point that they got to a point where in one year 4 percent of the ones approved were for cancer, 1 percent was for people with HIV/AIDS, and 57 percent were given out for nonspecific pain problems.

So the point of it is that the program was intended to be one thing and that's fine, but it turned into something else, didn't it? And our point is if you decide that it's something that is worthwhile doing in our State or trying in the Commonwealth that it's so important not that "if" so much as the "how" so that it turns out that these things work out in the way that its intended and not turn into a fiasco like that.

One of the strong persons that supported it is a doctor and is one of the people who is very active in this medical program in the State. He said, "This doesn't seem like this is what the program was set up to do or" -- listen to this, ladies and gentlemen -- "what the people expected it to be. I think we've got a problem." I think he just gave pretty much an understatement, didn't he?

So my point to you is I encourage you to take a

look at these issues. If we sit down and work on some of these things that are the problems if you decide to move forward, we can do that in a way that we can eliminate at least many of these negative things.

One of the most important points in this whole thing, ladies and gentlemen, though, is working to remove the profit motive. That's what turned it around in Oregon. These doctors are pushing people through at an incredible rate making incredible amounts of money. And so when we say let's just leave it to the doctors, I think that that's being naïve. Regardless of what the profession, if a person is making millions of dollars by skirting the law, they're going to really be tempted. You're going to find somebody in that profession that's going to do that, just as they did in Oregon. So there have to be controls; there have to be guidelines that do things to work on that, and in particular needs to take up the profit motive.

Now, I mentioned in my notes that about a year-and-a-half ago this Legislature did that with a very controversial issue when you went to great pains and passed a very detailed red light camera authorization law. Now, we know red light cameras are getting in trouble all over the country with States all over the country. Many of them are banning them because of all the problems, the abuses, and so on, yet it's been in effect in Pennsylvania for a

year-and-a-half and there have been no such complaints, as such abuses, no such problems.

There hasn't been exactly a lot of people doing it but, nonetheless, the point of it is this: Those that are doing it for the right reason are doing it and applying it the right way. They don't have a money motive to go and just do it indiscriminately like they did in those other States. And as a result, we're getting the benefit without the negative side effects. And I sincerely believe that this Legislature, with the help of the well-intentioned people that are out there in our communities and the professions that are out there will certainly help you do that if you decide that that's what you want to do.

Now, I'm not going to read anymore to you or repeat what I've already submitted to you, but I just want to talk to you about a couple things that we talked about earlier because I want to make sure to respond to them because they were topics that had been in front of you earlier today.

It's been repeated we're not talking about recreational; we're talking about medical. Again, I want to remind you in Oregon it started out one way; it ended up being the other way. Caution has to be done to make sure that that doesn't get permutated into something like that.

Again, it was mentioned that the doctors decide.

I understand the importance of the doctor-patient relationship. Of course we all respect that. But I want to advise you just to think about what happened in the case where the doctors were unfettered. What they're doing is not medicine. One of the places where these doctors worked and where so many of them are being done were being paid by the number of patients they saw. That sounds like a used car salesman, doesn't it? They're getting paid a commission basically, not a payment for doing their job.

And the other thing I want to say is that many of these issues, these negative things that have been brought up, they've been brought up if you're talking about a large-scale program. I don't think people are saying that there are large numbers of people who want to do this or will benefit from it, and if the program is kept small, you eliminate a tremendous number of the negative things that can happen.

If you're worried about DUIs under drugs, you're talking about an infinitesimal number compared to the number of drivers out there. If you're talking about the bureaucracy it takes to manage it, you're talking about a small number, you're not talking about a great deal of problems in that regard. It can be manageable by those numbers and I suggest that you think about it from that standpoint. The bureaucracy, the monetary incentive all

gets eliminated or brought down if you make it so it's tight enough that only those who will benefit will get it.

And finally, the last point I want to make is it reduces the hypocrisy as well. In our business and working in government and working for the citizens, we try to have credibility, right? We try to avoid that perception of hypocrisy, saying one thing and doing something else. Well, in those States that said they were going to do one thing and ended up with something totally different, a totally different monster, they're certainly lacking in credibility amongst the people that they work for, don't they? But it can be built in a way where you say you're going to do it for this, the proper restrictions and guidelines and efforts put into it, and you end up that you produce exactly what you said the thing was intended for.

Now, I'm saying that that's only if you decide that's something you want to do, and that's the decision that only you can make. We're not getting involved in that decision. That's not our area of expertise. You have many people that testified but you have that area of expertise and I'm sure you'll make a good decision in that regard. But I implore you that if you get to the point where you decide that you want to do it and you want to do it in a limited fashion and you want to solve some of those problems that it takes to do that in that way, what you

come back to is then maybe you won't have to wait quite so long to testify before you then, but that you come back to us then and we would be more than happy to work with you to try to build that and to show that that is a possibility because where there's a will to do something that's going to benefit people, I'm sure we can find a way to do that.

So on behalf of all of my colleagues, the Chiefs, your Chiefs in your neighborhoods and all across the State and all the law enforcement executives in Pennsylvania, I want to thank you for allowing us to have this opportunity to come spend a couple minutes with you, and look forward if you decide this is something that the State decides it wants to take on, then we want to get together with you and work with you to make it so that it doesn't have the downsides that so many people have identified, it doesn't have some of the downsides that other States have experienced because we're convinced that if the will to do that is there, then we can help you make sure that that's how it ends up.

Thank you, Mr. Chairman.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Well, thank you for spending several hours with us and not several minutes. And thank you very much for your insight. We really appreciate it.

Any questions?

Representative Cox.

REPRESENTATIVE COX: You said a couple different ways in your testimony that you believe if we do go down this road, we should keep it narrow, keep it small. How do you recommend we do that? Do we limit conditions? What's the best way to keep it small?

MR. KELLY: Representative, I haven't seen anybody that says that there's enormous numbers of people that have medical conditions that would benefit from medical marijuana. I don't know what the numbers exactly are but we're not talking about huge numbers. We're not talking about large percentages, right? So if that number is kept to where there is a general consensus where reasonable people say this is something that potentially can be resolved by this, there is a real medical condition, a doctor determines there's a real medical condition and that potentially can be resolved by this, then that's when it is used for and only then.

And again, that's the part where I agree with you, Representative, that the doctors need to make those decisions, but there also needs to be a way to have that set up so that it doesn't get turned into a profit mill either.

REPRESENTATIVE COX: I read with interest your comments regarding the different conditions and that only 6

percent ended up with what would be termed a valid condition. So I'd like to take a look at the different proposals here in Pennsylvania and say how can we increase the accountability for those doctors? And I said it earlier, and it sounds like you agree, create a system or structure that goes after those who would be breaking the law or those who would be recommending outside the boundaries of a true medical condition. Am I putting words in your mouth or is that --

MR. KELLY: No, you're saying it correctly, Representative, but the one thing I do want to emphasize is the patient-doctor relationship is very sacrosanct in our society and rightfully so to a great degree, but it has been abused in those States. It's gone to the point where you say, well, if you've got a doctor that's willing to write the script for you, then you can go and have this. Well, that's not quite right either.

Every one of us knows that those thousands and tens of thousands of people that suddenly started getting this, it went from small numbers after 10 years to all of a sudden one of these clinics opened up and the numbers dramatically increased, 750 percent in the first year. So it's obvious what was going on there, and I think we all are intelligent people and know the difference between the two and can find a happy medium there somewhere where we're

not denying it to people who truly can benefit from it, but on the other hand, make sure that it's not being used as a ruse that ends up making us feel like once again we were unable to do what we said we were going to do.

REPRESENTATIVE COX: As a member of law enforcement, I know you prefer we enumerate things as much as possible from the Legislature so that judgment calls aren't needed to be made in the field by officers and others looking to enforce the law. Do you support the approach -- one of the pieces of legislation, Senate Bill 3, and I know this is not about particular legislation, but after looking at different ways to approach things, you look at what's already out there. Listing conditions, that's not going to help you as a law enforcement individual, it's not going to be able to help you to be able to say to a person what condition are you taking this for so much as if we put something in place that says you are authorized to have this regardless of the condition, do you feel the ID card or something is a better approach and have the screening done internally?

MR. KELLY: Of course.

REPRESENTATIVE COX: Okay.

MR. KELLY: Of course. I understand where you're going with it, Representative. Of course you're right. That shouldn't be our call, is this a person that falls in

those categories? That has to be done by the medical profession after they've set up the standards and decided which ones are involved with it and then make those decisions, and then make some way to make it clear that the officer on the street can say that this person has what they're supposed to have or not.

But again, those things can be worked out. I guarantee you we could sit down and we could work that out in a way where the vast majority of cases would be covered and it'd be reasonable and the average citizen out there that's looking at us and saying, well, what the heck are they doing, would say, yes, that's pretty reasonable. They might do it a little different here or a little different there but it'd be pretty reasonable. I think that can certainly be done if that's what's decided to be done.

And, again, I want to make it clear. I'm not trying to give this Committee direction that we think it should be one way or the other. We're saying that if you do decide that that's what you want to do, that there's a way to do it where the negative parts of it can be dramatically reduced if not almost eliminated.

REPRESENTATIVE COX: My concerns do circulate around the Legislature enumerating and saying this condition, that condition. I'm pushing back against that because we're not doctors. And somebody else questioned do

we even have any doctors who are Members of the Legislature? And so I feel we are not qualified to do that.

We're getting a consistent feel here that the law enforcement community is looking to have doctors be very, very involved to be able to get access to it but also to have very strict regulations and a very strong structure that prevents doctors from abusing their ability to recommend. So I appreciate that and I appreciate your testimony.

I think as we sit here and look at the different conditions, you hear from the American Epilepsy Society that Chairman Baker read a letter from, you look at the other side and the Epilepsy Foundation comes out with an equally strong opinion on the opposite side, and I'm going to read just a brief portion of it.

In their statement from last February they said, "The Epilepsy Foundation supports the rights of patients and families living with seizures and epilepsy to access physician-directed care, including medical marijuana. Nothing should stand in the way of patients gaining access to potentially life-saving treatment. If a patient and their healthcare professionals feel that the potential benefits of medical marijuana for uncontrolled epilepsy outweigh the risks, then families need to have that legal

option now, not in 5 or 10 years. For people living with severe, uncontrolled epilepsy, time is not on their side."

And so as law enforcement continues to weigh in on this issue, I appreciate your concern. I'm a father of five children myself. I don't want them to get their hands on something that's going to negatively impact their health now or down the line or impacts their intellect. So I do want to see strong regulatory controls in place, but I also, as a father of five and a daughter that had some severe issues when she was born that were able to be medically corrected -- I have a niece who's undergone cancer treatment; she survived -- I look at this as a parent as well.

And it's not just about the kids with epilepsy; it's about all types of conditions. We've not even scratched the surface of this, and so I appreciate your willingness to say, hey, come back to us. And I would hope that other law enforcement groups and organizations maintain the same approach. Keep us in the loop, keep us in the conversation. We need your expertise. We need your years of interacting with illegal substances and the enforcement. We need to know how to craft this so that we can do this the right way and not become a Colorado or an Oregon or California.

So, again, thank you for your testimony and for

your willingness to come in here and wait as long as you have.

MR. KELLY: Representative, if you don't mind my candor, I just want to tell you that what you have just done is gone and taken it back to the argument stage again. You've taken it back to what some people that are kind of on the radical -- one of the others have thought about it and have talked about it from the standpoint is either a 100 percent one way or 100 percent the other way.

And again, what I'm suggesting is that the solution, you want a quick solution? The quick solution is instead of us debating, us be problem-solving. The amount of time that we spent here today with all of these people in this room, if you took that number of reasonable people from around the Commonwealth and you put them in a room and said we are going to iron this out here between now and lunch, or actually now it's between now and dinner, I bet you you would come out with a skeleton of something that a whole bunch of people, a big percentage of people would say that's reasonable. And I think I'm just offering it to you as a person that values operations of government and how we need to come together on things like that.

I know you didn't ask me my opinion for that so I apologize for offering it anyway. But I've sat here all day, as many of the people here have, and just listened and

I've heard debate, not problem-solving. I've heard arguing, not finding the common ground. And it can be done. I've sat here and I bet you if you asked the people that have sat here and listened to those things, they'd tell you what they heard. They heard that there are some real reasons to consider it; there are some real problems if it's not done right. So there's some work to be done.

REPRESENTATIVE COX: I appreciate your comments. Unfortunately, the nature of the Legislature is that it is a deliberative process. If we were to take the information garnered from the Senate hearings from over a year ago now, if we were to take that and put it in front of us and another 50 stakeholders or whatever, we could sit down and hammer out a structure between now and dinner.

But there are 203 Members in the House, and part of the reason for these hearings is so that we can all learn from the different stakeholders. Without that educational process if you will, our Members don't feel comfortable taking that step forward, and so I feel that this process, as cumbersome as it may be, this is imperative when we're talking about the process of bringing our Members up to speed on the different research, the different approaches used in other States, the failures, the successes. All of that is a necessary evil. Making sausage, as --

MR. KELLY: I understand.

REPRESENTATIVE COX: -- bill passing has been described in the past, is not a pretty thing but it is a necessary thing and sometimes --

MR. KELLY: And I apologize if it sounded like I'm preaching on it, Representative. I guess what it is is that it's just been a long time since my last meal, as it has been for most of you, so I guess I was looking for a way to get a resolution quickly.

REPRESENTATIVE COX: I apologize for keeping you from the next meal so --

MR. KELLY: Not a problem at all. It's a very worthwhile topic and I appreciate the opportunity to come here and join you on this deliberation.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Representative Schemel.

REPRESENTATIVE SCHEMEL: Thank you, Mr. Chairman. And thank you, Chief. We're all justly chastened by your comments.

I find this a very challenging issue. There are many facets to it, and you don't speak to the medical component to that. You speak to the regulatory component, and your testimony was certainly valuable.

I do find one thing troubling and that is what I would consider to be a true rift between State and Federal

law on this issue. We both, you and I, take an oath to the U.S. Constitution, the Constitution of this Commonwealth, and I see in this issue a real possibility that we as a State Legislature would pass law that would be inherently in conflict with Federal law. You talked about having a discussion that brings all parties to the table. There's one large party that's not at this table and that's the Federal Government. And I regret that. I think everyone in this room regrets it and I think most people in this room would agree and acknowledge that this is a Federal problem but unfortunately the Federal Government is abdicating its responsibility.

But should the Federal Government in the future decide that it's going to change its own course and policy on how it enforces drug laws, what happens with that inherent conflict? What happens, Chief, with that inherent conflict when the Abington Township Police Department is called upon to backup the DEA in a drug raid on a State-authorized dispensary facility? I don't know. We're trying to make policy. I am troubled by how we make policy that has that inherent conflict. And I put that as a question.

MR. KELLY: And rest assured that as a municipal government, we deal with that all the time and say the same thing not only about the Federal Government but sometimes

about the State Government as well of course because there are issues that we wish somebody else were handling or sometimes there seems to be a conflict. So that's not a challenge that's new to us. And it is --

REPRESENTATIVE SCHEMEL: But this is not seeming to be; it would be a conflict. It would be a conflict between State and Federal law.

MR. KELLY: Well, you talked about our oath and I certainly did swear to uphold the United States Constitution and I will always do that with my whole heart and my whole soul. I don't think that particular law is in the Constitution, however, so I guess that's part of the way I would get around that in my heart.

Let me just say this, that there are issues like that that need to be resolved. There's no question about that. And we want to make sure that people aren't caught in the proverbial trick bag of there being certain laws here and getting arrested by another entity over here to do that. I think that's worthy to be done. There's no question about that.

And, again, I'm not saying that this whole thing is easy. If it was, you guys would have solved it long ago. I know that. I know how dedicated the Members of the Legislature are and just listening to some of the things that were said here, how bright and how talented the people

are here, as well as the ones that I know personally. I've got nothing but the utmost respect. If it was easy, you would have handled it long ago.

On the other hand, I do say that I just want you to know that you do have allies out there, that if there are certain parts of it that we can help you with, we stand ready to do that.

REPRESENTATIVE SCHEMEL: Thank you, Chief.

MR. KELLY: My pleasure.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Thank you. For the information of the public and the Members, the FDA and the DEA were invited to attend this hearing and they declined.

So, Chief, thanks again for your insight and being here. Sorry, again, for the lateness.

MR. KELLY: Not a problem. It was my pleasure and it was my honor to be here in front of all of you. Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: So our 12 o'clock testifier is Emily French.

Emily, please come forward.

Emily is with Communities That Care Educational Outreach of Southeast Pennsylvania. Welcome, Emily. I know you provided a lot of testimony. If you can summarize, we'd appreciate that.

MS. FRENCH: Yes, I'll summarize.

I wanted to thank everyone for allowing me to appear today. And I think just about everything that I'm going to summarize has been touched on.

Just to let you know where I'm coming from, I work in youth drug and alcohol prevention from a community perspective, so we did provide a lot of what I'll say scientific and different kinds of materials that were forwarded to your Committee.

But I did want to touch on a few things that we wanted to point out. Since the last testimony that was in Philadelphia, I've come across a series of articles that have been published in the last week of March of this year in the Colorado Springs *Gazette*, which examines what has happened with regulation of medical marijuana in that State and then the subsequent legalization for recreational use. What I'm going to do is just focus on the medical marijuana piece.

With medical marijuana, physicians were to carefully evaluate patients' medical conditions and then approve cards for medical marijuana. But the oversight has not been consistent within the medical community. There have been reports of an OB/GYN approving cards for male patients and pediatricians approving cards for adult patients.

With this lack of oversight here and the number of dispensaries statewide, diversion to youth has been a real problem for Colorado. And I'm not going to go into a whole lot of that because that testimony has been given here today. But just to give you a few facts and figures, about 3/4 of Denver-area teens in treatment said they used somebody else's medical marijuana card an average of 50 times to get the marijuana that they wanted.

When one considers this new availability, the following statistic is particularly concerning. Studies show that marijuana is particularly harmful to the developing brains of young people, causing long-term impairment in cognitive development, long-term. Adolescents under the age of 18 who use marijuana more than once a week lose up to 8 IQ points, which may put them at a disadvantage when compared to peers. Lower IQ leads to poor academic performance due to the negative effects on motivation, memory, and learning. And it may make it more difficult for them to get jobs and be productive members of society.

Data from NIDA, the National Institute on Drug Abuse, states that 1 in 6 adolescents that try marijuana become addicted. And this is the old-style marijuana before the higher levels of THC which are current in the marijuana today.

Among youth receiving substance abuse treatment, marijuana accounts for the largest percentage of admissions. Deb Beck did testify that there's poly-addiction, but a lot of them have the marijuana in place, 74 percent among those age 12 to 14 and 76 percent among those age 15 to 17. This youth addiction statistic is based on data from several decades ago when marijuana concentrations of THC were about a third of what they are today.

Marijuana impacts public safety by affecting users' short-term memory, judgment, mental aptitude, and motor coordination, and it's the most prevalent illegal drug in impaired driving and motor vehicle crashes.

Not only does it affect a person's ability to operate a vehicle, it has consequences on employment. With more than 6,000 companies nationwide requiring preemployment drug test, there is difficulty filling open jobs, and many companies also perform random drug screening after employment.

I'm going to skip over some of the other points that are on my testimony.

One thing I did want to mention that's not on the testimony, people were talking about the use of oils. There is a derivative from oil called Epidiolex, which is currently being tested in California at UC San Francisco.

Representative Baker is shaking his head. He's probably familiar with that. I am very interested as a mother and someone that cares about children to finding out is this safe for kids? Is this going to be useful? Because I want to see the door opened for being able to use useful extracts from this. I believe that the whole plant, what concerns me is that we don't know what the toxic effects are of just using the plant. We just don't know that. And I think that anyone that's interested in kids and is of the medical community, the Hippocratic Oath says, "first, do no harm." And so I think that for the research it's very important.

I'm going to kind of go over a couple of things that different medical societies have stated. The American Cancer Society: "While it shows promise for controlling cancer pain among some patients, there is still concern that marijuana may cause toxic side effects in some people and that the benefits of THC must be carefully weighed against its potential risks. There is no available scientific evidence from controlled studies in humans that cannabinoids can cure or treat cancer."

The American Society of Addiction Medicine: "Marijuana should be subject to the same standards that are applicable to other prescription medications and these products should not be distributed or otherwise provided to

patients unless and until such products or devices have received marketing approval from the FDA."

And the American Psychiatric Association: "There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. Current evidence supports a strong association of cannabis use with the onset of psychiatric disorders. Further research on the use of cannabis-derived substances as medicine should be encouraged and facilitated by the Federal Government. The adverse effects of marijuana must be simultaneously studied. No medication approved by the FDA is smoked."

And I'm going to keep this real short. I want to thank you for the opportunity to present this information, and if anyone has any questions, I'll answer if I know the answer.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Okay. Thank you.

Chairman Baker.

HEALTH MAJORITY CHAIRMAN BAKER: Thank you, Chairman Marsico.

Thank you very much, Emily, for your patience and long suffering getting to this point of being I believe the last testifier. Thank you very much.

I do agree with you on the research end of it and

that there is potential in research to perhaps find a derivative. In fact, the American Epilepsy Society, and I agree with them, they've called for more research for the rescheduling of marijuana by the FDA and DEA to ease access for clinical studies and has supported the compassionate use program of the GW Pharmaceuticals that are doing research where a purified and uniform preparation of CBD called Epidiolex --

MS. FRENCH: I think it's Epidiolex.

HEALTH MAJORITY CHAIRMAN BAKER: Okay -- is being administered under the guidance and close monitoring of an appropriate medical professional. I think that research needs to continue, and if there's good result, then great. I think that's a wonderful thing. But they also have been very emphatic that they're very highly supportive of the double-blind clinical trials --

MS. FRENCH: Right.

JUDICIARY MAJORITY CHAIRMAN MARSICO: -- that are underway as a part of those research efforts. And that's what medicine is supposed to be about. The gold standard is longitudinal, double-blind, random, peer-reviewed, tested development of medication that is a safe and effective and it's proven to be by all the best and greatest minds in America. And I'm proud of so many of the breakthroughs that we have discovered here.

But in addition to your comments at the end, I think it's worthy to also caution folks about what other experts are saying. The American Academy of Pediatrics -- we talk about concerns for children and helping children and being compassionate, I'm all in on that, but by golly, we need to be absolutely sure that if we're going to legalize something, it's not going to do any harm to those very same children.

And so the American Academy of Pediatrics, specialty doctors that take care of children, oppose marijuana use by children and adolescents. And they oppose the use of medical marijuana outside the regulatory process of the Food and Drug Administration but recognize that marijuana may be an option for the oils at some point in the future. But they want to see more research and study in science and medicine involved in that.

You mentioned the American Psychiatric Association. The American Academy of Neurology also urges caution and additional research. And the American Cancer Society and the national medical organizations that oppose the use of crude marijuana as medicine, the American Medical Association, the American Society of Addiction Medicines, the American Cancer Society, Glaucoma Society, American Academy of Pediatrics, the Multiple Sclerosis Society, the British Medical Association. I think these

are all cautionary remarks by some of the most outstanding minds in this field of medical medicine development. And for the Health Committee or anyone considering trying to legalize something that heretofore has not been viewed as medicine, I think we need to be very, very cautious.

Thank you for your testimony.

MS. FRENCH: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: Any questions? I don't see any.

Thank you for hanging in there with us today. I appreciate your time and your testimony.

MS. FRENCH: Thank you.

JUDICIARY MAJORITY CHAIRMAN MARSICO: We have submitted written testimony from the National Multiple Sclerosis Society, the Pennsylvania Chapter; and also from Beth McCormick, Representative Delozier's constituent.

I just want to once again thank all the Members and the testifiers and the public for being here today and the time you spent. And I guess we're finished. Thank you. Finally.

(The hearing concluded at 2:40 p.m.)

I hereby certify that the foregoing proceedings are a true and accurate transcription produced from audio on the said proceedings and that this is a correct transcript of the same.

Christy Snyder

Transcriptionist

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