

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

KEMP LAMUNYON, SR.,

Petitioner.

NO.

FINAL ORDER ON PETITION FOR  
INCLUSION OF ALZHEIMER'S  
DISEASE AS A TERMINAL OR  
DEBILITATING CONDITION  
UNDER RCW 69.51A.010(4)(G)

This matter came before the Medical Quality Assurance Commission (Medical Commission) on July 16, 2010 at the Puget Sound Educational Service District, Blackriver Training and Conference Center, Renton, Washington, on the petition of Kemp LaMunyon, Sr., for the inclusion of Alzheimer's Disease as a terminal or debilitating medical conditions under RCW 69.51A. The Medical Commission, in consultation with the Board of Osteopathic Medicine and Surgery (Osteopathic Board), having considered the petition and the record in this matter, now issues the following:

**I. FINDINGS OF FACT**

1.1 On January 24, 2010, the Petitioner Kemp LaMunyon, Sr., filed a petition with the Medical Commission requesting that, pursuant to RCW 69.51A.070, the Medical Commission include Alzheimer's Disease as "terminal or debilitating medical condition(s)" under RCW 69.51A.010(4)(g).

1.2 On June 2, 2010, at the Washington State Department of Health Office in Tumwater, Washington, a public hearing was held before a panel consisting of three members of the Medical Commission and three members of the Osteopathic Board.

1.3 The Petitioner did not appear personally, but presented written information in support of the petition.

1.4 Public testimony was taken from members of the public. Written comments and information were also received from the public.

1.5 Expert testimony was provided by four expert witnesses at the public hearing, Dr. David J. Tauben, Department of Anesthesia and Pain Medicine, University of Washington School of Medicine; Dr. Gregory Carter, Department of Rehabilitation Medicine, University of Washington; Dr. Seth Thaler, Memorial Nephrology Associates, Olympia; and Dr. Eric B. Larson, Center for Health Studies, Group Health Cooperative. The expert witnesses answered questions from the members of the panel at the June 2, 2010 public hearing.

1.6 On June 18, 2010, the Osteopathic Board held a telephonic special public meeting to deliberate on the petition and to determine what recommendation, if any, it would make regarding the petition. The public was provided access to the meeting telephonically and in person at the Department of Health Offices in Tumwater, Washington. The Osteopathic Board considered the public hearing panel members' input and review of the record of the public hearing held on June 2, 2010, in making its recommendation. The Osteopathic Board voted to recommend that the petition be denied. The Osteopathic Board's recommendation was sent by letter to the Medical Commission.

1.7 On July 16, 2010, at the Medical Commission's regular public business meeting at the Blackriver Training and Conference Center, Renton, Washington, the Medical Commission deliberated on the petition to determine what recommendation, if any, it would

make. The Medical Commission considered the written recommendation of the Osteopathic Board, the input of the Medical Commission's public hearing panel members and the record of the public hearing held on June 2, 2010, including the written comments and the public hearing transcript and made the determinations herein. The Medical Commission voted to issue a Final Order denying the petition on July 16, 2010.

1.8 The Petitioner provided information from in vivo animal studies and in vitro studies that ingredients in marijuana may have promise in preventing Alzheimer's disease in humans.

1.9 There are no published peer-reviewed, scientific, randomized, controlled clinical studies that show improved health outcomes in treatment or prevention of Alzheimer's disease in humans from the use of marijuana.

1.10 The in vitro studies and in vivo animal studies may show promise in the use of marijuana or its ingredients for Alzheimer's disease.

1.11 Further research would be needed to demonstrate marijuana's effectiveness in the treatment or prevention of Alzheimer's disease in patients. In the absence of such scientific evidence, expert testimony did not support recommending marijuana for Alzheimer's disease. Expert testimony supported such research and study.

1.12 The Medical Commission concludes that there is insufficient scientific or anecdotal evidence to support including Alzheimer's Disease on the list of terminal or debilitating medical conditions for which medical marijuana use may be beneficial under RCW 69.51A.010(4).

1.13 The Medical Commission supports rigorous scientific randomized controlled clinical trials that have potential to demonstrate marijuana's effectiveness or efficacy in treating Alzheimer's disease.

## II. CONCLUSIONS OF LAW

2.1 The Medical Commission, in consultation with the Osteopathic Board has jurisdiction over this matter pursuant to RCW 69.51A.070.

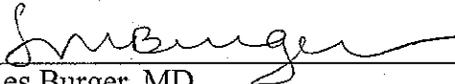
2.2 In interpreting the information presented to it, the Medical Commission and Osteopathic Board utilized its expertise in evaluating the evidence presented and in weighing the potential risks and benefits of using marijuana to treat Alzheimer's disease.

2.3 The Medical Commission, in consultation with the Osteopathic Board, has determined that, as described in the petition and public testimony, Alzheimer's disease is a progressive condition with a broad range of patient-specific symptoms, effects, risks and responses to treatment. Some symptoms of Alzheimer's Disease, such as anorexia, are already approved for medical marijuana use, but Alzheimer's Disease is not a "terminal or debilitating medical condition(s)" within the meaning of RCW 69.51A.010(4) for which medical use of marijuana may be recommended.

## III. ORDER

The petition to add Alzheimer's Disease as "terminal or debilitating medical condition(s)" for which medical use of marijuana may be recommended within the meaning of RCW 69.51A.010(4) is DENIED.

DATED this 30 day of August 2010.

  
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Les Burger, MD  
Chair

## NOTICE TO PARTIES

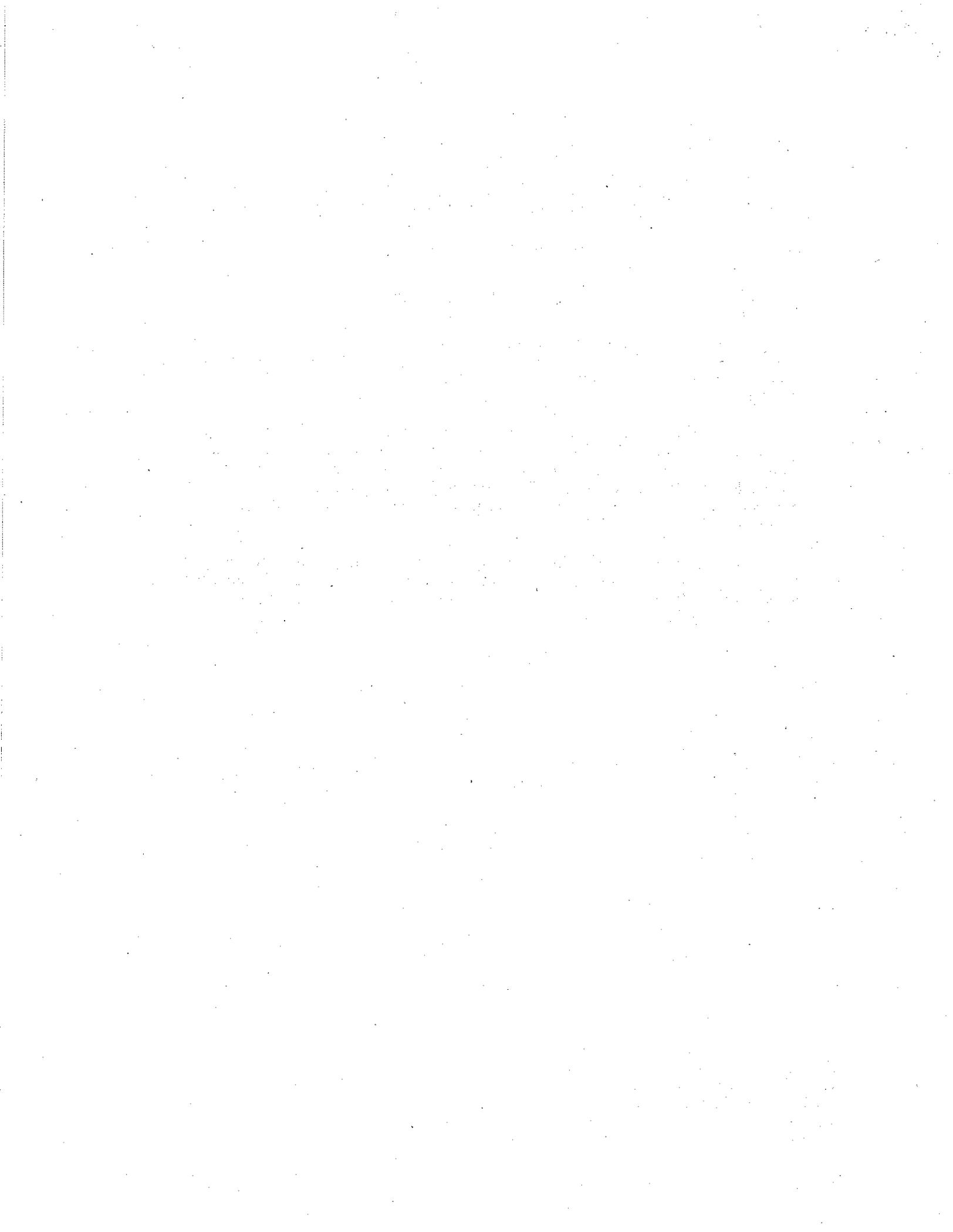
Either party may file a petition for reconsideration. RCW 34.05.461(3); 34.05.470. The petition must be filed within 10 days of service of this order with:

Medical Quality Assurance Commission  
243 Israel Rd SE  
P.O. Box 47866  
Olympia, Washington, 98504-7866

The petition must state the specific grounds for reconsideration and what relief is requested. WAC 246-11-580. The petition is denied if the Medical Commission does not respond in writing within 20 days of the filing of the petition.

A petition for judicial review must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, the above 30-day period does not start until the petition is resolved. RCW 34.05.470(3).

The order is in effect while a petition for reconsideration or review is filed. "Filing" means actual receipt of the document by the Medical Commission. RCW 34.05.010(6). This order is "served" the day it is deposited in the United States mail. RCW 34.05.010(19).



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of

**KEMP LAMUNYON, SR**

Petitioner

No.

**DECLARATION OF SERVICE BY  
MAIL**

Under penalty of perjury under the laws of the state of Washington, I declare that the following is true and correct:

On August 31, 2010, I deposited in the United States mail, a properly addressed and stamped envelope containing a true and correct copy of the Final Order of Petition for Inclusion of Alzheimer's Disease as a Terminal or Debilitating Condition Under RCW 69.51A.010(4)(G), on the following parties:

KEMP LAMUNYON SR.  
2815 MELROSE #226  
WALLA WALLA, WA 99362

  
DEBBIE SLOAN, LEGAL SECRETARY

Original filed with:  
Department of Health  
Adjudicative Clerk Office  
Adjudicative Service Unit  
P.O. Box 47879  
Olympia, WA 98504-7879

