

**Department of Health**  
**Medical Quality Assurance Commission**  
**Guideline**

Title:	Medical Marijuana Authorization Guidelines	MD2014-07
References:	RCW 69.51A, 18.71, 18.71A, 18.130	
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## Purpose

To improve patient safety and maintain the dignity of the health professions in the state of Washington, the Board of Naturopathy, the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery have worked together to adopt shared professional practice standards expected of all health care professionals who authorize medical marijuana under Washington State law.

## Guidelines

A health care professional may provide valid documentation to authorize medical marijuana to a qualifying patient under Chapter 69.51A RCW under the following conditions:

### Section 1: Patient Examination

1. A health care professional 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 substance abuse.
  - b. The health care professional should:
    - i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and

- ii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.

## **Section 2: Treatment Plan**

- 2. A health care professional 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;
  - 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;
  - d. Advice about the potential risks of the medical use of marijuana to include:
    - i. The variability of quality and concentration of medical marijuana;
    - ii. Adverse events, including falls or fractures;
    - iii. Use of marijuana during pregnancy or breast feeding; and
    - iv. The need to safeguard all marijuana and marijuana 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 authorization for a period no longer than twelve months; and
  - g. A specific ongoing treatment plan as medically appropriate.

## **Section 3: Ongoing treatment**

- 3. A health care professional should conduct ongoing treatment as medically appropriate to review the course of patient's treatment, to include:
  - a. Any change in the medical condition;
  - b. Any change in physical and psychosocial function; and
  - c. Any new information about the patient's terminal or debilitating medical condition.

## **Section 4: Maintenance of Health Records**

- 4. A health care professional 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(6) or approved pursuant to RCW 69.51A.070;
  - c. Results of ongoing treatment; and
  - d. The health care professional's instructions to the patient.

## **Section 5: Treating Minor Patients or Patients Without Decision Making Capacity**

5. If the patient is under the age of eighteen or the patient is without decision making capacity, the health care professional should:
  - a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana;
  - b. Consult with other health care providers 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; 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.

## **Section 6: Continuing Education**

6. A health care professional issuing authorizations or valid documentation for the medical use of marijuana on or after the effective date of these guidelines should complete a minimum of 3 hours of continuing education related to medical marijuana. Such program should explain the proper use of marijuana, including the pharmacology and effects of marijuana (e.g. distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).