Medical Marijuana (Cannabis) Authorization Guidelines

Purpose
To improve patient safety and maintain the dignity of healthcare practitioners (means a physician licensed under chapter 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician licensed under chapter 18.57 RCW, an osteopathic physicians assistant licensed under chapter 18.57A RCW, a naturopathic physician licensed under chapter 18.36A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW) 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 healthcare practitioners who authorize medical marijuana (cannabis) under Washington State law.

Guidelines
A healthcare practitioner may provide valid documentation to authorize medical marijuana (cannabis) to a qualifying patient under Chapter 69.51A RCW under the following conditions:

Section 1: Patient examination
A healthcare practitioner 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 healthcare practitioner 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
A healthcare practitioner 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 (cannabis);
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 (cannabis);
d. Advice about the potential risks of the medical use of marijuana (cannabis) to include:
   i. The variability of quality and concentration of medical marijuana (cannabis)
   ii. Adverse events, including falls or fractures;
   iii. Use of marijuana (cannabis) during pregnancy or breast feeding; and
   iv. The need to safeguard all marijuana (cannabis) and marijuana (cannabis) 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 (cannabis) authorization for a period no longer than 12 months for adults (age 18 and over) and 6 months for minors (under age 18; and
g. A specific ongoing treatment plan as medically appropriate.

Section 3: Ongoing treatment

A healthcare practitioner should conduct ongoing treatment and assessment as medically appropriate to review the course of the patient’s treatment, to include:

   a. Any change in the medical condition;
   b. Any change in physical or psychosocial function; and
   c. Any new information about the patient’s terminal or debilitating medical condition.
   d. An authorization may be renewed upon completion of an in-person physical examination

Section 4: Maintenance of health records

A healthcare practitioner 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)
   c. Documentation of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana (cannabis);
d. A copy of the signed authorization form (for the patient and designated provider, if any);
e. Results of ongoing treatment; and
f. The healthcare practitioner’s instructions to the patient.

Section 5: Treating minor patients or patients without decision making capacity

If the patient is under the age of 18 or the patient is without decision making capacity, the healthcare practitioner should:

a. Ensure the patient’s parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana (cannabis);
b. Consult with other healthcare practitioners 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 (cannabis); 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; and
d. Ensure the patient’s parent, guardian, or surrogate acts as the designated provider.

Section 6: Continuing education

A healthcare practitioner issuing authorizations or valid documentation for the medical use of marijuana (cannabis) on or after the effective date of these guidelines, should complete a minimum of three hours of continuing education related to medical marijuana (cannabis).

Such program should explain the proper use of marijuana (cannabis), including the pharmacology and effects of marijuana (cannabis) (e.g., distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).