New Medical Marijuana Authorization Form Training

November 2017
What is an authorization form?

• An authorization is not a prescription as defined in RCW 69.51A.101
• A form developed by the Department of Health
• Completed, signed and dated by a patient’s healthcare practitioner and printed on tamper-resistant paper to authorize a patient to use marijuana for medical purposes
• Allows the patient to enter the medical marijuana authorization database and receive a marijuana recognition card
• Is a written designation for an individual to be a designated provider for one patient only
• Provides a patient with “affirmative defense”, unless entered in the database
• Allows a patient to grow 4 plants, unless entered in the database
In 2015, Legislature required DOH to develop a standard authorization form which has been in use by healthcare practitioners since June 2016.
Challenges Identified

During the first year of implementation, it became evident that some improvements to the form were needed.

Three main issues were identified:

1. The address and phone number listed at the top of the form caused confusion for patients and healthcare practitioners
2. The form consisted of two-pages and could only be printed single-sided on tamper-resistant paper
3. Content was not organized in a manner with distinct sections
Improvements Made

As a result, the following improvements were made to the form:

• one-page
• guidelines are now separate and can be printed on regular paper
• fillable – which means information can be completed on the computer and printed
• tamper-resistant paper contains a Medical Marijuana Authorization – RCW 69.51A.030 seal printed at the bottom
• removed the Department’s address and phone number
• content reorganized into four distinct sections
NEW! Medical Marijuana Authorization Form

The new fillable form is available for healthcare practitioners now and will be required starting January 1, 2018.
NEW! Medical Marijuana Authorization Form Guidelines

The NEW Medical Marijuana Authorization Form Guidelines document should not be printed on tamper-resistant paper and should be provided to each patient during their visit with their healthcare practitioner.

Available on the department’s web site:
https://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/AuthorizationForm
Authorization Form Requirements

Next we will review the authorization form requirements and each distinct section of the form.
Requirements

The current laws, rules and form guidelines below outline the authorization form requirements:

Under RCW 69.51A.030:

- Is **developed** by the Department of Health
- Is **completed and signed** by the patient’s healthcare practitioner
- Is **printed on tamper-resistant paper**

Under WAC 246-71:

- Is **valid, complete, unaltered and meets all requirements** specified in RCW 69.51A.030 and complies with the instructions on the form (Medical Marijuana Authorization Form Guidelines).

Authorization Form Guidelines:

- **Fully completed** by the authorizing healthcare practitioner
- **Printed on tamper-resistant paper** as defined in RCW 69.51A.030 **with the state authorization form seal**
Tamper-resistant paper

1. Pharmacy commission-approved tamper resistant paper contains at least one industry-recognized security feature designed to prevent:
   - unauthorized copying
   - unauthorized modification
   - use of counterfeit forms

2. contains the RCW 69.51A.030 Medical Marijuana seal in the bottom right corner

If the authorization form is invalid if it does not meet these requirements.
Completed and signed

An authorization form must be completed and signed by the patient’s healthcare practitioner. There are four distinct sections:

1. Patient Information and Attestation
2. Designated Provider and Attestation
3. Authorizing Healthcare Practitioner and Attestation
4. Additional Plan Authorization (optional)

In the next few slides, we will detail the requirements of each section of the authorization form.
Patient Information and Attestation section

The Patient Information and Attestation section includes the following:

1. Full legal name and date of birth of the patient
2. Patient’s street address is the physical address of the person’s residence where the plants may be grown under chapter 69.51A RCW. *(Do not use a P.O. Box)*
3. Original signature and date of patient’s attestation
Designated Provider Information and Attestation section

The Designated Provider (DP) Information and Attestation section includes the following:

1. Full legal name and date of birth of DP

2. Designated provider’s street address is the physical address of the designated provider’s residence where the plants may be grown for the patient under chapter 69.51A RCW *(Do not use a post office box)*

3. Original signature and date of DP’s attestation
What is a “designated provider”?  

A designated provider is not the healthcare practitioner. RCW 69.51A.010 defines a “designated provider” as:

Who is twenty-one years of age or older and

- A parent or guardian of a qualifying patient who is under the age of 18
- Has an authorization form from the qualifying patient’s healthcare practitioner
- Is the designated provider to only one patient at a time

This section is only completed if the patient has a designated provider.
Patients and Designated Providers

To clarify requirements, below are some important highlights to remember:

• The designated provider does not sign the patient’s authorization form. The designated provider only signs the “Designated Provider Information and Attestation” section of their own authorization form.

• The patient does not sign the designated provider’s form. The patient only signs the “Patient Information and Attestation” section of their own authorization form.

• The healthcare practitioner is required to complete all sections on both forms and sign both forms.
Authorizing Healthcare Practitioner section

The authorizing healthcare practitioner (HCP) information and attestation section includes the following:

1. The HCP’s name and license number as listed on their credential
2. Office address and business phone number – used to verify an authorization
3. Medical condition of patient
4. Original signature of HCP’s attestation and issue date of authorization
5. Expiration date
# Additional Plant Authorization section

This section is optional and used by healthcare practitioner to recommend additional marijuana plants to meet the medical needs of the patient. This section must be completed and signed by the practitioner only. If the practitioner does not complete and sign this section, the patient can legally grow four marijuana plants within their domicile.

1. Healthcare practitioner’s plant recommendation (no more than 15)

2. Healthcare practitioner’s original signature

## Additional Plant Authorization (Optional)

This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to [number] plants for the patient’s personal use.

**Healthcare Practitioner Signature:** (second signature only required if recommending additional plants)
Transition Plan

This section will discuss the planned timeline for transitioning from the old authorization form to the new authorization form.
The new form and required tamper-resistant paper is available now to authorizing healthcare practitioners. **Authorizations issued on or after January 1, 2018, are required to be completed on the new form, but can be printed on old tamper-resistant paper.** Authorizations issued on or after July 1, 2018, is required to be completed on the new form and printed on the new Medical Marijuana Authorization tamper-resistant paper containing the RCW 69.51A.030 seal.
A certified consultant’s role

Next we will review the role a certified consultant has in the medical marijuana authorization process.
Medical Marijuana Consultant Certificate

First, let’s review the practice parameters of a certified consultant below:

• The certified consultant is not a medical provider, and can do the following:
  – Enter the patient and designated providers information from the authorization form into the database
  – Assist with product selection
  – Describe risks and benefits of administration methods
  – Advise on safe handling and storage of products
  – Provide instruction on proper use

• Services NOT Allowed:
  – Diagnose any conditions
  – Recommend modification or elimination of any treatment not involving medical use of marijuana
Patient meets consultant

Second, let’s review the vital role a consultant plays in the authorization process. Consultants are the next step for a qualifying patient who wants to enter the database and receive a marijuana recognition card.

When a patient receives an authorization, they can call a medically-endorsed retail store to schedule an appointment with a certified consultant.

As noted in the previous slide, a consultant can assist the patient with product selection, methods of administration, education of safe-handling and storage and answer basic questions about Washington’s marijuana laws.
Consultants validate the authorization

Under chapter 246-71 WAC – adding qualifying patients and designated providers to the database, consultants:

• Ensure that the authorization form provided is valid, complete, unaltered and meets all requirements specified in RCW 69.51A.030 and complies with the instructions on the form.

• Confirm the identity of every patient age 18 and older and every designated provider by inspecting their valid photographic identification.

• If any requirement is not met, or the form is altered or incomplete, the person cannot be entered into the database.

• Confirm that a designated provider is not currently associated with a different patient

After the consultant enters the patient’s information into the database, the authorization is returned to the patient to keep safely at home.
Consultants enters information and creates a card

If the authorization meets all requirements, the consultant can continue with creating a recognition card for the patient and/or designated provider by following the three steps below:

**Step 1:**
Patient and/or their designated provider presents authorization form at a licensed and medically endorsed retail marijuana store.

**Step 2:**
Medical Marijuana Consultant uses secure web portal to enter patient and/or information into authorization system and creates the recognition card.

**Step 3:**
Medical Marijuana Consultant prints medical marijuana recognition card for patient and/or their designated provider.
# Benefits of Recognition Card

<table>
<thead>
<tr>
<th>Cardholder Patient</th>
<th>Non-Cardholder Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• May purchase 3 times the recreational limits</td>
<td>• Restricted to purchasing the recreational limits</td>
</tr>
<tr>
<td>• May possess 6-15 plants if authorized</td>
<td>• May only possess 4 plants</td>
</tr>
<tr>
<td>• May purchase high-THC products, when available</td>
<td>• May not purchase high-THC products</td>
</tr>
<tr>
<td>• Purchases at endorsed stores are not subject to sales tax</td>
<td>• Purchases at retail stores are subject to sales tax</td>
</tr>
<tr>
<td>• Arrest protection</td>
<td>• Affirmative defense only</td>
</tr>
<tr>
<td>• May participate in a cooperative</td>
<td>• May not participate in a cooperative</td>
</tr>
</tbody>
</table>
Resources

- Medical Marijuana Authorization Form
- Medical Marijuana Authorization Form Guidelines
- Patient Brochures
- Medical Marijuana Authorization Practice Guidelines - for Healthcare Practitioners
- Frequently Asked Questions
CONTACT INFORMATION

- Website: [www.doh.wa.gov/MedicalMarijuana](http://www.doh.wa.gov/MedicalMarijuana)
- Email: [medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov)
- Phone: 360-236-4819, option 1