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2-17-15

Senator Mike Folmer, Chair
Committee Members
State Government Committee
337 Main Capitol
Harrisburg, Pa. 17120

Cc: Senator Anthony Williams
Representative Lynda Culver
Representative Cohen
Senator John Gordner

Enclosed 8 pages

Dear Senator Mike Folmer and Committee Members,

My name is Kathleen Dunkelberger and I am a mother of an adult child with autism who would benefit from medical cannabis. I too am a potential patient as I experience migraines. Both autism and migraines are very difficult to treat using any available traditional medications.

As an RN, with certifications in psychiatric and mental health nursing as well as legal nurse consulting, I also believe many "traditional" medications for both of these disorders, cause more harm than good due to the many serious and devastating side effects. Why would we even try some of the available medication and put our lives at risk when cannabis is a much safer product?

I have worked in all phases of healthcare across the lifespan including but not limited to marketing, management, direct care for all ages, and worked for one of the largest pharmaceutical companies in the world. I have been on a number of committees in Pa. including but not limited to the Governor's Disability Advisory Committee, the Autism Task Force-information and advocacy committee, and the Jones Center for Special Education Excellence. I currently own my own Nursing Consulting Business and chair a nonprofit.

Upon learning of the benefits of cannabis, I researched for probably hundreds of hours. I also visited Colorado and California and met with patients as well as dispensary managers and more. I also used cannabis in Colorado and prepared products for myself and son. I have attended conferences on the topic and have two more planned for this year. I am a member of the ACNA (American Cannabis Nursing Association) and have done presentations across the Commonwealth regarding the history of cannabis and hemp and the endocannabinoid system.

As per our discussion when we met at the event in Northumberland, Pa. several months ago, SB3 requires a number of amendments. Below is a list of problems with SB3 and I ask that you make the appropriate changes in a timely manner to better serve not only your constituents but all Pennsylvanians who will be affected by this law. If it is not done properly, it will cause more harm than good.

With that said, I ask that my opinion regarding the bill be considered and amendments made. I am bringing these very valid concerns to you as a potential patient, a mother of a potential patient, an RN with some level of expertise/knowledge on this topic and a potential canna-business owner in Pa.

Please review the below concerns and include them in the written testimony for the hearing scheduled for February 25, 2015.

Respectfully Submitted,

Kathleen Dunkelberger RN,BC,CLNC

Senate Bill 3

Concerns and questions regarding the bill:

1. Page 7: Qualified medical conditions continue to be too limited. The constituents repeatedly have asked that this be expanded to include migraine, autism, pain, Aids/HIV and any medical condition the health care provider and patient deem appropriate. Physicians that have worked with cannabis as medicine report this is the most versatile medication and has a known history of alleviating symptoms in many medical conditions. Research proves this as well. In a recent conference on medical marijuana and autism sponsored by the Thinking Mom's Revolution, I asked Dr. Lester Grinspoon, one of the top doctors and researchers on cannabis what was the most amazing thing about cannabis that he has learned through his years of practice, research and expertise. His reply was that it was the most versatile drug that could be used for many illnesses and that it is one of the safest medications available for these many conditions
2. There is no appropriate legal appeal process for patients who might get denied a medical card. We absolutely need a legal recourse for patients to be heard by an independent party not affiliated with the "board".
3. In the previous bill, SB 1182, an additional entity was noted as the transporter. IN SB 3 only three different licenses are discussed including 1) Grower, 2) Dispenser and 3) Processor. I ask that you clarify if a separate license to transport will be required. If not, will all of the above be allowed and expected to transport?

4. Lab testing of products is discussed throughout the bill. However, again clarification is needed. Will growers, dispensary owners and manufacturers be required to have lab testing at their facilities? Will independent labs be available for patients to also have the products tested as is done in California? We ask for clarification regarding the grower, processor and dispensary owner requirements as well as encourage the Commonwealth to allow independent labs to test individual products.
5. Page 11 line 25 to 28: Please define “fitness and eligibility” of a person applying for a license. These terms are very subjective and for a fair process it is believed this section should be deleted. If not deleted, at least provide more objective, clear criteria.
6. Who will be choosing which licenses will be awarded? Describe this process in detail and include clear criteria. I read an article not too long ago stating that Pa. is one of the top politically corrupt states. Will licenses be awarded to “friends” of politicians only? To avoid any foul play, it is strongly suggested that the process is outlined fully and that safeguards will be in place to assure a fair and honest application process.
7. Page 12 line 2 to 4: The board duties will be “To charge for services related to the inspection and oversight.” Who is being charged? If there is an additional fee to license holders we disagree with these charges. All of these costs are going to filter down to the patient.
8. Page 14 lines 6 to 8: To consult information published by the American Herbal Pharmacopeia in the regulations. How and why was this determined?
9. Page 20 lines 12 to 16: The board may charge a “reasonable” fee as set by the board for all examinations, registrations, certificates, licensures or act. Again, reasonable can be defined many ways and we need specifics. We also disagree with any additional fees because this will increase the cost of the product to the patient.
10. Number of licenses: It is believed the number of licenses for growers, dispensaries and manufacturers are too limited considering the number of counties and very large rural counties which are within the Commonwealth.
11. Page 22 lines 3 to 4: It is agreed that there shall be no restrictions on specific strains.
12. Page 23 line 21: The inability to advertise on television and radio should be removed. This is discrimination in that other medical type businesses including pharmacies, doctor’s offices, hospitals, health insurances etc. are fully able to advertise within the Commonwealth.

13. Page 26 line 4; page 23 line 3: Growers, dispensary owners and processors are not allowed to acquire cannabis from outside the Commonwealth. So do tell how does one legally acquire cannabis in a timely manner to have the medicine ready when the license is awarded? This is not clear at all in this bill and needs to be presented clearly with appropriate safeguards in place.
14. Page 27 line 23: Healthcare practitioners are not allowed to dispense more than a 30 day supply. This will put a hardship onto the patient financially as well as medically. Again, patients taking other medication do not have to visit a doctor every month. Patients will already be paying for the medical card, the product (which will be sky-high considering all of the business charges in this bill which absolutely filter down to the patient), traveling to the limited doctors and dispensaries available. A better solution would be every six months to a year and as needed which is determined by the doctor and patient. Is this bill about helping patients or making doctors and the Commonwealth richer?
15. Page 30 line 12: Details of each loan obtained to finance the growing, processing or dispensing operation: This should be removed because other businesses in the Commonwealth do not have to submit such information.
16. Page 31 line 2 to 10: This might be the most disturbing piece of this bill. The character requirements are very subjective. How does one determine good character, honesty, integrity, financial suitability, suitable to be a business owner? What that means to one person may be very different to another.
In addition, "has appropriate financial suitability" is also very questionable to be in such a bill/law.
So wealthy people are more appropriate to run a business and have better character?
Information pertaining to associates during the 10 year period immediately preceding the filing date of the application is also very subjective and it is not appropriate criteria to determine licensing for a cannabis business.
17. Page 34 lines 9-10: The bill does not allow for sales of the license and this line states new owner must pay the licensing fee required under the chapter and independently qualify for a license. This needs to be clarified. Does this mean the new owner must pay the initial 50 thousand dollars? Again, I ask the State of Pa., is this bill really about helping patients of Pa. or is it about making a buck off of the sick, disabled and poor?
18. Page 41 line 28: "Has a good faith practitioner-patient relationship with the patient, not limited to a certification for the patient to use medical cannabis or a consultation simply for that purpose." In my view, this is government violating a patient's right to meet with a different doctor for a different specialty and need. It also violates a doctor patient privilege.

As we know, many physicians in Pa. do not have knowledge about cannabis. If a practitioner has more expertise than my traditional doctor, I would rather go to that physician with the cannabis knowledge for a consult. Also a concern is what if my *traditional* doctor disagrees with cannabis due to that lack of knowledge or expertise? This is going to make it very difficult for patients. If passed as is, this bill is going to be costly and time consuming for patients. This strict patient violation needs to be deleted and replaced with "ANY licensed practitioner that examines a patient and consults with a patient" will be allowed to prescribe. Government should not have control of who a patient sees or how a practitioner practices in this manner.

19. Page 43 line 17: This line limits the recommendations of prescribers to certain dispensaries or growers. Again, this is a violation of the rights of the practitioner. Practitioners that have studied cannabis may in fact have an interest or business involving cannabis. They also should be allowed to refer to certain dispensaries or growers.
20. Page 44: The board may accept petitions from a resident to add additional qualified medical conditions: This is positive but it is not the same as a legal appeal process. Patients and residents of the Commonwealth need a right to appeal in a legal setting. We need an official appeal process outlined in this bill. Residents need to be able to supply a judge and or hearing officer testimony from professionals in or out of the state as well as in the form of studies or patient testimony on the benefit. There needs to be an appeal process outside of the board.
21. Page 48 line 28: A person may not smoke or utilize a vaporizer to ingest or inhale cannabis. This limits the number of people who will be helped. This contradicts the current medical information that requires inhaling for certain illnesses or disorders. This will affect business as well. If you limit the conditions, limit the routes for use, and continue to charge and tax this product as per this bill, the costs to the few patients will be incredibly high. If people cannot smoke or vape, can dispensaries sell whole plant so people can also make their own oils or juice which is another common way to take this medicine? This is very confusing and unclear. If the bill is only allowing tinctures, oils and edibles to be sold by dispensaries it is not clear. Most, if not all, advocates believe whole plant should be allowed to be sold to the patient and that patients should be allowed to vape or smoke as per the practitioner prescription.
22. Page 52, 53 and 54: I am appalled that the commonwealth is taxing medical cannabis. If the state wants to tax and make money on cannabis, the state should just legalize recreational use. This needs to be removed. All of these extra costs and need for extra employees to implement all of the requirements associated with these costs will filter down to the patient. I predict if these items are not changed, the cost to the patient will be so

high that many of them will either continue to or start to seek this medicine in the black market or be forced into illegal activity.

23. Page 58 line 9 to 12: Multiple locations: The need to purchase a license for each location should be removed. With the security requirements, a business might need two locations for plants depending on grow time and businesses should not have to require an additional license and pay additional fees. Dispensary owners and processors should not have to pay additional fees or have to apply for additional licenses for multiple locations or to change locations. Again, all of these costs will filter down to the patient.
24. Donations are only allowed to research. Why not donate to patients? Since obviously this bill is so filled with fees and regulations some might not be able to afford the cost of the “medicine” because surely all of these fees filter down to patients. If a dispensary has an overflow of products they should be able to donate to patients at their discretion (but of course in compliance with the patient’s medical RX) rather than dispose of it or donate it to a wealthy university.
25. How are the businesses/applications chosen for licensure? What are the criteria used to judge each applicant? Who will be making the decisions on which businesses are chosen? This is very important and needs to be clear, fair and honest. What system is in place so there is accountability? Is there an appeal process and if not there should be for each applicant.
26. Home grow should be included in the bill.
27. Penalties and fines should also apply to police officers, the “board” and other agencies that violate the regulations pertaining to them in this bill. For example, if patients, doctors, dispensaries, growers etc. are harassed or wrongly “raided” or abused by the law enforcement or other agencies. The bill is filled with penalties and regulations for patients and business owners therefore to be fair and consistent we need to also apply penalties to those who violate the patients and canna-business owners.

In summary, the SB3 as is, will increase costs to the patient and put financial hardship on the few who will be able to benefit from this bill. For example, dispensary owners will only have a few customers due to the limited number of illnesses and the inability for physicians to consult solely on cannabis among other restrictions. The many additional high licensing fees and taxes will also bring up costs to the businesses involved. All of this including some of the very strict regulations will require additional staffing and expenses thus again, rising costs to the patient. If vaporizing

and smoking are not allowed, and whole plant is not allowed, that also limits products, thus patients, which again, increases cost.

Patients already have a high medical card fee, will have to most likely travel to find a doctor specializing in cannabis use, have to see a physician every thirty days maybe at their own cost, and will also have to pay higher for the product due to the issues with this bill.

SB 3: In addition, below are concerns that others in my community expressed.

- Dictates which conditions qualify, most patients who could benefit from medical cannabis are excluded including chronic pain patients and HIV/AIDS patients, this is unacceptable, the legislature should not play doctor. Therefore, we recommend allowing the recommendation by a qualified health professional of medical cannabis for any condition.
- Dictates which routes of administration may be used, smoking and vaporizing are banned, this is unacceptable, again, the legislature should not play doctor and pretend to practice medicine. Therefore, we recommend no restrictions on the routes of administration, patients should be allow to smoke or vaporize medical cannabis if recommended.
- Does not allow patients and caregivers to cultivate their own medicine, which helps provide more affordable medicine and protects patients from supply shortages and federal raids on dispensaries. Therefore, we believe patients should be allowed to cultivate cannabis without a license.
- Excessively high fees are levied under the bill to generate revenue for the state, this is unacceptable. Medical cannabis patients should be treated no differently than patients who receive prescriptions from a qualified health professional, and growers, processors, and dispensaries should not face excessive fees, especially ones so high that the middle class can't afford to get involved in the market.
- The bill attempts to define the doctor-patient relationship, and would exclude patients from seeking physicians and other qualified health professionals who specialize in using cannabis to treat conditions.
- Does not protect patients from other states, including Pennsylvania residents who became a medical marijuana patient in another state.
- Requirement on doctors to register is a violation of their right to free speech, all qualified health professionals should be free to recommend medical cannabis.
- Does not explicitly include or expand a medical necessity defense for patients.
- ID card should not be required, a recommendation from a qualified health professional should be sufficient. Patient database violates medical privacy, puts patients at risk of federal prosecution.

- Only 65 growers will be licensed to supply 67 counties. We need a free market system, and no limits on the number of growers.
- Dispensaries will not be allowed to sell alcoholic tinctures or extracts of cannabis, certain herbal formulations also banned.
- They needlessly bring the GMO debate into the medical cannabis debate, and that isn't right. If regular agriculture, particularly regarding plants of medicinal value, are exempt from GMO bans, why should cannabis be different?
- Fingerprint requirement should be removed, as privacy rights would be violated.
- Restrictions on advertising are an infringement of free speech rights. Pharmaceutical companies regularly exercise their free speech rights on television and radio, medical cannabis should not have their right to free speech violated.
- 30 day supply restriction needs to go, we suggest no restriction, or at least expanding it to a 90 day or 180 day supply.
- Character requirement needs to be removed, this is discriminatory and would in practice prohibit large numbers of the poor and middle class from participating.
- Medical cannabis should not be taxed, just as pharmaceuticals are not taxed.
- The requirement for a license at each location should be removed.
- Donations should not be restricted, growers, processors, and dispensaries should be allowed to donate to patients as well.

Please review and include these recommended amendments in the SB3.

Respectfully Submitted,

Kathleen Dunkelberger RN,BC,CLNC

