

**MINUTES OF THE
MEDICINAL MARIJUANA REVIEW PANEL
MAY 25, 2016**

MEMBERS PRESENT:

MICHAEL KENNEDY

DAG STEPHANIE ZARUS, Pharm.D.

JESSICA ANNE SCERBO, M.D.

PETROS LEVOUNIS, M.D., M.A.

MARY L. JOHANSEN, Ph.D., NE-BC, R.N.

STUART A. BERKOWITZ, M.D.

CHERYL A. KENNEDY, M.D.

ALEX BEKKER, M.D., Ph.D.

MARY M. BRIDGEMAN, Pharm.D.

STAFF:

ARTURO BRITO, M.D.

MICHELE STARK

CALL TO ORDER:

Arturo Brito, M.D., opened the meeting on Wednesday, May 25, 2016 at 10:07 a.m. located at the War Memorial, 100 Memorial Drive, Trenton, New Jersey.

MOTION SUMMARY

1. **Adoption of the Bi-Laws as Written**
Motion – Dr. Berkowitz; Second – Dr. Kennedy

2. **Nomination of Panel Chair**
Motion – Dr. Berkowitz; Second – Dr. Levounis

3. **Nomination of Panel Vice Chair**
Motion – Dr. Berkowitz; Second – Dr. Johansen

4. **Adjournment (voice vote)**
Motion – Dr. Berkowitz; Second – Dr. Kennedy

**MAY 25, 2016 HEALTH CARE ADMINISTRATION BOARD
VOTING RECORD**

VOTING BOARD MEMBER	ROLL	1	2	3
Dr. Berkowitz	Y	Y	Y	Y
Dr. Bridgeman	Y	Y	Y	Y
Dr. Bekker	Y	Y	Y	Y
Dr. Johansen	Y	Y	Y	Y
Dr. Kennedy	Y	Y	Y	Y
Dr. Levounis	Y	Y	Y	Y
Dr. Scerbo	Y	Y	Y	Y
Dr. Zarus	Y	Y	Y	Y
TOTAL	8	8-Y 0-N	8-Y 0-N	8- Y 0- N
TOTAL Absent				

KEY: Y=YES N=NO A=ABSTAIN (—)=ABSENT

**DETAILED MINUTES TAKEN FROM TRANSCRIPT OF
MAY 25, 2016 ATTACHED**

MS. STARK: This is a formal meeting of the Medicinal Marijuana Review Panel. Adequate notice of this meeting has been published in accordance with the provisions of Chapter 231, Public Law, 1975 C-10:4.10 of the state of New Jersey entitled Open Public Meetings Act. Notice was sent to the Secretary of State who posted the Notice in a public place. Notices were published in two newspapers; the Star Ledger and Courier Post, and forwarded to the press covering the Statehouse. I will now call roll.

Dr. Berkowitz?

DR. BERKOWITZ: Here

MS. STARK: Dr. Bridgeman?

DR. BRIDGEMAN: Here.

MS. STARK: Dr. Bekker?

DR. BEKKER: Here.

MS. STARK: Dr. Johansen?

DR. JOHANSEN: Here.

MS. STARK: Dr. Kennedy?

DR. KENNEDY: Present.

MS. STARK: Dr. Levounis?

DR. LEVOUNIS: Here.

MS. STARK: Dr. Scerbo?

DR. SCERBO: Here.

MS. STARK: Dr. Zarus

DR. ZARUS: Here.

MS. STARK: We have eight members of the panel present which is a quorum.

DR. BRITO: Thank you, Michele. I am Dr. Arturo Brito, Deputy Commissioner for the New Jersey Department of Health, and I'd like to welcome everyone to the first Medicinal Marijuana Review Panel Meeting. Members, welcome. We appreciate you taking the time to be here today and your willingness to serve on the panel. In a few moments, I will ask you to introduce yourselves. And to our audience members, we also appreciate your being today.

Adopted 2/22/17

The purpose of the Medicinal Marijuana Review Panel is to review petitions and make recommendations to the Commissioner of the New Jersey Department of Health regarding petitions to add debilitating medical conditions to the current list of qualifying conditions. Today's agenda is as follows.

First, I will provide an overview of the review process. Then, panel members will introduce themselves. Next, we will look towards adoption of the bylaws, followed by the election of a panel chair and a vice chair. The newly elected chair will conclude the meeting by opening it for comments. A few things about the public comment period. It will provide an opportunity for the public to put their sentiments, ideas and suggestions on the record. The public comment period will not include a question and answer session. If members from our audience have specific questions or concerns, we encourage them to call our Medicinal Marijuana Program customer service line. Please see our department website for contact information.

For anyone interested in making comments during this meeting, we kindly ask that they use the sign in sheet in the back of the room. We will be using the sheet to call interested individuals to make their remarks. Please keep in mind that we will be asking public participants to keep their comments to no more than three minutes each to allow for all interested an opportunity to make remarks. So I will now provide an overview of the review process.

Following this meeting, the Department of Health will publish a notice of an open period and will accept petitions for consideration. Once received, the Department of Health will forward petitions to the Medicinal Marijuana Review Panel. The panel will consider the petitions and issue an initial written set of recommendations to the Health Commissioner. Recommendations of the panel will also be posted on the Department of Health's website allowing for a public comment period. A public hearing will be held during this period. Then, the Department will forward public comments from the hearing to the Medicinal Marijuana Review Panel for further consideration. As per these comments, the Medicinal Marijuana Review Panel may or may not choose to amend its initial recommendation to the Health Commissioner. The Commissioner of the New Jersey Department of Health will then make a final recommendation.

So at this point, I would like for each panel member to please introduce yourself. Please state your name, a little bit about your background, including your specialty and affiliation. I'm going

to start to my left with Michael Kennedy, who is not a panel member, but we would like you to introduce yourself.

MR. KENNEDY: My name is Michael Kennedy. I'm a Deputy Attorney General with the state of New Jersey. I represent the Medicinal Marijuana Review Panel. I'm not a voting member on the panel, but I do provide legal advice and counsel to the panel.

DR. ZARUS: Hello. Stephanie Zarus, founder of the Hospice Pharmacia, background in pain management with hospice care. Currently consulting with Avancer Group and faculty at the University of Sciences School for Nursing.

DR. SCERBO: Hi. I'm Jessica Scerbo. I'm pediatric hematologist, oncologist at Monmouth Medical Center which is part of the Barnabas Healthcare System.

DR. LEVOUNIS: Hello. I'm Petros Levounis, and I chair the Department of Psychiatry at the Rutgers New Jersey Medical School. I'm a psychiatrist Board Certified in general psychiatry, addiction psychiatry and addiction medicine.

DR. JOHANSEN: Hi. Mary Johansen. I'm a professor at the School of Nursing. I'm also the associate director for New Jersey Collaborating Center for Nursing which is the supply and demand for the nursing work force. I also provide consultation to the New Jersey State Board of Nursing regarding medical malpractice and standards of care.

DR. BERKOWITZ: Hi. I'm Dr. Stuart Berkowitz. Private practice, radiation oncologist. I'm President of the New Jersey State Board of Medical Examiners.

DR. KENNEDY: Hello. My name is Cheryl Kennedy. I'm a psychiatrist. I'm faculty at Rutgers New Jersey Medical School. I am boarded in psychiatry, psycho semantic medicine and addiction medicine. I am a medical marijuana provider.

DR. BEKKER: Alex Bekker. I'm chair of the Department of Anesthesiology, Rutgers New Jersey Medical School. And I also represent the State Society of Anesthesiologists and their position. I have expertise in pain management.

DR. BRIDGEMAN: And I'm Mary Bridgeman. I'm a pharmacist. I am affiliated with the Ernest Mario School of Pharmacy School at Rutgers University, and I'm practicing internal medicine and clinical pharmacist at Robert Wood Johnson University Hospital, Board Certified as a pharmacotherapy specialist and certified geriatric.

DR. BRITO: Members, thank you for your introductions and I'd like to express our appreciation for your interest and willingness to serve on this panel. So now I'd like to turn our attention to the bylaws. For the panel members, are there any comments, or would someone like to make a motion to adopt the bylaws?

DR. BERKOWITZ: Motion to adopt the bylaws as written.

DR. KENNEDY: Second.

DR. BRITO: So motion to adopt the bylaws as written and there's a second. Any comments? If there are no further comments, I'd like to ask Michele at this point to please go through the roll call for voting purposes.

MS. STARK: Dr. Berkowitz?

DR. BERKOWITZ: Yes.

MS. STARK: Dr. Bridgeman?

DR. BRIDGEMAN: Yes.

MS. STARK: Dr. Bekker?

DR. BEKKER: Yes.

MS. STARK: Dr. Johansen?

DR. JOHANSEN: Yes.

MS. STARK: Dr. Kennedy?

DR. KENNEDY: Yes.

MS. STARK: Dr. Levounis?

DR. LEVOUNIS: Yes.

MS. STARK: Dr. Scerbo?

DR. SCERBO: Yes.

Adopted 2/22/17

MS. STARK: Dr. Zarus?

DR. ZARUS: Yes.

MS. STARK: Eight yes. Motion carries.

DR. BRITO: Thank you, Michele. Thank you, panelists.

So next on the agenda is the election of the panel chair and vice chair, so I'd like to ask for the nomination for the chair, and a reminder for the members, to feel free to nominate yourself as serving in this capacity.

DR. BERKOWITZ: Nomination of Dr. Alex Bekker for chair and Dr. Kennedy for vice chair.

DR. BRITO: Thank you, Dr. Berkowitz. We'll do one at a time. Dr. Bekker has been nominated as chair.

DR. BEKKER: Thank you.

DR. BRITO: Is there a second to that nomination?

DR. LEVOUNIS: Second.

DR. BRITO: Dr. Levounis has seconded that nomination. Are there any other nominations for chair? Hearing none, at this point, I'll ask Michele to go through the roll call for chair of the panel.

MS. STARK: Dr. Berkowitz?

DR. BERKOWITZ: Yes.

MS. STARK: Dr. Bridgeman?

DR. BRIDGEMAN: Yes.

MS. STARK: Dr. Bekker?

DR. BEKKER: Yes.

Adopted 2/22/17

MS. STARK: Dr. Johansen?

DR. JOHANSEN: Yes.

MS. STARK: Dr. Kennedy?

DR. KENNEDY: Yes.

MS. STARK: Dr. Levounis?

DR. LEVOUNIS: Yes.

MS. STARK: Dr. Scerbo?

DR. SCERBO: Yes.

MS. STARK: Dr. Zarus?

DR. ZARUS: Yes.

MS. STARK: Eight yes. Motion carries.

DR. BRITO: Thank you, Michele, and thank you Dr. Bekker and the panelists. Dr. Bekker, we appreciate your interest and willingness to serve as chair of the panel.

DR. BEKKER: Thank you.

DR. BRITO: Dr. Berkowitz, you had also motioned to or nominated Dr. Kennedy to be vice chair. Is that still your –

DR. BERKOWITZ: Yes. Motion to nominate Dr. Kennedy as vice chair.

DR. BRITO: Thank you. Is there a second for that nomination?

DR. JOHANSEN: Second.

DR. BRITO: Dr. Johansen seconds the nomination. Any further nominations? Hearing none, I'm going to ask Michele to take the roll for voting purposes.

MS. STARK: Dr. Berkowitz?

DR. BERKOWITZ: Yes.

MS. STARK: Dr. Bridgeman?

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DR. BRIDGEMAN: Yes.

MS. STARK: Dr. Bekker?

DR. BEKKER: Yes.

MS. STARK: Dr. Johansen?

DR. JOHANSEN: Yes.

MS. STARK: Dr. Kennedy?

DR. KENNEDY: Yes.

MS. STARK: Dr. Levounis?

DR. LEVOUNIS: Yes.

MS. STARK: Dr. Scerbo?

DR. SCERBO: Yes.

MS. STARK: Dr. Zarus?

DR. ZARUS: Yes.

MS. STARK: Eight yes. Motion carries.

DR. BRITO: Thank you, Michele, and thank you panelists and thank you, Dr. Kennedy, for your interest in serving as vice chair. We really appreciate it. So now, I'm going to turn it over to the newly elected chair, Dr. Bekker, to open up the public comment session.

DR. BEKKER: Thank you everybody for coming. And right now the floor is open for your comments, for public comments. We ask you to keep your comments short, three minutes, as was mentioned by Dr. Brito, and I will handle this for people who signed up for the comments and your comments should be limited to three minutes and I will now open the floor. So our first, Jim Miller. And Jim, you're the cofounder for the Coalition for Medical Marijuana of New Jersey.

MR. MILLER: Yeah, cofounded the Coalition for Medical Marijuana in New Jersey 13 years ago to see that there was some strictly medical based organization watching out for medical marijuana concerns in New Jersey. I'm not really prepared to offer comments because it wasn't publicly passed on that there was a comment period. I was just here willing to observe, but give me three minutes to speak, and three minutes of speaking, I will give you. Dr. Brito, we met with Policy Advisory on Healthcare for Government, John Schwanberg and Jeanne Ashmore,

Adopted 2/22/17

coming up on two years ago. It was similar where we expressed our concerns and everybody listened and asked questions, but there was no exchange going on anymore than there is here. Being there is no follow up and not one thing we discussed was implemented or furthered, I would hope that that not be the case here today.

Post-traumatic stress is something that's going to come up and you're going to hear a lot. I want you to be aware that studies have not been allowed to have been done until about a month ago because of the National Institute on Drug Abuse never released studies for medical efficacy concerning post-traumatic stress for just about anything else. They got the okay for the first test maybe four months ago. I don't know how long it's going to take to get results, but Veterans are dying at the rate of 22 per day by their own hand, committing suicide far above that by the general population. I would offer a word of warning about erring on the side of caution. If this happened, with perhaps less studies than you would deem necessary for many other things that are more freely studied, that you may be put in the position of trying to tell a Veteran with post-traumatic stress who uses cannabis successfully, that he's wrong about his own stress. Pretty much when Veterans that use this across the board say it helps them, I think they deserve a certain degree of respect that they're not lying; they're not trying to get it for other reasons, and you will hear from a Veteran in a little while who obviously does not have it for his post-traumatic stress. He has it for a tractable musculoskeletal spasticity due to injury, so he is reaping benefits that he could legally tell you about that other Veterans could be, but they're not.

In the time that we have the meeting today, probably two Veterans will kill themselves somewhere in the country, so I would urge you to err on the side of caution and keep that in mind; that it should be very difficult to tell a Veteran who served his country honorably and needs help, that he's wrong about what works for him.

I do thank you for taking the comments and that's pretty much all I'm going to say because it feels like three minutes are up even though nobody is tapping the watch. I didn't mean to sound complaining about not getting heard back from, but I just wanted everybody to know that this is not something new. We've been trying to make this barely unworkable law better. 10 percent of the patients who are in the program in 2015 died, so this is serious. 600 patients out of 6,000 died, and you don't really see that very much in the statistics of how many patients

there are and aren't, so whatever can be expedited to help patients, all patients would very much appreciate it. Thanks for your time.

DR. BEKKER: Thank you, Mr. Miller. Our second public participate is Miss Meagan Glaser. She represents Drug Policy Alliance.

MS. GLASER: Hi, everyone. My name is Meagan Glaser. I'm a Deputy State Director with Drug Policy Alliance. We're a national non-profit organization here in New Jersey. We're based in Trenton. We led what was called the Compassionate Youth Campaign which was a coalition of scientific medical professional organizations as well as the family advocates of 14 patients to pass the Compassionate Use Act. Some of the groups that have been involved are groups like the New Jersey Academy of Family Physicians, New Jersey Hospice and Palliative Care Organization, the Leukemia and Lymphoma Society. As well as the New Jersey State Nurses Association, and I introduced myself to some of you earlier. I just want to stress, while Jim mentioned, you know, lack of evidence, I would actually argue there is a ton of research out there on cannabis, including PTSD. It's just that the preclinical and population level, and we've worked very closely with New Jersey's Medical Marijuana Program and Director Baracia as well as Director O'Brien, before him, to actually create the physician resources tab that I urge you to all check out, if you haven't already, because there is a lot of medical and scientific research available for the conditions that are currently included in the law.

And I just really want to direct you to Drug Policy Alliance as a resource because we have plenty of information on lots of the conditions that will probably come before you during the petition process. I completely agree with Jim that PTSD is definitely an issue that I hope that this medical review panel is willing and will be able to take up in the upcoming months. There's also a lot of patients that were left out in the dark that have severe and debilitating conditions in which medical marijuana can severely increase the quality of their life, and I think it's very important that everybody on this panel take that seriously when considering the petitions.

I hope the Department of Health opens up the process soon, rather than later. I know Dr. Brito explained that there would be a notice, and I just can't urge you all enough to move forward with this process without delay. There are people whose lives are depending on it, so thank you again for your time. Drug Policy Alliance really appreciates the Department of Health putting together this panel and for all of you who are serving on it today and feel free to connect with me after the meeting if there's anything that I can do to be helpful.

Adopted 2/22/17

DR. BEKKER: Thank you, Miss Glaser. And our next participant speaker is Mr. Peter Rosenfeld. He's a board member of an organization called CMM New Jersey?

MR. ROSENFELD: Coalition of Medical Marijuana of New Jersey. I'm a retired scientist who is a board member. I'm going to be one of the people in our organization working on petitions. I hope the committee will publish what they're looking for in the petitions. One of my concerns is, while was mentioned, there's been a lot of collection of low level studies due to the throttling of research by the NIDA, especially through the release of the available federal medical marijuana you are required to use in the research. There are very few high quality studies at this time, and that should be taken into account when looking at the petitions. Some of them are adoptable, but I think that's going to be the nature of the game given the situation of this country and the classification of marijuana.

I am going to be working on the petition of neuropathic pain. I have a fairly easy job because this is one of the few conditions that has some fairly high quality double blind cross over studies showing efficacy of the medical marijuana for this. And this is one of the underserved conditions, neuropathic pain. There are several drugs they use, but most of them are ineffective. Opioids can be used, but they're not recommended for long term use. And speaking of opioids, I'd like to mention that the AMA has recently done a review on opioids and cannabis in the U.S. and has found that there's been a significant reduction in opioid deaths in states that have made access to medical marijuana, up to 25 percent reduction in deaths, so I think this would apply to any condition medical marijuana could be used for, especially if it displaces opioid use, and they should be aware of that for all conditions. Thank you very much.

DR. BEKKER: Thank you, Mr. Rosenfeld. And our last public participant is Mr. Leo Bridgewater and he's a Veteran.

MR. BRIDGEWATER: Good morning, everyone. First of all, I'd like to say thank you for your service in meeting with us and taking time to hear our general concerns. Again, my name is Leo Bridgewater. I was born and raised here in Trenton, graduated from Trenton Central High School in 1994. From 1994 until about last year, I had only been to New Jersey four times. I did five tours in Iraq, two tours in Afghanistan as a soldier and a DOD contractor.

As of now, I am two for three. Meaning, I have three battle buddies who attempted suicide, two were successful. I was able to personally help save one, and the number a day is appalling, and what I've come to understand is that there's certain lines that most New Jerseyans and Americans just don't cross, and the number Veteran suicides a day is one of those numbers that we, mm-mm, most of us don't like that number, and I just wanted to come to put a face to what is happening because I am a member of the New Jersey Medicinal Marijuana Program, but it's because of my knees and chronic pain that I've had. But it's also -- I am also someone who suffers from PTSD, and know a lot of people who do, and most of my battle buddies who do suffer from PTSD are given Oxycodone and Percocet and whatever, and they choose not to take that medicine because we've all heard the zombie like feeling, and so it's a little shocking to find out that PTSD, when I moved back to New Jersey, PTSD was not one of the conditions added. And why not? We're at 22 a day, and so I ask that you all do consider when you're thinking about this and making your recommendation, please, we are dying. We're killing ourselves, and it wasn't until I met Jim Miller that I found out that more Vietnam Veterans killed themselves than the ones who actually died in the war and we're headed in that direction and so my thought is just before we get to that point, at least here in my home state, I figured I represented the city and the state of New Jersey with a bit of distinction, and so I hope that with that, you would take this into serious condition. Thank you again for your time, and once again, thank you for your service.

DR. BEKKER: Thank you, Mr. Bridgewater. Mr. Bridgewater was the last person on my list. Is there anyone else who would like to offer comments? Okay. I guess none, so at his point, I would like to thank the panelists, members of the audience, the Department of Health for organizing this panel. And unless there are any other comments or issues you'd like to raise, I would suggest to adjourn this panel.

DR. BERKOWITZ: Motion to adjourn the meeting.

DR. KENNEDY: Second.

DR. BEKKER: It's all in favor, so meeting is officially adjourned.

(Hearing concluded at 10:30 a.m.)

Adopted 2/22/17