STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In Re the Petition of: JON-ROYAL FLEMING, Petitioner.	**Docket Number 00-02-A-1008MD** FINAL ORDER ON PETITION FOR INCLUSION OF HEPATITIS C AS A TERMINAL OR DEBILITATING CONDITION UNDER RCW 69.51A

THIS MATTER came before the Medical Quality Assurance Commission on January 28, 2000, in SeaTac, Washington, on the petition of Jon-Royal Fleming, concerning the inclusion of Hepatitis C as a terminal or debilitating medical condition under RCW 69.51A. The Commission, having considered the petition and the record in this matter, now issues the following:

Section 1: FINDINGS OF FACT

1.1 On August 20, 1999, the Petitioner, Jon-Royal Fleming, submitted a petition with the Medical Quality Assurance Commission ("Commission") requesting that, pursuant to RCW 69.51A.070, the Commission include Hepatitis C as a "terminal or debilitating medical condition" under RCW 69.51A.010(4).

1.2 On December 8, 1999, in SeaTac Washington, a public hearing was held before a panel of the Commission. Although the Petitioner was not present, he had previously submitted supporting documentation into the record. Testimony was taken from a physician with expertise in hepatology.

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1.3 On January 28, 2000, during its open business meeting, the Medical Quality Assurance Commission considered the record of the public hearing held on December 8, 1999, and made the determinations herein.

1.4 There appear to be no clinical studies concerning the risks and benefits of using marijuana in the treatment of patients with Hepatitis C. Evidence suggests that use of marijuana by some Hepatitis C patients may be contraindicated, depending on factors such as liver function, drug regimen, and general condition. Moreover, use of marijuana may be contraindicated in light of a given patient's history of drug abuse. Generally, however, anecdotal information suggests that medical use of marijuana may be beneficial in reducing debilitating nausea and/or intractable pain, experienced in a rare minority of patients with Hepatitis C, that are unrelieved by standard medical treatments and medications.

Section 2: CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over this matter pursuant to RCW 69.51A.070.

2.2 The Commission has determined that Hepatitis C with debilitating nausea and/or intractable pain unrelieved by standard treatments or medications constitutes a "terminal or debilitating medical condition" within the meaning of RCW 69.51A.010(4).

Section 3: ORDER

3.1 Hepatitis C with debilitating nausea and/or intractable pain unrelieved by standard treatments or medications constitutes a "terminal or debilitating medical condition" within the meaning of RCW 69.51A.010(4).

Section 4: NOTICE TO PARTIES

As provided in RCW 34.05.461(3), RCW 34.05.470, and WAC 246-11-580 either party may file a petition for reconsideration. The petition must be filed with the Adjudicative Clerk Office, 1107 Eastside Street, PO Box 47879, Olympia WA 98504-7879, within ten (10) days of service of this Order. The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration shall not stay the effectiveness of this Order. The petition for reconsideration is deemed to have been denied twenty (20) days after the petition is filed if the Commission has not acted on the petition or served written notice of the date by which action will be taken on the petition.

"Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6) and WAC 246-11-080. This Order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(18).

Proceedings for judicial review may be instituted by filing a petition in the Superior Court in accord with the procedures specified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. The petition for judicial review must be filed within thirty (30) days after service of this Order, as provided by RCW 34.05.542.

DATED this 28th day of January, 2000.

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GILBERT RODRIGUEZ, MD, Chair