

2018 NCSBN Scientific Symposium - Regulation: Knowledge, Practices and Attitudes Regarding Marijuana for Medical Conditions among Washington State Healthcare Providers Video Transcript

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Event

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recreational systems, we have now retail stores that have medical endorsements where people are able to go and buy their medical marijuana.

And I'll talk a little bit more about that process as we go along. And I'm just going to say now that people will often ask, "Well, since you have recreational marijuana in Washington, why does anybody still want a medical authorization?"

And the reason is that, if you have an authorization and you choose to be in the database that the state has, and Washington is one of only two states with an optional requirement for registration in the database, you will then get a break by not having to pay taxes.

And you can have a higher quantity, and you can grow plants. So there are still advantages for having a medical marijuana authorization. And in 2011, the state, without any of these professional groups asking, extended to osteopathic, naturopathic physicians, physicians assistants, and ARNPs, which is our licensure title in Washington, the option to do authorizations.

So we have had that option for seven years now. And the way I got into medical marijuana research and policy was because the Nursing Commission in Washington asked me to be an expert witness and review medical marijuana discipline cases that had been brought forward, which were quite extreme.

So when the law changed in 2015, there were some changes made to how the process of authorization would happen, in part because of the discipline cases that we were seeing. So in a couple of those discipline cases, there were individuals who were remotely skyping into their clinic and doing visits that were not in-person, and there were people who were really having patients, you know, every 5 minutes, every 10 minutes.

And you have to put that in the context of what qualifies you for a medical marijuana authorization, which is a terminal or debilitating condition. So you have to wonder, "How could you see somebody not in-person, and how could you do something so quickly and really meet all the requirements of the law?" So the law got just a little bit stricter, and there were no guidelines in the initial laws about children.

So some of the components of Washington law that you see here, such as an in-person physical exam, were in response to some of the discipline cases, not just in nursing but in the other professions. And particularly, naturopaths, somebody set up a booth at a festival at Seattle Center and was just doing authorizations like 100 in a day, and this was all in the media.

It was really exemplary of what was happening with an unregulated system. The regulations about children here, so there had previously not been, before 2015, any expiration date to your authorization. Which you could say, well, maybe that makes sense if somebody is terminal or has a debilitating condition.

But the law now requires that adults over 18 have an authorization every year, and for those under 18, every 6 months. And then, I mentioned a terminal or debilitating condition.

So in Washington, this 2015 law also added that the condition has to be severe enough to significantly interfere with the patient's activities of daily living and ability to function, which can be objectively

assessed and evaluated and limited to the following conditions... And this was very important because, as an example with both cancer and HIV, many people with these conditions have well-controlled disease and live very full lives and are not at all debilitated.

So this qualification made it a little bit more specific. And as you look at these lists of qualifying conditions, if you've read the NCSBN guidelines, many of these conditions are in their list of "What are the most typical conditions that you would see?" There had been a process where the Medical Commission could be petitioned to add conditions, and that's where chronic renal failure requiring hemodialysis was added.

Posttraumatic stress disorder and traumatic brain injury were added by the Legislature in 2015 when they changed the law. And if any of you have looked at the evidence, there is really very limited evidence for those two conditions. However, law doesn't always get based on evidence.

So here's some conditions that just outright would not qualify. And these are important because when Tracy tells you a little bit about the survey, you'll see how this fits together. But many people will ask or think that some conditions, particularly, anxiety and depression, can be qualifying conditions, but they're not.

And then, there's a certain number of conditions or prohibitions for healthcare providers who are protected by law in the state when they do authorizations. However, what the state really wants to do is create a firewall between healthcare professionals who do authorizations and the retail industry itself.

So a provider who does an authorization can't be part of, a part owner, say, in a retail store or a grow operation, some of those types of situations here. And another change in the law, where you have the first point there that the practice cannot consist primarily of authorizing the medical use of marijuana, the prior law said "solely."

And so

And there's a lot of misunderstanding about what the qualifying conditions are, that not only does that not qualify under Washington law, the evidence is pretty poor to support that as a treatment for depression or anxiety symptoms. And then we also had a wide range, depending again on the condition and we'll break that out by slide, of people who did not know whether something was qualifi

People want to know more, and they want to know the evidence. At least in Washington state, they feel, you know, strongly or somewhat agree with the statement that the DEA should reschedule. But, you know, they also have some mixed feelings about the risks. There are concerns amongst healthcare professionals that there are health risks and that marijuana can be addictive, and that mental health, in particular, can be at risk for patients who are using marijuana medically.

And remember, we asked about medical, but they can be using it recreationally, they can be mixing the two, we don't know. In terms of practices, the majority of the people who responded to our survey are

