

## Medical Marijuana (Cannabis) Authorization

### Introduction

#### Purpose

To improve patient safety and maintain the dignity of healthcare practitioners (a physician licensed under chapter 18.71 RCW and a physician assistant licensed under chapter 18.71A RCW), the Washington Medical Commission adopts professional practice standards expected of healthcare practitioners who authorize medical marijuana (cannabis) under Washington State law.

#### Definitions

**Authorization.** A form developed by the Department of Health that is completed and signed by a healthcare practitioner and printed on tamper-resistant paper containing the [RCW 69.51A.030](#) logo. An authorization is not a prescription as defined in [RCW 69.50.101](#). A patient with a valid authorization is allowed to grow up to four plants within their domicile under [RCW 69.51A.210](#).

**Designated provider.** A person who is twenty-one years of age or older and is the parent or guardian of a qualifying patient who is under the age of eighteen; or has been designated by the qualifying patient to purchase, provide or grow marijuana (cannabis) for the patient and has an authorization from the patient's healthcare practitioner. A designated provider can only serve one patient at any one time – [RCW 69.51A.010\(4\)](#).

**Medical marijuana authorization database.** A secure and confidential database administered by the Department of Health and used by medically-endorsed marijuana retail stores to register, issue and verify recognition cards to qualifying patients and their designated providers (if any); and, used by healthcare practitioners to access health care information on their patients for the purpose of providing medical and pharmaceutical care as established under [RCW 69.51A.230](#).

**Medically-endorsed marijuana retail store.** A marijuana retailer that has been issued a medical marijuana endorsement by the state liquor and cannabis board pursuant to [RCW 69.50.375](#).

**Qualifying patient.** A person who is a patient of a healthcare practitioner; has been diagnosed by that practitioner as having a terminal or debilitating medical condition defined under [RCW 69.51A.010\(24\)](#); is a resident of Washington; has been advised by that practitioner about the risks and benefits of the medical use of marijuana (cannabis); has been advised by that practitioner that they may benefit from the medical use of marijuana (cannabis); and has an authorization from his or her healthcare practitioner to use marijuana (cannabis) for medical purposes – [RCW 69.51A.010\(17\)](#).

**Recognition card.** A card issued to qualifying patients and designated providers by a marijuana retailer with a medical marijuana endorsement that has entered them into the medical marijuana authorization database – [RCW 69.51A.010\(20\)](#). With a recognition card a patient can purchase up to three times the

recreational amount of product, is allowed to grow up to six plants (or up to 15 plants upon their practitioner's additional plant recommendation), and can purchase sales tax free from a medically-endorsed marijuana retail store – [RCW 69.51A.210](#).

***Tamper-resistant paper.*** Paper that meets industry-recognized security features to copying, erasure or modification of information on the paper, and to prevent the use of counterfeit authorization – [RCW 69.51A.010\(23\)](#).

***Terminal or debilitating medical condition.*** Means a condition severe enough to significantly interfere with the patient's activities of daily living and ability to function, which can be objectively assessed and evaluated and limited to the conditions outlined under [RCW 69.51A.010\(24\)](#).

## Guideline

### Healthcare Practitioner Statutory Limitations

The healthcare practitioner shall not ([RCW 69.51A.030](#)):

- a. Accept, solicit, or offer any form of pecuniary remuneration from or to a marijuana retailer, marijuana processor, or marijuana producer;
- b. Offer a discount or any other thing of value to a qualifying patient who is a customer of, or agrees to be a customer of, a particular marijuana retailer;
- c. Examine or offer to examine a patient for purposes of diagnosing a terminal or debilitating medical condition at a location where marijuana is produced, processed, or sold;
- d. Have a business or practice which consists primarily of authorizing the medical use of marijuana or authorize the medical use of marijuana at any location other than his or her practice's permanent physical location;
- e. Except as provided in [RCW 69.51A.280](#), sell, or provide at no charge, marijuana concentrates, marijuana-infused products, or useable marijuana to a qualifying patient or designated provider; or
- f. Hold an economic interest in an enterprise that produces, processes, or sells marijuana if the health care professional authorizes the medical use of marijuana.

### Authorization Practice Guidelines

A healthcare practitioner may provide valid documentation to authorize medical marijuana (cannabis) to a qualifying patient under [Chapter 69.51A RCW](#) under the following conditions:

#### Section 1: Patient evaluation

A healthcare practitioner should obtain, evaluate, and document the patient's health history and physical examination in the health record prior to treating for a terminal or debilitating condition.

- a. The patient's health history should include:
  - i. Current and past treatments for the terminal or debilitating condition;
  - ii. Comorbidities; and

- iii. Any history of substance misuse or abuse using a risk assessment tool.<sup>1</sup>
- b. The healthcare practitioner should:
  - i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and
  - ii. Check of the Prescription Drug Monitoring Program database for the patient's receipt of controlled substances
  - iii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.
  - iv. Provide the qualifying patient and their designated provider (if any) each with a medical marijuana authorization form printed on tamper-resistant paper containing the RCW 69.51A.030 logo as required under [WAC 246-71-010](#).

## Section 2: Treatment plan

A healthcare practitioner should document a written treatment plan that includes:

- a. Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana (cannabis);
- b. Advice about other options for treating the terminal or debilitating medical condition;
- c. Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with medical use of marijuana (cannabis)
- d. Advice about the potential risks of the medical use of marijuana (cannabis) to include:
  - i. The variability of quality and concentration of medical marijuana (cannabis);
  - ii. Adverse events, including falls or fractures;
  - iii. The unknown short-term and long-term effects in minors, as more fully explained in Section 4, below;
  - iv. Use of marijuana (cannabis) during pregnancy or breast feeding; and
  - v. The need to safeguard all marijuana (cannabis) and marijuana (cannabis) infused products from children and pets or domestic animals.
- e. Additional diagnostic evaluations or other planned treatments;
- f. A specific duration for the medical marijuana (cannabis) authorization for a period no longer than 12 months for adults (age 18 and over) and 6 months for minors (under age 18); and
- g. A specific ongoing treatment plan as medically appropriate.

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<sup>1</sup> The use of a risk assessment tool is particularly important in the treatment of minors. The American Academy of Pediatrics developed a guide to help providers incorporate screening, brief intervention, and referral for the use of alcohol, tobacco, marijuana and other drugs among adolescent patients. <https://pediatrics.aappublications.org/content/138/1/e20161210>

### Section 3: Ongoing treatment

A healthcare practitioner should conduct ongoing treatment and assessment as medically appropriate to review the course of the patient's treatment, to include:

- a. Any change in the medical condition;
- b. Any change in physical or psychosocial function;
- c. Any new information about the patient's terminal or debilitating medical condition; and
- d. An authorization may be renewed upon completion of an in-person physical examination.

### Section 4: Treating minor patients or patients without decision making capacity

The risks of marijuana use in minors are substantial, particularly given its well-documented adverse effects on the developing brain.<sup>2</sup> While research demonstrates that the use of marijuana can be helpful for adults with specific debilitating conditions, there are no published studies on the use of medical marijuana for minors. A health care practitioner should strongly consider limiting the authorization of marijuana to minors in palliative pediatric care when short-term symptom relief outweighs long-term risks. The most common symptoms that may justify the use of medical marijuana for minors are pain, nausea, vomiting, seizures, and agitation.<sup>3</sup>

Under [RCW 69.51A.220](#) and [RCW 69.51A.230\(4\)](#), a healthcare practitioner considering authorizing marijuana to a patient under the age of 18 or without decision making capacity must:

- a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana (cannabis);
- b. Consult with other healthcare practitioners involved in the patient's treatment, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana (cannabis); and
- c. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the parent or patient surrogate continues to participate in the treatment;
- d. Ensure the patient's parent, guardian, or surrogate acts as the designated provider; and
- e. Reexamine the minor at least once every six months or more frequently as medically indicated.

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<sup>2</sup> <https://pediatrics.aappublications.org/content/135/3/584>

<sup>3</sup> The federal Food and Drug Administration (FDA) has approved medications related to marijuana that are available in pharmaceutical grade by prescription for rare conditions. One of the medications is approved for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients over two years of age. This medication is not considered medical marijuana and is not available at marijuana dispensaries. This medication is prescribed by subspecialists with expertise in these conditions.

## Additional requirements to note when treating minor patients:

- a. Qualifying patients (adult or minor) can only have one designated provider under [RCW 69.51A.010](#). This can be challenging for minor cannabis patients who live in divorced families.
- b. Schools are not required to make accommodations to permit or allow a qualifying minor patient (under 18) to consume marijuana (cannabis) for medical purposes on school grounds. However, a school may permit a minor to consume marijuana (cannabis) on school grounds in accordance with school policy relating to medication use on school grounds - [RCW 69.51A.060](#).
- c. The minor may not grow plants or purchase marijuana (cannabis) - [RCW 69.51A.220](#).
- d. Both the minor and the minor's parent or guardian who is acting as the designated provider must be entered in the medical marijuana authorization database and hold a recognition card - [RCW 69.51A.220](#).

## Section 5: Maintenance of health records

A healthcare practitioner should maintain the patient's health record in an accessible manner, readily available for review, and include:

- a. The diagnosis, treatment plan, and therapeutic objectives;
- b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in [RCW 69.51A.010\(24\)](#).
- c. Documentation of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana (cannabis);
- d. A copy of the signed authorization form for both the patient and their designated provider (if any);
- e. Results of ongoing treatment; and
- f. The healthcare practitioner's instructions to the patient.

## Section 6: Continuing education

A healthcare practitioner issuing authorizations or valid documentation for the medical use of marijuana (cannabis) on or after the effective date of these guidelines, should complete a minimum of three hours of continuing education related to medical marijuana (cannabis).

Such program should explain the proper use of marijuana (cannabis), including the pharmacology and effects of marijuana (cannabis) (e.g., distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).

## Resources

Washington State Department of Health [Medical Marijuana Program](#)

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