

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

TIMOTHY NOVAK

and

CAROL NOVAK,

Petitioners,

FINAL ORDER ON PETITIONS FOR  
INCLUSION OF ATTENTION DEFICIT  
DISORDER AND OBSESSIVE  
COMPULSIVE DISORDER AS TERMINAL  
OR DEBILITATING CONDITIONS UNDER  
RCW 69.51A.010(6)

This matter came before the Medical Quality Assurance Commission on February 24, 2012 at the Department of Health, Tumwater, Washington, on the petition of Timothy Novak and Carol Novak, for the inclusion of attention deficit disorder and obsessive compulsive disorder as terminal or debilitating medical conditions under RCW 69.51A. The Commission, in consultation with the Board of Osteopathic Medicine and Surgery, having considered the petition and the record in this matter, now issues the following:

**I. FINDINGS OF FACT**

1.1 On September 20, 2011, the Petitioners Timothy Novak and Carol Novak filed petitions with the Medical Quality Assurance Commission (Commission) requesting that, pursuant to RCW 69.51A.070, the Commission include attention deficit disorder (ADD) and obsessive compulsive disorder (OCD) as terminal or debilitating medical condition(s) under RCW 69.51A.010(6)(g).

1.2 On January 11, 2012, at the Holiday Inn Seattle-Renton, Renton, Washington, a public hearing was held before a panel consisting of three members of the Commission and three members of the Board of Osteopathic Medicine and Surgery (Osteopathic Board).

1.3 The Petitioners appeared personally and presented in support of the petition. The Petitioners also answered questions from the panel.

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1.4 Public testimony was taken from approximately 20 members of the public. Written comments and information were also received from the public.

1.5 Testimony was also provided by Dr. Peter Roy-Byrne, MD, a board certified psychiatrist. Dr. Roy-Byrne is a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine, Seattle and past Director of the Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations at Harborview Medical Center. Dr. Roy-Byrne also answered questions from the members of the panel.

1.6 The members of the Osteopathic Board and the Commission were provided complete copies of the record on the petition including the petition, the written comments and information submitted, and a verbatim transcript of the January 11, 2012 public hearing.

1.7 On February 17, 2012, the Osteopathic Board held a 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 the record of the public hearing held on January 11, 2012, including the written comments and the public hearing transcript 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.

1.8 On February 24, 2012, at the Commission's regular public business meeting at the Department of Health, Tumwater, Washington, the Commission deliberated on the petition. The Commission considered the Osteopathic Board's recommendation, public hearing panel members' input, and the record of the public hearing held on January 11, 2012, including the

written comments and the public hearing transcript and made the determinations herein. The Commission voted to issue a Final Order denying the petition.

1.9 There have been two previous petitions to include anxiety disorders, which is a similar condition to obsessive compulsive disorder, to the list of terminal or debilitating conditions under RCW 69.51A.010(6). On November 19, 2004, the Commission issued a Final Order on Petition to add depression and severe anxiety as a “terminal or debilitating medical conditions(s)’ within the meaning of RCW 69.51A.010(6). On February 10, 2010, the Commission issued a Final Order on Petition to add bipolar disorder, severe depression and anxiety related disorders as a terminal or debilitating medical conditions(s) within the meaning of RCW 69.51A.010(6).

1.10 At the January 11, 2012 public hearing, the Petitioner Timothy Novak’s supporting testimony described his personal history of unsuccessful treatment for ADD and OCD with which he has suffered since his diagnosis at age 15. The Petitioner is now 28. He described the symptoms he has suffered including excessive worry, a tendency to get locked in negative thoughts, moodiness, and trouble concentrating or focusing on one task at a time. He also described how his conditions have affected his life. The Petitioner explained that he had been treated with many different medications as well as undergoing cognitive therapy. He described the undesirable side effects he experienced from the medications. His personal experience is that cannabis worked better than anything else he had found for his condition.

1.11 The Petitioner Carol Novak is the mother of Timothy Novak. She spoke in support of her son and his experience with ADD and OCD. She described that marijuana helped her son’s symptoms.

1.12 The public comments on January 11, 2012 were courageous and moving. Approximately seven individuals, including two registered nurses testified in support. The comments included examples of patients who felt they had inadequate treatment for ADD and/or OCD using standard medications and treatments. The comments included personal experiences describing a broad range of symptoms and the experiences of family members and friends. The comments included testimony about undesirable side effects from standard prescribed medications to treat the conditions. Other individuals testified that they self-medicated with marijuana because it was the only treatment that helped them and relieved their symptoms.

1.13 In addition to the individual supporters, the January 11, 2012 public hearing also included comments from organization representatives supporting the petitions. The organizations included CannaCare, Sensible Washington, Northwest Leaf Magazine, Cannabis Reform for Adults and the Cannabis Defense Coalition.

1.14 The January 11, 2012 public hearing also included comments opposing the addition of ADD and OCD. The six individuals testifying against the petition included two citizens, a licensed chemical dependency professional with the Chemical Dependency Professionals of Washington, a clinical pharmacist and two physicians. One of the physicians, a Board certified psychiatrist and addiction psychiatrist, testified that both ADD and OCD are typically identified, diagnosed and treated in youth and adolescence and that this population is at greater risk of developing cannabis use disorder or cannabis dependence. The other physician who specializes in the treatment of ADD and associated conditions testified that ADD has a neurobiologic basis in the prefrontal cortex of the brain. He testified that marijuana does not target the defect which leads to ADD and that other medications are much better for the

treatment of ADD. The physicians and pharmacist all cited that lack of scientific evidence supporting the use of marijuana for these conditions.

1.15 Peter Roy-Byrne, MD testified and provided information about ADD and OCD. Dr. Roy-Byrne testified that there are a number of effective medications for treating both of these conditions. He also stated that there are non-medication approaches for OCD that are extremely effective and well studied, as well as emerging literature documenting helpfulness of some non-medication treatments for ADD.

1.16 Dr. Roy-Byrne testified there is no controlled study demonstrating the effectiveness of marijuana in treating ADD and OCD. Dr. Roy-Byrne testified that there is scientific evidence that marijuana causes impairment of cognition and memory and can either provoke or aggravate anxiety. Finally, he testified that the chronic use of marijuana is associated with a substance dependence syndrome. Sufferers of ADD and OCD have a higher rate of substance abuse disorders and use of marijuana poses a higher risk to these individuals. In the absence of such scientific evidence supporting the use of marijuana for ADD and OCD, Dr. Roy-Byrne did not support recommending marijuana for these conditions.

1.17 Written comments were received in support of the petition from eight individuals, including a physician and naturopathic physician. These comments cited both personal and clinical experiences of persons who were not helped by standard treatments for ADD and/or OCD conditions, but reported relief of symptoms when using marijuana.

1.18 Two of the individuals supporting the petition included references to articles and studies in support of approval. Some of the articles provided individual case reports or anecdotal information on the effectiveness of marijuana on ADD, ADHD or OCD. Some of the studies were regarding the cannabinoid receptor gene and its possible connection to ADHD. However,

none of the studies or articles provided included scientific peer reviewed studies or clinical trials on the effectiveness of marijuana in treating ADD or OCD.

1.19 Written comments were also received opposing the petition from a citizen and from three individual health care providers. These comments cited the lack of credible scientific evidence of marijuana's effectiveness for ADD and OCD together with potential harm from its use.

1.20 The Commission recognizes that the present legal status of marijuana under the federal law impedes the research that may determine marijuana's efficacy and effectiveness for these conditions.

1.21 The Commission acknowledges that there is some anecdotal evidence supporting the use of marijuana to treat ADD and OCD.

1.22 No rigorous peer-reviewed randomized controlled clinical trials have been published that show improved health outcomes in patients treated with marijuana for attention deficit disorder or obsessive compulsive disorder.

1.23 The Commission concludes that there is insufficient scientific evidence to support including attention deficit disorder and obsessive compulsive disorder on the list of terminal or debilitating medical conditions for which medical marijuana use may be beneficial under RCW 69.51A.010(6).

1.24 The Commission strongly supports rigorous scientific randomized controlled clinical trials that have potential to demonstrate the effectiveness or efficacy of marijuana or marijuana's particular active ingredients in treating ADD and OCD.

## II. CONCLUSIONS OF LAW

2.1 The 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 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 attention deficit disorder and obsessive compulsive disorder.

2.3 The Commission, in consultation with the Osteopathic Board, has determined that attention deficit disorder and obsessive compulsive disorder do not constitute "terminal or debilitating medical condition(s)" within the meaning of RCW 69.51A.010(6).

## III. ORDER

The petition to add attention deficit disorder and obsessive compulsive disorder as "terminal or debilitating medical condition(s)" within the meaning of RCW 69.51A.010(6) is DENIED.

DATED this 12th day of March, 2012.

*Marilyn Pattison, M.D.*

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Marilyn Pattison, 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 for reconsideration 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).

## CERTIFICATE OF SERVICE

I certify that I served a copy of this document on all parties on the date below as follows:

**Mr. Timothy W. Novak**  
**19127 84<sup>th</sup> Avenue West**  
**Edmonds, WA 98026**

U.S. Mail Postage Prepaid  
 Facsimile  
 Legal Messenger  
 Hand delivered by \_\_\_\_\_

**Ms. Carol A. Novak**  
**19127 84<sup>th</sup> Avenue West**  
**Edmonds, WA 98026**

U.S. Mail Postage Prepaid  
 Facsimile  
 Legal Messenger  
 Hand delivered by \_\_\_\_\_

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this 15th day of March, 2012, at Olympia, Washington.



Julie Kitten  
Program Operations Manager

