

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH AND
HUMAN SERVICES

Room 400, City Hall
Philadelphia, Pennsylvania
Friday, September 9, 2016
10:45 a.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILMAN DEREK S. GREEN
COUNCILMAN BOBBY HENON
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILMAN MARK SQUILLA
COUNCILMAN AL TAUBENBERGER

RESOLUTION 160424 - Resolution authorizing the
Committee on Public Health and Human Services
to hold hearings regarding the Medical
Marijuana Act of Pennsylvania.

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COUNCILWOMAN SANCHEZ: Good morning. The Committee on Public Health and Human Services will now come to order.

Will the Clerk read the title of the bill.

THE CLERK: Resolution 160424, authorizing the Committee on Public Health and Human Services to hold hearings regarding the Medical Marijuana Act of Pennsylvania.

COUNCILWOMAN BASS: Good morning, everyone. With a quorum being established, I want to recognize the presence of Councilwoman Maria Quinones-Sanchez, Councilman Derek Green, Councilman Al Taubenberger, and I am Chair of Health and Human Services, Councilwoman Cindy Bass.

And can we have the Clerk -- can we have any opening remarks from members of the Committee.

Councilman Green.

COUNCILMAN GREEN: Thank you,

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2 Madam Chair. I'm just going to have
3 brief opening remarks regarding this
4 hearing.

5 One of the reasons why I
6 thought it was important to have this
7 hearing here in City Council, as many of
8 you who are attending this know and for
9 those who are listening, the Commonwealth
10 of Pennsylvania recently passed
11 legislation allowing medical marijuana in
12 the Commonwealth. That was done under
13 the leadership of Senator Leach, who is
14 here with us this morning, as well as
15 Senator Folmer. And because we know the
16 City of Philadelphia is a city of the
17 first class, the largest city in the
18 Commonwealth, this legislation will have
19 a significant impact in the City. So as
20 opposed to being reactive and waiting for
21 this legislation to have impact on the
22 City, I thought it made sense to start
23 the conversation about what is medical
24 marijuana, how has medical marijuana been
25 implemented in other jurisdictions, and

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2 also give an opportunity to start the
3 conversation not only with the public
4 regarding the awareness of medical
5 marijuana and address some of the
6 concerns of possible misperception about
7 medical marijuana but also get our local
8 City Administration to start thinking
9 about how we would implement this type of
10 industry in the City of Philadelphia.
11 And over the summer, I had conversations
12 with various City departments and they've
13 already started the outreach to various
14 jurisdictions across the nation.

15 So based on that perspective, I
16 thought it was very important to start
17 this conversation. It will be an ongoing
18 conversation regarding medical marijuana.

19 And also from a personal
20 perspective, having a son who started
21 school the other day and he's a
22 15-year-old freshman at Hill-Freedman
23 High School now, and it's interesting
24 because my son is autistic and I've heard
25 of a lot of parents and caregivers in the

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2 autism community talk about some of the
3 benefits of medical marijuana in
4 reference to their children. And so from
5 that perspective, I've been hearing about
6 medical marijuana for some time, being a
7 parent and caregiver for a child on the
8 autism spectrum, and I thought coupled
9 with that background and some of the
10 parents I talked to over the years not
11 only in the City of Philadelphia but
12 across the country, it also made sense to
13 delve into this topic.

14 So based on all those reasons,
15 I thought it would be great to have this
16 first conversation as we're in our
17 back-to-school week here in City Council
18 and in the City of Philadelphia to start
19 this conversation and to move forward.

20 So thank you, Madam Chair.

21 COUNCILWOMAN BASS: Thank you,
22 Councilman. And I just want to, number
23 one, thank you for bringing this hearing
24 and putting this hearing together and for
25 all of the information that's going to

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2 come out of today. There's a lot of
3 questions, a lot of issues, a lot of
4 possibilities and opportunities that
5 exist.

6 And so I really am grateful
7 that Councilman Green has brought this
8 hearing forward on our behalf. It's
9 funny, as we were preparing for this
10 hearing, I can't tell you the number of
11 comments, jokes, questions, suggestive
12 questions I might add, around this
13 hearing in terms of marijuana use, but
14 when you think about it, this is really
15 no laughing matter. This is something
16 that's very, very serious, and there is
17 the potential here to really be impactful
18 on a lot, a lot, a lot of people's lives.

19 So that being said, Councilman
20 Taubenberger, I know you have comments.

21 COUNCILMAN TAUBENBERGER: Yes.
22 Just very, very briefly, and thank you
23 very much, Madam Chair. And I couldn't
24 agree more with Councilman Green, and I
25 really want to thank you, Councilman

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2 Green, for bringing this up. I think the
3 opportunity with cannabis and the
4 benefits of pain relief can be very, very
5 helpful to people that are going through
6 difficult times and also an opportunity
7 for economic growth in the City of
8 Philadelphia that always is looking for
9 jobs and economic development. I think
10 the opportunities are here and we should
11 know more about them and develop this
12 further.

13 So thank you very much, and I
14 do have a couple questions when the time
15 is proper. Thank you.

16 COUNCILWOMAN BASS: Okay.
17 Thank you very much, Councilman.

18 And can we now have the Clerk
19 call up the first name of the first
20 witness to testify.

21 THE CLERK: Senator Daylin
22 Leach.

23 (Witness approached witness
24 table.)

25 COUNCILWOMAN BASS: Good

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2 morning.

3 SENATOR LEACH: Good morning.
4 Am I okay microphone-wise? Can you hear
5 me okay?

6 COUNCILWOMAN BASS: We can hear
7 you.

8 SENATOR LEACH: Good morning
9 and thank you for inviting me to come and
10 testify today. I thought I would just
11 very briefly give you sort of a very
12 wide-eyed overview of sort of how we got
13 to this point, where we are, and what
14 things look like as of today.

15 COUNCILWOMAN BASS: Senator,
16 you need no introduction, but just for
17 the record, if you wouldn't mind just
18 saying your name just for the record.

19 SENATOR LEACH: Oh, I'm sorry.

20 COUNCILWOMAN BASS: That's
21 okay.

22 SENATOR LEACH: Daylin Leach,
23 Senator, 17th Senatorial District.

24 COUNCILWOMAN BASS: Thank you.

25 SENATOR LEACH: Born and raised

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2 in Philadelphia.

3 Anyway, this is an issue I
4 originally got involved in because I met
5 a family who had a child that was going
6 through a very difficult time with a
7 condition known as Dravet's syndrome,
8 which was a severe form of epilepsy. It
9 caused me to do some research. And I
10 probably would have always been for it,
11 but it caused me to become very
12 passionate about this issue.

13 I actually after doing that, I
14 spoke to the mother of the child and I
15 said, I promise you I will get this
16 passed. And then I left the meeting and
17 was wondering how I was going to keep
18 that promise exactly. I hadn't thought
19 that through.

20 But over time, we introduced --
21 I introduced the bill, and originally I
22 got one co-sponsor. The Pennsylvania
23 Legislature is not looking for reasons to
24 be controversial, but over time, through
25 hard work and through finding a great

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2 partner on the other side of the aisle,
3 Mike Folmer, which was key to getting
4 this passed, we managed to do something
5 that almost never happens in Harrisburg.
6 We managed to change people's minds.

7 We met with people, showed them
8 the evidence, showed them the studies,
9 answered their questions, sometimes for
10 hours, sometimes repeatedly, and at the
11 end of the day, this passed 43 to 7 in
12 the Senate and 149 to 46 in the House.
13 And, again, we don't really name post
14 offices by those margins in Pennsylvania.
15 So this was a real bipartisan victory,
16 which I hope can serve as a model for
17 dealing with other problems going
18 forward.

19 The bill is not perfect. The
20 bill is the subject of compromise and at
21 a certain point, you have to get 80
22 percent of a loaf or zero percent of a
23 loaf, and I'm always a big fan of going
24 for the 80 percent of a loaf. But I do
25 think that the bill is, frankly, one of

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2 the best bills in the country.

3 The number of conditions that
4 you can get recommended for medical
5 cannabis is significant. There's 17,
6 including pain, which is a very broad
7 condition, and there are many diseases
8 which manifest themselves through pain.
9 And we have a good regulatory
10 environment.

11 Where we are right now is, now
12 that the bill is drafted, as you know,
13 once legislation is done, that's only
14 half the battle. The other part is the
15 regulations, because that actually
16 fleshes out the day-to-day operations of
17 how this will go.

18 I wanted to have the best
19 regulations in the country and I wanted
20 people from all over the country who knew
21 what they were doing to advise us on
22 these regulations. So we convened the
23 conference in July at St. Joseph
24 University with 300 people from all over
25 the country who came and advised us on

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2 best practices. We are in the -- we meet
3 with the Department of Health, who is
4 promulgating the regulations, every
5 couple of weeks, and we are preparing a
6 comprehensive report to reflect what the
7 conference said or what information was
8 gleaned at the conference.

9 Within a few -- I would say
10 within a couple of months, I think the
11 applications will be promulgated. There
12 are a series of different kinds of
13 applications. Very briefly, there will
14 be 25 licenses for grow houses in
15 Pennsylvania. These are grow/processing
16 centers where you grow it and you process
17 it and turn it into a product that would
18 be useful to a consumer. And then there
19 will be 50 licenses for dispensaries.
20 Those are the stores where people would
21 go with their recommendations that they
22 get through their doctor and the
23 Department of Health and get whatever
24 product it is that their condition
25 demands.

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2 Each license allows the
3 licensee to hold up to -- to open up to
4 three stores. So there will be up to 150
5 stores or dispensaries in Pennsylvania.

6 The way you get the license is,
7 you apply for it, and we're coming up
8 with a point system where you have to
9 submit a financial plan, a business plan,
10 a security plan, a diversity plan with
11 your application, and you get points for
12 how good each plan is, and at the end of
13 the day, we award them to the people with
14 the highest number of points. We're
15 hoping for a transparent and as
16 subjective as possible process to do
17 that.

18 We will probably have zones
19 around the state. It's unclear whether
20 there will be three or six, but we'll
21 have zones around the state to ensure
22 that there is geographic diversity in
23 terms of the dispensaries. There doesn't
24 have to be in terms of the grow houses,
25 but in terms of the dispensaries, there

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2 does. So we're hoping that we come up
3 with a system where everyone has access
4 to it.

5 And the type of product
6 available we think will be very broad.
7 Either in the bill directly or in the
8 bill, there is a path to whole plant, to
9 edibles, to oils, tinctures, topicals,
10 virtually any type of product that would
11 be useful to someone who is in need.

12 And so that's sort of a broad
13 overview. I could talk for hours about
14 getting in the weeds of all of this. I
15 will spare you that, but I will be happy
16 to answer any questions you have. I
17 think this is -- to conclude my opening
18 remarks, I sincerely believe this is the
19 most important piece of social
20 legislation that we passed in Harrisburg
21 in decades. This will have a huge impact
22 in people's life.

23 One quick example, states that
24 have a medical marijuana protocol have a
25 25 percent lower rate of opioid addiction

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2 and opioid overdose. In Pennsylvania
3 2,000 people a year are losing their life
4 to that. So that would save, if the
5 statistics are consistent, that would
6 save -- just that would save 500 lives a
7 year, without talking about any of the
8 diseases that this would treat. So we
9 don't do very much in Harrisburg that
10 actually impacts people that directly.
11 So we're very proud of having done this.
12 We know it's still a work in progress.
13 We look forward to working with you to
14 make sure that it best serves the needs
15 of your constituents, and I'm grateful
16 for the opportunity to testify.

17 COUNCILWOMAN BASS: Well, thank
18 you, Senator. Thank you so much for
19 being here and for all of your hard work
20 on this very important issue, and I agree
21 with you that is one of the most
22 impactful pieces of legislation to come
23 out of Harrisburg ever, because I know
24 that it's going to make a huge impact on
25 the lives of folks particularly who

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2 suffer from chronic pain. And when you
3 talk about opioid addiction and you talk
4 about heroin addiction, there is a
5 relationship between pain and these
6 addictions, and if we can alleviate that
7 pain and provide relief so that people
8 aren't finding themselves going to these
9 other forms of relief, if they are forms
10 of relief, then we've done a huge service
11 to our communities. And I just, again, I
12 really wanted to thank you.

13 Councilman Green.

14 I'm sorry; Councilman
15 Taubenberger.

16 COUNCILMAN TAUBENBERGER: Yeah.
17 Thank you very much.

18 And thank you, Councilman
19 Green, for allowing me.

20 I have a couple questions, and
21 hopefully they're brief as well.

22 And, Senator, thank you very
23 much for your passion and your push for
24 this, because I get it very clearly on
25 the need for this.

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2 The way the law is written or
3 the Act has been written, requiring ten
4 years of growing experience, seems to be
5 out of favor with some of the state
6 growers, because no local grower has been
7 growing legally for ten years or more.
8 I'm not sure that any even out-of-state
9 growers have been growing legally that
10 long.

11 In order to protect the million
12 dollars of economic development that
13 could be taxed here in the state and to
14 protect that locally, do you think some
15 protection could be given for local
16 growers, local production in the State of
17 Pennsylvania?

18 SENATOR LEACH: Yes. First of
19 all, I would say that you make an
20 excellent point. I got into this because
21 I wanted to help people who were sick,
22 but as an ancillary benefit, not for
23 nothing, this is going to be a huge
24 economic benefit for the State of
25 Pennsylvania and for many municipalities

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2 around the state.

3 We are in the regulatory
4 process working on protecting
5 Pennsylvania, because you're right,
6 theoretically people in Pennsylvania have
7 no experience in this because it's not
8 been legal. It's been legal in
9 California for 20 years. That's the
10 longest time. And then there's been a
11 number of states, they're staggered.
12 There's now 25 states, so they've all
13 done it at different points.

14 I think what this will finally
15 work out to be is that there will be a
16 requirement of a percentage of ownership
17 from Pennsylvania interest, people who
18 reside and domiciled in Pennsylvania.
19 The number is not entirely clear. One
20 number that's being talked about a lot is
21 51 percent. And so a minimum of 51
22 percent of Pennsylvania ownership of the
23 thing.

24 Now, you can hire people from
25 all over the country. But even in terms

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2 of partnering, in terms of investing,
3 there are a lot of players who have been
4 doing this a long time around the
5 country. A lot of them have an awful lot
6 of experience and they can offer value.

7 There is no minimum requirement
8 for out-of-state people. It could be
9 zero if we get people from Pennsylvania
10 who can put together the entirety. But
11 I've spoken to a lot of people who are
12 interested in doing this, and a lot of
13 them are seeking out-of-state people to
14 at least partner with to some extent to
15 make sure they do it right, because it is
16 a tremendous investment, particularly the
17 grow houses. All said and done, to
18 successfully open a grow house in
19 Pennsylvania, you're probably going to
20 need somewhere -- your consortium or
21 whatever group you're with is going to
22 need somewhere in the neighborhood of \$10
23 million, I would think. So given that,
24 we want to make sure that the expertise
25 is available to make sure that people can

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2 make a go of it.

3 COUNCILMAN TAUBENBERGER: My
4 second and last question is as follows:

5 In reading the Act, there seems to be a
6 lot of security requirements regarding
7 the processing centers and even the
8 offices. My question is, how is this to
9 be enforced? I mean, would this be done
10 by the State Police, by the Pennsylvania
11 Liquor Control Board? Because I know
12 there might be concerns from a community
13 that possibly could have maybe -- might
14 lead, or at least there will be
15 discussion of that, it might lead to
16 higher crime in the community. How is
17 that to be enforced?

18 SENATOR LEACH: You know, it
19 will be enforced through the licensing by
20 the Department of Health. It will be the
21 State Police, complaints from the
22 community if there's an issue, and the
23 security. It's one of those things that
24 there's an awful lot of discussion on.
25 You know, I mean, on one hand, you can

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2 make the case that we have CVS's and
3 Rite Aids all over the place. There's
4 not a ton of security there. There's all
5 kinds of narcotics there. There's all
6 kinds of opioids in those buildings.

7 There seems to be an increased
8 level of concern because there is still,
9 in the minds of some people, a stigma
10 attached to cannabis, and the reality is
11 in other states, there have not been
12 security problems that are
13 disproportionate to what we see at
14 regular pharmacies.

15 That said, there was an
16 insistence by some people that we have
17 higher levels of security. And I think
18 the biggest incentive to follow the law
19 obviously is the cost of putting this
20 together, getting a license and putting
21 this together. I don't think many people
22 are going to want to risk that by not
23 complying with appropriate security
24 regulations.

25 COUNCILMAN TAUBENBERGER:

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2 Senator, thank you very much.

3 And, Councilman Green, thank
4 you for your time.

5 COUNCILWOMAN BASS: Thank you,
6 Councilman.

7 I do want to acknowledge the
8 presence of Councilman Mark Squilla and
9 also Councilman Bobby Henon.

10 And Councilman Green.

11 COUNCILMAN GREEN: Thank you,
12 Madam Chair.

13 Senator Leach, I want to
14 commend you for your leadership in
15 getting this legislation passed. As we
16 all know, getting things done in
17 Harrisburg is very challenging,
18 especially in the bipartisan nature, but
19 you've been very dogged on this issue.

20 Earlier in your remarks, you
21 talked about changing the perception, and
22 I think that perception issue is a
23 challenge here in the City of
24 Philadelphia from neighbors, residents.
25 I think there's going to be a certain

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2 aspect of nimbyism, or not in my
3 backyard, perspective regarding this
4 issue. So I'm curious as you were
5 initially starting the legislation and
6 building support, what were the initial
7 thoughts that various members of the
8 House and Senate may have had regarding
9 medical marijuana and how were you able
10 to make those changes in perception?

11 SENATOR LEACH: Well,
12 initially -- and I've often racked my
13 brain about this, because I've often
14 thought some of our policies are
15 irrational from my point of view. But I
16 think when I really contemplate this
17 deeply, my theory is that -- keep in
18 mind, marijuana was the second most --
19 cannabis, whatever you want to call it --
20 was the second most prescribed drug in
21 America in the '30s. When we made it
22 illegal and they passed the Marijuana Tax
23 Act in 1937, the leading group opposing
24 that was the American Medical
25 Association, who said, We need this, this

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2 is a big part of the pharmacopeia. And
3 so, you know, at the time, millions of
4 dollars were spent to demonize it, for
5 economic reasons, which are probably too
6 complex to get into here, but there was a
7 lot of money spent to demonize it. And
8 then in the '60s it sort of got caught up
9 in the culture wars. It got tied
10 together in people's minds with draft
11 dodging and burning your bra and being a
12 hippy or whatever, and there are still
13 some people who sort of have a lingering
14 connection in their mind between that.
15 And we can have that discussion if
16 recreational marijuana ever becomes an
17 issue in Pennsylvania, but in terms of
18 medicine, this has nothing to do with
19 hippies and it has nothing to do with the
20 Grateful Dead. This is about getting
21 people with cancer and chronic pain and
22 post traumatic stress disorder and
23 chronic epilepsy and Crohn's disease and
24 other conditions relief. And we had to
25 go through all the sort of cultural

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2 shibboleths, if you will, that people
3 have. So we had to sit down with
4 Senators and we had to say, Well -- we
5 had to answer questions and say, Well,
6 no, people aren't going to use this and
7 then go up to the highest window and jump
8 out of it. People aren't going to use
9 this as an excuse to get high. People
10 aren't -- here's the studies that show
11 what it does. Here's the testimony.

12 I mean, the testimony of
13 patients was unbelievable. We had
14 people -- we had a series of hearings,
15 which we had to have, because people are
16 sceptical. A lot of people are
17 skeptical. But we had a guy who had what
18 they call the suicide disease. It's a
19 nickname for -- I forget the name of the
20 disease. Horrible pain in his face.
21 They call it the suicide disease because
22 many people with this kill themselves,
23 because the opioids don't help because of
24 where the pain is and all. So he said he
25 smoked cannabis. Fifteen minutes later,

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2 he's pain free for the first time in
3 years.

4 Because of my involvement in
5 the issue and because of our hearings, we
6 had so many soldiers come and say, I had
7 post traumatic stress disorder. I was on
8 Ativan and Klonopin and all these drugs.
9 I was a zombie. I was self-medicating.
10 I was suicidal. And I was a Jarhead. I
11 never smoked pot. That was, you know,
12 something hippies did. But I finally
13 tried it, and I feel like I have my life
14 back. I feel like a human being again.
15 I can function.

16 And we had the women who --
17 Charlotte Figi from Colorado and her
18 family came, and they said that this was
19 a girl who was seizing over 100 times a
20 day and could barely function and was
21 developmentally -- because all she was
22 doing was seizing. And they gave her
23 Charlotte's Web, which was an extract of
24 cannabis, and she's over 97 percent
25 seizure free.

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2 So when people start seeing
3 that, a lot of the sort of things that
4 get people's backs up reflexively started
5 melting away, and that's how we were
6 actually able to get very, very liberal
7 democrats, very, very conservative
8 republicans to join forces to pass this.
9 And, you know, to the extent that people
10 are listening to this and are concerned
11 or have questions or have not heard the
12 testimony and so forth, I would say if
13 you do a little research, I think you'll
14 find that in other states this is not
15 causing any kind of societal problem.
16 All this is doing is helping sick people
17 feel better and really -- and this is why
18 we're able to pass this, because this
19 issue transcends liberal democrat,
20 republican, whatever, because anyone can
21 get sick and anyone could have a relative
22 who gets sick or someone they care about,
23 and when that happens, all you want --
24 you'll do anything. And so that's how we
25 were able to break the sort of cultural

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2 resistance that we initially encountered.

3 I hope that was a longwinded
4 enough answer for you.

5 COUNCILMAN GREEN: This is also
6 a follow-up. You said the legislation
7 you felt is probably the best in the
8 country in this regard, but there have
9 been compromises, like any piece of
10 legislation, and you also said some
11 challenges. What would you say or what
12 are some of the things that going forward
13 you'd like to see possibly added or
14 amended to the legislation to make it
15 better?

16 SENATOR LEACH: Yeah. Well, in
17 terms of compromises we had to make,
18 compromise number one, the conditions. I
19 originally didn't want a list of
20 conditions. I wanted it just to be, you
21 know, your doctor can prescribe it. If
22 your doctor -- technically it's not
23 called prescribing. It's called
24 recommending, because of federal law.
25 But I wanted it so doctors can recommend

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2 it for whatever condition they think is
3 appropriate. Keep in mind, doctors are
4 on the hook for malpractice. They're on
5 the hook for licensing. They're on the
6 hook for criminal law if they do
7 something. So I wanted to just trust the
8 doctors. So they insisted on a list of
9 conditions. And then we had a big fight
10 about which conditions and, frankly, some
11 of it was silly. We had a couple of
12 boutique, extremely rare conditions, but
13 we didn't have originally like glaucoma,
14 which was the very first thing they found
15 that cannabis helps with. Some
16 conditions we had because a Senator had a
17 nephew who had the condition, even though
18 there was better evidence for other
19 conditions, but through a painstaking
20 process. And I felt better about it,
21 because the conditions got ebbed and
22 flowed, but I felt better about it as it
23 got a little longer and as we added pain,
24 because, again, I think pain is such an
25 overarching condition that will help us

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2 get to a lot of people.

3 We had to compromise about the
4 method of delivery. For some people --
5 for kids with epilepsy, a tincture under
6 the tongue, which is not intoxicating, is
7 what's most effective, but if you are,
8 for example, a cancer patient, smoking
9 whole plant is most effective, because
10 you can't keep down pills. You can't --
11 so you're nauseous all the time. What
12 helps is smoking it.

13 So they created a couple steps.
14 We have to get before whole plants are
15 allowed, they have to get a
16 recommendation from a panel, which we
17 will, and so forth. So there are a few
18 things that were sort of frustrating.
19 There was attempts to put a THC cap on
20 it, which would have been devastating.
21 We managed to beat that back, but only by
22 six votes, 97 to 91 in the House. So
23 there was a lot of -- there was this
24 thing that you have to have a doctor at
25 the facility, which is I think not

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2 necessary. So when the regulations were
3 trying to change that, you have to have a
4 doctor affiliated with the facility who
5 is on call, but doesn't physically have
6 to be there.

7 So we're trying to deal with
8 some of these issues in the regulations,
9 and some of the things that made it an
10 imperfect bill were necessary to get the
11 bill passed. But I do think that the
12 bill will, like most bills -- Social
13 Security looks very different now than it
14 did when it was first passed. I think
15 over time this will get better and
16 better, but I think it's going to be a
17 great bill.

18 I mean, we're going to have 150
19 dispensaries, and we're the first state
20 in the country to have a specific part of
21 the bill dealing with clinical research,
22 Chapters 19 and 20. We're going to be
23 the leader in research in the nation
24 because of these provisions, and that's
25 another potentially 48 dispensaries if

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2 it's for clinical trials. So we could
3 potentially have 198 dispensaries in
4 Pennsylvania. To give you an idea, I
5 think New Jersey has three. All right?
6 So, you know, I think we've made great
7 progress. It's not perfect, but I think
8 it's really a bill that we can be proud
9 of and is going to make a big difference.

10 COUNCILMAN GREEN: Thank you.
11 I have some additional questions, but I
12 think the panel also has questions.

13 COUNCILWOMAN SANCHEZ: The
14 Chair recognizes Councilman Squilla.

15 COUNCILMAN SQUILLA: Thank you,
16 Madam Chair.

17 Senator, thank you so much for
18 being here, and we really do believe this
19 is an important piece of legislation that
20 will benefit the City of Philadelphia and
21 the Commonwealth.

22 During the policy and
23 regulation phase, which I guess is going
24 on now, and I'm sure there's give and
25 take during this process, because we've

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 met with people who are interested in
3 looking at locations in the City to see
4 what is the best place and location to do
5 this. Is there a timeline when these
6 regulations and policies will be set
7 forth?

8 SENATOR LEACH: Yeah. They
9 estimate they'll be fully complete by 18
10 months after the bill was signed. The
11 bill was signed in April. However, prior
12 to that, a lot of things are happening.
13 Almost immediately, 30 days after the
14 bill was signed, a safe harbor provision
15 kicked in for children who have
16 conditions that are diagnosed and get it
17 legally in other states. They can use it
18 here. A safe harbor provision for adults
19 kicks in after six months, which is we're
20 almost there for that. And the
21 application process will be much sooner
22 than that.

23 So there will be -- and the
24 regulations will be rolled out in stages.
25 So at the end of 18 months, we should

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 have all of them out, but I think that
3 we'll be well down the road to having
4 functioning grow houses and dispensaries
5 by then, because there's a ramp-up period
6 for all of this. You have to go through
7 the whole licensing process and you have
8 to build a facility and you have to --
9 well, you have to sort of stare at soil
10 waiting for cannabis to spontaneously --
11 because you're not allowed to transport
12 it across state lines, so we can't get it
13 from anywhere, and that could be a while
14 doing this. So, you know, it is a
15 ramp-up period, but we're trying to do it
16 as quickly as we can.

17 I would just say one thing
18 about that, which is that it's really
19 important in terms of how friendly the
20 regulatory environment is and how
21 friendly the Administration is. In New
22 Jersey, the Administration was fairly
23 hostile and it was a nightmare. Whereas
24 in Pennsylvania we have a Governor who is
25 very enthusiastically supportive and a

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 regulatory environment that we think is
3 very friendly and interested in getting
4 patients the medicine they need. So we
5 think that will help make the bill even
6 better than it was when it passed.

7 COUNCILMAN SQUILLA: Because
8 there are questions as you read through
9 the bill and as people are looking at it
10 as a business opportunity. And so I
11 think the regulations and policies are
12 something that hopefully will direct them
13 in the right direction and know whether
14 to move forward or not.

15 The other thing becomes supply
16 and demand. So if we have these growing
17 facilities and we have these dispensaries
18 but yet we don't have a number of doctors
19 writing prescriptions for it, what do we
20 see as a possibility in growth? Is it
21 something that we want to ramp out in
22 phases or is it first come, first served?
23 How is that going to work?

24 SENATOR LEACH: Well, let me
25 just on the doctor issue, in order to

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 recommend it, you would have to be a
3 certified doctor. You have to take a
4 course. It's about a four-hour course as
5 a doctor to just learn a few specific
6 things about cannabis, and then you could
7 do it.

8 Now, I don't know how many
9 doctors are going to do it. I do know
10 that many of them have contacted us and
11 are interested in doing that. It's a
12 business opportunity for them too.
13 Because there will be -- I think if other
14 states are a harbinger of things to come,
15 there will be a very large demand. And
16 so there will be, you know, people
17 looking for doctors to see them who are
18 willing to do this.

19 And a lot of the regulations
20 we're doing -- and people know me as sort
21 of a lefty in the Legislature, but,
22 frankly, on this issue, we are largely --
23 our lodestar is letting the free market
24 decide a lot of issues. We're trying not
25 to be heavy handed and so forth. But we

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 think the free market will take care of
3 the supply of physicians who are
4 available. But, you know, my guess is
5 that this will not be -- my guess is when
6 the applications are available, there
7 will be a much greater number of
8 applicants than there are licenses from
9 the beginning. And so I think it won't
10 be the sort of thing that trickles out.
11 I think it's going to be the sort of
12 thing that once it's there, it's going to
13 hit pretty consistently across the state.

14 COUNCILMAN SQUILLA: And my
15 last question, I know, because we have to
16 move on, but is there an opportunity for
17 the state to look at some type of excise
18 fee on this and is that something --

19 SENATOR LEACH: No. There is
20 an excise tax in the bill. It's 5
21 percent.

22 COUNCILMAN SQUILLA: Five
23 percent. And is that something that the
24 state sees as a possibility to grow in
25 the future?

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2 SENATOR LEACH: Yes. It's

3 unclear exactly how much money that will

4 bring in, because it's unclear what the

5 demand will be exactly, but we do know --

6 we think it will be substantial based on

7 what other states have done. Also, there

8 are the licensing fees, the renewal fees.

9 And so there will be a stream of revenue

10 separate from the businesses and

11 ancillary businesses that pay taxes and

12 the employees paying income tax and all

13 of that that occur as a result of this.

14 I mean, some of -- I've toured

15 grow houses and I've toured dispensaries

16 in California and Colorado, and they

17 employ a lot of people, and all kinds of

18 people. It's interesting, we went to a

19 grow house/processing place like they'll

20 have in Pennsylvania and, you know, they

21 not only have botanists, but they have

22 engineers, they have chemists. They have

23 all kinds of -- just like any sort of

24 profession you can imagine, accountants

25 that they employ, all of those people.

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2 So that will be, I think, economically
3 helpful to the communities as well.

4 COUNCILMAN SQUILLA: Thank you
5 so much and thanks again for your time.

6 SENATOR LEACH: Thank you.

7 COUNCILWOMAN SANCHEZ: Thank
8 you again, Senator, for your leadership
9 in this. We're going to ask you to stay
10 on that panel. We're going to ask our
11 Health Commissioner to come forward,
12 because he's on a time schedule, and
13 testify, because we want you to be --

14 SENATOR LEACH: I do apologize.
15 I have a 12 o'clock appointment somewhere
16 else. So if I leave, it's not because
17 I'm in a huff or angry.

18 COUNCILWOMAN SANCHEZ: We'll
19 let the Commissioner come forward --

20 SENATOR LEACH: Unless I slam
21 my fist down.

22 COUNCILWOMAN SANCHEZ: We'll
23 let the Commissioner come forward and
24 then we'll try to get you out of here by
25 12:00 by any additional questions that

1 9/9/16 - PUBLIC HEALTH - RES. 160424

2 his testimony may raise.

3 (Witness approached witness
4 table.)

5 COUNCILWOMAN SANCHEZ: Thank
6 you. Thank you, Commissioner.

7 COMMISSIONER FARLEY: Thank you
8 very much. Should I start?

9 COUNCILWOMAN SANCHEZ: Yes,
10 please.

11 COMMISSIONER FARLEY: I want to
12 thank you very much for accommodating my
13 schedule.

14 Good morning, Chairwoman Bass,
15 Councilman Green, members of the Public
16 Health and Human Services Committee. My
17 name is Thomas Farley and I'm the
18 Commissioner of the Philadelphia
19 Department of Public Health. Thank you
20 for the opportunity to provide testimony
21 on Pennsylvania's forthcoming medical
22 marijuana regulations.

23 As you know, Governor Wolf
24 recently signed into law the Medical
25 Marijuana Act, which establishes the

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 state's medical marijuana program. The
3 state expects full implementation to take
4 18 to 24 months. Given the complexity of
5 the issues involved, it's important that
6 Philadelphia have an opportunity to shape
7 the program as it's implemented in the
8 City.

9 As we consider the regulatory
10 scheme for medical marijuana, we must
11 keep in mind that there are considerable
12 risks to using this substance. The most
13 important active ingredients in
14 marijuana, which are abbreviated THC and
15 CBD, have risks to the brain, including
16 addiction and increased risk of
17 schizophrenia. These risks are real, but
18 they're also not well understood, as
19 there's been little research on marijuana
20 use.

21 Medical marijuana regulations
22 should minimize the known risks of use
23 and give policymakers the flexibility to
24 adapt those regulations as new risks are
25 identified. Government's experience with

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 regulating tobacco, alcohol, and
3 prescription drugs indicates that we need
4 a thorough regulatory system to prevent
5 irresponsible marketing and minimizing
6 the risk of use. Regulations need to
7 cover areas including product testing to
8 ensure that we understand how much active
9 ingredient is present; forms available
10 for purchase, such as oils, pills, and
11 liquids that can be vaporized. For
12 example, we'll need to consider whether
13 medical marijuana can be used in
14 electronic cigarettes and the safety
15 implications of doing that. Packaging
16 and labeling of products; promotion and
17 advertising of medical marijuana;
18 reporting on product distribution and
19 sales, including reporting to local
20 authorities; and measures taken to
21 prevent diversion and identify when it
22 has happened.

23 We'll also need to be conscious
24 of state preemption of local authority to
25 regulate local issues with medical

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 marijuana.

3 I should be clear that we have
4 not yet had extensive discussions with
5 state health officials on the law or
6 their approach to state regulations. We
7 will be having discussions soon, and we
8 will update the Council as requested on
9 those discussions.

10 Medical marijuana is new in
11 Pennsylvania. The Department of Public
12 Health does not have specific
13 recommendations at this time on how to
14 regulate the health-related areas I
15 described or other topics that are sure
16 to arise. However, the issues involved
17 in implementing the new medical marijuana
18 program are important, and we feel
19 strongly that the City of Philadelphia
20 should have a strong voice in how the
21 industry is regulated that goes beyond
22 just developing zoning rules about the
23 siting of growers/processors and
24 dispensaries.

25 I appreciate the opportunity to

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 discuss the program and look forward to
3 continuing to engaging with you on this
4 important topic.

5 COUNCILWOMAN SANCHEZ: Thank
6 you.

7 I want to ask both of you,
8 because the Senator brought up the issue
9 of ensuring that pain and pain
10 maintenance was an important part of it.
11 In light of the opium addiction that
12 leads to heroin -- and I represent
13 Kensington -- I was very pleased to hear
14 the research component to this. Is there
15 anything that we know from other places
16 where this has helped deter what's on the
17 ground?

18 And, Dr. Farley, if you could
19 give me kind of maybe from your medical
20 perspective and then the Senator can
21 start off with what you've seen in other
22 places. Because for me, I look at this
23 as an opportunity to help people do pain
24 maintenance in a way that doesn't lead to
25 kind of --

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2 SENATOR LEACH: Thank you. And
3 if I could just say very quickly in
4 response to the testimony -- I'm sorry;
5 Mr.?

6 COMMISSIONER FARLEY: Farley.

7 SENATOR LEACH: Mr. Farley's
8 testimony. I would agree with much of
9 what he said in terms of labeling and in
10 terms of safety and so forth. I just
11 want to say for the record that we
12 disagree on a couple of things. First of
13 all, we do not believe marijuana is
14 addictive. We find that the term
15 "addiction" has been sort of over-broadly
16 used. It means different things, and
17 there's words like "dependence." But let
18 me give you an example.

19 Alcohol is addictive in the
20 sense that if you're an alcoholic and you
21 stop suddenly, you will face delirium
22 tremors and possibly even death. Heroin,
23 we all know what happens when you go off
24 of heroin. Or even the opioids,
25 OxyContin, so forth, you have dramatic

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2 physical effects. None of those are
3 present for people who stop using
4 marijuana, even people who use marijuana
5 constantly and stop abruptly.

6 Now, it is possible for people
7 to be dependent on marijuana in the sense
8 that if they don't get it, they get
9 anxious and they're like, I really miss
10 my pot, but that's not the same as
11 physical addiction. And I liken
12 marijuana to sex addiction, which is in
13 the news somewhat these days, Tiger Woods
14 and other people, where you could be
15 like, Oh, my God, I really wish I could
16 have sex, but you're not going to have
17 delirium tremors if you don't. You're
18 not going to die if you don't. You're
19 not going to go through cold turkey night
20 sweats if you don't. You're just going
21 to be anxious and unhappy. I've been
22 there. So there is that.

23 I would also note --
24 COUNCILWOMAN SANCHEZ: I was
25 going to ask you for which one, but I'll

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2 leave it there.

3 (Laughter.)

4 SENATOR LEACH: I would also

5 say there is no lethal dose of marijuana.

6 The way drugs where you have a lethal

7 dose like opioids kill people is they

8 suppress their breathing. In the

9 endocannabinoid system, there are no

10 cannabis receptors in the medulla

11 oblongata, not to be overly technical,

12 but it does not affect your breathing.

13 You can smoke all day. You'll get a

14 really sore throat, but you're not going

15 to die. Okay?

16 And so a couple things to throw

17 up there in terms of the public safety

18 issue. In terms of what's happening in

19 other states --

20 COUNCILWOMAN SANCHEZ:

21 Particularly on the research component.

22 What is it that we're going to do on our

23 research component of the legislation to

24 ensure that we're meeting and we're

25 monitoring some of the areas of concern

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 but also some of the opportunities that
3 this may present on, particularly for me,
4 pain maintenance because of the opiate
5 addiction piece is hugely interesting to
6 me.

7 SENATOR LEACH: Chapters 19 and
8 20 provide specifically for state funds
9 to fund research programs, processes for
10 approving these research grants and
11 research programs and very strict
12 guidelines on how the research is done,
13 what the reporting is that has to happen,
14 and what areas are researched. There's a
15 minimum number of people who have to be
16 signed up for this research so we get
17 reasonable-sized samples.

18 And I would also say one other
19 area of disagreement. It's not true that
20 there haven't been research on this. Not
21 every country in the world has crazy laws
22 like we do. Israel, Canada, China,
23 Europe, there have been hundreds of
24 peer-reviewed, double-blind studies.
25 There's even been some here. They're

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2 harder to get approved and often they
3 have to be privately funded, but we've
4 had a good number of them here as well
5 which show remarkable results in a whole
6 variety of areas, whether it's pain,
7 whether it's spacticity for things like
8 multiple sclerosis, whether it's -- there
9 is a great -- I just saw an article.
10 Google Time Magazine, diabetes,
11 marijuana. Great article, 3,000 people,
12 Harvard University study show that people
13 who smoke marijuana metabolize sugar 17
14 percent more efficiently than people who
15 do not, which suggests that it could be
16 helpful in diabetes.

17 So there is a lot of research
18 out there if people want to find it.

19 COUNCILWOMAN SANCHEZ: Thank
20 you.

21 Dr. Farley.

22 COMMISSIONER FARLEY: Just
23 addressing specifically the issue of
24 chronic pain, I agree with you that the
25 opioid problem is a crisis, that a huge

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2 number of people who start out using
3 these drugs often for pain become
4 addicted to it and then often switch to
5 heroin and they die of overdose.

6 I have not seen research on
7 comparing marijuana to opioid for chronic
8 pain. I can say if marijuana reduces the
9 number of people who are addicted to
10 opioids, that is a very positive thing.
11 I do think we need additional research on
12 this, and I would applaud the state for
13 having funded research as part of this.

14 COUNCILWOMAN SANCHEZ: Thank
15 you.

16 Councilman Green.

17 COUNCILMAN GREEN: I'd just
18 like to follow up on Councilwoman Sanchez
19 and the Health Commissioner and Senator
20 Leach. I think one of the unique
21 opportunities in this legislation is that
22 there's not a lot of local research -- I
23 mean, excuse me, not a lot of research in
24 the United States regarding medical
25 marijuana. As Senator Leach stated,

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 there's a lot of research outside of this
3 country, but not enough research that's
4 been done, and I think having
5 Pennsylvania on the forefront of helping
6 to fund that is very important.

7 Looking at your testimony, I
8 know I see a concern in reference to
9 packaging and marketing medical
10 marijuana, and I guess I'm thinking about
11 recently through regulation initially put
12 forth by the Health Department in
13 reference to tobacco. And we have a
14 significant challenge in the City where
15 we have too many retailers who are
16 selling tobacco and we have a much higher
17 incidence of people using tobacco,
18 especially children. And so I gleaned
19 from some of the aspects of your
20 testimony in the context of some tobacco
21 concerns. Am I accurate in my statements
22 in reference to my analysis of your
23 testimony, that if some of the concerns
24 you raise, could that same perspective
25 that we have in tobacco have medical

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2 marijuana in reference to packaging and
3 marketing and some of those things?

4 COMMISSIONER FARLEY: I would
5 view them mostly separately, but except
6 for the point that as we've heard, it's a
7 business. Marijuana is a business, and
8 so people will sell whatever they're
9 allowed to sell legally. And so we need
10 to think about the forms and ways in
11 which they might sell this product that
12 we think are dangerous, that increase the
13 risk without any additional benefits to
14 the patients who might benefit from the
15 products.

16 For example, we don't want
17 marijuana that looks like candy that's
18 put in -- that it's not in child-proof
19 containers that children might get.

20 COUNCILWOMAN SANCHEZ: Brownies
21 beat you to it.

22 COMMISSIONER FARLEY: Excuse
23 me?

24 COUNCILWOMAN SANCHEZ: Brownies
25 beat you to it. That's already there.

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2 COMMISSIONER FARLEY: Well,
3 there are THC-impregnated gummy bears
4 that are for sale.

5 COUNCILWOMAN SANCHEZ: Really?

6 COUNCILMAN GREEN: Oh, yes.

7 COMMISSIONER FARLEY: Yes.

8 Now, again, I want to be real
9 clear. I have not had extensive
10 discussions with the state regulatory
11 authorities, and so there's a lot about
12 this that I don't know, and so we'll
13 defer to the Senator who knows more about
14 this issue. But these are issues which
15 we need to think through carefully.
16 Whatever isn't prohibited will probably
17 be done, because this is a business.

18 SENATOR LEACH: If I may, I
19 did -- while Mr. Farley was speaking, I
20 did bring up the article about opioid
21 addiction from CNN, and if you want to
22 e-mail it to yourself, you're welcome to
23 do that. And that provides a lot of the
24 good citations about how marijuana
25 reduces opioid addiction.

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2 If I can say something about
3 the edibles. One of the things we're
4 trying to deal with, originally the --
5 one of the things in the bill which I
6 originally did not like was that the
7 dispensers cannot sell fully completed
8 edibles. People can make them, but the
9 dispensaries can't sell them. But
10 actually I think it turns out to be a
11 blessing in disguise in this sense,
12 because we're trying to put in the
13 regulations that the dispensaries can
14 sell edible kits. Now, an edible kit is
15 something with at least two ingredients.
16 Okay? And the point of that is that
17 people then can go home and mix it, but
18 you won't have -- that will cut down the
19 risk of -- I'm not sure if I would use
20 the term "impregnated." I may have used
21 infused, but a gummy bear with cannabis
22 on it, which we don't want. That was a
23 real problem in Colorado originally.
24 They made it look like candy and kids
25 were taking it and eating it and having a

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2 bad day.

3 So if there's a kit, there
4 won't be that situation. Someone has to
5 mix things together and process it, which
6 will cut down on kids accidentally doing
7 this, but still give people the
8 opportunity to use edibles if that's the
9 most important delivery system for that.
10 So we're hopeful that will work out.

11 COUNCILMAN GREEN: I just
12 wanted to follow up, and I've had a
13 chance to go through the grower/processor
14 regs as well as the medical marijuana
15 program regulations, and I'm curious if
16 whether the Health Department, along with
17 other City agencies, are going to be
18 compiling any type of information to send
19 information to the state, to the
20 Department of Health regarding their
21 concerns in reference to the regs and
22 suggestions or possibly changes that they
23 see may need to be done for a city of the
24 first class like Philadelphia?

25 COMMISSIONER FARLEY: Yeah.

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2 We're going to start with a more thorough
3 understanding of where they're currently
4 headed with the regulations, and then
5 based upon that, we may very well
6 communicate to them what our concerns are
7 and specific recommendations.

8 The bill is more than 20
9 chapters. It's a complicated bill, and
10 we have read it, but still it's a very
11 complicated area. And so I want to be,
12 again, honest that I don't thoroughly
13 understand it at this point, but I just
14 want to raise some cautions as we step
15 through the process.

16 COUNCILMAN GREEN: The only
17 reason I say that, because I know the
18 comment period for the grower/processor
19 regs in the medical marijuana program, I
20 think they closed August 28th, and
21 sometime I guess in the coming weeks
22 we'll see the dispensary regulations in
23 the draft form as well. I guess my
24 concern, if there are issues and concerns
25 on implementation, it probably makes

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2 sense now to even pull together maybe
3 representatives from the Health
4 Department, Planning, L&I to kind of come
5 together to say, Listen, we need to send
6 some type of formal response to the
7 Department of Public Health regarding
8 some concerns as the drafting process is
9 going on.

10 COMMISSIONER FARLEY: We
11 certainly will be communicating before
12 that day closes out and we'll engage with
13 the others as we do that.

14 COUNCILWOMAN SANCHEZ: Thank
15 you.

16 We'll recognize Councilman
17 Squilla.

18 COUNCILMAN SQUILLA: I know you
19 have to run. Both of you have to run.
20 But you know some of the issues we had, I
21 guess, with Suboxone that was the great
22 idea and I think something that was
23 anticipated to where you know you have
24 the less intrusive clinic type style. We
25 have doctors be able to supply this. And

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2 then we saw what happened with some
3 doctors that took it to another level and
4 became sort of their own little pill
5 mills.

6 Are there any guidelines in
7 this legislation that would prevent what
8 we're seeing with some of our Suboxone
9 doctors that, thank God, two of them have
10 been arrested, one recently in
11 Councilwoman Sanchez's district? But is
12 there something in the guidelines that
13 could prevent this from happening? Like
14 with the Suboxone bill, there was
15 supposed to be only, I think, a maximum
16 of 100 patients that would be able to be
17 subscribed Suboxone. Is that something
18 that is looked at here or is there any
19 way to then go over to regulate doctors
20 that are doing this in an illegal fashion
21 where it doesn't take years before you
22 could catch up and stop them?

23 COMMISSIONER FARLEY: I have
24 not seen any quantitative limits on the
25 number of patients that a doctor can

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2 recommend or prescribe medical marijuana
3 to or the number the dispensary can
4 handle. And so I don't know whether
5 that's a problem as well. Again, those
6 are things we need to think through.

7 SENATOR LEACH: We think it's
8 less of an issue than it is with some of
9 the opioids for a variety of reasons, but
10 the -- and it's also a slightly different
11 system, in that you don't write
12 prescriptions for specific amounts. You
13 write recommendations, which are then
14 processed through the Department of
15 Health and you get a card which you can
16 take to a dispensary. So it's a little
17 more challenging to sort of form shop,
18 because your card -- everyone's card --
19 it's not like a doctor writes a
20 prescription to you and then you go to
21 him and he writes another prescription
22 for you and you go to a third doctor.
23 That can't happen, because they're not
24 writing prescriptions. They're writing
25 recommendations, all of which go to the

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Department of Health, which is only going
3 to give you one card.

4 So we think that sort of
5 thing -- and then there's also the new
6 statute which is a different statute
7 relating to how we monitor medical
8 prescriptions and so forth, which is
9 coming online now, that we think will
10 also help.

11 We think diversion is very
12 unlikely to be a big problem. It hasn't
13 been in other states. One of the things
14 is it's still -- if you want to get high,
15 if that's what you want, you're not
16 really sick, you're a teenager or you're
17 whatever, you just want to get stoned,
18 there's many better ways to do that than
19 go through the prescription or through
20 the medical marijuana process in
21 Pennsylvania. It's much more cumbersome
22 than going behind the bowling alley and
23 buying it, which is what people do now.
24 And so we don't think that's going to be
25 a big problem. We actually think it's

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2 going to reduce the number of people who
3 are abusing it.

4 COMMISSIONER FARLEY: If I
5 could add, I think there would be some
6 benefit to at least thinking about
7 reporting of the number of prescriptions,
8 or whatever they're termed, to local
9 authorities so that we have some measure
10 of what is actually happening to the
11 market. So if problems were to crop up,
12 then we'd be in a much better position to
13 take appropriate action.

14 COUNCILMAN SQUILLA: Is that
15 something that we think the state would
16 be willing to do? Because I know even in
17 the collection of data now and I guess
18 HIPAA regulations, whatever interferes,
19 sometimes it's hard for us as a city when
20 we feel like we have doctors that maybe
21 aren't performing as well as they should
22 be to share that information.

23 SENATOR LEACH: Yeah. And in
24 fact, in terms of willingness,
25 absolutely. I mean, again, I'm not the

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2 sole decider of any of this. There's a
3 whole process that's going on. So
4 speaking, I think, for everybody, we had
5 this conference, we have other -- we've
6 been seeking input. If someone has a
7 specific suggestion with regard to that,
8 e-mail it to me. I'll make sure it gets
9 to all the right people.

10 We want as few problems as
11 possible. Particularly me and Senator
12 Folmer, the sponsors of the bill, you
13 know, our name and reputation is sort of
14 on the line and we're not looking for
15 problems. We're looking for solutions.
16 So anything that would head off any
17 potential problems, we're happy to take a
18 look at.

19 COUNCILMAN SQUILLA: Thank you
20 very much.

21 COUNCILWOMAN SANCHEZ: Thank
22 you.

23 Councilman Green.

24 COUNCILMAN GREEN: Just to wrap
25 up, because I know Dr. Farley and Senator

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Leach have to go. This is a question
3 actually more for Senator Leach in
4 reference to -- I know the regulations
5 for grower/processors. The Health
6 Department will look at various factors
7 on whether to initially grant or deny a
8 permit, and those five factors dealing
9 with the reasonable population, number of
10 patients suffering from serious medical
11 conditions, the type of serious medical
12 conditions found in the region, access to
13 public transportation, and the health
14 needs of rural and urban areas. I know
15 you're not part of the Department, but
16 being the sponsor, I'm curious, how do
17 you think they may be thinking about in
18 reference to looking at those five
19 factors as they identify
20 grower/processors in the different
21 regions?

22 SENATOR LEACH: You mean in
23 terms of awarding licenses?

24 COUNCILMAN GREEN: Right.

25 SENATOR LEACH: That's an

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 ongoing discussion. Those five
3 factors -- there's other factors. I
4 mean, the statute does not preclude other
5 things. I mean, for example, a diversity
6 plan and all of those sorts of things.
7 So we are -- there are meetings going on
8 constantly to figure out what is the best
9 way to award licenses so people are -- we
10 want the most responsible people, the
11 people who are able to make a go of it,
12 not only financially and economically but
13 also in terms of how they're going to
14 treat their patients, how they're going
15 to treat their workers, how they're going
16 to comply with regulations and the law.
17 So we're going to be looking at all of
18 those things.

19 COUNCILMAN GREEN: Thank you.

20 COUNCILWOMAN SANCHEZ: Thank
21 you.

22 SENATOR LEACH: Thank you very
23 much.

24 COUNCILWOMAN SANCHEZ: I thank
25 both of you for this. Again, I'm very

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 encouraged by the research arm and the
3 other components, and maybe as we talk
4 about opium and the whole new system
5 coming in place, we can use this as a
6 model of what we should be doing with
7 some of the other areas where we have
8 problems. And I'm glad that there was a
9 little bit of a stigma attached to it,
10 because it allowed people to kind of
11 think through how do you create an
12 industry that's going to have minimal
13 disruption. And in cities like
14 Philadelphia, a first class city, there's
15 going to be a concern around location and
16 all of the other things that we see with
17 the way we fund, because the problem is
18 how we fund methadone clinics that
19 require the level of volume that they
20 become disruptive as opposed to being
21 able to fund it so that it is the least
22 disruptive to neighborhoods since we need
23 them in every neighborhood, because
24 clearly the addiction and the need is in
25 every neighborhood.

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2 So we want to thank both of you
3 for this, and we look forward to
4 continuing the conversation. I am going
5 to ask you, Senator, to forward the
6 article that you were talking about --

7 SENATOR LEACH: I will.

8 COUNCILWOMAN SANCHEZ: -- to
9 the Committee or to Councilman Green and
10 share that along. I'm always interested
11 in anything that has to do with what
12 we're dealing with with these addiction
13 problems. So thank both of you.

14 (Thank you.)

15 COUNCILWOMAN SANCHEZ: And then
16 we are going to move along. We have
17 Paula Brumbelow from the City Planning,
18 and then I'm going to ask Mr. Charles
19 Pollack, Lindy Snider, and James Schwartz
20 to prepare, that they will be our next
21 panel.

22 (Witness approached witness
23 table.)

24 COUNCILWOMAN SANCHEZ: Thanks
25 for the maps too. Those are all yours?

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2 MS. BRUMBELOW: One of our GIS
3 people made all the maps for us today.

4 COUNCILWOMAN SANCHEZ: Thank
5 you. Proceed with your testimony.

6 MS. BRUMBELOW: Good morning,
7 Councilwoman Sanchez and Councilman
8 Green. My name is Paula Burns and I'm
9 the City Planner with the Development
10 Division of the Philadelphia City
11 Planning Commission. I'm here to testify
12 regarding zoning and planning for medical
13 marijuana facilities within the City of
14 Philadelphia.

15 The Commonwealth of
16 Pennsylvania recently enacted the Medical
17 Marijuana Act, which allows for marijuana
18 to be grown and dispensed for certified
19 medical uses. The program will be
20 heavily regulated by the state, both in
21 terms of practitioners who can prescribe
22 the medicine, patients who must have
23 special identification and prescriptions
24 for pick-up at the dispensary, and in
25 terms of grower/processors who grow and

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 manufacture the medicine, and
3 restrictions on permit holders for each
4 activity. While the legislation itself
5 outlines how medical marijuana will be
6 implemented and regulated in the
7 Commonwealth, much of the detail is left
8 to agency regulations. Temporary
9 regulations, which will be issued by the
10 end of the year by the state Department
11 of Health, will offer guidance on many of
12 the questions that we still have.

13 I want to quickly go over what
14 the state is classifying as types of uses
15 that will be permitted. So a
16 grower/processor is a business that holds
17 a permit under the Act from the
18 Pennsylvania Department of Health to grow
19 and process medical marijuana.
20 Dispensary is a business that holds a
21 permit under the Act from the
22 Pennsylvania Department of Health to
23 dispense medical marijuana.

24 The authorizing legislation
25 addresses zoning by stating that

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2 grower/processors will be subject to
3 municipal zoning and land use
4 requirements just as manufacturing,
5 processing, and production facilities
6 located in the same zoning district.
7 Similarly, dispensaries must meet the
8 same municipal and land use requirements
9 as other commercial facilities located in
10 the same zoning district.

11 The staff of the City Planning
12 Commission has been researching how other
13 jurisdictions have regulated both medical
14 and recreational marijuana growth,
15 processing, and use. Many of those
16 zoning requirements have included
17 limitations on hours, numbers of
18 facilities, and zoning districts where
19 those activities are permitted. Many
20 codes also include security requirements,
21 background checks for employees,
22 roll-down gates, information on the
23 storage safes, stand-alone facilities,
24 odor control, limitations on the amount
25 of product within the dispensary, and

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2 visibility of product from the street, as
3 well as prohibitions on on-site
4 consumption. Other codes also require
5 setback requirements from public
6 facilities, transit stations, residential
7 areas, schools, regulated uses, homeless
8 shelters, and other dispensaries and
9 growing/processing facilities.

10 Some jurisdictions also permit
11 home delivery for those patients that are
12 not able to travel. By having home
13 delivery for medical patients, it may
14 allow us to be conservative on the
15 locations of dispensaries and possible
16 future recreational stores. If this was
17 something we would like to include, we
18 would need to look closely at who can
19 carry and deliver, how much can be
20 transported, and whether we would need a
21 verification system showing that the
22 person receiving the product is the
23 actual patient.

24 In considering potential
25 approaches to zoning for medical

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2 marijuana facilities, we first looked at
3 our Regulated Use section of the code and
4 addressed appropriateness of adding
5 grower/processor and dispensaries into
6 that section of the Zoning Code. Our
7 current code requires that a regulated
8 use, which include adult uses, pool
9 rooms, drug paraphernalia store, gun
10 shops, detention and correctional
11 facilities, meet setback requirements
12 from protected uses and residential
13 zoning districts. Those setbacks are as
14 follows: It is 1,000 feet from other
15 regulated uses; 500 feet from any
16 residential or special purpose
17 institutional district; 1,000 feet from
18 special purpose-entertainment districts;
19 and 500 feet from protected uses, which
20 include religious uses, residential uses,
21 hotels, convention/civic centers, public
22 and private schools up to 12th grade,
23 public playgrounds, public swimming
24 pools, public parks, public recreation
25 centers, and public libraries.

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2 Based on our review, we believe
3 today that the best way to meet the
4 state's goals of accessibility for
5 patients would be to classify
6 dispensaries as a regulated use, but to
7 remove the distance requirements for
8 residential area districts and convention
9 center.

10 So on the maps to your right,
11 we have two different maps. The first is
12 for potential location of dispensaries
13 with every distance buffer that's listed
14 under Regulated Use. We thought that
15 left very little locations, so it would
16 be what is in bright red and not covered
17 by the gray. We then decided what if we
18 took out just the residential district
19 buffer and convention center/civic center
20 since that's just one primary location,
21 and we found that we could then at least
22 locate a dispensary in every Council
23 district, which may meet some of the
24 goals that the state legislation really
25 was created for. So we're just showing

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2 you two options of looking at
3 dispensaries.

4 We would consider the
5 dispensaries as commercial enterprises
6 and permit them, with the spacing
7 requirements, in all commercial districts
8 except for CMX-1 and CA-1, which tend to
9 be smaller scale commercial areas
10 abutting residential districts.

11 So on the right, we have -- or
12 on your left, we have for the
13 growing/processing facilities as
14 manufacturing, use, and permit, those as
15 a matter of right in the I-1, I-2, and
16 I-3 industrial areas.

17 So they are highlighted with
18 the Regulated Use cover on the left-hand
19 side map, and then on the right-hand side
20 map, it's with all regulations for
21 Regulated Use removed for the
22 grower/processors. So it just kind of
23 can show you some options that we have to
24 look at.

25 The coming of medical marijuana

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2 to Pennsylvania is significant to
3 Philadelphia in a myriad of ways. Its
4 significance with respect to patients,
5 neighborhoods, economic development, and
6 other aspects of central importance to
7 members of Council, the Administration,
8 and the City as a whole is beyond
9 question. The staff of the City Planning
10 Commission is committed to working with
11 Councilmembers, staff, the
12 Administration, and public stakeholders
13 to understand the City's needs and
14 concerns. We will assist and support
15 Council in developing and drafting zoning
16 legislation that balances the needs of
17 all those involved.

18 Thank you for the opportunity
19 to testify today. I will be happy to
20 answer questions at this time.

21 COUNCILWOMAN SANCHEZ: I don't
22 want to have anybody doing remapping next
23 week on some of this stuff, but let's
24 talk about this a little bit just for
25 clarification purposes.

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2 MS. BRUMBELOW: I know. I just
3 got that e-mail this morning. We're
4 working on somebody.

5 COUNCILWOMAN SANCHEZ: I knew
6 that was coming.

7 You circulated the e-mail too
8 early last night.

9 Question, just for
10 clarification purposes, the "regulated
11 use" terminology that you're saying the
12 state would have would allow us to then
13 kind of put it in some of our zoning
14 districts with restrictions. Is that why
15 you want it to be listed as a regulated
16 use?

17 MS. BRUMBELOW: Yes. So it's
18 one of those things -- and we talked to
19 the state about this, along with the Law
20 Department on this, and we don't think
21 the legislation bans us from listing it
22 as a regulated use. The state looked
23 favorably on it because it kind of solves
24 a lot of concerns. So we can put it as a
25 full regulated use. We could take out

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2 some of the classifications, all of the
3 classifications. So we have flexibility
4 in writing the code so it best suits our
5 city. And so the state seemed favorable
6 on a discussion last Friday on that.

7 COUNCILWOMAN SANCHEZ: Okay.

8 And then --

9 MS. BRUMBELOW: And so we kind
10 of wanted to make sure that Council felt
11 they still had control within their own
12 destiny.

13 COUNCILWOMAN SANCHEZ: Right.
14 And then in terms of -- but what you're
15 saying based on your testimony is that
16 other than the CA-1 and CMX-1, it would
17 be an allowable by-right use at the other
18 classifications?

19 MS. BRUMBELOW: It would still
20 be by-right and as of use if they met the
21 setback requirements as a regulated use.

22 COUNCILWOMAN SANCHEZ: Okay.
23 All right. So I just want to make sure I
24 put that on the record.

25 MS. BRUMBELOW: And I make sure

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2 I want to answer that right.

3 COUNCILWOMAN SANCHEZ:

4 Councilman Green, you had some.

5 COUNCILMAN GREEN: Yes. Thank
6 you, Madam Chair.

7 Thank you, Ms. Burns, for being
8 here. I know this is not your normal
9 environment. Normally we're over at MSB
10 at Zoning in a little different dynamic,
11 especially from my experience as a zoning
12 attorney both in Council and the private
13 sector. So I'm curious in reference to
14 both from the dispensaries and the
15 grower/processors when you said
16 flexibility. When you're talking about
17 all of the distance buffers, of course
18 that reduces the number of locations,
19 where if you exclude some of the
20 residential district buffers, it opens up
21 more from my just quick cursory review.
22 So I just want to get some perspective
23 where the bounds may come about. Like
24 why would you keep some versus others?

25 MS. BRUMBELOW: On the left map

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2 versus the right map, when we had all of
3 the regulated dimensions on there, it
4 basically really limited, and so one of
5 the goals is that the patients within the
6 City are able to access it. If I'm sick,
7 I don't necessarily have an easy ability
8 to access. So we took out convention
9 center/civic center, because we really
10 only have one convention center, possibly
11 a civic center, but that would be in a
12 special purpose institutional district,
13 so it's already covered. So we took the
14 Convention Center out.

15 We took just residential
16 districts out to kind of see how much it
17 opened, and it amazingly opened up so
18 where we could have at least a dispensary
19 in every Council district, and I think
20 that would meet the goals of the state.
21 And sometimes we look sometimes at
22 protecting the City at not seeing
23 lawsuits. So we wanted to make sure we
24 kind of looked at that as an option.

25 The City of Chicago has a

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2 zoning regulation that while you don't
3 have to be set back from a residential
4 district, you cannot be placing a
5 dispensary in a building that has a
6 residential unit. That's something where
7 we could also incorporate that if that
8 was a necessary thing.

9 So we just kind of used this as
10 a starting point for discussion. We
11 didn't want to get too far and like write
12 legislation without getting input from
13 Council and the community.

14 COUNCILMAN GREEN: That's
15 interesting, because I was going to ask
16 you about what's been your contact/input
17 from other jurisdictions. You mentioned
18 Chicago. What have you gleaned from what
19 they've done from dealing with this
20 issue?

21 MS. BRUMBELOW: And Chicago is
22 a good example. They're relatively new
23 at this, but they're also only medical
24 marijuana. So the state kind of licensed
25 how many people could get licenses.

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2 Let me use my cheat sheet.

3 And I'm not saying -- this is
4 not my personal habit, but I have visited
5 when I go on vacation to Colorado or
6 Washington or Vancouver, I take the time
7 to go into the store just to see what's
8 happening so we could be aware.

9 COUNCILWOMAN SANCHEZ: Thank
10 you for on your personal time you're
11 working.

12 She's working on her personal
13 time.

14 MS. BRUMBELOW: Personal time.
15 I have to tell you, I sneezed the whole
16 time in the store.

17 COUNCILWOMAN SANCHEZ: So
18 aesthetically how do the stores look?
19 Because when we talk about residential
20 uses, everybody is always concerned about
21 what does it look like.

22 MS. BRUMBELOW: It varies
23 differently. In Vancouver, it's very
24 conservative. It just kind of has a name
25 that will reference a marijuana

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2 reference. So it's like -- I'm throwing
3 this off the top of my head -- Canna Club
4 or PharmaCannabis. So it's a very kind
5 of a subtle reference. There's usually
6 not a marijuana leaf associated with it.
7 It kind of looks like a regular
8 storefront that kind of fits in to the
9 business district it's in.

10 COUNCILMAN GREEN: Like a
11 pharmacy.

12 COUNCILWOMAN SANCHEZ: We have
13 signage issues in this city. People
14 think they need to put six signs to say
15 they sell beer.

16 MS. BRUMBELOW: There is a
17 jurisdiction --

18 COUNCILWOMAN SANCHEZ: You sell
19 beer. You don't need six signs.

20 MS. BRUMBELOW: I'm not going
21 to quote the jurisdiction, but I believe
22 it is San Francisco that they actually
23 control the signage specifically. And
24 don't quote me on San Francisco, but it's
25 either San Francisco or the whole state,

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2 because it's very specific on the
3 signage. That's something we can always
4 incorporate for the legislation.

5 COUNCILWOMAN SANCHEZ: Okay.

6 MS. BRUMBELOW: And what was
7 your question on Chicago?

8 COUNCILMAN GREEN: I was asking
9 your input on other -- you were starting
10 to talk about other jurisdictions and you
11 were mentioning Chicago and you were
12 pulling this information out what you
13 gleaned from your educational visits.

14 MS. BRUMBELOW: I did not make
15 an educational visit there, but it's one
16 of those that they tend to do better in
17 the commercial district. They're mostly
18 limited to -- dispensaries are mostly
19 limited to commercial districts or
20 industrial districts. One of the
21 problems with our industrial districts,
22 the properties are so very large and
23 sometimes the bus routes are farther away
24 whereas a commercial. And if you look
25 kind of how we have it, it's kind of hard

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2 to see. It's easier on the Council
3 district maps. They're on commercial
4 corridors. So they can be on bus routes,
5 train stops. So it kind of makes it a
6 little easy. So Chicago really stuck
7 with commercial for the dispensaries
8 only. They can be in mixed-use service
9 districts, no residential units in the
10 building. They are banned from
11 manufacturing districts. Chicago --

12 COUNCILWOMAN SANCHEZ: Excuse
13 me. They're banned from manufacturing
14 districts?

15 MS. BRUMBELOW: Dispensaries
16 are banned from manufacturing districts.

17 COUNCILWOMAN SANCHEZ: Oh,
18 dispensaries. Okay.

19 MS. BRUMBELOW: They also want
20 to prevent them from being 2,500 feet
21 from any school, daycare center or
22 dwelling units. So they have different
23 types of distancing, each jurisdiction.
24 One has a mile. I think a mile is a
25 little conservative.

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2 So there's a lot. We can share
3 this information with you. I have it.

4 COUNCILMAN GREEN: So in making
5 the thing about CMX locations, especially
6 on commercial corridors for dispensaries,
7 I mean, that's going to be -- there's
8 this balance between trying to have an
9 industry where people that have issues,
10 medical issues, have access.

11 MS. BRUMBELOW: Yes.

12 COUNCILMAN GREEN: And some
13 may, because of the economic perspective,
14 may not be able to drive, so bus routes
15 are important. And how do you see the
16 balance in those two issues of making
17 access? You touched on it a little bit,
18 but the access for people who really need
19 the medication versus the concerns of
20 being a regulated use in a commercial
21 corridor.

22 MS. BRUMBELOW: It is that
23 balance. So it's why we automatically
24 looked at taking out CMX-1, which is
25 really your corner store commercial. We

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2 don't even allow restaurants in those.
3 Taking out CA-1, which are those tiny
4 little shopping centers, usually have
5 very minimum parking, and if the parking
6 is in the front, it's always full. If
7 the parking is in the back, it's not
8 easily accessible. Those were really
9 neighborhood-based districts. So we look
10 at the CMX-2 and 2.5, which are on
11 commercial corridors. By opening up
12 CMX-3, 4, and 5, it opened up Center
13 City, because we have more 4 and 5 in
14 Center City. But then the CA-2, which is
15 the big large-scale shopping centers, in
16 looking at those, they have parking.
17 They usually have public transit access.
18 So it's kind of looking at that balance
19 of which districts do you want to put it
20 in. We can always break down each zoning
21 district specifically if that's a request
22 so we can answer that fully. We didn't
23 want to go -- it's kind of that balance,
24 we didn't want to go too far today
25 because we didn't want everybody to think

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2 we had made a decision.

3 COUNCILMAN GREEN: Right.

4 COUNCILWOMAN SANCHEZ: I think

5 it's important as we start this

6 conversation that -- and I'm glad that

7 you were looking for a way to make sure

8 that every district was covered, because

9 too many times in this Council floor

10 we're banning stuff for certain parts of

11 the City, and I think that to the extent

12 that we are looking at code requirements

13 that facilitate access throughout the

14 City for everyone as opposed to the

15 situation that we find ourselves where

16 certain districts are more heavily

17 utilized for certain uses because others

18 jumped ahead and banned them and then

19 there's not a fair distribution of the

20 needs, because this is -- we are starting

21 as a need situation around medical

22 marijuana. And so having that

23 conversation early on I think is hugely

24 important.

25 You have another question? I

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2 know we have another panel.

3 COUNCILMAN GREEN: Just to

4 follow up on what Councilwoman Sanchez

5 stated, because I want to make some

6 transition to the grower/processor side,

7 where that's the perspective that I see

8 some of that concentration that

9 Councilwoman Sanchez talked about. I was

10 just in a conversation last night and

11 just off the top of my head, when I was

12 thinking of locations that will be most

13 likely available for a grower/processor,

14 it would be the old G industrial

15 locations, G-1, G-2, which most likely

16 are going to be Delaware Avenue,

17 Southwest Philadelphia, as well as

18 possibly Washington Avenue, and I saw

19 Grays Ferry, which is just a continuation

20 of Washington Avenue. So I guess from

21 that perspective, what are your thoughts?

22 Because I did see that concern about

23 concentration of especially the

24 grower/processors on Delaware Avenue,

25 Southwest Philadelphia. And because of

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2 the dynamics we've had in the past,
3 especially like in Southwest where in my
4 conversation with Southwest CDC and
5 others, they already feel
6 over-industrialized from an auto use.

7 MS. BRUMBELOW: Yes.

8 COUNCILMAN GREEN: So how do
9 you see that perspective?

10 MS. BRUMBELOW: One of those
11 is -- when we had all of the regulated
12 uses on that, we still had a fair amount
13 of industrial available, but the
14 industrial available, yet again, got
15 specific to Council district. So was the
16 burden being equal? Was it caring, was
17 it giving as much opportunity? Because
18 we don't want to also create a zoning
19 district where there's only four
20 available parcels. That kind of isn't
21 the right way to do it either.

22 So we looked at removing all of
23 the regulated uses, and one of the things
24 about it is all of the medical marijuana
25 has to be grown inside. So it's not

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2 going to be a field. We're not going to
3 necessarily have the urban agriculture
4 kind of an element. Urban agriculture is
5 allowed in every zoning district. So
6 this does not just grow the plant, trim
7 the plant, dry out the plant, but they
8 then do -- most of them, from my
9 research, do the processing on site. So
10 it really is much more of an industrial
11 use.

12 So we looked at that. When you
13 drive by, you can't tell what they're
14 doing inside. Their security to them is
15 more important than any security we could
16 probably come up with, because it's their
17 investment, and it's a cash investment,
18 so -- there's security. So I don't think
19 they want to necessarily have a giant
20 sign outside going "pot grown here."
21 They probably want to kind of keep it --
22 I hate to use this word -- on the down
23 low, in a subtle kind of a way.

24 So we thought if we don't know
25 they're there from the outside, is it

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2 really something that needs to be a
3 regulated use? Really the biggest issue
4 we kind of came up with is, we thought
5 security was the biggest issue. When we
6 talked to the state about that, the state
7 asked us what our security measurements
8 required, and I'm like, We don't have
9 any. We just assumed they have good
10 standards. We trust you all. So it's
11 one of those things where we thought
12 taking the regulated use out then opened
13 up all of our industrial districts, and
14 so we could possibly, depending on how
15 many licenses the state gives us, locate
16 them throughout the City so in case it is
17 for job creation, it's not just focused
18 in one district. It gives more job
19 creation opportunities in the City.

20 COUNCILWOMAN SANCHEZ: Well,
21 thank you very much and thank you for
22 being so proactive. As I said, the
23 mapping and the visuals are always
24 important for folks. Again, I want to
25 make sure that we put our hands around

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2 this so that we don't overemphasize this
3 in one particular area. So maybe the
4 terminology is about job creation
5 opportunities so that people are more
6 willing to step away from the kind of the
7 NIMBY conversation that we continuously
8 have.

9 I can tell you that being on
10 the down low doesn't always help since
11 there have been a few raids in some of
12 our industrial zones that we've seen,
13 even when they're quiet.

14 MS. BRUMBELOW: Yes.

15 COUNCILWOMAN SANCHEZ: People
16 know they're there.

17 But thank you so much. Thank
18 you, Paula. We really appreciate it.

19 MS. BRUMBELOW: Thank you very
20 much.

21 COUNCILWOMAN SANCHEZ: So we're
22 going to go to our next panel, which is
23 Charles Pollack, Lindy Snider, James
24 Schwartz. Some of you have written
25 testimony, so unfortunately we spent a

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2 whole lot of time in the beginning
3 putting this in a context, but if you
4 could summarize your presentations, we're
5 going to greatly appreciate it.

6 After that, the next panel will
7 be Chris Goldstein, Bridget Hill, and
8 Richard Ost. So we'll start with this
9 panel and the other folks can stand by.

10 (Witnesses approached witness
11 table.)

12 COUNCILWOMAN SANCHEZ: State
13 your name for the record and proceed.
14 Speak right into the microphone too.

15 DR. SMITH: Good morning. I am
16 Dr. Hannah Smith. I'm the Associate
17 Director of the Institute of Emerging
18 Health Professions at Thomas Jefferson
19 University located here in Philadelphia.
20 I'm here speaking on behalf of
21 Dr. Charles Pollack.

22 Jefferson, through its academic
23 and clinical entities at Thomas Jefferson
24 University and Jefferson Health,
25 including now Abington Health and Aria

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2 Health, is re-imagining healthcare for
3 the Greater Philadelphia region and
4 Southern New Jersey. Jefferson has
5 23,000 people dedicated to providing the
6 highest quality compassionate clinical
7 care for patients, educating the health
8 professionals of tomorrow, and
9 discovering new treatments and therapies
10 to define the future of care.

11 With a university and a
12 hospital to date to 1824, today Jefferson
13 comprises six colleges, nine hospitals,
14 24 outpatient and urgent care locations,
15 and a multitude of physician practices
16 throughout the region, serving more than
17 96,000 inpatients, 363,000 emergency
18 patients, and 1.9 million outpatient
19 visits annually.

20 I want to thank the members of
21 the Committee for the opportunity to
22 provide testimony. Again, I'm speaking
23 today on behalf of Dr. Charles Pollack.
24 He is the Director of the Institute. He
25 was called away unexpectedly for clinical

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2 duties. Dr. Pollack also serves as the
3 Director of Jefferson's Center for our
4 Medical Cannabis Education and Research,
5 or CMCER, which launched on May 31st of
6 this year as the first and only health
7 sciences university in the United States
8 to create an academic resource for
9 optimal education research and practice
10 concerning medical cannabis. The
11 Institute of Emerging Health Professions
12 is charged with anticipating new and
13 evolving needs for healthcare and
14 healthcare-related education and
15 training. The use of cannabis and
16 cannabinoids as adjunct medical therapies
17 for a number of disease processes clearly
18 qualifies as an emerging health area.
19 Clinicians have many questions about it.
20 Patients and their caregivers are
21 demanding access to it. Politicians and
22 law enforcement personnel are concerned
23 about it, and the federal government and
24 many state governments are at odds about
25 it, all this notwithstanding the

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Commonwealth of Pennsylvania has enacted
3 a unique and visionary medical marijuana
4 legalization act that has inarguably the
5 most academic approach to this complex
6 issue, with specific support for research
7 mandated by the law.

8 CMCER, which by design has a
9 national and international focus, has not
10 been very involved in the ongoing lead-up
11 to the implementation of Act 16 here
12 locally in the City of Philadelphia and
13 across the Commonwealth. CMCER is
14 currently focused on three areas of
15 activity. The first is educational,
16 including training courses for
17 physicians, pharmacists, physician
18 extenders, nurses, and educational
19 programs for the public, and curricular
20 modules for medical schools and residency
21 training programs.

22 The second is the establishment
23 of a global research agenda for the
24 advancement of the science underpinning
25 medical cannabis in various conditions,

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2 some of which may be done locally or
3 within the Commonwealth.

4 The third is a think tank for
5 entrepreneurial and social justice issues
6 around best practice methods for
7 providing medical cannabis to those who
8 qualify for it, which will have a
9 particularly high profile in the City of
10 Philadelphia. This think tank will be
11 called SI or the entrepreneurial and
12 social impact initiative of CMCER.

13 The educational and research
14 activities will be overseen and led by an
15 international steering committee of
16 physicians and scientists who are leaders
17 in medical cannabis research and
18 practice. Three are from within the City
19 of Philadelphia, nine are from within the
20 United States, and one each is from
21 Israel, Spain, and Canada.

22 CMCER is dedicated to elevating
23 the level of scientific, clinical, and
24 social discourse about medical marijuana.
25 While having international footprint, our

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2 home is here in the City of Philadelphia,
3 and we wish to assure you today that the
4 resources of our unique and innovative
5 center are available as Act 16 is
6 implemented.

7 COUNCILWOMAN SANCHEZ: We'll
8 let everyone testify and then we'll have
9 a few questions.

10 You may proceed.

11 MS. SNIDER: Good morning. My
12 name is Lindy Snider and I'm honored to
13 testify today as the City moves forward
14 to regulate the medical marijuana
15 industry in Philadelphia.

16 First, let me tell you a little
17 bit about my connection to some of these
18 issues. I have been involved in medical
19 marijuana in the industry for the last
20 four and a half years. I helped launch
21 multiple medical marijuana start-ups, and
22 I've worked with companies testing
23 agricultural and scientific advancement
24 of medical marijuana, creating tracking
25 and security technology, and investing in

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2 banking and finance, underpinnings of an
3 industry. I'm on the advisory board for
4 many medical marijuana-related entities,
5 including Green House Ventures here in
6 Philadelphia and Jefferson's new CMCER.
7 So I'm on the selection committee for
8 Arcview, which is the country's leading
9 cannabis investment network. Locally,
10 I'm the founder and CEO of Lindiskin,
11 which makes skin care for side effects to
12 the skin from cancer treatment, so from
13 chemo and radiation. I plan to create a
14 medically infused skin care line in the
15 near future also for cancer patients.

16 Outside of the medical
17 marijuana space, I'm active in many local
18 organizations, including boards of the Ed
19 Snider Youth Hockey Foundation, Fox Chase
20 Cancer Center, the Philadelphia Orchestra
21 and many more.

22 On a personal level, because
23 I'm from Philadelphia, I have a deep
24 commitment to the responsible
25 implementation of medical marijuana here

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2 in the City. I have seen medical
3 marijuana provide pain management and
4 relief for both of my parents in the last
5 two years as they struggled and succumbed
6 to cancer. I cannot even tell you how it
7 helped them.

8 Medical marijuana can provide
9 significant benefits to Philadelphia and
10 across the Commonwealth. This new
11 exciting industry will spur economic
12 development in all different cities and
13 towns across the state, but we want to
14 see that right here. The medical
15 marijuana industry will help create jobs
16 in retail, construction, research and
17 more. Industry provides workers with
18 training with new skills, and the
19 industry can also partner with the City
20 to develop education programs for high
21 school, college-age children, and work
22 with the City Health Department to
23 provide education on appropriate use of
24 medical marijuana products and how they
25 are used to treat disease.

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2 In cities and towns across the
3 country, industry is partnering with
4 local communities for charitable purposes
5 and research. If implemented correctly
6 at the local level, medical marijuana
7 will enhance quality of life for people
8 in Philadelphia by providing new
9 opportunities as stated, but also
10 including new opportunities for those
11 unable to afford higher education.

12 The first priority in
13 implementing a medical marijuana program
14 is typically patient access. In
15 Pennsylvania, Act 16 already tells us
16 that initially the state Department of
17 Health will allow up to 50 dispensary
18 permits, and those 50 permits can have up
19 to three locations each. So we may see
20 up to 150 dispensary locations across the
21 state. I tend to think that isn't enough
22 and I hope the state allows all 50
23 permits to be released through the state
24 application process.

25 Geographic accessibility is the

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2 key to providing broad-based access to
3 all patients regardless of socioeconomic
4 status, race or ethnicity. Just like
5 pharmacies, patients should not have to
6 drive clear across town to an industrial
7 area to access medicine. The City can
8 provide a great service to its citizens
9 by trying to ensure that the Philadelphia
10 area is allowed at least six to ten
11 dispensaries that are accessible,
12 geographically spread out, and close to
13 public transportation.

14 Part of ensuring patient access
15 is setting up a local system that is not
16 more onerous than what is already in
17 place at the state level regarding
18 security and reporting, both big
19 concerns. Under Act 16, the state has
20 set up extremely stringent and rigid
21 safety and security and documentation
22 requirements for dispensaries. Many
23 dispensaries across the state will be
24 smaller businesses, and if you add
25 requirements that are in addition to or

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2 more than the state requires, you may
3 find that smaller shops can't keep up
4 with the larger ones and they'll be
5 driven out of business. I recommend
6 starting the Philadelphia program by
7 allowing dispensaries to operate as
8 authorized by statute. This will go a
9 long way in allowing dispensaries to be
10 successful in getting medicine to
11 patients. In lieu of different security
12 and reporting requirements, perhaps the
13 City can request a parallel reporting
14 system so that the industry reports to
15 the City what it reports to the state
16 already.

17 A major struggle for
18 municipalities is how to deal with
19 zoning. The challenge, from our
20 perspective, is to avoid a local
21 regulatory scheme that makes zoning for
22 medical marijuana dispensaries more
23 difficult than it needs to be, which
24 ultimately makes medical marijuana
25 difficult for patients to access.

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2 Pre-existing industrial zoning schemes
3 are often effective for the growing,
4 processing, and dispensing of medical
5 marijuana. The state has already
6 implemented a thousand-foot rule from
7 schools and daycares, and more
8 restrictive zoning may make it difficult
9 for dispensaries to actually find any
10 acceptable locations. Indeed, rather
11 than overly restrictive zoning, it should
12 likely be more effective to regulate the
13 look of the business.

14 So, for example, it would be
15 important to restrict signage or pictures
16 showing pot leaves or other pop cultural
17 images, or make sure that all glass walls
18 in dispensaries are covered in a film so
19 that the glass becomes opaque.

20 One additional recommendation,
21 I believe it's actually very important to
22 engage local neighborhoods on these
23 issues, to provide the opportunity for
24 their input into this process. If the
25 community is involved in creating the

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2 optimum look and feel of the locations,
3 you may find that they come to understand
4 the value of this medicine and the
5 opportunities it can bring to their
6 community.

7 After considering access,
8 another important consideration is
9 education. Medical marijuana is new, and
10 it needs to be untangled from its
11 reputation, as Senator Leach said, as
12 just an illicit drug. Research is
13 finding the benefits of medical marijuana
14 to be substantial. Pennsylvania law
15 allows for medical marijuana to be used
16 in 19 different health conditions,
17 including pain management. Philadelphia
18 is suffering from the terrible effects of
19 prescription opioid and heroin addiction,
20 and states that implement medical
21 marijuana programs experience a 25
22 percent reduction, as earlier stated.

23 This isn't Woodstock. It's not
24 legalization of marijuana. This is about
25 the benefits of a new and strictly

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2 regulated form of medication to treat
3 legitimate health issues, including pain
4 management. Philadelphia needs to
5 recognize the difference as they consider
6 these regulations. So it's vitally
7 important that they understand the
8 benefits of marijuana. The community
9 itself needs to be educated about Act 16
10 and Pennsylvania's program. The stigma
11 associated with a new industry can create
12 anxiety for businesses and residents
13 located in close proximity to
14 dispensaries, as we've seen in other
15 states. However, they will have
16 established security standards that meet
17 or exceed security requirements of even
18 banks and casinos. So once again, it is
19 vital that we educate residents and
20 business owners so they understand and
21 are made aware of the strict requirements
22 governing the operation of these
23 facilities, limited access, 24/7 video,
24 panic and silent alarms, et cetera.

25 The security of medical

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2 marijuana patients is often a major
3 concern. From Act 16 and from what I've
4 seen in the draft regulations, the state
5 did a phenomenal job in ensuring the
6 security of these facilities. However,
7 I'd be remiss if I didn't share that
8 there's a perception that medical
9 marijuana is an all-cash business and
10 that the cash nature of the business
11 makes it especially dangerous. While
12 cash is part of the business, it is not
13 the only part. Across the country
14 companies are banking money from the sale
15 of medical marijuana, and one company I
16 work with has figured out how to create
17 debit accounts for the purchase of
18 medical marijuana, and they know how to
19 implement these types of things. A
20 city-owned, non-FDIC or CNUA-insured
21 depository could create a safe and
22 effective mechanism for banking. We
23 really need to be sure that we make it
24 easy for these businesses to bank and for
25 customers to be able to transact. And so

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2 the banking piece of it is utterly
3 critical, not only for ease of
4 transaction but for security and safety.

5 Let me also make a quick
6 mention of potential federal regulation.
7 Recently the FDA made a decision to not
8 reschedule marijuana, leaving 25 states
9 and Washington, DC where medical
10 marijuana is legal to continue to be
11 concerned about federal intervention.
12 Federal law will always trump local and
13 state law. However, for a few years now,
14 Congress has removed the budget for
15 federal enforcement of approved state
16 marijuana laws from federal agencies.
17 The 9th Circuit recently upheld the
18 approach.

19 Nothing can guarantee that the
20 Department of Justice will not at some
21 point try to intervene here in
22 Philadelphia, but the stronger our local
23 regulatory scheme is, the more likely
24 that you'll create a transparent and
25 effective system that ensures compliance

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2 and mitigate risk.

3 Finally, let me say that most
4 members of the medical marijuana industry
5 welcome the chance to work with you to
6 create and coordinate the implementation
7 of medical marijuana in Philadelphia, and
8 we're really excited about today's
9 hearing as the next great step in the
10 continuing conversation.

11 So thank you for hosting this
12 important hearing and for giving me the
13 opportunity to testify today.

14 COUNCILMAN GREEN: Thank you.

15 Mr. Schwartz.

16 MR. SCHWARTZ: Thank you very
17 much. James Schwartz, CEO of Liberty
18 Pharms. Full disclosure, I'm also the
19 CEO, owner, and operator of Cascade High
20 Organics in Portland, Oregon. I've been
21 a medical grower for 18 years, and I'm
22 also a nurse by trade working as both an
23 ER as well as critical care nurse for the
24 last 19 years.

25 To touch on a few of the topics

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2 before I jump into what I'm specifically
3 discussing, I just wanted to touch on
4 some of the things that have been
5 mentioned previously.

6 So one of the first things that
7 I think that we can do as a culture to
8 de-stigmatize the propaganda associated
9 with cannabis is first call it by its
10 true name, which is cannabis. Marijuana
11 was a term created by the propaganda arm
12 of the federal government to associate it
13 with Mexican cartels. The reason they
14 did that was because they didn't want
15 people to participate in cannabis use.
16 However, as Senator Leach has discussed,
17 prior to 1937, cannabis was one of the
18 most prevalent products in most of our
19 healthcare therapeutic regimes.

20 Let's talk about the safety and
21 dosage, as has been mentioned. There is
22 not a lethal dose of cannabis. One of
23 the reasons for that is the nature of the
24 product is a biphasic therapeutic
25 potential. The more you ingest, the less

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2 you actually feel the effects of the
3 drug.

4 When it comes to storefronts
5 and zoning issues, I think that the City
6 is doing a great job of pre-planning out
7 some of these things. While these maps,
8 well intentioned, not all of those areas
9 where there is designated properties
10 available, those properties may not be
11 available. You will not finance these
12 properties through a bank and you will be
13 beholden to any of landowners as to what
14 you're actually allowed to do in that
15 space.

16 One of the problems I ran into
17 in Oregon was in my warehouse it was a
18 manufacturing/industrial zoning. When
19 our state then classified the product as
20 simply an agricultural product,
21 agricultural planting and farming was not
22 allowed in industrial manufacturing
23 zones. That immediately made all of the
24 growers in those zones illegal. And so I
25 applaud the fact that you're looking at

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2 the planning closely right now.

3 To jump into my remarks, so the

4 first thing that we need to be aware of

5 is the Cole Memo. That's what

6 specifically gives the guidance from the

7 Attorney General as to how they will and

8 won't interfere in cannabis businesses.

9 The most important aspect of the Cole

10 Memo is the robust tracking system. A

11 robust tracking system will do things

12 that Lindy referred to in terms of the

13 ability to be able to track patient

14 usage, to be able to track sales, tax

15 revenue, and also observe for diversion

16 of product.

17 Public health and safety: One

18 of the first things that I've become

19 aware of in the State of Pennsylvania is

20 there are no people currently applying

21 for lab permits. It's hard to have safe

22 product if we don't have labs to test.

23 The labs are a separate piece from the

24 healthcare research being done. It is

25 going to be critical to providing safe

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2 and effective medicine to patients that
3 we have labs on board who are going to be
4 testing the products.

5 Facility safety: When we talk
6 about security, dispensaries, obviously
7 they have a storefront. They're a known
8 entity, locations. They need to have
9 specific security requirements around
10 what those look like. In terms of
11 Oregon, our storefronts are very
12 sophisticated. They look like a bar, a
13 coffee shop, a liquor establishment, a
14 pharmacy. Most of these dispensaries
15 want to promote a healthy image. That is
16 what you can do to automatically put up
17 some barriers to unwanted criminal
18 activity, and storefronts are more than
19 aware of those problems. None of us who
20 have licenses to operate in other states
21 want to lose our businesses to crimes or
22 other activities that could potentially
23 pose a problem for us.

24 When we talk about safety and
25 security around growing/processing sites,

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2 one of my concerns with the State of
3 Pennsylvania's regulations is the one
4 location strategy. One location strategy
5 for grower/processors means that we're
6 going to have to put all of our business
7 in one area. To be able to be
8 competitive and have a year's worth of
9 supply on the shelf, for most of us
10 that's going to require a 100,000 square
11 foot facility. When you build a 100,000
12 square foot facility, not only is it
13 extremely expensive and time-consuming,
14 of which the PA regulation suggests that
15 we need to have that built in six months,
16 I offer any of you to go talk to a
17 developer and ask them about building a
18 100,000 square foot facility in six
19 months.

20 The other thing that that does
21 is puts a big giant target on your
22 location. When you got a big 100,000
23 square foot facility, everybody in the
24 local community is going to know who you
25 are and what you're doing. The moment

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2 criminals want to start paying attention
3 to these industries, it's going to be
4 very easy to stake out a large 100,000
5 square foot facility and be able to
6 monitor the activities of everything
7 going on at that facility when people
8 come and go, when the product shipments
9 come and go, when the cash moves around
10 the facility. Those are going to be
11 safety/security concerns for both the
12 public safety at large as well as the
13 security and safety for all of the
14 employees working there.

15 I suggest and made comment to
16 the state that they need to look at that
17 strategy as well. It's much easier to
18 build out 20,000 square foot facilities
19 in and amongst other industrial and
20 industry manufacturing zones that simply
21 fades into the normal landscape of what's
22 operating there already.

23 Transportation safety:
24 Obviously when you have a single
25 facility, everything is moving in and out

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2 of that facility. It becomes very easy
3 to monitor the activities of that
4 business. It's also -- one location is
5 also just bad for business in general.
6 It forces the hand of the companies to
7 build out large production facilities
8 right off the bat, without a known entity
9 of consumer/patient demand. As I note in
10 my remarks, in New York they have 6,000
11 patients. If any one of these businesses
12 spends the \$5 to \$10 million to get up
13 and running as a grower/processor and our
14 patient population is only 6,000
15 patients, there's going to be no way for
16 us to be competitive and compete on
17 prices against the already existing black
18 market, which is going to force people
19 and patients again to using products that
20 are lower quality, un-lab tested with
21 potential problems, side effects,
22 pesticides, molds, mildews.

23 Fees: I'm sure that you guys
24 are aware and have been already thinking
25 about tax revenue and licensing fees as a

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2 part of what you're going to do in
3 Philadelphia. I again caution you
4 against making exorbitant fees that are
5 untenable to start-up businesses. We're
6 already being hammered with extreme
7 security measures, with large grow-out or
8 build-outs and time crunches. The
9 addition of additional fees and licensing
10 fees that become exorbitant could be cost
11 prohibitive to companies trying to
12 operate and could slow and constrain
13 growth.

14 Access for patients: The
15 unintended side effects of a one location
16 strategy that Pennsylvania is utilizing
17 currently will inhibit patients' access
18 to quality cannabis. If an underserved
19 area is not getting the adequate amount
20 from their grower/processors for any of
21 the known reasons, unknown reasons that
22 we can discuss, that creates problems for
23 patients accessing that cannabis. I'm
24 not sure how Pennsylvania feels about one
25 regional partner supplying cannabis to

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2 the other regions. That could be a
3 potential issue, especially in a city
4 like Philadelphia where you have such a
5 high population. It's going to be
6 critically important that the amount of
7 grower/processor licenses that are
8 released to the City or the region are
9 going to be able to meet the consumer
10 demand.

11 Connecting cannabis and
12 healthcare industry: As we've heard from
13 our physician, these are real issues for
14 healthcare professionals. I have mostly
15 physicians involved as my investors in my
16 companies. I've spent multiple hours on
17 the phone with multiple healthcare
18 licensing attorneys discussing the
19 potential issues for physicians being
20 involved in the cannabis industry. I
21 think it's critically important that
22 Pennsylvania and the Public Health
23 Commission of Philadelphia seriously
24 consider how you're going to make those
25 physicians and other healthcare

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2 professionals that you're going to be
3 expecting work in this industry, how
4 you're going to make them comfortable
5 with the fact that they are not going to
6 lose their license to practice medicine.
7 This is not a prescriptive process. This
8 is a recommendation process. It's very
9 clear from the federal government that
10 physicians are not allowed to prescribe
11 cannabis.

12 Along that line in prescribing
13 cannabis, let's talk about the opiate
14 addiction. For the last 20 years, as
15 I've worked on the front lines of
16 healthcare in the emergency room and the
17 critical care setting, I've been told by
18 the AMA, by JCO and other healthcare
19 organizations that pain is a real issue
20 for patients, and when a patient reports
21 their pain, I'm supposed to take that
22 seriously and treat that pain
23 accordingly. That has led to a massive
24 addiction of opiates, anti-psychotics,
25 anti-depressants that were never tested

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2 on pediatric use, but yet have been
3 involved in pediatric prescriptions
4 nowadays. What we've seen out of the 25
5 states that have medical licenses -- or
6 medical programs is that prescriptions
7 for anti-psychotics, anti-depressants,
8 and opiates are down 30 percent. That is
9 the reduction of 186,000 prescriptions
10 written by those physicians. That
11 additionally has led to approximately
12 \$200 million in lost revenue to the
13 pharmaceutical industry. I caution you
14 as to the fact that this is a very strong
15 industry and they will put up many
16 roadblocks to implementing a program that
17 inhibits their ability to generate
18 profit.

19 Lastly, I think that we need to
20 touch on cannabis cultivation, energy,
21 and resource intensiveness. The cannabis
22 cultivation is an extremely
23 resource-intensive endeavor. It requires
24 us to try and recreate the sun indoors.
25 This is not the most effective strategy

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2 to cultivating cannabis. The future of
3 cannabis cultivation will be in light
4 dep, light-assist greenhouses. Those are
5 like giant light bulbs when they're
6 operating. Because of the nature of the
7 glass, you're utilizing the sun, which
8 reduces energy use by 45 to 50 percent,
9 which is what we want in the industry,
10 but yet it further puts a target on our
11 back from security purposes at dusk and
12 dawn. Those facilities look very bright
13 and will be very attractive to criminals
14 and other people who want to focus in on
15 those facilities.

16 The fact that Pennsylvania has
17 required us to be indoors, I believe the
18 light dep greenhouse model will exist,
19 and so we need to be thinking about how
20 we can be resource and energy conscious
21 while also being security conscious in
22 where we're locating light dep
23 greenhouses, as they will be a target.

24 The other piece of resource
25 intensiveness is the massive use of

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2 hydroponics, which is a very accepted
3 strategy for cultivation of cannabis
4 these days. The problem with hydroponic
5 usage is, it basically is impossible to
6 do organic gardening with hydroponics
7 because of the nature of the delivery.
8 Systems of the nutrients, if you use
9 organic materials in those watering
10 systems, they tend to become clogged and
11 not allow for the moisture to flow. So
12 what hydroponics do is they, one, use
13 three times as much water because they're
14 flooding their plants and then allowing
15 that water to go through. They're also
16 using heavy minimal salt fertilizers that
17 are synthetic, as to not allow that
18 build-up of material in the system.
19 Those are then washed out with other
20 chemicals, all of which go into the water
21 systems.

22 So I think that we need to be
23 aware of what happens in cultivation
24 strategies and that not every company is
25 going to be working hard towards doing

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2 the best for the planet, the people and,
3 lastly, profits.

4 In summary, I thank you very
5 much for your time. I think this
6 organization is doing -- or this body is
7 doing great service to the City by
8 getting on board with this quickly. In
9 Oregon, there were several cities,
10 counties which didn't participate in
11 forward-looking legislation and simply
12 sat back and waited for the state to
13 decide things, and then once that
14 happened, people who were already trying
15 to attempt to operate in those local
16 communities either ended up with problems
17 from land use zoning restrictions, ended
18 up with problems not being able to find
19 accessible land to use, and then, lastly,
20 they ended up with exorbitant fees paying
21 for variances or extra consultants to try
22 and push through plans.

23 But thank you very much for
24 your time.

25 COUNCILMAN GREEN: Thank you

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 for your testimony. I do have a few
3 questions for the panel, but I want to
4 inform the next panel that you'll be up
5 as soon as we wrap up these questions.
6 That will be Chris Goldstein, Bridget
7 Hill-Zayat, and Richard Ost.

8 So I want to start with the
9 representative here from Jefferson. I'm
10 sorry. I forgot your name from earlier.

11 DR. SMITH: Hannah Smith.

12 COUNCILMAN GREEN: I'm sorry?

13 DR. SMITH: Hannah Smith.

14 COUNCILMAN GREEN: Hannah
15 Smith. I'm very curious how Jefferson
16 decided to get involved in this
17 opportunity, considering that your CEO is
18 very entrepreneurial and it was very
19 forward-thinking to get involved and
20 engaged in the legislative process and to
21 really think about how as a --
22 considering research is so needed in this
23 area and how Jefferson kind of thought
24 through that idea to get really ahead of
25 the game in this regard.

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2 DR. SMITH: Well, I can't take
3 credit for the idea. When I came on to
4 the Institute, some of this was already
5 in the works, but as you know, Jefferson
6 is almost a 200-year-old health sciences
7 university and we seek to be innovative
8 and entrepreneurial, but it's a
9 traditionally conservative educational
10 space.

11 What we have created within
12 Jefferson is the Institute for Emerging
13 Health Professions where our Center for
14 Medical Cannabis Research and Education
15 lives. The IEHP is a clear exhibit of
16 Jefferson's dedication to innovation
17 forethought. When the laws in
18 Pennsylvania were beginning to be formed,
19 these were things that we started
20 thinking about very early. We've talked
21 with some of the other universities in
22 the area, some of whom are working with
23 us, some of whom are not, but we're happy
24 to be at the forefront of education and
25 research of Philadelphia for this

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2 research agenda.

3 COUNCILMAN GREEN: And do you
4 see this as an opportunity? I mean, when
5 I first heard about this dynamic and
6 Jefferson's involvement, to me it seemed
7 a very interesting growth opportunity for
8 the University from a research
9 perspective. You can attract various
10 people from all over the world to come to
11 Jefferson because you now have the
12 ability to do a lot of research with
13 funding from growers and processors and
14 dispensaries to help fund that research
15 to really focus on those areas to provide
16 that kind of more information from the
17 research that we don't have.

18 DR. SMITH: That's correct.
19 And I urge you to look for a white paper
20 that will be coming out from CM CER
21 sometime later this year, and it will be
22 a culmination of the current research in
23 the field, the direction of the research
24 in the country and within the world.
25 And, again, I mean, our committee is

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2 formed of not just the individuals from
3 Philadelphia and from the United States
4 but international as well.

5 COUNCILMAN GREEN: If you could
6 forward that white paper once it becomes
7 published.

8 DR. SMITH: Absolutely.

9 COUNCILMAN GREEN: Because I
10 know a number of Councilmembers have
11 raised questions about the research, and
12 we can disseminate that to the members of
13 this Committee as well as the body.

14 DR. SMITH: Happily.

15 COUNCILMAN GREEN: In
16 reference --

17 MS. SNIDER: Can I add
18 something to what you just said, just
19 because I'm peripherally involved, is
20 that what they're doing is also
21 aggregating data. I mean, do not forget
22 that it's not been legal to research
23 cannabis in this country for medical
24 purposes. It's not even legal. So there
25 is research that's all over the world.

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2 There is anecdotal evidence. There is
3 data around this as a medicine and the
4 ability to aggregate that from all
5 institutions internationally and
6 nationally, and as they have now allowed
7 recently research to happen in this
8 country, to be an incredible resource.
9 But there is no centralized data around
10 cannabis as medicine, and for Jefferson
11 to do this was a very forward-thinking
12 thing to do.

13 Additionally, what they have
14 launched is essentially a business arm.
15 Really it's more entrepreneurial
16 opportunity for people that are in need
17 of that research, that can use that
18 research in businesses in sort of a tech
19 transfer model that you have in research
20 institutions. So it's a very robust
21 program that's being created. It would
22 be valuable nationally, not even just to
23 Philadelphia.

24 COUNCILMAN GREEN: It made me
25 think of a friend of mine, Pat

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2 Fitzgerald, who is over at CHOP. So the
3 spinoff business opportunities and
4 entrepreneurial opportunities coming out
5 of the research is phenomenal, which
6 provides a great way to increase the
7 economy of the City of Philadelphia and
8 the region as well. So I commend you in
9 that regard.

10 DR. SMITH: Thank you.

11 COUNCILMAN GREEN: Ms. Snider,
12 in your testimony you talked about
13 banking, and I started my career as a
14 banker with Meridian Bank. So I was very
15 intrigued by the whole medical marijuana
16 process as it relates to banking and the
17 challenge that entrepreneurs in this
18 field have, and you made reference to a
19 city-owned banking entity. I was curious
20 of your perspective on that, because I
21 had some conversations earlier this year
22 about public banking. So I want to get
23 some more thoughts when you said in your
24 testimony about a city-owned entity.

25 MS. SNIDER: Well, I mean,

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2 essentially I'd love to go to the state
3 and tell them what they should do around
4 banking, but I think the City has an
5 opportunity here to bring in existing
6 best practices around banking, meaning
7 banking does happen in the industry.
8 It's not -- we read constantly about the
9 fact that nobody can get an account.
10 They can get an account. One of the
11 problems is that a lot of the banks that
12 will give accounts don't want anybody to
13 know that, partly because they don't want
14 their other customers to be upset about
15 it.

16 There's no national credit card
17 company that will -- that has accounts
18 that will allow you to transact in a
19 dispensary.

20 You could probably speak to
21 this and how it happens in your state.

22 However, to ease the path to
23 bring in the tools to bring in the
24 companies that can provide those services
25 which allow transacting safely and

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2 connect the dispensary and the cannabis
3 business owner/processor/dispensary with
4 consumers for safe business practices
5 which is connected to tracking and
6 compliance is very important. And it
7 should not be only driven by each of the
8 individual businesses. There has to be
9 an atmosphere and an appetite by the City
10 to make bank institutions feel safe by
11 setting up a committee, by setting up
12 best practices, looking at the way it's
13 being done in Denver, in some of the big
14 cities where it's legal in those states
15 to foster financial services around this
16 industry to make it easy for consumers,
17 easy for patients, and easy for these
18 businesses to flourish. That's what's
19 going to ultimately create a robust,
20 healthy industry, is the financial
21 underpinnings of it.

22 COUNCILMAN GREEN: And I am
23 aware there are some local entrepreneurs
24 that have been successful to come up with
25 solutions regarding banking, some who

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2 have been trained at Temple Law School,
3 which is my alma mater. So it's good to
4 hear that type of work has been going on.

5 MR. SCHWARTZ: Can I touch on
6 that real quick. So the key element to
7 banking is all banks are FDIC insured.
8 The problem when banks have tried to
9 delve into the industry was, the federal
10 government gave them guidance and allowed
11 them to participate in a legal cannabis
12 operation. The issue for the banks was
13 they had to be able to isolate the
14 finances that were coming from
15 cannabis-related businesses. Most banks
16 don't have a mechanism for keeping cash
17 separate. It's all one's and zeroes on a
18 computer. And so we had several
19 instances, both in Colorado, Washington,
20 and Oregon, where banks jumped in, didn't
21 have a proper procedure in place to be
22 able to isolate those accounts from the
23 rest of the cash in the bank. Then they
24 rolled back their ability to provide
25 accounts.

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2 There are now two banks in the
3 State of Oregon allowing accounts. They
4 have created mechanisms to keep those
5 finances separate. One creates -- one
6 created it through high account balances.
7 The other one created it through
8 exorbitant -- or high fees. I won't call
9 them exorbitant fees because it was just
10 nice to be able to have a banking option.
11 But banks have sort of passed on those
12 costs of setting up those systems onto
13 the industry so that they can start to
14 jump in.

15 COUNCILMAN GREEN: Ms. Snider,
16 I also wanted to follow up. You made
17 reference to the fact that we have not
18 had -- marijuana is still a Class 1
19 narcotic and has not been declassified
20 and DEA failed to make that change
21 recently, and I'm curious from your
22 thought, because you made reference to
23 that in the testimony, why that change
24 did not occur.

25 MS. SNIDER: Why which change

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2 hasn't occurred?

3 COUNCILMAN GREEN: In reference
4 to marijuana being declassified in
5 Schedule 1.

6 MS. SNIDER: Fear. Fear and
7 lack of education. It's pretty simple.
8 I mean, it's extraordinary to me how much
9 is not known about this plant even in
10 states where it's legal or even sort of
11 about the difference between, say,
12 cannabis and hemp. I mean, this is about
13 education, and like Senator Leach said,
14 it's been a long haul to change people's
15 minds to recognize what this is, and it's
16 going to take a critical mass. And I
17 think that we have to be tipped over into
18 more than 25 states when it will be
19 considered.

20 I mean, I did witness what
21 happened with the Pennsylvania Medical
22 Society, attended some of their meetings,
23 and heard what these doctors had to say
24 about cannabis and about clinical trials
25 and dosing and evidence-based medicine,

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2 when in fact evidence-based medicine was
3 not allowed around cannabis. It never
4 has been allowed in this country around
5 cannabis. So it's a chicken and an egg.
6 There was no way to do clinical trials to
7 make the medical community comfortable.
8 If it's illegal to do the research, we
9 don't have datasets to give them around
10 research. So the whole point is at least
11 the government has recently opened up the
12 ability to do research without being
13 thrown in jail for it. That is going to
14 be what drives the rescheduling of this.
15 It's clinical data that the medical
16 community in this country gets
17 comfortable with. Unfortunately, they
18 refuse to get comfortable with very good
19 data that's coming out of Europe and
20 Israel and has been for years, clinically
21 proven, clinically validated, and
22 thankfully Jefferson is willing to put
23 together that data and make it available
24 to the medical community and then these
25 governing bodies faster.

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2 DR. SMITH: As Ms. Snider said,
3 we're going to serve as a data
4 repository. So we can really take all of
5 the data that's out there, culminate it,
6 and be able to provide important
7 information.

8 MS. SNIDER: And, frankly, the
9 medical community has been much more
10 vocal around supporting this, but it's
11 taken a long time. As I said, again, the
12 Pennsylvania Medical Society, what I
13 witnessed and heard in these meetings was
14 a lot of fear and a lot of very rigid
15 feelings based on what works or what is
16 mandated in their industry around
17 evidence-based.

18 Generally a lot of times
19 clinical trials are instigated when there
20 is anecdotal evidence, where there's an
21 upswell from people that said, boy, this
22 thing helped me. And it looks to me this
23 will be driven from the ground up, as
24 other things have been in the past.

25 COUNCILMAN GREEN: Having a

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2 sister as a physician and a wife that
3 works in healthcare, I'm very used to
4 evidence-based issues and debates.

5 MS. SNIDER: I heard you talk
6 about your son, and I want to talk a
7 minute about my dad, who passed in March
8 from cancer, who was on opioids that
9 would have killed most people, because
10 over time he needed more and more and
11 more to cover more and more pain. And it
12 didn't work to reduce his nausea. It
13 didn't increase his appetite. It didn't
14 decrease his anxiety. It didn't help him
15 sleep. And we have watched this for
16 months and months and months, and we
17 watched him lose weight and we watched
18 him not want to eat and not be able to
19 sleep. And finally we were in California
20 and we obtained cannabis for him. Not
21 only did we see a change, we literally
22 saw it overnight. We saw his nausea go
23 away, his appetite come back, his ability
24 to laugh come back, his ability to sleep.
25 And when you see this and you know, I

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2 didn't need clinical evidence-based data
3 to see an 83-year-old man stop suffering.
4 That's all you need to know. Doctors
5 don't want to be in a political
6 discussion. They want to help their
7 patients.

8 COUNCILMAN GREEN: Thank you.

9 MR. SCHWARTZ: I'm just going
10 to add one thing. And let's not kid
11 ourselves, follow the money. There are
12 profits to be lost or made, and those
13 organizations are lobbying the federal
14 government very hard.

15 The other thing is, the DEA is
16 a little confused as to what to do with
17 cannabis. If you reschedule it Schedule
18 2, that creates a whole other set of
19 problems and challenges. Most likely
20 what we're going to need is to have it
21 declassified and end up in a category
22 with alcohol and tobacco.

23 COUNCILMAN GREEN: Right.

24 Right. Mr. Schwartz, you had said some
25 interesting things in your testimony and

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2 I'm curious about the lab testing issue,
3 because you raise that because you saw a
4 concern for the lack of permits being
5 applied for lab testing, and that does
6 raise some concerns similar to, I think,
7 some comments I remember Councilwoman
8 Sanchez said earlier. How can we promote
9 that issue so we can start creating
10 somewhat of an industry so we have the
11 lab testing to make sure we have the best
12 product available?

13 MR. SCHWARTZ: I would suggest
14 working with partners at Jefferson. I
15 would suggest going to labs who are
16 already doing lab testing and healthcare.
17 Provide them some guidance, some coverage
18 for working with the product, and
19 potentially maybe they even need some
20 financial incentive as well. But as we
21 saw in Colorado, Colorado jumped to
22 implement a medical program, and then a
23 recreational program quickly followed
24 after without any testing standards. As
25 I noted in my comments, ten tons of

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2 cannabis was seized and contaminated with
3 mineral salt, pesticides, and
4 fertilizers. Those are dangerous to the
5 consumer, and it quickly caused change to
6 occur in Colorado.

7 So anything that we can do to
8 bring labs in early is going to be a
9 critical step, because product can't
10 reach the consumer until it's gone
11 through a lab. And so if there are --
12 one of the problems in Hawaii right now
13 is they're ready to go. They have
14 dispensaries ready to sell product. They
15 do not have a single lab who is ready to
16 test it. So that's what's hindered their
17 ability to implement their program.

18 COUNCILMAN GREEN: And in those
19 jurisdictions, those type of testing,
20 were there testing requirements at the
21 state regulatory level or was that
22 something that was done more at the local
23 level?

24 MR. SCHWARTZ: It's local and
25 state. The state level usually puts on

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2 what their absolute requirements are.
3 Occasionally the industry will drive
4 further change. We've recently in Oregon
5 gone from testing for 20 available toxic
6 ingredients. We've now expanded that to
7 36, and that's because of all of the
8 ramifications of what those products do
9 to the end consumer.

10 MS. SNIDER: One other thing is
11 that there are in legal states
12 third-party independent labs. This is
13 all they do. And what you have around
14 labs is something on an SOP, standard
15 operating procedure oftentimes. You have
16 to have third-party validation even for
17 those SOP's so that it's not all industry
18 driven. Meaning the industry I would say
19 is also becoming increasingly
20 self-regulatory. We want best practices.
21 We don't want pesticides. We want
22 organic, good healthy product for people
23 out there. But validating not just the
24 health and safety but even that people
25 are getting what they're supposed to get,

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2 just no different than an FDA assay that
3 if you say there's X milligrams in your
4 aspirin and that there's X milligrams in
5 your cannabis medicine.

6 So this kind of validation is
7 critical, not even just for safety but
8 for validation of, you know, amounts
9 titrated, et cetera. It wants to be
10 professionally done like any medicine and
11 thus subject to those types of testing
12 and standards.

13 COUNCILMAN GREEN: Thank you
14 very much for your testimony, all of you.

15 We'll have the next panel -
16 Chris Goldstein, Bridget Hill-Zayat, and
17 Rich Ost. Following that panel will be
18 our final panel, and that will be Scott
19 Ziskind, Jed Ryan, Mina Mishrikey, and
20 Jason Turner from District Growers.

21 (Witnesses approached witness
22 table.)

23 COUNCILMAN GREEN:
24 Mr. Goldstein, you can begin with your
25 testimony.

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2 MR. GOLDSTEIN: We've moved

3 from morning to afternoon. Good

4 afternoon, Councilman. My name is Chris

5 Goldstein. I'm a writer at Philly.com.

6 For the last three years I've been

7 writing a weekly column about marijuana

8 policy in New Jersey and Pennsylvania. I

9 serve on the Board of Directors of

10 PhillyNORML. We work on reforming

11 marijuana laws. We worked on

12 decriminalization here in Philly, which

13 is about to turn two years old. The City

14 saved \$8 million under that policy.

15 I think it's important when we

16 talk about marijuana that we state in

17 reality, which is that in Philadelphia

18 today, there are possibly hundreds of

19 thousands of residents already using

20 medical marijuana. The key for this

21 program and any state medical marijuana

22 program is to successfully get qualifying

23 patients registered and using the

24 program. It really hasn't been the case

25 in New York and New Jersey.

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2 Now, I've been watching the
3 regulatory process in several states, and
4 there are some pitfalls that we need to
5 look to avoid here, and that's going to
6 be part of the Department of Health but
7 also here at the City of Philadelphia.

8 First of all, I think it's
9 important to understand that what we
10 passed doesn't allow patients to have
11 plant material. They won't ever get
12 buds. They won't ever smoke anything.
13 What they will get are a series of
14 products that are made from essentially
15 hash oil. This is a process mainly --
16 the core product in this program will be
17 refined cannabis oils, oils that are
18 used -- their common process is super
19 critical carbon dioxide, butane. Plants
20 are grown. They're put into these
21 processing devices, and pounds of hash
22 oil comes out.

23 Now, by refining it in
24 different ways, you come up with oils
25 that are edible versus products that you

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2 can put into a vaporizer or an
3 e-cigarette.

4 So these things are available
5 underground today. They're called
6 shatter, wax, and dabs. They're out
7 there on the street. They sell for about
8 \$40 a gram, which means \$1,300 an ounce.

9 The problem that we've seen in
10 New York, which is operating a very
11 similar program, an oil only, no smoke
12 law, is that the prices are even more
13 expensive than the street itself, and
14 that's also what we find in New Jersey
15 today. New Jersey has the most expensive
16 medical marijuana in the country. It
17 also comes with a mandatory sales tax.
18 So I'm here to tell you that low-income
19 patients -- and we're talking about
20 access for seriously ill people, people
21 who have HIV, people who have cancer,
22 people who have chronic conditions that
23 cost them a lot of money. They can't
24 afford the regulated medical cannabis
25 that's being sold in New York and New

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2 Jersey today. And Delaware is
3 experiencing the same problem. Some
4 patients are driving 190 miles to the
5 only dispensary in Wilmington, and they
6 still can't afford the prices when they
7 get there. So getting affordable
8 products is going to be important, but
9 just getting patients registered is going
10 to be tough.

11 As you heard today from
12 different aspects of the law, we are
13 requiring doctors, and not just doctors
14 but nurse practitioners, to take a course
15 with the Department of Health before they
16 can recommend cannabis. In Maine, in
17 Michigan and other states, any doctor can
18 make the recommendation. So in New
19 Jersey, there are 20,000 physicians, but
20 only about 400 are certified to recommend
21 cannabis. That means there's only about
22 6,000 patients registered in the program.

23 Now, you've heard about the
24 same numbers in New York. Guess what?
25 New York operates a doctor registry.

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2 This is going to be a real bottleneck for
3 patient access here in Philadelphia. So
4 one of the first things the City
5 government can do is work with medical
6 professionals and foster a community of
7 physicians who want to serve this
8 community.

9 I've also heard a lot here
10 today about economic benefits from this
11 program, and I'm not sure that that's
12 going to be really well founded. There
13 will only be 25 permits for growing and
14 50 for dispensing. And guess what? I'm
15 sure a few of those businesses will be
16 co-owned. There's nothing that says you
17 can't own three dispensary permits -- or
18 I'm sorry; five dispensary licenses and
19 certain growing permits. So you're going
20 to see businesses apply for multiple
21 permits in multiple regions of the state.

22 There's also something that is
23 going to be really difficult for small
24 businesses to find a level playing field
25 here in Pennsylvania. Act 16 is the

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2 first medical marijuana law in the
3 country that allows a publicly traded
4 company to bid and win a medical
5 marijuana permit. There is no
6 requirement that the businesses who get
7 these permits be based in Pennsylvania or
8 be managed by Pennsylvanians. There is a
9 requirement that says that 10 percent of
10 the licenses should be given to
11 minority-owned and woman-owned
12 businesses. There's nothing that says
13 they have to be owned by minorities and
14 women who are Pennsylvanians.

15 So the other innovation that
16 Pennsylvania is going to attempt is that
17 the permits are going to be transferable.
18 In New Jersey if you win a license to
19 produce and dispense and you decide you
20 can't fulfill it, you give it back to the
21 state. It's treated like a public
22 contract. They put out a request for
23 proposal, they get applications, they
24 recertify. In Pennsylvania we've laid
25 out very clear rules within the law

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2 already to transfer those licenses,
3 possibly for a profit. So we're going to
4 treat medical marijuana licenses more
5 like a liquor license here, and I'm not
6 sure that's going to benefit patients.

7 We've heard nothing here today
8 but a lot of people who think they're
9 going to make a lot of money on this
10 program, but we've also heard a hint that
11 that hasn't quite materialized in New
12 York, New Jersey, Delaware.

13 We passed a really restrictive
14 law. If you want the kind of free market
15 enterprise and innovation by locals, it
16 won't happen under Act 16. The
17 innovation that happened in other states,
18 like Colorado or even Oregon, happened
19 because those laws did not restrict
20 things the way we are here. So, again, I
21 don't want to get people's hopes up that
22 there's going to be a massive economic
23 benefit. This is a state-authorized
24 cartel. Okay? It's a limited set of
25 businesses who will -- who you will have

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2 to help set the prices for patients.

3 So those are the big problems
4 for small businesses and patients under
5 this scheme. I have seen this happen in
6 Maryland. They just issued their permits
7 in Maryland, and let me tell you the
8 other problem that came up was diversity.
9 There were 1,900 applications submitted
10 by 250 businesses for 30 licenses. Not a
11 single black-owned business won. Today I
12 believe they're meeting with the state
13 Attorney General over this issue.

14 So this isn't going to be easy.
15 Your job at Philadelphia City government
16 and Department of Health will be to
17 carefully structure a welcoming
18 environment for this new medical cannabis
19 industry while keeping sites open to
20 local operators. And the next step for
21 the City and the state will be to get as
22 many patients registered as possible and
23 make sure that they are getting
24 affordable prices for the products, and
25 that will take the City and the state

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2 working carefully together in the future.

3 Thank you, Council. I welcome
4 your questions.

5 COUNCILMAN GREEN: Thank you.

6 MR. GOLDSTEIN: I just want to
7 add one thing. I'm sorry. You
8 mentioned -- there were a bunch of
9 mentions about prices, and I don't want
10 to lose this thought. There's been a lot
11 of news about the markups on Mylan, the
12 allergy medication, EpiPen, from \$30 to
13 \$300. We don't know what the wholesale
14 production cost is of medical marijuana
15 products. In fact, most businesses are
16 not required to disclose that. And I'm
17 here to tell you in my own writing and
18 research that I've heard from industrial
19 producers in California and Colorado,
20 that it can cost as little as a hundred
21 bucks to make a pound of hash oil, which
22 then turns into \$20,000 worth of
23 products. Or it costs \$30 to produce an
24 ounce of medical marijuana that's then
25 sold for 400. So let's keep in mind that

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2 there is a massive markup on medical
3 marijuana, just like there is for
4 pharmaceutical medications. So I don't
5 think that the price structure that's out
6 there in the country today, which very
7 much matches street prices, is fair, and
8 I think we need to keep that in mind.

9 Thank you.

10 MS. HILL-ZAYAT: Thank you. My
11 name is Bridget Hill-Zayat. I'm an
12 attorney practicing in Philadelphia in
13 energy and cannabis.

14 Philadelphia could do two
15 simple things to help medical marijuana
16 applicants and the environment as the
17 industry takes shape. One would be to
18 issue a handbook, similar to the Business
19 Readiness Guidebook used in Oregon, which
20 would focus on best practices, and with
21 particular attention to energy and
22 sustainability. Make a coordinated
23 effort with PECO to accelerate the
24 rollout of time-of-use pricing.
25 Time-of-use pricing and a comprehensive

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2 medical marijuana handbook which would
3 encourage growing techniques utilizing
4 this price structure could lower energy
5 usage, help the environment, and save
6 growers thousands of dollars a year.
7 Time-of-use pricing breaks up the day
8 into two to three large intervals. The
9 utility then charges different prices for
10 energy use during each period. Rates can
11 be divided into off-peak prices and peak
12 prices. The peak and off-peak rates
13 remain fixed day to day over the season.
14 This method of pricing encourages
15 customers to shift their electricity away
16 from times of the day when the demand for
17 energy on the grid is higher.

18 If the City were to include
19 growing techniques which capitalize on
20 time-of-use pricing in a handbook for
21 growers, the growers could see
22 significant savings. To illustrate the
23 difference in cost, consider growing
24 medical marijuana is a resource-intensive
25 endeavor. A 3,400 square foot growth

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2 facility, which is arguably small, will
3 use about 85,000 to 90,000 kilowatt hours
4 a month in energy. That equals to
5 1,087,600 pounds of CO2 a month, or
6 6,525.6 tons of CO2 a year. The utility
7 price for energy can vary month to month,
8 but for the purposes of this testimony,
9 assume that it's 10 cents a kilowatt
10 hour. That means growers will spend more
11 than \$9,000 a month on energy bills.
12 Nearly all of the energy would be used
13 for lighting and ventilation, and energy
14 bills can amount to one-third of their
15 total production costs. If time-of-use
16 pricing was instituted and the price went
17 down to 8 cents for half the time the
18 grower uses energy, the grower's monthly
19 cost would go from 9,000 a month to 8,100
20 a month. Yearly the grower would save
21 \$10,800, which could be reinvested into
22 the business.

23 Thank you.

24 COUNCILMAN GREEN: Thank you.

25 MR. OST: Good morning. My

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 name is Richard Ost. I'm a pharmacist
3 and I'm the owner of Philadelphia
4 Pharmacy at Front Street and Lehigh
5 Avenue in Philadelphia.

6 Philadelphia Pharmacy has been
7 serving the community for over 34 years.
8 I am also a member of the Opioid Overdose
9 Task Force Committee in Philadelphia.
10 We've all heard about how the problem of
11 overdose deaths in Philadelphia, and I'm
12 not here to speak about that today, but
13 it should be noted that studies have
14 proven that opioid deaths have decreased
15 in states where marijuana is legalized.
16 And I do have a study in front of me from
17 JAMA which does state that.

18 It's also worth noting that a
19 recent study found that total dollars
20 spent on prescription drugs by Medicare
21 for Medicare Part D patients has
22 decreased in states where medical
23 marijuana is permitted.

24 Philadelphia Pharmacy is
25 located in an area of North Philadelphia

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2 known as the badlands, where
3 unfortunately illegal drug trafficking is
4 a serious problem. Our pharmacy has
5 worked hard over the last 30 years to
6 make sure none of our narcotics we
7 dispense end up on the street. We have
8 one of the lowest narcotic-dispensing
9 rates in the City. As a member of the
10 PDAC of the 24th and 25th District, I
11 work closely with the community, the
12 Police Department, as well as
13 Councilwoman Sanchez and her staff on
14 projects aimed at decreasing the rate of
15 drug abuse in our city and improving our
16 neighborhoods. She has been dedicated to
17 solving the drug issue we face in North
18 Philadelphia, which ultimately affects
19 the community and many businesses.

20 As a pharmacist and community
21 leader, I have worked with and counseled
22 countless patients in my neighborhood
23 that are afflicted with multiple
24 conditions, of which many would greatly
25 benefit from the use of medical cannabis.

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2 As an example, we work very closely with
3 patients from Esfuerzo, which is
4 Congreso's HIV case management program,
5 along with Prevention Point, a community
6 leader in drug addiction programs.
7 Patients from both of these programs
8 would benefit greatly from medical
9 marijuana.

10 With over 30 years experience
11 in dispensing narcotics in one of the
12 worst drug inflicted areas of the City,
13 the purpose of my testimony today is to
14 share and offer my expertise to begin a
15 dialogue of how dispensary locations will
16 be allocated throughout the City, along
17 with how the dispensaries will present
18 themselves to the general public.

19 Some of my initial thoughts:
20 Number one, and one of the things that
21 hasn't been said but I think is assumed
22 but not everybody knows, medical
23 marijuana will not be covered by
24 insurance. So when you look at some of
25 the depressed communities of Philadelphia

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2 spending \$200, \$300 a month on medical
3 marijuana when they're living on \$600 a
4 month creates a hardship. We need to
5 make sure we have a good compassionate
6 compare program to help these people.

7 Number two, education. We've
8 talked about education of everybody, but
9 we're missing one primary group, and
10 that's the children. I serve on a couple
11 committees in the areas around my store
12 and I had the opportunity to meet with
13 principals of two elementary schools, and
14 one of their biggest fears is medical
15 marijuana is becoming legal, but what
16 does the fourth grader hear? They hear
17 marijuana is legal, and they are worried
18 that that would possibly have the child
19 more tempted to try marijuana. The
20 solution to that is simple. The solution
21 is education at the very youngest level
22 that medical marijuana is a medicine and
23 it's not the marijuana that they're
24 seeing on the street. And we are already
25 working with a couple of the principals

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2 to develop programs to speak with the
3 children in their school.

4 My thoughts for zoning and
5 locations of dispensaries, the
6 dispensaries should be located equally
7 throughout the City, with no dispensary
8 located within a mile or some distance of
9 each other as opposed to what happens
10 today in retail pharmacy. Today we could
11 see two, three or four pharmacies on one
12 corner or even two pharmacies on the same
13 block.

14 I also believe that
15 dispensaries should not be able to sell
16 marijuana accessories that's open to the
17 public. Dispensaries should be for
18 marijuana patients to get their medical
19 marijuana.

20 I'm a believer that
21 dispensaries should not appear as retail
22 stores. They should not have any retail
23 front where the general public can come
24 in and browse. They should be modeled
25 more like a physician's office, with a

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2 waiting room where patients can be
3 registered and then called into a private
4 consultation room. The dispensary would
5 have several private consultation rooms
6 where patients would meet with a
7 pharmacist or another medical
8 professional or other appropriate trained
9 professional. In that room the order
10 would be placed, payment transacted,
11 medical cannabis provided directly to the
12 patient, all in a secure, private
13 setting.

14 The inventory of medical
15 cannabis should be stored in a secured,
16 locked room in the back of the dispensary
17 and required to be placed in a safe at
18 night. The dispensary should also have
19 no visible outside signs advertising the
20 word "marijuana" or "cannabis."

21 In closing, and by way of full
22 disclosure, I have been involved in a
23 group that is seeking licensure in
24 Pennsylvania, and as a pharmacist and
25 community leader and small business

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2 operator, I'd be happy to contribute to
3 this Committee and help the City as we
4 move forward in these new medical
5 therapies.

6 COUNCILMAN GREEN: Thank you
7 all for your testimony. I'll start with
8 Mr. Ost since you're a pharmacist and
9 your location and business is in
10 Councilwoman Sanchez's district. I had a
11 question in reference to education. You
12 made reference to education. I know in
13 our Health Commissioner's comments, he
14 made, I think, somewhat similar
15 perspective in reference to the concern
16 regarding some marketing and labeling of
17 products and I think primarily coming
18 from a tobacco regulatory perspective,
19 especially dealing with children.

20 From your perspective having
21 been in the pharmacy industry and being a
22 pharmacist and running a business for so
23 many years, how would you suggest ideas
24 that the City, from a public policy
25 perspective, can help to educate the

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2 community, not just children like you
3 talked about but also residents and
4 neighbors about what is medical
5 marijuana? Because that's one of the
6 concerns I have and one of the reasons of
7 having this conversation and hearing, to
8 start the conversation, start to educate
9 people on what is medical marijuana,
10 especially now before the regulations get
11 drafted and seeds are grown and people
12 are actually dispensing this medicine
13 throughout our city.

14 MR. OST: I think it's through
15 public awareness and public education
16 through different methods, stating that
17 marijuana is a medicine. Most people who
18 hear that marijuana is getting legalized
19 don't understand that it's just medical
20 marijuana. So I think it starts with a
21 very simple campaign of saying medical
22 marijuana. It's a medicine for medicinal
23 use. It's not for -- it's not what you
24 think it is. I'm not an advertising
25 executive to come up with that slogan.

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2 But I also think, as I said,
3 the most important thing, it starts with
4 our children. From my discussions with a
5 couple principals and schools in and
6 around my store, they're worried that the
7 children are only going to hear the word
8 "marijuana." We need to make sure in the
9 City that we brand it as medical
10 marijuana, medicinal cannabis. So those
11 two words are synonymous so that people
12 know, including our children, that this
13 is a medicine. This is not the marijuana
14 that you're hearing about on the street.
15 I don't want a fourth grader talking to
16 some eighth grader and saying, Oh, it's
17 legal now. We need to educate the
18 residents of Philadelphia on this law.
19 How that is done, I'm not an advertising
20 executive. I could have 100 ideas, but I
21 think it's through public service
22 announcements. I think it's through a
23 public awareness campaign. Marijuana is
24 coming, but it's a medicine and here's
25 what it's used for.

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2 MR. GOLDSTEIN: If I could just
3 add one thing, is that many of the
4 concerns that you expressed about
5 exterior advertising and how the
6 facilities will interact are actually
7 already in Pennsylvania's Act 16. So
8 many of the recommendations you made,
9 already thought of about legislators,
10 already in the law. There won't be any
11 external advertising. The placement of
12 these facilities is very much in line
13 with that vision.

14 Thank you.

15 COUNCILWOMAN SANCHEZ: And
16 thank you, Rick, for coming in and
17 testifying. I guess our concern is --
18 and that's why I asked Senator Leach some
19 of the questions -- is that there's a lot
20 of things that the state licenses without
21 looking at site and location in the local
22 jurisdictions, and we have a huge
23 problem, as Richard mentioned, the issue
24 of locating multiple pharmacies where we
25 clearly have some challenges. He had a

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2 pharmacy down the block from him open
3 only one hour. Like who knew that they
4 were only open one hour? And at one
5 point we had 12 pharmacies on the Lehigh
6 strip from Germantown Avenue to
7 Kensington. So we knew there wasn't a
8 whole lot of good business happening
9 within that corridor where you had the
10 other issues.

11 In hearing the Senator kind of
12 talk through some of these things about
13 the research component of it, clearly the
14 person having the card, is there anything
15 that rung out to you that we should be
16 doing, outside of the pill dispensary
17 piece that's coming out of the
18 legislation, that we should be doing now
19 from a pharmaceutical piece that they're
20 looking to do? Because I think they were
21 pretty thorough on some of these issues.
22 I'm just wondering what other
23 recommendations to the state we should be
24 giving them since we have such an issue
25 with these pharmacies.

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2 MR. OST: Well, number one, the
3 pharmacies -- the dispensaries will not
4 be from the pharmacist. So the
5 dispensary will be a separate place where
6 people would go to get their medical
7 cannabis.

8 Secondly, again, I think it
9 revolves around a lot of education, and I
10 can't stress that enough. I think
11 education of the whole community of what
12 this is and what it's doing is going to
13 be one of the most important things. I
14 don't know what other plans -- and maybe
15 we can get some assistance -- that the
16 state has to help with that right now,
17 but I'd be open.

18 MR. GOLDSTEIN: Again, I'm a
19 writer. I only play a lawyer on TV. And
20 I'm certainly not a legislator. But I
21 have extensively -- I can't tell you how
22 many times I've read Act 16 and the
23 recent potential regulations, and I am
24 very schooled on it.

25 I think your question is more

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2 about market diversion, which is really
3 not a problem in tightly regulated
4 medical marijuana programs.

5 I think that there's another
6 issue that comes up too that the City
7 needs to address. Look, a lot of this
8 has been focused on the businesses. We
9 have to have a focus on the patients, how
10 does Philadelphia make a program that
11 serves especially low-income patients.
12 And there are other problems. Right now
13 under Act 16, parents can get what's
14 called a safe harbor certificate to
15 import medical marijuana from other
16 states. I just had to talk to a mom
17 whose son actually lives with autism and
18 she has a safe harbor certificate, but
19 CPS showed up at her house because her ex
20 doesn't agree with the therapy. CPS
21 didn't know how to deal with this. They
22 said, Well, this is the safe harbor
23 certificate. We've never seen one of
24 these before. What do we do?

25 The Department of Health and

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2 the City needs to work to protect
3 patients. CPS in Philly need to know
4 that if they encounter a safe harbor
5 certificate, they call the Department of
6 Health, verify that it's valid, and leave
7 the patient, whether that's the child or
8 the parent, alone.

9 Philadelphia really needs to be
10 working to facilitate access. Market
11 diversion doesn't happen in these limited
12 medical marijuana programs. The biggest
13 issue is getting patients into the
14 program and then making sure that the
15 businesses are making affordable
16 products.

17 MR. OST: Let me just add to
18 that real quick. Pennsylvania just
19 recently started their Prescription Drug
20 Management Program where all narcotics
21 dispensed are reported to a central
22 database within 48 hours of being
23 dispensed. The regulations now require
24 physicians prescribing any narcotics to
25 check that database to see if the person

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2 is pharmacy shopping. How do people
3 pharmacy shop? The easiest way is, they
4 pay cash, because if they pay cash,
5 there's no way of one pharmacy connecting
6 to another pharmacy to another. So this
7 PDMP will help with what I'll call legal
8 drug problem.

9 The state is planning on
10 instituting a similar system with medical
11 marijuana, that as soon as a person gets
12 medical marijuana, it will be reported to
13 the Department of Health, and they will
14 be able to get up to a 30-day supply, and
15 they will not be able to get that -- and
16 we'll use the word "refill" -- refilled
17 until they are 80 percent out of their
18 supply. So what's going to have to
19 happen in my mind -- and this is not in
20 the regulations, but as a pharmacist --
21 is, a patient is going to need to sit
22 down with a pharmacist or a medical
23 professional and decide what dose of
24 marijuana they're going to need,
25 calculate that out to what a month's

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2 worth is. That would be then reported to
3 the state. So if they come in to
4 dispensary ABC today and walked into EDFG
5 tomorrow, they will not be able to get
6 marijuana, because the first thing the
7 dispensary has to do is check their
8 profile that's logged in the state.

9 So I don't see abuse or misuse
10 as a big problem. What I do see as the
11 problem, and especially the neighborhoods
12 where we are, is the people are going to
13 get it and resell it, because it's a
14 choice of do I want money to buy food or
15 do I use the medical marijuana for my
16 health. And we see that today in the
17 AIDS environment. It's a big problem.
18 The AIDS drugs are resold all the time.
19 We have an HIV patient who is not taking
20 their HIV drugs because someone offered
21 them \$500 for their drugs. And they
22 said, Well, if I take a half a pill, I
23 cut my dose in half. I can get \$500 and
24 now I can buy food. It's a choice, food
25 or what. So that's an issue we're going

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2 to have to face.

3 Another issue that I jumped
4 over in my presentation references
5 language. We know a large part of this
6 population speaks Spanish. We need to
7 make sure that we have all our education
8 in many different languages that are
9 spoken across the City, not just English.

10 COUNCILWOMAN SANCHEZ: Well, I
11 mean, again, thank you. I think part of
12 for me the whole issue -- and I'm glad
13 that we finally have this database at the
14 state level. I still find that some of
15 the problems are the doctors. I often
16 tell people I don't have to worry so much
17 about my drug dealer on the corner, but
18 the one with the white coat. I have
19 1,200 doctors in the 7th Council
20 District.

21 MR. OST: And hopefully this
22 PDMP program will help that, because
23 nothing has been able to track what a
24 doctor writes. And as you well know,
25 there's eight doctors on my block where

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2 my pharmacy is, and if you walk to Doctor
3 A today, you can get a prescription. You
4 can walk into Doctor B tomorrow and get
5 the same prescription. So hopefully this
6 management program used properly will
7 help cure that problem.

8 COUNCILWOMAN SANCHEZ: I hope
9 so.

10 MR. GOLDSTEIN: There's been a
11 lot of illusions to what is solid data
12 that came out of the University of
13 Pennsylvania Annenberg Center Veterans
14 Health Services that showed a 25 percent
15 reduction in opioid overdose deaths in
16 medical marijuana states. There's an
17 interesting note about that study. They
18 didn't include New Jersey when they did
19 that two years ago, because they only
20 included states with robust medical
21 marijuana programs.

22 We won't have that impact in
23 Pennsylvania under this law. I mean, I
24 hate to tell you, but it's true. There
25 are 104,000 registered medical marijuana

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2 patients in Michigan. You don't have to
3 register in Maine because they want
4 patients to have privacy protection. But
5 in Pennsylvania, we're only going to have
6 5,000 or 6,000 patients. That's not
7 enough access. You only cut down on
8 overdose deaths if people who are dealing
9 with addiction can get easy, affordable
10 access to high-quality cannabis. It
11 happens in Colorado, in California, in
12 Oregon and other states, but it's not
13 happening in New Jersey and it won't
14 happen under Act 16 unless we
15 significantly expand this law.

16 COUNCILWOMAN SANCHEZ: So when
17 you talk about affordability -- and then
18 I know we want to get finished. We've
19 been at this for a while -- around
20 affordability, is there anything in the
21 law that's going to limit the kind of
22 cost pieces to this? It is a medical
23 situation. I would think the insurance
24 companies and others would --

25 MR. GOLDSTEIN: No. There's

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2 no -- this is a core issue.

3 COUNCILWOMAN SANCHEZ: It's all
4 going to be cash, which is a concern.

5 MR. GOLDSTEIN: I wouldn't say
6 cash as much as it's all out of pocket to
7 the patient. Okay? Because they might
8 be able to use their credit card, but
9 they're going to end up paying the bill.

10 There is a small provision
11 within Act 16 that says the Department of
12 Health will help determine the prices.
13 What that means, nobody knows. Frankly,
14 it's a great idea for all pharmaceuticals
15 I think -- there's a massive markup on
16 medication in America today, and
17 unfortunately the people who are getting
18 involved with the medical cannabis
19 industry come from the same ilk. They
20 want to have that profit margin on the
21 product. In fact, cannabis probably
22 offers a better profit margin than a lot
23 of synthetic pharmaceuticals.

24 So, look, making it affordable
25 is holding these companies accountable,

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2 just like you hold Mylan accountable, and
3 you say, Okay, you can make a profit, but
4 not 1,000 percent. So when these
5 businesses come into Philadelphia, no. I
6 mean, you're asking a question that I
7 don't know what Pennsylvania is going to
8 do. There's a provision in the law to
9 try and regulate price. What that means
10 for our low-income patients, we don't
11 know. No insurance company will cover
12 it.

13 MR. OST: I just want to add
14 one thing, and I think this is where we
15 heard even from the Senator that there
16 should be local and state residents
17 involved in the program of owning the
18 dispensaries and owning the grow
19 facilities. If I was granted a license
20 for a dispensary, I would be working with
21 my community to create compassionate care
22 programs. We want companies to come in
23 here that are local, that understand
24 Philadelphia, that understand
25 Pennsylvania, understand all the

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2 different types of people that are here
3 and figure out how to create things that
4 will help them.

5 I've already had the
6 conversation with Prevention Point and
7 Congreso about compassionate care
8 programs for medical marijuana while it's
9 in a very infant state of how we can put
10 those things together, and my important
11 thing that I asked them was, how are we
12 going to determine which patient. We
13 can't just say, Do you have a Medicaid
14 card, you're qualified. But how are we
15 going to create a system -- and this is
16 where I think the City can help, by
17 creating a system where patients can
18 apply for assistance or compassionate
19 care. The City would certify and say,
20 This person should be able to buy it X
21 discount.

22 COUNCILWOMAN SANCHEZ: Well,
23 for us because we manage our own HMO,
24 CBH, we need to be having these
25 conversations on the front end, because

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 we do have an opium crisis and many of
3 these patients end up receiving
4 non-traditional care. That's what
5 Prevention Point is, needle exchange. So
6 what's not there now, things have
7 evolved. So my concern is very early on
8 how do you make sure that where there's a
9 high need in Eastern North Philadelphia
10 around pain management, but there's not a
11 lot of money, how do we ensure access and
12 appropriate utilization.

13 So, again, we're just starting
14 the conversation, as Councilman Green,
15 but these hearings have brought a lot of
16 questions to bear in my mind.

17 MR. OST: Well, it goes without
18 saying that being in that community, I'm
19 more than happy to offer my services to
20 help create this kind of program. It's
21 something that I've been known for in the
22 community that I'm at for 34 years of
23 providing healthcare, quality healthcare,
24 to people and making sure that they can
25 get their medicine. It's really no

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2 different when it goes to medical
3 cannabis. It's going to be making sure
4 the right people can get the right
5 medicine. There's going to be a lot of
6 other places, as in pharmacy, that the
7 wrong people get the wrong medicine. We
8 want to make sure that we get the right
9 people the right medical cannabis they
10 need.

11 MR. GOLDSTEIN: And,
12 Councilwoman Sanchez, you've hit upon a
13 key point here. Pennsylvania and
14 Philadelphia for the first time, I
15 believe, in history are going to be
16 offering a medication, not through a
17 pharmacy, not through an HMO, not through
18 an agency. You're offering the
19 medication. So when it comes to
20 education and that kind of structure, it
21 is critical. But, believe me, if you
22 start holding everything you want to know
23 about medical marijuana seminars in your
24 district for free, I'm sure you're not
25 going to lack any attendance. It is a

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2 pressing and important issue for this
3 community, and I think that you're
4 getting a sense of how complex this is
5 going to be.

6 A city like Philadelphia,
7 America's fifth largest city, undertaking
8 this, Council may want to consider having
9 some sort of advisory board or staff
10 position to move this forward. It's an
11 extremely complex issue.

12 MS. HILL-ZAYAT: I think that's
13 absolutely true. A point of contact
14 would really help facilitate this as it
15 moves forward.

16 COUNCILWOMAN SANCHEZ: Okay.
17 Thank you.

18 COUNCILMAN GREEN: I just want
19 to say real quick, I want to thank this
20 panel, because you really brought the
21 issue in reference to access. We talked
22 earlier today a lot about access from a
23 public transportation perspective, but
24 access from access to the actual
25 medication, especially for people who are

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2 low income who may not have the resource,
3 and then some of the other dynamics that
4 may occur from high markups in this type
5 of product, which is a possibility.

6 I just have one last piece. I
7 want to ask Ms. Hill-Zayat a quick
8 question, because you talked a lot about
9 energy, and one of the other hats that I
10 wear is Chair of the Gas Commission, so
11 I'm often thinking about energy. And I
12 guess I have a concern. What are some of
13 the best use strategies that we have in
14 reference to energy consumption? Because
15 I have a concern -- especially from
16 Oregon and Colorado. Because I have a
17 concern that with entities trying to make
18 a profit, they're going to be using
19 energy in a way that, one, is going to be
20 using a lot of energy, but also ties into
21 the public safety issue. Because when we
22 went with the Health Department,
23 Planning, L&I, and the Police Department,
24 one of the things the Police Department
25 talked about was not so much public

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2 safety from attempted robbery

3 perspective, but fires that were

4 occurring --

5 MS. HILL-ZAYAT: Compliance

6 with OSHA, compliance with fires. So

7 part of my testimony advocates -- and I

8 cut some of this out for brevity, but I

9 think if we had a handbook that addressed

10 best practices insofar as compliance,

11 which really is a safety issue, and then

12 also with products that are specific to

13 the cannabis industry. So LED lights are

14 great, but if you had LED lights that

15 were specific to a certain spectrum that

16 would help the plant, that would be even

17 better.

18 There's lots of -- I could go

19 on for hours about things that you could

20 do, but I think the best thing for the

21 City and the cheapest thing for the City

22 to do would be to issue a handbook.

23 COUNCILMAN GREEN: And just one

24 last follow-up, because I know L&I was

25 looking at making some changes in the

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 code based on medical marijuana because
3 of the concerns that if you look at what
4 Paula presented earlier in reference to
5 the locations for the grower/processors,
6 they're industrial buildings, old, many
7 have probably not been in productive use
8 for some time, now are going to be put in
9 use, and now you're going to have a lot
10 of power and voltage to light and have
11 the seeds grow, and that creates a public
12 safety concern as well.

13 MS. HILL-ZAYAT: Absolutely.
14 Absolutely. Compliance needs to be a
15 huge focus to really ensure the safety of
16 people who live around them.

17 COUNCILMAN GREEN: Thank you.

18 COUNCILWOMAN SANCHEZ: Thank
19 you.

20 (Thank you.)

21 COUNCILWOMAN SANCHEZ: We're
22 trying to see if she needed a break for
23 this, but we promised her we would be
24 quick, the stenographer.

25 (Witnesses approached witness

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 table.)

3 COUNCILWOMAN SANCHEZ: All
4 right. We could proceed.

5 MR. ZISKIND: Thank you for
6 allowing me to testify today on the
7 positive aspects of medical marijuana.

8 COUNCILWOMAN SANCHEZ: You need
9 to say your name for the record.

10 MR. ZISKIND: I'm sorry. Scot
11 Ziskind, Cannabis Business Experts, LLC.

12 Although I reside in
13 Philadelphia, my businesses are based
14 here, I have been working in the cannabis
15 industry for over three years in
16 Colorado, first as a consultant working
17 with many cannabis companies that I found
18 are operated by professionally trained
19 owners and personnel and secondly as a
20 cannabis patient while in Colorado. And
21 Colorado companies are producing quality
22 medications for pain relief, Crohn's and
23 other diseases. These companies, in
24 addition to the tax revenue windfalls for
25 the state, are truly helping people,

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 including many children with seizures
3 disorders, including adults.

4 Parents travel there from all
5 over the country to avail themselves of
6 these medications. One of the first
7 things that stood out to me in Colorado
8 was the quality of the retail business
9 establishments. The facilities where the
10 products are sold all comply with strict
11 state regulations on quality, hours of
12 operation, et cetera. The facilities are
13 clean, secure, and do not disturb
14 neighborhoods. Their impact is much less
15 than a bar, restaurant or nightclub.
16 They are more like an upscale private
17 pharmacy, like a CVS or a Walgreens.
18 People do not linger or loiter outside.
19 There are security cameras galore. So
20 much, that the presence of these
21 businesses and cameras have improved
22 struggling neighborhoods.

23 Pennsylvania is adopting many
24 of the same highly effective regulations
25 that are utilized in Colorado, and like

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Colorado, Pennsylvania and Philadelphia
3 should welcome the opportunity to help
4 their citizens.

5 To have our region, which is
6 already known as a national destination
7 for healthcare with our outstanding
8 university hospitals and research
9 centers, stay current and relevant in
10 this changing medical landscape is
11 important. This advancement in the
12 medical field has already been embraced
13 by 23 other states.

14 The Colorado model is one of
15 the best in the country. The protocols
16 that are in place for security,
17 surveillance, and tracking the product
18 from seed to sale will also be used in
19 Pennsylvania, which includes a computer
20 system that is tied into a state
21 database, as the pharmacist was talking
22 about before, which every sale is tracked
23 directly to the state. I was actually in
24 a dispensary last month and one of their
25 computers went down, and when their

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 computer went down, they only had one
3 computer up and the people that were then
4 in the store, which closes at 7:00 p.m.,
5 not like 2:00 a.m. like the liquor
6 stores, they had to limit the number of
7 people in the store because they could
8 only process a few of those people
9 because they had one computer. But it's
10 all tied in to the state, every sale.

11 Last month, the Pennsylvania
12 Department of Health published draft
13 rules which have already outlined a
14 highly effective quality control system
15 that we believe will assure high
16 standards and effectively protect public
17 health.

18 At the end of 2014, not 2015 --
19 I don't have the current numbers -- the
20 cannabis industry in Colorado employed
21 15,992 licensed workers, and we believe
22 this industry will have a similar impact
23 in Pennsylvania. In Colorado, the
24 industry generated over \$100 million in
25 tax revenue. That's Colorado alone.

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Other states with patient-accommodating
3 atmospheres have had similar revenue
4 increases. Pennsylvania and Philadelphia
5 will likely have similar benefits.

6 This is a new industry, coming
7 from a financial aspect that means jobs
8 and taxes, jobs of all types, from
9 lawyers, architects, doctors. Medical
10 schools have already started classes to
11 certify doctors for this, to trades
12 people that will be building the
13 warehouses and dispensaries, to the
14 permanent employees that will staff them.
15 Trickle down, all these workers will eat
16 lunch, will buy building materials to
17 build these facilities out, and will shop
18 at our local stores, increasing the tax
19 base again.

20 These new businesses will pay
21 use and occupancy taxes and wage taxes.
22 Underutilized real estate will come
23 online and be added to the tax base. New
24 industry means trickle-down benefits for
25 many businesses as well. Retail food

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 establishments will all benefit from
3 additional activity. Testing labs will
4 be built. Other goods that will be for
5 sale in dispensaries, various
6 accessories, will all be subject to sales
7 tax.

8 With regard to personal
9 experience as a cannabis patient, while
10 in Colorado after major shoulder surgery
11 in Philadelphia, instead of using the
12 opiates that had been prescribed to me by
13 my doctors, I used cannabis-based
14 products, specifically pain salves and
15 patches. These products had high CBD's,
16 no THC, which is the part of the plant
17 that produces the high. I found that the
18 pain was gone with none of the side
19 effects or risks of addiction that I
20 would have experienced with the opiates.

21 My oldest son also had moved to
22 Colorado while working for AmeriCorps in
23 2010. He has suffered from ulcerative
24 colitis since early childhood, but found
25 that his condition went into remission

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 thanks to cannabis-based products
3 containing CBD's and CBN's, which he took
4 in food or pill form.

5 It has been widely reported
6 that states of medical marijuana have a
7 lower rate of opiate overdoses, and I
8 think we've heard that about 15 times
9 today, so I'm not going to go any further
10 on that one.

11 In summary, I believe that the
12 Pennsylvania law and the draft rules that
13 I was able to review are comprehensive
14 and will be effective to assure the
15 highest quality products available to the
16 residents of Pennsylvania, while assuring
17 the safety of our state residents. This
18 is new medical advancement, and the
19 industry that supports it should be
20 embraced by its new home, Pennsylvania
21 and Philadelphia.

22 COUNCILMAN GREEN: Thank you
23 for your testimony.

24 MR. RYAN: Good afternoon. My
25 name is Jed Ryan, co-founder of

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Philagrow, a vertically integrated
3 medical marijuana company pertaining to
4 the Medical Marijuana Act in Pennsylvania
5 and I'm also a patient with epilepsy.
6 I'd like to thank Councilman Green and
7 his staff for arranging this panel and
8 hope that we are able to contribute.

9 Today we would like to talk
10 about the potential economic impact of
11 the Medical Marijuana Act in
12 Philadelphia. Please turn to Page 3 of
13 your Philagrow materials in your packet.

14 As you can see, marijuana is a
15 new industry and it's rapidly expanding
16 at the growth at 31 percent. In the next
17 slide you can see that the industry
18 estimates that the PA markets will reach
19 almost \$1 billion by the year 2020.

20 The next slide we get into the
21 estimates that PA share -- the PA share
22 of the national legal market will be
23 greater than 4 percent by 2020.

24 With all of this in mind -- we
25 go to Page 6 of our slideshow --

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Philadelphia is home to 12.2 percent of
3 the population of Pennsylvania. Two
4 percent of a population is industry
5 standard for participation rates in a
6 medical marijuana program. We made an
7 assumption regarding patient usage rates
8 at the dry leaf equivalent of one joint
9 per day. We slowly ramped up the patient
10 participation rate as shown in the graph.
11 By doing so, we were able to forecast
12 demand at the state and city level.

13 MR. MISHRIKEY: This is Mina
14 Mishrikey, for the record, co-founder of
15 Philagrow.

16 On that point, this chart on
17 Page 6 outlines what we think is a
18 realistic assumption for how the industry
19 will grow slowly, be a very slow start.
20 It's going to take time for research to
21 develop and for the medical community to
22 get comfortable with writing
23 prescriptions and with the patient
24 community to get comfortable and educated
25 with these medical products. And so we

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 take a very conservative, sobering view.
3 The ramp-up is over time, and that's the
4 basis for the numbers that we're about to
5 get into in terms of the potential
6 economic impact for Philadelphia
7 specifically.

8 On the next page we get into
9 the hard numbers, both at the state and
10 the City level, of what we think the
11 revenue potential impact could be for the
12 City over the next five -- it's really
13 five years, because the first year is
14 really about a quarter of a year. And
15 what you'll notice in Philadelphia is,
16 you have an initial additional revenue
17 pool of about 6.8 million that ramps up
18 to over 200 million in the fifth year.
19 This is based on the assumption that
20 Philadelphia will get its -- well, based
21 on a population analysis, it will get its
22 commiserate share of dispensaries and
23 grow facilities. So just based on the 12
24 percent population in Philadelphia, that
25 we would have about three grow facilities

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 in the City and 18 dispensaries in the
3 City.

4 And then on the following page,
5 we further look at more of the economic
6 impact, and we estimate that in the first
7 year when this program is rolled out,
8 there will be about \$17.5 million of
9 capital investments. Those capital
10 investments exclude real estate purchases
11 but building out these facilities,
12 building out dispensaries and the like.
13 We also estimate that in Philadelphia
14 alone, based on the assumption that I
15 stated previously, that there's three
16 grow facilities in the City and 18
17 dispensaries in the City, you're talking
18 about 204 additional jobs that ignores
19 some of the trickle-down effects for the
20 rest of the economy. Those 204 jobs
21 represent an additional annual salary of
22 about \$12 million.

23 These numbers -- we did our own
24 population study. They're based on our
25 own population study. They reconcile and

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 match national industry standards, the
3 Arcview reports that Jed had looked at
4 earlier.

5 And, finally, obviously this is
6 a potentially great economic impact for
7 the City. We just wanted to leave you
8 with an anticipated timeline, which has
9 been discussed earlier today. We don't
10 need to harbor on it, but it is a very
11 compressed timeline and a lot to do and a
12 little amount of time.

13 MR. RYAN: In conclusion, the
14 Medical Marijuana Act will provide
15 much-needed holistic relief to the local
16 patient community, and it will take time
17 to develop, in tandem with research and
18 education. It also presents a
19 significant economic opportunity to the
20 City.

21 As local citizens and
22 participants, it is imperative that the
23 City capitalize on the opportunity, and
24 that starts by advocating at the state
25 level for our fair share of licenses.

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2 The alternative is bringing in supplies
3 from the surrounding municipalities and
4 losing out on a significant pool of jobs
5 and local spending.

6 And just to touch on what
7 Senator Leach said in his opening
8 statements, the growing/processing is not
9 defined by regions. The fear would be
10 that Philadelphia would be completely
11 left out of that process if fields in
12 western PA or fields in Harrisburg are a
13 cheaper, a better place to grow or are
14 seen by the state as a better
15 opportunity.

16 So those are the alternatives.
17 Mina and I can be reached at the contact
18 information provided in your packet if
19 you have any additional questions or
20 comments. Thank you very much for your
21 time.

22 COUNCILMAN GREEN: Thank you.

23 Mr. Turner.

24 MR. TURNER: Yes. Good

25 afternoon, Chairwoman Bass, Councilmember

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Green, and members of the Committee on
3 Public Health and Human Services. My
4 name is Jason Turner, and I would like to
5 thank you for the opportunity to testify
6 as the Committee considers how to address
7 medical cannabis in the City of
8 Philadelphia. I come before you today
9 representing District Growers, a
10 minority-owned and operated medical
11 cannabis cultivation center based in the
12 District of Columbia.

13 Now, at District Growers, we
14 feel that it is critical that the
15 Committee on Public Health and Human
16 Services take an active role in how
17 medical cannabis operators take shape in
18 the City, as this is the best way to
19 ensure that the companies operating in
20 the City reflect the diversity of the
21 population of Philadelphia.

22 Now, currently -- some of the
23 speakers mentioned this -- across the
24 country only one percent, one percent of
25 all cannabis companies are owned and

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 operated by people of color, and this
3 statistic is particularly startling given
4 that historically 70 to 80 percent of the
5 arrests for marijuana possession come
6 from the same population.

7 Now, as a company with
8 experience operating in this space as far
9 back as 2008, we have seen time and again
10 how the state procurement process
11 effectively shuts minority operators out
12 of the industry. And just earlier some
13 of the testifiers were talking about the
14 State of Maryland as a current example of
15 this. Yet it is only when locally
16 elected officials take an active role in
17 ensuring diversity in the business
18 environment that minority-owned firms get
19 a fair opportunity. One need look no
20 further than the cities like Oakland,
21 Berkeley, California, and our city, the
22 District of Columbia, for examples of how
23 locally elected officials played a
24 critical role in ensuring diversity and
25 inclusion in the process.

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2 Now, furthermore, it's
3 important to ensure that the medical
4 cannabis industry has a diverse set of
5 operators. That will ensure that there
6 is cultural competency in the care of
7 sick patients in the City of
8 Philadelphia. It is a well-established
9 fact that minority owners hire minority
10 employees in greater numbers and that
11 these individuals may be able to reach
12 out into the diverse communities and
13 ensure that therapeutic benefits of
14 medical cannabis are distributed more
15 equitably.

16 Given the longstanding health
17 disparities that exist within communities
18 of color, we think it's important that
19 the City Council take an active role in
20 using this novel alternative therapy in
21 attempts to close the gap.

22 Now, Washington, DC obviously,
23 which if you know about the industry,
24 obviously has its own set of challenges
25 as we continue to evolve, but the fact is

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 that because of how long District Growers
3 has been in business in Washington, DC,
4 we're able to have a founder or a CEO
5 like Corey Barnette, who just a few
6 months ago was listed in Black Enterprise
7 magazine as one of the top five African
8 Americans involved in this industry. It
9 means that we can have folks on our team
10 like Dr. Malik Burnett, who through his
11 work we've been able to partner for a
12 couple years now with Johns Hopkins
13 University. So we also applaud the
14 efforts of the Commonwealth to make sure
15 that research and education at a high
16 clinical level is involved, and certainly
17 our experience in that space, we look
18 forward to partnering with other
19 institutions like Thomas Jefferson
20 University or others to further the
21 research.

22 It also means that the years
23 that District Growers has been in
24 experience has allowed us to gather the
25 financial resources to be able to look at

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 participating in the Commonwealth of
3 Pennsylvania's program and, importantly,
4 to be prepared to invest in going with a
5 local partner and meaningfully partnering
6 with a Philadelphia-based entity to bring
7 all of our best practices, all of our
8 findings, all of our experiences and
9 financial resources to make sure that
10 this program is executed at the highest
11 possible level of fidelity.

12 So, therefore, I would like to
13 conclude by just thanking you again for
14 the opportunity to testify. We've
15 included some other supplemental material
16 with our testimony which highlights the
17 diversity which can be brought about when
18 local officials take an active role in
19 the licensing processes and benefits.

20 Thank you very much, and I look
21 forward to answering any questions that
22 you may have to the best of my ability.

23 COUNCILMAN GREEN: Thank you.

24 MR. STALBAUM: Thank you. My
25 name is Michael Stalbaum from Kind

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 Financial. We specialize in technology
3 that monitors cannabis compliance across
4 the board, including at the government
5 level, the retail level, as well as the
6 financial level, which I know has been
7 discussed several times in this panel.
8 I'm a local Philadelphian, grew up here,
9 practiced law here for a little while.
10 I'm a business owner here and I have kids
11 here. So I have many interests in seeing
12 this go through.

13 Our platform is to help these
14 businesses transact safely, securely, and
15 in compliance with the regulations that
16 we're here to put together. I think
17 Philadelphia needs to focus on its own
18 tracking and compliance program as well
19 that would talk to the state program,
20 talk to the financial institutions as
21 appropriate, as well as talk to the
22 various dispensaries.

23 I know there was things
24 mentioned here today as far as location
25 hopping. Having its own tracking system

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 would help monitor those types of things,
3 very similar to alcohol and tobacco, just
4 like we have state systems, in order to
5 follow the state regs, the local regs as
6 well as the Cole Memorandum, which is the
7 main thing that touches on the financial
8 priorities and justice enforcement. All
9 of this can be done through a series of
10 technology.

11 The cash situation, there is a
12 kiosk component to the seeds-to-sale
13 tracking that is available, which handles
14 the cash so that business owners or their
15 employees, more appropriately, do not
16 have to ever touch the cash. It also
17 handles it where you can have a security
18 issue, you can have armed guards come and
19 pick up the cash from the kiosks. So
20 there's really no access to that. I
21 won't say it's bank secure, but it adds
22 that extra level of security with locks.

23 And the other thing is, I think
24 just to go quickly -- I know we're at the
25 end here -- is we talked about labeling.

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2 We talked about analysis. We talked
3 about reporting. All of that comes from
4 the point of sale, the tracking system.
5 Those are the various components that
6 these systems enable you to do. And the
7 way that they talk to the bank -- I don't
8 know how detailed we want to get into it,
9 but basically in a typical banking
10 environment, it's required to KYC, know
11 your customers, they say. In order to
12 comply with the Cole Memorandum, it
13 requires a much more granular level of
14 analysis. So they have look at the
15 point-of-sale transactions on a
16 piece-by-piece basis. So what certain
17 technology has enabled it to do is to
18 take that point-of-sale data and actually
19 feed it to the banks directly and, again,
20 monitor the anti-money laundering
21 components at a much more granular level.
22 So the banks that are banking cannabis
23 right now, the big problem is scaling.
24 So the ability to look at all of this
25 data, and that's where the technology

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 component comes in to help them take the
3 data, put up the red flags to monitor the
4 financial aspects that are outlined in
5 the Cole Memorandum, thereby making them
6 feel more comfortable to touch the
7 cannabis funds.

8 So in summary, you know, we
9 would love to participate in this process
10 and lend knowledge where appropriate and
11 help develop, again, the priorities and
12 the process for businesses in
13 Philadelphia to transact safely,
14 securely, and in line with all these
15 compliance guidelines that we're talking
16 about here today.

17 COUNCILMAN GREEN: Thank you
18 for your testimony.

19 We've been here for some time,
20 but this last panel is a panel based on
21 those who actually are in the business or
22 seeking to be in the business here in the
23 City of Philadelphia and the Commonwealth
24 of Pennsylvania.

25 So based on the commentary

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 you've heard today from some of the other
3 panelists, do you have any other thoughts
4 and concerns as you try to enter this
5 market?

6 MR. STALBAUM: Me personally?

7 COUNCILMAN GREEN: Any of the
8 panelists. This is an open question,
9 just trying to wrap up now.

10 MR. MISHRIKEY: Well, I think
11 some of them have been answered. One of
12 our chief concerns was the zoning and how
13 the build-out would occur, you know,
14 whether it was by-right or by some sort
15 of new methodology.

16 I don't know if you want to
17 chime in, Jed, but in terms of
18 compassionate care programs, that's
19 something that we've thought a lot about.
20 We've been very transparent with our --
21 happy to talk to the reporter about some
22 of the costs versus retail pricing and
23 instituting programs in neighborhoods of
24 need where pricing at the retail level
25 doesn't make sense. So I think that's an

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 important factor for the City to
3 consider.

4 And the banking and accounting
5 issues, which accounting hasn't really
6 been touched on a whole lot, but banking
7 and accounting issues are definitely
8 things that need to be thought through
9 and scrubbed, and we are in the process
10 right now of talking to local banks and
11 credit unions and probably should be
12 talking to Kind as well about some of
13 these solutions, not only for us as
14 prospective growers but also for the
15 community at large.

16 I think it's really important
17 that folks like myself, we're applying
18 for license and we obviously have a
19 vested interest to win that license, but
20 it's important that a community be
21 created once all these licenses are
22 allotted such that we work together to
23 make this work. It's going to take a lot
24 of work. It's going to take a lot of
25 education in the medical community, in

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 the patient community. It's going to
3 take putting our heads together to come
4 up with some of these banking solutions.
5 It's not -- it's going to be a slow
6 rollout. We've been very transparent
7 about that. And I think these sorts of
8 forums go a long way in terms of starting
9 that dialogue.

10 So thank you.

11 And I think the other thing I
12 want to note is, we're applying to be a
13 grower/processor. I think from what
14 we've been sensing of who is applying,
15 where, a lot of people are kind of
16 avoiding the Philadelphia area for
17 various reasons. There's a lot of
18 interest in dispensaries in Philadelphia
19 obviously because of the large
20 marketplace, but to run a commercial
21 grow/process facility within the City
22 limits has its own challenges. I think
23 as Jed alluded to in our conclusions, I
24 think it's really in the City's best
25 interest to advocate at the state level

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 to get our fair share of those commercial
3 businesses, because it has a huge
4 economic impact and trickle-down effect
5 for the City. And obviously I'm biased,
6 I want a license but, more importantly,
7 as a citizen of this city for my whole
8 entire life, I want to see the City reap
9 the benefits of this very important law.

10 MR. TURNER: I want to just add
11 too. I mean, certainly the City of
12 Philadelphia and the state is in a good
13 position of being able to not reinvent
14 the wheel, as many of the folks that have
15 testified have said. We know about some
16 of the challenges that a program in like
17 New York state has. As was said, they
18 only have 6,000 patients in the State of
19 New York. I mean, that can't be
20 considered a successful program. So
21 obviously we really applaud the way you
22 guys are looking at putting this together
23 the right way.

24 We at District Growers would be
25 very interested obviously in helping you

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 shape that engagement with your minority
3 business community. Our experience is in
4 Washington, DC in the urban areas, so we
5 naturally have focused our efforts and
6 thinking of how we can partner with the
7 City of Philadelphia-based entities to
8 apply our knowledge on how to make these
9 things happen. Certainly the financials
10 and the understanding of the mechanisms
11 of operating a grower cultivation
12 facility are obviously paramount, but the
13 other learnings of how to engage with the
14 community, the issues of finding spaces
15 and how do you translate those into jobs
16 in the community, how you can actually
17 come in and have the capital and the cash
18 flow to survive while these licensure
19 elements shake out are all really day two
20 issues that a company would have to face.

21 We're very excited not only
22 about partnering and doing business in
23 Pennsylvania, but also being about
24 increasing the amount of engagement and
25 participation. Even in these first

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 hearings that you're having, we can look
3 at the folks that have testified and the
4 amount of companies that are here, the
5 lack of diversity extends even into this
6 hearing room in terms of the amount of
7 folks that are here from minority-owned
8 companies. That is a standard and a
9 given no matter what state or area we've
10 gone into it across the country, and
11 there's a real opportunity for
12 Philadelphia to join some of the best
13 practice leaders to really make a
14 difference in making sure that that
15 diversity and inclusion is built in as
16 part of the process on the front end.

17 Thank you.

18 MR. STALBAUM: I would just
19 reiterate a lot of that. I think the
20 number one thing is is that all of the
21 things that were talked about today are
22 things that have been issues in other
23 states and how they've addressed them.
24 For example, the advertising thing. In
25 California, I know that they were going

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 to include it in the RFP, but they're
3 having a separate RFP for that PSA
4 component. Those things I think are
5 great things to learn from. They were
6 all brought up today and I think by not
7 recreating the wheel and putting together
8 people that have the ability. I think
9 this process has been great. So I'm
10 happy to participate. Thank you.

11 COUNCILMAN GREEN: Thank you
12 very much. Thank you all for your time,
13 for being here and testifying, providing
14 information. I think this has been a
15 very interesting conversation today.
16 We've had a lot of different aspects,
17 some that I had some information on,
18 others that I really did not think about
19 in detail. So this provided a really
20 comprehensive opportunity to have a
21 conversation. This will be the beginning
22 of other conversations, especially as the
23 Department of Health continues in their
24 drafting process of their regulations for
25 both grower/processors, the medical

1 9/9/16 - PUBLIC HEALTH - RES. 160424
2 marijuana program, and shortly they'll be
3 also having the dispensary regulations
4 come out as well. So that will provide
5 additional opportunities to continue this
6 conversation so we can continue to move
7 forward and to make sure that we have the
8 best type of industry for the benefit of
9 the citizens of the City of Philadelphia.

10 So thank you for your time and
11 information, and we will recess this
12 hearing to the call of the Chair. So
13 thank you.

14 (Committee on Public Health and
15 Human Services concluded at 1:55 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter, and that this is a true and correct transcript of same.

MICHELE L. MURPHY
RPR-Notary Public

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