

Medical Marijuana Consultant Certificate Rule Stakeholder Meeting Comments

The Department of Health held a stakeholder meeting on August 31, 2015 to receive input from those interested in our rules regarding Medical Marijuana Certificates required under SSB 5052. Below are a summary of the comments organized by topic area.

1. Define curriculum and select vendors to provide training or education programs.

- Take into consideration patient needs. Association for Medical Cannabis Reform provided rules proposal. Critical that we use collaborative approach to rule making.
- Information sharing. MMJ consultants need to stay current regarding new products and their effects. Consultants need special training and skill. Rules need to assure they have the skills to help MMJ patients in a safe and appropriate manner.
- Consultant needs to know what's available – new information. Naturopaths have a lot of experience.
- Importance of assuring the benefits and dangers of MMJ., and duration of effect. Including CBD's, terpenes, strains. Concern about lack of expertise in many shops. Protect quality of care – interested in high standards.
- Maintain and advance quality of standards for consultants.
- Knowledge of process type. American national standards group – that should be the criteria for vendors. Hours of training? Need to decide curriculum first.
- Each strain has different effect for each user. It has medical value to somebody. Can't narrow down which are medical vs. recreational.
- Basic product knowledge – primary subject. Need to know what they are dispensing. Patients ask for growing tips. Opening collectives/cooperatives – zoning issues – good to know about the laws. Different city and county laws. People ask. What are security requirements. May need more than one type of consultant. The consultant should work directly with doctors.
- Worker safety - Shops need accident prevention plans. Seed to sale – many issues for patient and worker safety. Need to talk with those who have been in the business – they know the genetics and what the strains can do. Training – access is vital. Some people are isolated and can't travel long distances. People have different learning styles. Vendors – experts locally and nationally to vet training.
- Train pharmacists on how to use MMJ. We're opening people to federal prosecution.
- Cannabis use – cause anxiety for some people. Should be part of the curriculum so it is available to more people.
- All strains should be included in training. Match type to qualifying condition. The immune system in your own body works with both CBD and THC. Entourage effects of how THC and CBD work together.

Medical Marijuana Consultant Certificate Rule Stakeholder Meeting Comments

- THC overdose, sleep disturbance, DUI concerns.
- Biology and Botany
- Need full cannabinoid profiles
- Allergies and Diet issues
- Science generated by medical community – need engagement from providers and government.
- Education – dosage, terpenes, strains, use types. Medical not different from recreational.
- They should know endo cannabinoid system and the effects of different products. What do things on label mean. Know terpene – they have medical value too. How they work together in body. Know growing process and baking extractions.
- Consultant needs to be educated about addiction and long lasting. Side effects – anxiety, munchies. You get colder. Know what’s in your medicine – pesticides etc. not a food product or smoking product – concentrates – washing of products.
- Existing knowledge base needs to be included in education. Different types of MMJ good for different patients. Whole plant medicine. Art form as much as science. Analogy to cooking. Should not limit medical MMJ to CBD. Open to as many people as possible with working understanding and include biology and botany as needed. Don’t need more MD’s.
- Liability exposure. Expectation of expertise. Use peer reviewed sources so that consultants know training should be rigorous and experience expected.
- Be wary of agenda driven science and pseudo-science.
- Access for veterans. Patients helping patients. Veterans helping veterans. Look to experts – endo cannabinoid, PTSD research, need legitimate science.
- Accident prevention plans.
- Doctors do not know much about MMJ. Need dialogue between doctors and consultants.
- MM Induced anxiety, how to handle it.
- Panel of industry representatives (9), examination that tests competence – safely educate and inform.
- Only dealing with end component. Need to deal with producers and processors too. Encourage to go deeper and certify the entire supply chain.
- Standards important. Access and portability.

2. Develop an application and renewal process for consultant certificate holders

- Need to have due process for suspension of certification. But need to protect patient access. Ensure continuing education requirements to include most current research and product

Medical Marijuana Consultant Certificate Rule Stakeholder Meeting Comments

information. Consultant should be able to serve multiple stores. Education is factor. Fees – need to be reasonable – just to cover the cost.

- All employees that may interact with patients should have a certificate, avoid providing medical advice.
- Renewal/suspension – look at other certifications to adopt language.
- Include an exam, competence test.
- Criminal background checks are okay. Current consultants have been underground. Don't exclude talent because you are too careful.
- Use healthcare provider rules for revocation and suspension.
- Set minimum requirements for consultant – but don't limit by education. Many young people who are extremely knowledgeable - only high school education.
- Need way to update with new knowledge.
- Ensure that there is not sharing or transfer of license. Renew annually. Fees should cover process and consider wages of consultant.
- Adds another cost component to patients. No incentive for retailers to hire consultant.

3. Specify the consultant services parameters

- Overall role of consultant - Patient education is primary function. Patients come with recommendation from medical professional. Consultant needs to provide recommendations on types and strains and benefits. Explains types of products available and the method of use. Empower patient with medical use of cannabis. Then patient selects what they want.
- Interaction with medical patient. Must meet all conditions in rule. Educational guidance on products and method of delivery. Should not provide medical advice.
- Proper patient education and employee qualifications are needed.
- Employees in shops are not doctors. Use moral compass in business. Doctors concerned about legal consequences. Experience of patients – they are afraid, overwhelmed. There is a lot of misinformation about MMJ. Need to treat patients respectfully. Consultant needs to recommend strains – different restrictions in terms of type of use.
- Consultant certification should include exchange of patient treatment with doctor.
- Consultant needs to provide in person services. Ensure follow up serves via phone for patients. Did the topical work? Etc. Part of patient relationship.
- Pay attention to patient's interests – not business interests. Consultants should be available to everyone – regardless of whether they're on the register. Consultant separate from business. Should not become a profit making role – pushing products.
- Communication between doctors and consultants to help patients.

Medical Marijuana Consultant Certificate Rule Stakeholder Meeting Comments

- Many doctors authorize MMJ. Concerns with consultant. Need clear line from practicing medicine.
- Not a toxic substance – explain what to do if they have too much. Should not be able to override a doctor.
- Needs to make sure patients are safe. Smoking is bad for everyone. Need to be mindful of the effects of THC. Know what's in your medicine – pesticides etc. not a food product or smoking product – concentrates – washing of products.
- Customers come in asking for medical advice. Specify parameters for consultant by asking health care professionals. People outside those professions should not be advising patients about MMJ.
- Written materials needed for geriatric patients.
- Face to face interactions – they are a consultant and should be expected to meet the requirements.