Dispensing the Truth
Through the Haze:
Medical Marijuana in PA Long Term Care

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Learning Objectives

By the end of the session, participants will be able to:
Marijuana Basics

- 60 pharmacologically active chemicals in cannabis
- Primary psychoactive chemical
  - “DELTA-9 TETRAHYDROCANNABINOL” (THC)
- Primary non-psychoactive compound cannabidiol (CBD)
- THC/CBD ratio determines psychoactive vs. therapeutic effect
- CB1 CNS and peripheral nerves including sympathetic terminals
  - Cardiovascular and psychological effects
- CB2 periphery, lymph
  - Immune function and inflammatory response
- Onset 30min-2hours variable, lasts 5-8 hours
- Lipophilic with release into blood intermittently
  - can test positive long after ingested or smoked

Available Options

- Two FDA approved derivatives Drobinol (Schedule III) and Nabilone (Schedule II)
- Liquid extract nabiximols (Sativex) approved in 24 countries – Phase III trials, primarily for MS muscle spasms
Stimulating vs. Relaxing Strains

Comparing Sativa and Indica

**Sativa**
- Well-being and ease is associated with sativas
- **Energizing**
- A high CBD:THC ratio
- Due to its high CBD content, have a **stimulating effect** that improves alertness
- May be used to treat mental and behavioral issues such as depression, anorexia

**Indica**
- A “couch-lock” body high
- Often used to relieve stress and aid with sleep. Indicas
- **High THC:CBD ratio**
- Commonly used to treat insomnia, chronic pain, muscle spasms and nausea.
- May also be useful for fibromyalgia, multiple sclerosis or lupus
The Senior Landscape

Cochrane Reviews

• 9 total reviews, 5 related to abuse
  • Cannabinoids for epilepsy
  • Cannabinoids for the treatment of dementia
  • Reducing morbidity and mortality in HIV/AIDS
  • Cannabis and schizophrenia
Pennsylvania Medical Marijuana Act

What is medical marijuana?

- Under Act 16 of 2016 (the Act or Medical Marijuana Program), the term “medical marijuana” refers to marijuana obtained for a certified medical use by a Pennsylvania resident with a serious medical condition and is limited by statute in Pennsylvania to the following forms:
  - pill;
  - oil;
  - topical forms, including gel, creams or ointments;
  - a form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form;
  - tincture; and
  - liquid.

17 “Serious Health Conditions” under the Act

- Amyotrophic Lateral Sclerosis
- Autism
- Cancer
- Crohn’s Disease
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Glaucoma
- HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome)
- Huntington’s Disease
- Inflammatory Bowel Disease
- Intractable Seizures
- Multiple Sclerosis
- Neuropathies
- Parkinson’s Disease
- Post-traumatic Stress Disorder
- Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
- Sickle Cell Anemia
PA Medical Marijuana Act – Considerations

• Program does NOT protect against Federal prosecution
• TEMPORARY guidelines have been published related to safe harbor provisions and can be found at: http://www.pabulletin.com/secure/data/vol46/46-26/1066.html

• On 06/02/2017 the Department of Health Finalized Temporary Regulations for Physicians to Participate in Medical Marijuana Program and announced that regulations for physicians to participate in the medical marijuana program will be published in the June 3 edition of the Pennsylvania Bulletin.

• “We received valuable input from physicians on implementation of this vital step in the program,” Secretary Murphy said. “These regulations provide physicians with the information they need on how to participate in the program, how to become registered as a practitioner within the program, and how they will be able to issue patient certifications. Physicians are a vital part of making sure that this medication gets to the patients who need it.”

Practitioner Temporary Regulations – Cont’d

• The Practitioner Temporary Regulations outline the process for a physician with an active Pennsylvania license to register as a practitioner in the Medical Marijuana Program. Registration allows a practitioner to certify that a patient has a serious medical condition as defined in Act 16 and offer his or her recommendations on a course of treatment for the patient that includes obtaining medical marijuana at a Pennsylvania permitted dispensary.

• http://www.pabulletin.com/secure/data/vol47/47-22/928.html
So far In Pennsylvania

NEWS AND UPDATES

- **JULY 26 2017**
  Department of Health Launches Practitioner Registry for Medical Marijuana Program

- **JUNE 29 2017**
  Department of Health Grants Medical Marijuana Permits for Dispensaries

- **JUNE 20 2017**
  Department of Health Releases 12 Medical Marijuana Permits for Growers/Processors

- **JUNE 05 2017**
  Department of Health Asking for Input on Medical Marijuana Temporary Regulations for Clinical Registrants (until June 15, 2017)

- **MAY 24 2017**
  Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program
Growing & Processing

• On June 20, the PA DOH issued 12 permits for growers & processors
• Each has 6 months to become operational before growing
• DOH teams will perform a series of site inspections before the locations can be certified as operational. Once that happens, the permittees will be able to begin growing and processing medical marijuana
• The Office of Medical Marijuana received 457 total applications: 177 for growers/processors; and 280 for dispensaries.
• Scores for all grower/processor applicants are available on the Department of Health website at www.health.pa.gov
Dispensaries

• On June 29, the PA Dept. of Health granted 27 permits for Medical Marijuana Dispensaries.
• There will be a total of 52 initial dispensaries
• Each of the 27 permit holders is eligible to open a total of 3 locations
Practitioner Registry

• Opened on July 26, 2017

• Once physicians register and complete the required continuing education, they can be approved to participate in the program

• 75% of the 191 physicians participating in survey stated they will register to participate

• Two continuing education providers have been approved to offer the four-hour training required for practitioners:
  • The Answer Page Inc. and
  • Extra Step Assurance LLC

Pennsylvania Medical Marijuana Program: Possession and Cultivation Regulations

• As per Pennsylvania's medical marijuana law, “medical marijuana may only be dispensed to a patient or caregiver in the following forms: (i) pill; (ii) oil; (iii) topical forms, including gel, creams or ointments; (iv) a form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form... (v) tincture; or (vi) liquid. Unless otherwise provided in regulations adopted by the department under section 1202, medical marijuana may not be dispensed to a patient or a caregiver in dry leaf or plant form.”
Unlawful Use

• Unlawful use described.--It is unlawful to:
  (1) Smoke medical marijuana.
  (2) Except as provided in subsection (c), incorporate medical marijuana into edible form.
  (3) Grow medical marijuana unless the grower/processor has received a permit from the department under this act.
  (4) Grow or dispense medical marijuana unless authorized as a health care medical marijuana organization under Chapter 19.
  (5) Dispense medical marijuana unless the dispensary has received a permit from the department under this act.
(c) Edible medical marijuana.--Nothing in this act shall be construed to preclude the incorporation of medical marijuana into edible form by a patient or a caregiver in order to aid ingestion of the medical marijuana by the patient.

PA Safe Harbor Letter

Safe Harbor
• The Pennsylvania Safe Harbor Letter is available to parents, legal guardians, caregivers and spouses of a minor under the age of 18 who suffers from one of the seventeen serious medical conditions defined in the Medical Marijuana Act.

Information Needed to Complete the Safe Harbor Application
• Prior to beginning the Safe Harbor Letter application process, please make sure you have all of the required documents and information necessary to submit your application.

All applicants will need:
• Completed electronic copy of the Safe Harbor Physician form; and
• Completed electronic copy of Pennsylvania background check (instructions).
• Legal guardians will need an electronic copy of their guardianship papers.
• Caregivers will need an electronic copy of their caregiver status.
• Spouses will need an electronic copy of their marriage certificate.
A brief history in Colorado...

- Medical available 2000-present
- Modern dispensary system started in 2009
- January 2014 recreational use became legal
- 10% sales tax in addition to regular tax

A brief history in Colorado...

- Analysts projected $55 million in tax revenue

The projections were not exactly correct...
Colorado Marijuana Sales

• Tax Revenue
  • 2014 = $106 million in
  • 2015 = $163 million

• 2016 Recreational + Medical Sales = $1 billion

Milton is 84yo with colon cancer metastatic to liver. After failing 5 different anti-emetics, he has used marijuana supplied by his daughter for debilitating nausea with good results. He is now transitioning into a nursing home with hospice because he can no longer care for himself. He asks if he will be permitted to use marijuana in the facility.
Questions

• Is Milton eligible for medical marijuana?

• What are the legal issues with use?

• Have any facilities found a way to care for people like Milton?

What conditions qualify?

• Patients may qualify if they have a terminal illness or if they suffer from cancer, HIV/AIDS, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, Crohn’s disease, post-traumatic stress disorder, intractable seizures, glaucoma, autism, sickle cell anemia, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, or severe chronic or intractable pain of neuropathic origin, or if conventional therapeutic intervention and opiate therapy is contraindicated or ineffective. In addition, the Department of Public Health can approve additional debilitating medical conditions.
How does a patient participate in the program?

• A patient with a qualifying condition and a doctor’s certification can apply to the Department of Health to enroll in the program. If the application is accepted, the department will issue the patient and/or his or her caregiver an identification card, which will allow them to access medical marijuana from a state-permitted dispensary. If found in possession of medical marijuana in a form and quantity that is allowed under the patient’s certification, the identification card also provides protections from arrest and conviction.

What is the doctor’s role?

• In order to provide a medical cannabis certification for a patient, a physician must first register with the Department of Health. To do so, doctors must have a valid license to practice medicine in Pennsylvania and must have completed a four-hour course developed by the department. Certifications must include a statement that the patient is under the doctor’s ongoing care for a qualifying medical condition and that the patient is likely to receive therapeutic or palliative benefit from the use of medical marijuana. The doctor will then provide a copy of the certification to the department and to the patient.
What *must* a doctor do before making a certification?

- Be currently licensed and in good standing
- Be responsible for the ongoing care of the patient
- Include in the medical records of the patient a diagnosis of a qualifying condition
- Complete a four-hour course developed by the Department of Health
- Register with the health department

What *can’t* a doctor do when making a certification?

- Conduct an exam using telemedicine technology
- Receive pay from or refer patients to marijuana businesses
- Conduct an exam at a location where medical marijuana is sold
- Have a direct or indirect economic interest in a cultivator or dispensary
- Advertise in a cultivation center or dispensary
- Help patients obtain marijuana or offer advice on usage
Could he overdose?

- Many argue that marijuana is safer than opioids
  - unable to overdose, no respiratory depression
  - estimated fatal dose 15 g which is much higher than heavy users consume in a day
- In Colorado a 19yo man jumped to his death after eating a cookie containing marijuana and another man killed his wife after eating candy containing marijuana

Marijuana Risks

- Adolescents – dependence, psychosis, altered neurologic development, poorer educational outcomes, utilization of other illicit drugs, amotivational syndrome
- Users 2x more likely to report motor vehicle accidents (5ng/ml THC blood level = DUI)
- Cannabis most common illicit drug detected in drivers injured or killed in MVAs
- Dependence 9% if ever used and 16% if started using in adolescence
- Earlier age 1st used cannabis more likely to use heroin and cocaine
Today’s marijuana is more potent

1980 THC Content 2%
Colorado mean 17% (170mg of THC)
2014 26% (highest)

Risks continued...

• Cardiovascular – dose related increases in heart rate, increased rate of MI 4.8x in the hour after use (Thomas G et al, Am J Cardiol 2016)

• Those who used before age 18 were 2.4x more likely to be diagnosed with schizophrenia (Loberg E et al. Front. Hum Neurosci 2009)

• Gateway drug – nearly all who used heroin and cocaine first used ETOH, tobacco and cannabis (Volkow ND, et al. NEJM 2014)
What Would Policies and Procedures Need to Include?

- Notification upon admission of P&Ps
- Proof of registration (May need a confidential registry waiver)
- Proof of identity and relationship with primary caregiver
- Agreement by provider and patient to abide by facility policies and procedures related to marijuana use
- Sample P&Ps from Washington Health Care Assn...

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Washington State sample Medical Marijuana Policy (as found on WHCA website)
Policy and Procedure Considerations

• Develop a notification procedure when marijuana is brought to facility by primary caregiver

• Storage, access and use of marijuana by resident “overseen” by facility although probably safest not to allow staff to be in possession of the marijuana

Policy and Procedure Considerations

• Must become familiar with your state laws
• In most states,
  • No employee may act as a primary caregiver to a resident in the facility in most states
  • No employee may deliver marijuana to the resident (State law prevents possession by any person other than the caregiver or patient)
  • No dispensing may occur by the facility
Policies and Procedure Considerations

• Limit use to resident’s room (edibles)
  • Rights of roommate?
• Storage
  • Locked box
  • Limited to amount one can possess legally
• Will facility administration have access?

What shall we do with Milton?
Legal Considerations Regarding Medical Marijuana

• Objectives:
  • Examine current legal landscape - State level
  • Examine current legal landscape – Federal level
  • Explore how current law relates to physicians/ residents in LTC
  • Review recent actions by DEA
  • Review important court decisions
  • Review Congressional legislative approach

The National Landscape

STATES WHERE MARIJUANA IS LEGALIZED

- Legalized marijuana
- Legalized medical marijuana
- Legislation passed Nov. 2016

SOURCES: Politico; Reuters
State vs. Federal Law

28 States and the District of Columbia now permit the possession of medical marijuana in accordance with State law.

- The Federal government considers marijuana a Schedule I controlled substance – possession is a crime

- All nursing facilities that participate in Medicare and Medicaid agree to comply with ALL federal, state and local laws.

- So, what’s a provider to do???

Federal Approach to Marijuana

- Controlled Substances Act (CSA) (21 U.S.C. § 841(a))
  - Marijuana is classified as Schedule I (no currently accepted medical use, high potential for abuse; e.g., heroin, LSD)

- DEA
  - August 11, 2016, Acting DEA Administrator Chuck Rosenberg denied petitions (by 2 governors) to reclassify marijuana.
  - DEA stated, “‘We fully support legitimate medical and scientific research on marijuana and its constituent parts and we will continue to seek ways to make the process for those researchers more efficient and effective.’”
Realizing the growing trend in medical marijuana and increasing body of scientific evidence of the efficacy of CBD, as well as the expanding number of states that have legalized medical marijuana, the DOJ issued an official memo to all U.S. Attorneys suggesting “prosecutorial discretion.”

Deputy Attorney General James M. Cole issued a memo on August 29, 2013 suggesting that the DOJ not prosecute the possession, growth, use or sale of medical marijuana where there are “robust” local laws.

Excerpt from Deputy Attorney General Cole Memo (August 29, 2013)

“In jurisdictions that have enacted laws legalizing marijuana in some form and that have also implemented strong and effective regulatory and enforcement systems to control the cultivation, distribution, sale, and possession of marijuana, conduct in compliance with those laws and regulations is less likely to threaten the federal priorities set forth above. Indeed, a robust system may affirmatively address those priorities by, for example, implementing effective measures to prevent diversion of marijuana outside of the regulated system and to other states, prohibiting access to marijuana by minors, and replacing an illicit marijuana trade that funds criminal enterprises with a tightly regulated market in which revenues are tracked and accounted for. In those circumstances, consistent with the traditional allocation of federal-state efforts in this area, enforcement of state law by state and local law enforcement and regulatory bodies should remain the primary means of addressing marijuana-related activity. If state enforcement efforts are not sufficiently robust to protect against the harms set forth above, the federal government may seek to challenge the regulatory structure itself in addition to continuing to bring individual enforcement actions, including criminal prosecutions, focused on those harms.”

Excerpt from Deputy Attorney General Cole Memo (August 29, 2013)
Congressional Approach to Medical Marijuana

- Rohrabacher-Farr Amendment: FY 2015-2016 Omnibus Appropriations Bill; continuing

- On May 5, 2017, President Trump signed into law the most recent spending bill to avoid a government shutdown. This bill also included a new version of the Rohrabacher-Farr Amendment, which read as follows:

SEC. 537. None of the funds made available in this Act to the Department of Justice may be used, with respect to any of the States of Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming, or with respect to the District of Columbia, Guam, or Puerto Rico, to prevent any of them from implementing their own laws that authorize the use, distribution, possession, or cultivation of medical marijuana.

Bipartisan Congressional Support

- Current AG Sessions continues to seek repeal of the Amendments
- “Medical marijuana patients obeying state law should not have to worry about federal arrest or losing their state-regulated source of medicine.” Sen. Mikulski
Compassionate Access, Research Expansion, and Respect States Act of 2015

• Amends the Controlled Substances Act (CSA) to provide that control and enforcement provisions of such Act relating to marijuana shall not apply to any person acting in compliance with state law relating to the production, possession, distribution, dispensation, administration, laboratory testing, or delivery of medical marijuana.

• Transfers marijuana from schedule I to schedule II of the CSA.

• Excludes "cannabidiol" from the definition of "marijuana" and defines it separately as the substance cannabidiol, as derived from marijuana or the synthetic formulation, that contains not greater than 0.3% delta-9-tetrahydrocannabinol on a dry weight basis. Deems marijuana that is grown or processed for purposes of making cannabidiol, in accordance with state law, to meet such concentration limitation unless the Attorney General determines that the state law is not reasonably calculated to comply with such definition.

• Prohibits a federal banking regulator from: (1) terminating or limiting the deposit insurance of a depository institution solely because it provides or has provided financial services to a marijuana-related legitimate business; or (2) prohibiting, penalizing, or otherwise discouraging a depository institution from providing financial services to a marijuana-related legitimate business.

Compassionate Access, Research Expansion, and Respect States Act of 2015

• Sen. Cory Booker (D-NJ) stated, “This commonsense legislation would make our Federal marijuana criminal laws fairer and more in line with our values and ensure that medical marijuana is more accessible to the millions of Americans who need it for treatment purposes.” Sen. Booker added, “Currently, 23 States [now 28] and the District of Columbia have passed laws legalizing medical marijuana for qualified patients. But the Federal Government still bans medical marijuana and treats the people who use it with contempt. It is time we end this backward approach toward a substance that helps treat millions of Americans, including veterans, who suffer from debilitating diseases.”
  • Source: S.683 — 114th Congress (2015-2016)
Cannabidiol Research Expansion Act

- Senators Dianne Feinstein (D-Calif.) and Chuck Grassley (R-Iowa), co-chairs of the Senate Caucus on International Narcotics Control, introduced the Cannabidiol Research Expansion Act. That proposed legislation would reduce the regulatory barriers associated with conducting research on the potential benefits of substances that are derived from marijuana, such as cannabidiol.

- The bill’s provisions include requiring the Departments of Justice and Health and Human Services to complete an analysis to determine the medical value of CBD within one year and allowing research on CBD to be conducted using Schedule II registration, rather than Schedule I. The bill also allows medical schools, research organizations and pharmaceutical companies to conduct FDA-authorized research in states that have legalized medical marijuana.

- S. 3269 114th Congress (2015-2016) referred to Senate Committee on Judiciary (July 14, 2016).

Medical Marijuana Laws Reduce Prescription Medication Use in Medicare Part D

- July 2016 issue of Health Affairs
- Researchers examined Part D claims data from CMS for 17 states in 2013 where medical marijuana was legal
- Use of opioids fell precipitously
- Part D saved $165 million
- Presumably less opioid-dependency and overdose.
- CMS saves $$, patients not dependent on opioids = win-win.

- Source: Bradford A., Bradford W., Medical Marijuana Laws Reduce Prescription Medication Use in Medicare Part D, Health Aff, 5;7:1230-1236 (July 2016)
**United States v. McIntosh**

- August 16, 2016, U.S. Court of Appeals for Ninth Circuit decided a landmark case involving medical marijuana.
- Ten consolidated cases from California, Washington prosecuted by DOJ.
- DOJ argued violation of CSA
- Defendants argued Congress precluded DOJ from using funds to prosecute individuals who comply with State law based on Rohrabacher-Farr Congressional Rider.
- Court: “A court cannot ignore the judgment of Congress, deliberately expressed in legislation.”

  • Source: *United States v. McIntosh*, 9th Cir. No. 15-10117 (August 16, 2016).

**Practical Considerations for LTC**

- What does State law permit?
- Can physicians prescribe, recommend or neither?
- Can nurses store on medical carts (or elsewhere)?
- Can nurses administer?
- How is medical marijuana documented on the MAR?
- Are there designated areas for smoking medical marijuana?
- Can a staff member assist a resident who needs supervised smoking?
- How will qualified caregivers be trained to administer the medication?
- What are the implications for SNFs, physicians, nurses, and caregivers if a caregiver transports medical marijuana across state lines?
Are Physicians at Risk?

• Physicians are allowed to advise patients that they have a medical condition that may benefit from medical marijuana without fear of state criminal or professional sanctions.

• In most states where medical marijuana is legal, physicians recommend rather than prescribe.

• Many states provide no legal guidance regarding physician involvement other than a requirement to attest that the patient has a “qualified medical condition” (e.g., Georgia’s Haleigh’s Hope Act).

Can doctors be prosecuted for signing a certification?

• Pennsylvania’s law explicitly protects doctors from punishment. It states that a physician is not subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege including civil penalty or disciplinary action, solely for his or her participation in the program. Sec. 2103 (A)(3)

• According to our best information, no doctors have been prosecuted for recommending medical marijuana in states with medical marijuana programs.
Federation of State Medical Boards

• *Model Guidelines for the Recommendation of Marijuana in Patient Care*
• Report of the FSMB Workgroup on Marijuana and Medical Regulation
• Adopted as policy by the Federation of State Medical Boards, April 2016

FSMB

• “Due to the increasing number of state governments authorizing the use of marijuana and marijuana infused product for ‘medicinal purposes,’ state medical and osteopathic boards now have the added responsibility for the regulatory oversight of physicians choosing to incorporate the recommendation of marijuana in patient care and management.”
Who Procures the Marijuana?

• State-specific laws
• Some states allow caregivers to have one patient, others up to five, others unspecified
• California – owner/operator of health facility may be primary caregiver or designate three employees
• Maine – hospice or SNF may be primary caregiver
• Georgia – unclear how “registered users” may obtain or have “legal amount of Low THC Oil” stored or administered.

LTC Providers’ Conundrum

Resident rights vs. Federal Law

• 42 C.F.R. § 483.75(b) SNFs must comply with “Federal, State, and local laws and professional standards.”
• What happens when State and local laws and professional standards permit medical marijuana but Federal law does not?
• How can physicians/SNFs reconcile the disconnect?
• 42 C.F.R. § 483.10 Resident rights, including right of accommodation of needs, freedom of choice, and self-administration of medications.
Federal Regulations Potentially Implicated

- 42 C.F.R. § 483.10 (resident rights, including self-determination and accommodation of needs)
- 42 C.F.R. § 483.15 (quality of life)
- 42 C.F.R. § 483.25 (quality of care)
- 42 C.F.R. § 483.40 (physician services)
- 42 C.F.R. § 483.60 (pharmacy services)
- 42 C.F.R. § 483.75 (administration, governing body, medical director, compliance with Federal State, local laws and professional standards)
- Regulations re: care planning, QAPI, Compliance and ethics programs are also implicated.

Related Concerns

- Can physicians, nurses, therapists, other care givers use medical marijuana if prescribed by their physician and in accord with State law?
- Does it make a difference if the use, in conformity with a physician’s Rx is off premises and on the employee’s own time?
- Can a physician, NP, PA, nurse or other employee be terminated for using medical marijuana – even if prescribed and the use conforms to State law?
Recommendations

- Consult State LTC Ombudsman
- Consult State survey agency
- Consult State Departments of Health and DEA
- Obtain consent from resident, POA or guardian
- Consult competent legal counsel
- Review guidance from professional organizations
- Develop and implement appropriate policies and procedures (revise prn)
- Adopt (and periodically review) appropriate guidelines
- Involve compliance and ethics programs as well as QAPI Committee

Recommendations (cont’d)

- Ethical Considerations/Committee?
- Consult Insurance carrier/broker
- Enroll in list serves, etc.
  - Medicalmarijuana.pa.gov
  - Marijunadoctors.com
  - Mpp.org (marijuana policy project)
  - Norml.org (organization working to reform marijuana policy)
  - https://www.pamedsoc.org/advocate/topics/medical-marijuana (PA Medical Society)
  - https://www.facebook.com/thecannaproject/
  - http://icrs.co/ (International Cannabis Research Society)
Learning Objectives

By the end of the session, participants will be able to:

1) Understand the state of the Law in PA

2) Understand rationale for use

3) Understand risks of marijuana use medically and legally

The time to consider your approach is now!