



Minimum Standards for Authorizing Medical Marijuana

Board of Medical Licensure and Discipline
September 30, 2011

Rhode Island is one of 20 states with a medical marijuana program. There are over one million medical marijuana users in the United States. In each of these states, a physician has “authorized” the patient to obtain a medical marijuana card that allows the patient to purchase, grow, and possess medical marijuana in spite of the fact that it remains a Drug Enforcement Administration (DEA) Scheduled I drug that cannot be prescribed by virtue of state and federal law. The rapid expansion of medical marijuana has put all physicians in the awkward position of “authorizing” a drug that is not supported by the American College of Physicians and the American Medical Association. At the heart of this disagreement is the poverty of clinical trials demonstrating the efficacy and long-term effects of this drug. All efforts thus far aimed at reclassifying this drug to Schedule II have failed. Physicians have been placed in the position of being gatekeepers for a therapy for which there is no clinical guidance.

The Rhode Island Department of Health (HEALTH)’s Board of Medical Licensure and Discipline has concerns over its ability to safely regulate the management of patients seeking authorization for medical marijuana. At its last meeting, it provided the following preamble to what it considers to be the minimally acceptable standard of practice for care of patients seeking medical marijuana cards.

“The Board of Medical Licensure and Discipline has the responsibility of investigating complaints about the quality of care given to patients by Rhode Island licensees. The primary charge of the Department of Health, Board of Medical Licensing and Discipline, is to protect the public. Part of fulfilling that charge is to educate both patients and medical providers.

So called “medical marijuana” has not been the subject of traditional scientific studies of efficacy, safety, or even the balance of relative risks versus benefits of any disease or condition. In addition, smoking of any kind creates dangerous compounds that are then consumed by the smoker.

Current state and federal law do not provide for the prescription of medical marijuana. Prescribing marijuana remains illegal, as marijuana has not undergone the rigorous Food and Drug Administration (FDA) screening and approval process. The current RI State Law allows a physician to authorize the possession of marijuana by patients and their authorized caregivers.”

HEALTH has determined that the authorization of medical marijuana cards requires a bona fide doctor/patient relationship. The authorization of a medical marijuana card

requires that the authorizing practitioner conduct the type of physical examination that meets the following criteria:

1. The authorizing practitioner must establish and maintain a medical record for the qualifying patient as required. In the case of patients who are treating with another practitioner, the authorizing practitioner must review the last 12 months of the patient's medical record. The practitioner must retain these records for a minimum of 5 years;
2. The authorizing practitioner must have conducted and documented an acceptable physical examination that meets minimal standards for all new patient examinations;
3. The authorizing practitioner must have diagnosed or confirmed the diagnosis that meets the acceptable disease categories;
4. The authorizing practitioner must examine the patient's response to conventional medical therapies and explain the risks and benefits of the use of marijuana to the qualifying patient;
5. The authorizing practitioner must be committed to the continual assessment of the patient and the patient's response to the use of marijuana. This must be demonstrated through follow-up appointments, semi-annually at minimum, before the card is renewed.