Colorado Medical Board Policy

40-28 **Policy Regarding Recommendations for Marijuana as a Therapeutic Option**

Date Issued: **November 19, 2015**
Date(s) Revised:

Purpose: **To provide guidelines for Colorado physicians who recommend marijuana for medical use.**

INTRODUCTION: Section 12-36-141 of the Colorado Revised Statutes, enacted by Senate Bill 15-014, provides that the Board, in consultation with the Colorado Department of Public Health and Environment ("CDPHE") and physicians specializing in medical marijuana, shall establish guidelines for physicians making medical marijuana recommendations. The Board, having made such consultation in noticed public meetings and following consideration of input from stakeholders, adopts the following guidelines.

Nothing in these guidelines alters a physician's obligation to comply with all applicable laws relating to medical marijuana or limits the State's regulation of the practice of medicine.

POLICY: It is the policy of the Colorado Medical Board that the recommendation of marijuana as a therapeutic option constitutes the practice of medicine. These guidelines do not set a standard of care and are neither intended as an endorsement of marijuana as a therapeutic option, nor are they designed to create an undue burden to those who recommend marijuana as a therapeutic option. Rather, this policy serves to provide guidance to a physician caring for a patient with one or more debilitating conditions for which marijuana is being considered as a therapeutic agent.

When considering the recommendation of marijuana as a therapeutic option, a physician should observe the following guidelines:

A. Compliance with Law

Physicians engaged in the recommendation of marijuana as a therapeutic option must adhere to applicable law, including but not limited to, section 14 of article XVIII of the state Constitution, sections 12-36-117(1) and 25-1.5-106 of the Colorado Revised Statutes ("C.R.S."), Colorado Department of Public Health and Environment ("CDPHE") rules promulgated pursuant to section 25-1.5-106(3), and generally accepted standards of medical practice.

B. Develop and Maintain Competence

Physicians, who wish to engage in the recommendation of marijuana as a therapeutic option, should develop and maintain competence in the evaluation, assessment, and treatment of the relevant State approved debilitating conditions for which marijuana is permitted as a therapeutic option.

Competence, for the purpose of this policy, includes understanding current, evidenced-based practices and using other resources and tools related to evaluating patients and recommending marijuana as a therapeutic option.

C. Physician-Patient Relationship

A bona-fide physician-patient relationship as defined in CDPHE Regulation 8.A.2 (5 CCR 1006-2) and Board Policy 40-3 must exist prior to any recommendation for marijuana as a therapeutic option.

D. Setting

Any recommendation for marijuana as a therapeutic option must be made during an in-person encounter in a clinical setting. Recommendations for marijuana as a therapeutic option via telehealth are prohibited. See CDPHE Regulation 8.A.2(c)(5 CCR 1006-2).

E. Evaluation

Prior to making a recommendation for marijuana as a therapeutic option, the physician must evaluate the patient. This evaluation should include:

1. Patient History

The patient history should include a history of the present illness as well as past medical/surgical history, medication history and relevant social, family, and mental health history.

2. Physical Examination

An appropriate physical examination should be performed in accordance with generally accepted standards of medical practice.

3. Patient Assessment

As with all medical practice, the physician should integrate the patient history, physical examination findings, pertinent laboratory and imaging data, review of prior medical records and/or consultation(s) with other providers to render an informed diagnosis.

Should the physician render a diagnosis of a qualifying debilitating medical condition, the physician may subsequently counsel the patient regarding the pros, cons, risks, benefits, alternatives and other relevant considerations around a recommendation for marijuana as a therapeutic agent. Additional considerations around such a recommendation may include, but are not limited to: a personal or family history of substance use (including alcohol, prescriptions drugs, opioids, and marijuana); the patient's medication history (including potential drug-drug interactions); co-morbid medical conditions; mental

health/psychological conditions; and, evidence of adverse medical, psychological or behavioral reactions to marijuana.

For those patients for whom the qualifying debilitating medical condition is severe pain, a targeted but detailed pain assessment should be performed. Such evaluation may include, but is not limited to, the nature, intensity, pattern/frequency, duration and physical and psychological impact of the pain. Past and current treatments and co-morbid conditions should also be taken into consideration. Where appropriate, physicians should utilize the Prescription Drug Monitoring Program ("PDMP").

For women of child-bearing age, the recommending physician should also take into consideration the possibilities of pregnancy and breast-feeding and perform further evaluation and/or counseling as appropriate.

F. Diagnosis

Physicians should establish, ascertain, or confirm a diagnosis of a qualifying debilitating medical condition appropriate for marijuana therapy through his or her history, physical examination, assessment, or consultation with current or previous treating physicians and/or review of patient medical records.

G. Treatment Recommendations

When considering a recommendation of marijuana as a therapeutic option, the physician should consider all relevant factors that may reasonably be expected to weigh into the decision around such a recommendation including alternative therapeutic options, potential benefits of use, contraindications and potential risks of use along with other elements that the physician and patient consider relevant to the decision making.

H. Patient Education

Physicians should educate their patients regarding administration and dosing, risks, benefits, alternative therapeutic options, proper storage and disposal of marijuana, and the potential for diversion. Risks may include, but are not limited to: overdose, misuse, diversion, addiction, physical dependence and tolerance, interactions with other medications or substances, impairment while driving or operating machinery, or other adverse reactions.

I. Monitoring and Follow-up

Physicians recommending marijuana as a therapeutic option for their patients must be available for patient follow-up and should monitor the patient, as feasible, on an ongoing basis for efficacy, drug interactions, adverse reactions, and improved function.

J. Collaboration with other Healthcare Providers

Where possible, physicians recommending marijuana as a therapeutic option for their patients should collaborate with that patient's other healthcare providers to ensure

and promote a collaborative, coordinated, approach to patient care. While not feasible in all cases, the recommending provider should follow generally accepted standards of medical practice in regards to communications with other providers. When confidentiality considerations represent a compelling mitigating consideration around open and regular communication, such considerations should be documented accordingly.

K. Documentation

A medical record should be created and maintained for each patient evaluated for marijuana as a therapeutic option.

The record should, at a minimum, contain documentation of each physician-patient encounter; an appropriate medical history; an appropriate physical examination; documentation of the patient diagnoses, including the patient's qualifying debilitating medical condition; patient education; the patient's longitudinal plan of care; and, a signed copy of the State required certification form.

Additional elements that should be documented as appropriate to the patient's individual medical condition and plan of care may include: laboratory data and radiographic imaging; a risk assessment; the physician's review of previous medical records; communications from other providers and consultants; and, documentation of prior treatment modalities with outcomes.

For patients who, in the opinion of the physician, require an increased marijuana plant count, the medical record must clearly reflect the detailed rationale for the increased plant count. Such rationale should incorporate and be supported by the findings on physical examination, patient assessment, patient diagnosis, and the patient's longitudinal plan of care as previously set forth in this policy.