# SUPPLEMENT TO MINUTES OF THE <br> MEDICINAL MARIJUANA REVIEW PANEL MEETING 

THURSDAY, MAY 11, 2017

MEMBERS PRESENT:
ALEX BEKKER, MD, Ph.D
JESSICA ANNE SCERBO, MD
CHERYL A. KENNEDY, MD
PETROS LEVOUNIS, MD, MA
MARY L. JOHANSEN, Ph.D., NE-BC, RN
MARY M. BRIDGEMAN, Pharm.D

## EXCUSED:

DR, BERKOWITZ
DR. ZARUS

## STAFF:

MELISSA BAYLY, DAG
MICHELE STARK, Executive Secretarial Assistant

## CALL TO ORDER:

ALEX BEKKAR, Chair, opened the meeting on Thursday, May 11, 2017, at 10:00 a.m. located at the War Memorial, One Memorial Drive, Trenton, New Jersey

## MOTION SUMMARY

1. Approval of the Minutes from February 22, 2017.

Motion - Dr. Levounis; Second - Dr. Johanson
2. Approval of Chronic Pain Related to Musculoskeletal Disorders Motion - Dr. Johanson; Second - Dr. Bridgeman
3. Approval of Migraine

Motion - Dr. Bekkar; Second - Dr. Bridgeman
4. Approval of Anxiety.

Motion - Dr. Johansen; Second - Dr. Bridgeman
5. Approval of Asthma

Motion - Dr. Johansen; Second - Dr. Bridgeman
6. Approval of Chronic Pain of Visceral Origin

Motion - Dr. Kennedy; Second - Dr. Levounis
7. Approval of Tourette Syndrome

Motion - Dr. Kennedy; Second - Dr. Johanson
8. Approval of Chronic Fatigue

Motion - Dr. Johansen; Second - Dr. Kennedy

MAY 11, 2017 MEDICINAL MARIJUANA REVIEW PANEL VOTING RECORD

| VOTING BOARD <br> MEMBER | ROLL | $\mathbf{1}$ | $\mathbf{2}$ | $\mathbf{3}$ |
| :--- | :---: | :---: | :---: | :---: |
| Dr. Berkowitz | - | - | - | - |
| Dr. Bridgeman | $\mathbf{X}$ | $\mathbf{Y}$ | $\mathbf{Y}$ | $\mathbf{Y}$ |
| Dr. Bekker | $\mathbf{X}$ | $\mathbf{Y}$ | $\mathbf{Y}$ | $\mathbf{Y}$ |
| Dr. Johansen | $\mathbf{X}$ | $\mathbf{Y}$ | $\mathbf{Y}$ | $\mathbf{Y}$ |
| Dr. Kennedy | $\mathbf{X}$ | $\mathbf{Y}$ | $\mathbf{Y}$ | $\mathbf{Y}$ |
| Dr. Levounis | $\mathbf{X}$ | $\mathbf{Y}$ | $\mathbf{Y}$ | $\mathbf{N}$ |
| Dr. Scerbo | - | $\mathbf{-}$ | $\mathbf{Y}$ | $\mathbf{Y}$ |
| Dr. Zarus |  |  |  | $\mathbf{-}$ |
|  |  |  |  |  |
|  |  |  |  |  |
|  | $\mathbf{6}$ | $\mathbf{6 - Y}$ | $\mathbf{5 - Y}$ | $\mathbf{5 - Y}$ |
| TOTAL |  | $\mathbf{0 - N}$ | $\mathbf{1 - N}$ | $\mathbf{1 - N}$ |
|  |  |  |  |  |

KEY: $\quad \mathrm{F}=\mathrm{YES} \quad \mathrm{N}=\mathrm{NO} \quad \mathrm{A}=\mathrm{ABSTAIN} \quad(--)=A B S E N T$

MAY 11, 2017 MEDICINAL MARIJUANA REVIEW PANEL VOTING RECORD


DETAILS TAKEN FROM ATTACHED TRANSCRIPT OF
MAY 11, 2017 by Guy J. Renzi \& Associates
Upon unanimous affirmative response, the matter stands adjourned (Meeting adjourned at 10:20 a.m.)


1 HELD BEFORE:
2
3 ALEX BEKKER, M.D., Ph.D.
4 MICHELE STARK
5 MELISSA BAYLY, DAG
6 JESSICA ANNE SCERBO, M.D.
7 CHERYL A. KENNEDY, M.D.
8 PETROS LEVOUNIS, M.D., M.A.
9 MARY L. JOHANSEN, Ph.D., NE-BC, R.N.
10 MARY M. BRIDGEMAN, Pharm.D.
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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 is excused.
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: And Dr. Zarus is excused. We
have six members of the board present, which is a quorum.

DR. BEKKER: So minutes of our previous meeting on February 22 nd have been distributed to the panel for review.

Does anyone have any questions, comments, corrections?

DR. KENNEDY: Dr. Bekker, I'd like to have a revision of the meetings for members present, unless there is some Michael Kennedy that we don't know. The name is Cheryl, C-H-E-R-Y-L.

MS. STARK: I'll have that changed.
DR. BEKKER: And if there are no other comments, $I$ will call for a motion to approve the minutes.

DR. LEVOUNIS: So moved.
DR. BEKKER: Second?
DR. JOHANSEN: Second.
DR. BEKKER: Minutes are approved.
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: And Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: Should I proceed?
MS. STARK: Yes.
DR. BEKKER: Ladies and Gentlemen, this is the Medicinal Review Panel. We will discuss 45 petitions for additional debilitating medical conditions. I will read 45 conditions allowed by a group. We group all categories to seven categories, so $I$ will read the categories.

Any recusal?
(No response.)
DR. BEKKER: Michele, there is no recusal.
So our first condition, Chronic Pain
Related to Musculoskeletal Disorder. The following petitioner asked us to review the condition:

Petition 11, chronic pain.
Petition 17, chronic non-cancer pain.
Petition 28, chronic pain.

Petition 35 , chronic pain as a result of daily sciatic nerve pain.

Petition 51, chronic pain.
Petition 8, sporadic hemiplegic migraine.
Petition 37 , spinal stenosis, herniated disc, arthritis, broken shoulder, peripheral vascular disease.

Petition 38, complex regional pain syndrome type 1 and type 2.

Petition 40, back, low back, neck, leg spasms, chronic pain, spinal fusion, muscle spasms, multiple injuries and surgeries.

Petition 45, lumbar spine: Disc herniations, degenerative disc disease.

Petition 49, severe and chronic intractable pain and depression.

Petition 23, reflex sympathic dystrophy and CRPS, or has a name, complex regional pain syndrome.

Petition 56, complex regional pain syndrome.

Petition 1, neural foraminal stenosis.
Petition 6, peripheral neuropathy.
Petition 10, neuropathic pain.
Petition 12, lumbar radiculopathy, chronic
pain syndrome, lumbar post-laminectomy, cervicalgia, neuropathic pain.

Petition 48, cauda equina syndrome.
Petition 50, Arnold-Chiari Malformation.
Petition 58, neuropathic pain:
Peripheral/central, autonomic, diabetic, toxic/inflammatory, hereditary, acquired or idiopathic pain.

Petition 19, arthritis.
Petition 22, arthritis.
Petition 26, primary generalized (Osteo) arthritis.

Petition 47, Rheumatoid arthritis.
Petition 59, Autoimmune disorder; Rheumatoid arthritis, systemic lupus, systemic sclerosis/scleroderma.

Petition 31, chronic late stage Lyme's disease, pain.

Petition 63, opioid use disorder.
Petition 9, systemic lupus erythematosus.
Petition 52 and 54,
fibromyalgia/osteoarthritis.
Petition 57, fibromyalgia related to chronic pain related to musculoskeletal disorder.

So all of these conditions are related to
chronic pain related to musculoskeletal disorder.
Second disorder we'll discuss today is petition 36 , migraine.

Petition 13, migraine.
Petition 16, transformed migraine, also known as chronic migraine.

Petition 61, chronic migraine.
Next condition is Anxiety. Petition 14, anxiety.

Petition 33, anxiety secondary to autism.
Petition 53, anxiety secondary to
Alzheimer's disease.
Next condition, Asthma. Petition 20, asthma.

Next condition, Chronic Pain of Visceral Origin. Petition 65, chronic acute pancreatitis.

Petition 32, multisystem atrophy, complex tremors, neurogenic bladder and bowel; ataxia.

Petition 60, irritable bowel syndrome.
Next condition is Tourette syndrome.
Petition 42 is Tourette syndrome.
And the last condition for today is chronic fatigue, petition 55, chronic fatigue syndrome, myalgic encephalomyelitis.

These are our conditions. So I guess next
order of business would be discussion and ultimately rule on each of the conditions.

Correct, Michelle?
MS. STARK: Yes.
DR. BEKKER: So, Members of the Panel, first condition we are considering is Chronic Pain Relating to Musculoskeletal Disorder. Any comments, any suggestions?
(No response.)
DR. BEKKER: Okay. Members of the public, you have a chance to comment on this condition, you have three minutes for your comment. Please try to limit it to this time allotment.

We have six people who signed in to come into our deliberation. So first person who signed in is Mr. Sam Weinstein.

MR. WEINSTEIN: I was just told to sign in. I have nothing to say. Thank you, though.

DR. BEKKER: Next person is Mr. James Miller, Coalition For Medical Marijuana in New Jersey. Mr. Miller, would you like to comment?

MR. MILLER: Yes, I would. Can I just do so from here?

DR. BEKKER: I don't know. What is the actual procedure?

MS. STARK: Come up.
MR. MILLER: Thank you all for making sure we knew about this in time to show up. I just heard this through the state because I always have something to say about medical marijuana.

I got involved with it in New Jersey in 1993 when I pushed my wife's wheelchair across the state from Seaside to Trenton, 25 hours, just to get people to show up. So now all these years later it's a tsunami coming on.

My only concern is the opioid epidemic that is escalating. Everybody's talking about it. I am not hearing enough about the synergistic effect of Cannibis on opiates, and it's demonstrable and having been demonstrated effective.

When people understand that if you need ten units of an opiate without Cannibis and you need 10 units of Cannibis for pain relief without opiates, you won't need 5 units of each, you might need 2 units of each.

All $I$ hear is hundreds, literally hundreds, of testimonials from patients on the reduction of their opiate use. Any statements coming from you, the Medical Marijuana Advisory

Panel, or whatever your official title is, would go a long way to bring this into the forefront and consciousness of people with reaching New Jersey's efforts at fighting people -- for people who are already addicted.

We want to keep people from becoming addicted. And the health department tells us that keeping lower opiate limits is the key. It's also going to drive people to the black market for that same opiate the first time they're told no. It's going to accelerate some people getting into the black market.

And if they knew that Cannibis could help, and if it became easier for Cannibis to help -the American Medical Association does say that the average states that do this have a 25 percent reduction in the mortality rate from opioid overdose deaths, both legally and illegally.

So that's my concern, I'm not hearing enough about it. I'm about to start my own website, reachCMMNJ.com and .org. Just a coalition for medical marijuana in the state's program. Because if the state can take care of the people who are addicted and want to do that, but if they don't really respond to the incredible
nature of what could be done with Cannibis to help, then advocates have to step in, and $I$ think that's your job before mine.

And I appreciate all the work you've done so far. I like the indications I've seen, and I hope we're on the right path that $I$ think we are.

Thank you for giving me the opportunity to speak.

DR. BEKKER: Any question of the member of the panel?
(No response.)
DR. BEKKER: No questions.
Next person who signed up is Darrah Servis.

MS. SERVIS: It's Darrah Servis, but I just signed in.

DR. BEKKER: So the next person is Michelle Perrins.

MS. PERRINS: I'm not going to speak.
DR. BEKKER: So next person, Mr. Edward Garris.

MR. GARRIS: Yeah, I'll speak. I wasn't planning on speaking, but if you're giving me the opportunity, I'll speak.

DR. BEKKER: You have the opportunity.

MR. GARRIS: I spoke last time, and actually the last time $I$ was here $I$ was very upset that they would drag patients into their room and make them beg for their lives, for their condition. I don't know if you remember that. But how do you pick and choose who suffers and who doesn't suffer.

I suffer from chronic pain, but $I$ couldn't get Cannibis for chronic pain, $I$ got it for spacticity, which is one of my other issues, but it's not my major issue, but my major issue is chronic pain.

It took me a year to get my Cannibis card. The doctor that $I$ went to in Bayonne, Dr. Aktar, charged me $\$ 400$ a visit in cash every time $I$ had to see her, and $I$ had to see her four times. It's a lot of money for somebody who is on disability and Social Security.

I left Dr. Aktar and I went to another doctor for about a year. He left, went to go to the VA, left me stranded without a doctor. So now I had to find another doctor, which is not easy, because all doctors want cash. It's all about money now. It's not about compassion, it's not about caring for the patients, it's about money.

The doctor in Bayonne was a profiteer. I see a lot of profiteers making money off of these sick people, and it's disgusting. I hope there's something we can do to help these patients and give them more compassion than has been shown so far in the New Jersey Cannibis program. So far I haven't seen any compassion.

I wear a wrist band on my arm. Her name is Sabina Rose. She was a 15 -month-old baby, she died waiting for her Cannibis card. She waited just like $I$ had to wait, but she wasn't as strong as me and she died waiting. And there's a lot of people who die waiting that shouldn't have to wait.

One of the things that Joe Gulla (ph) was saying, that we need to -- he's a candidate for governor -- to streamline the process, to get the patients their Cannibis faster, and there should not be a $\$ 200$ charge for patients to pay for their Cannibis card, and there should not be a 7\% tax on our Cannibis. It's the only medicine that's taxed that $I$ know of. So we need to help these patients.

That's all I have to say. Thank you.
DR. BEKKER: Members of the Panel, any
questions?
(No response.)
Thank you. So the last person to sign is Miss Heffner?

MR. HEFFNER: I didn't want to speak. Thank you.

DR. BEKKER: Okay. I don't have any more sign-ins. Anybody else like to comment? Oh, we have four more people, Michelle/Michael Hasam (ph).

MS. HASAM: We all thought it was just a sign-in.

DR. BEKKER: Just in case, I'll say your name, and if you want to speak, come up.

Anna Chakum (ph)?
MS. CHAKUM: Yeah, the same, I just signed in.

DR. BEKKER: Sam Salman?
And last one would be, I think, it's Kathy Genchek (ph).

MS. GENCHEK: I was just signing in.
DR. BEKKER: Any further discussion from the members of the panel on these topics?

DR. KENNEDY: On which one?
DR. BEKKER: On any of these conditions.

DR. KENNEDY: Chronic pain, though. We're not doing them all yet, right?

DR. BEKKER: This is just a general discussion. Now, we will start going one by one.

So first condition we're going to vote is the Chronic Pain Related to Musculoskeletal Disorder.

Anybody that would like to comment? I'm pretty sure all of us, just for public, all of us review current literature on the subject, so it's not like the first time we are figuring out what it is. We have lots of communication between us, and $I$ would consider all of us experts in the field. So it's just for you to know that it's not new for us.

Motion to vote on chronic pain related to musculoskeletal disorders.

DR. JOHANSEN: Yes.
DR. BEKKER: Second?
DR. BRIDGEMAN: Second.
DR. BEKKER: So we're going to vote on approval on recommendation of marijuana for chronic pain related to musculoskeletal disorder.

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: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: We can go to next condition. Next condition we're going to go to is migraine. Again, $I$ want to emphasize the point that all of us are familiar with current literature on the subject.

So motion to vote.
DR. BRIDGEMAN: Second.
DR. BEKKER: So we're going to vote on condition approving of medical marijuana for migraine.

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: No.
MS. STARK: Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: Okay. Next condition we're going to vote is anxiety. Recommendation for use of medical marijuana for anxiety, and it can be anxiety for particular disease like autism or Alzheimer's.

So do we have a motion to vote?
DR. JOHANSEN: Yes.
DR. BEKKER: Do we have a second?
DR. BRIDGEMAN: Second.
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: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: Next condition is asthma, and
it's one petition for asthma. Motion to vote?
DR. JOHANSEN: Yes.
DR. BRIDGEMAN: Second.
MS. STARK: Dr. Bridgeman?
DR. BRIDGEMAN: No.
MS. STARK: Dr. Bekker?
DR. BEKKER: No.
MS. STARK: Dr. Johansen?
DR. JOHANSEN: No.
MS. STARK: Dr. Kennedy?
DR. KENNEDY: No.
MS. STARK: Dr. Levounis?
DR. LEVOUNIS: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: No.
MS. STARK: Motion does not carry.
DR. BEKKER: The next condition we will cover is Chronic Pain of Visceral Origin, which
includes chronic pancreatitis, irritable bowel syndrome, and similar.

So do we have a motion to vote?
DR. KENNEDY: Yes.
DR. LEVOUNIS: Second.
DR. BEKKER: Michele?
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: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: Next condition we are considering is Tourette Syndrome.

DR. KENNEDY: Move to approve.
DR. JOHANSEN: Second.
DR. BEKKER: We have a second.
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: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: Yes.
MS. STARK: Motion carries.
DR. BEKKER: And the last condition we're going to vote today, it's chronic fatigue syndrome.

So do we have a motion to approve for recommendation?

DR. JOHANSEN: Yes.
DR. BEKKER: Second.
DR. KENNEDY: Second.
MS. STARK: Dr. Bridgeman?
DR. BRIDGEMAN: No.
MS. STARK: Dr. Bekker?
DR. BEKKER: No.
MS. STARK: Dr. Johansen?

DR. JOHANSEN: No.
MS. STARK: Dr. Kennedy?
DR. KENNEDY: No.
MS. STARK: Dr. Levounis?
DR. LEVOUNIS: No.
MS. STARK: And Dr. Scerbo?
DR. SCERBO: No.
MS. STARK: Motion does not carry.
DR. BEKKER: After you heard our addressing of members to the public right now, if you have additional comments, concerns, this is your time. You're still limited to three minutes for your comments. So any public comments?

MR. LOMBERTI: My name is Anthony Lomberti. I suffer from chronic pain syndrome and post-concussion syndrome and some other problems. I was on 480 milligrams of oxycodone a day, half a milligram of Klonopin twice a day. I'm on no pharmaceuticals today because of Cannibis.

Thank you.
DR. BEKKER: Thank you. Any other comments?
(No response.)
Unless there are any other further
comment, $I$ will call for a motion to adjourn. DR. KENNEDY: Motion to adjourn.

DR. LEVOUNIS: Second.
DR. BEKKER: Okay. Ladies and Gentleman, thank you for your cooperation. (Hearing concluded at 10:20 a.m.)

C E R T I F I C A T E
I, LAURA P. REAM, a Register Court
Reporter, License No. $30 \times T 00004000$, and Notary Public of the State of New Jersey, that the foregoing is a true and accurate transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth.

I DO FURTHER CERTIFY that $I$ am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that $I$ am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

## $\mathfrak{L}_{\text {aura }}$ S. Ream

LAURA P. REAM, Notary Public
Notary Public of the State of New Jersey
CCR NO. 30XT00004000
My Commission Expires September 8, 2020
DATE: June 5, 2017

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