



Legislative Breakfast 2017
December 18, 2017
9:30 AM to 11:30 AM
Jewish Community Center
1035 Newfield Ave., Stamford, CT 06905

TOPIC: MEDICAL MARIJUANA (Under PA 12-55):

Requirements for Certifying Physicians/APRNs for Medical Marijuana (MMJ)

- MDs and APRNs must be licensed in CT and registered with the Physician Drug Monitoring Program (PDMP)
- The medical certifier must have a bona fide primary care provider-patient relationship (however patients can now be certified via telemedicine with medical reimbursement)
- The certifying provider must review the patient's medical & prescription history and perform an examination before certifying the patient
- The MD/APRN must have tried or be reasonably sure that other symptom control therapies and approaches are ineffective
- The certifying provider must obtain an informed consent, which includes a full explanation of the potential risks and benefits
- The certifying provider cannot have a financial stake in a dispensary or farm/producer

Only a Physician or an Advance Practice Registered Nurse (APRN) can determine if a patient qualifies for treatment with medical marijuana. (APRNs CANNOT certify a patient for MMJ use based on a glaucoma diagnosis). SB 67 became PA 16-39; it extends to APRNs the signature-authority to certify patients for medical marijuana use (except when the basis is for glaucoma)

Minimum Patient Qualifications:

- The Connecticut resident must be being treated for a debilitating medical condition by a Connecticut-licensed physician.
- The qualifying patient must be at least eighteen (18) years of age or older and live in Connecticut.
- Qualifying patient cannot be an inmate confined in a correctional institution or facility under the supervision of the Connecticut Department of Corrections.

PROBLEM

- High quality evidence-based and peer-reviewed research is lacking as the underpinning for approval of many of the qualifying conditions. Research is now being done to obtain

that research-based foundation, but knowing the outcome you want to get can affect the outcome you do get in research.

- There is already sound evidence-based research supporting known adverse effect of marijuana on a developing brain. The human brain is still developing in the early 20s.
- Evidence-based research supports that marijuana itself is a known gateway drug.
- Medical marijuana is used to treat a host of conditions, not all of which have sound, validated scientific evidence to support treatment with marijuana. There is, however, a growing number of specialty physicians moving into this field, so incentives to support evidence-based, peer-reviewed research would be beneficial.
- MDs, ARPNs, physicians’ assistants, nurses and drug counselors need to educate patients and families about medical marijuana to ensure that it is used appropriately so that patients will benefit from its use. (Source: Hill KP, JAMA 2015) Use of marijuana for chronic pain, neuropathic pain, and spasticity due to multiple sclerosis is supported by high-quality evidence.
- The US Department of Veterans’ Affairs noted that MMJ is being used in CT for PTSD, for which there is no evidence from controlled studies.
- Inconsistencies exist with respect to standards for approval; for example, in Connecticut, psoriasis and sickle cell disease but not Tourette syndrome qualify, even though the supporting evidence for all 3 conditions is uniformly of very low quality (D’Souza & Ranganathan, 2015)
- Medical Marijuana is a revenue producer for Connecticut, as will be recreational marijuana when it is legalized.

Number of Certified Patients per County:

<u>OCTOBER 16, 2015</u>		vs	<u>December 10, 2017</u>	
Fairfield:	2,932		Fairfield:	4, 527
Hartford:	3,475		Hartford:	5, 457
Litchfield:	880		Litchfield:	1,353
Middlesex:	892		Middlesex:	1,351
New Haven:	3,318		New Haven:	5,288
New London:	<u>1,553</u>		New London:	<u>2,447</u>
TOTAL:	14,268		TOTAL:	20,423
			Tolland:	1,088
			Windham:	759
			TOTAL:	22,270

**Adult Conditions Approved in CT: 2016: vs. Adult Conditions Approved in CT: 2017:
(11 new conditions were added in 2016)**

Amyotrophic Lateral Sclerosis	Amyotrophic Lateral Sclerosis
Cachexia	Cachexia
Cancer	Cancer
Cerebral Palsy	Cerebral Palsy
Complex Regional Pain Syndrome	Complex Regional Pain Syndrome
Crohn's Disease	Crohn's Disease
Cystic Fibrosis,	Cystic Fibrosis
Epilepsy	Epilepsy
Fabry Disease	-----
Glaucoma	Glaucoma
HIV/AIDS	HIV/AIDS
Irreversible Spinal Cord Injury	Irreversible Spinal Cord Injury w/spasticity
Multiple Sclerosis	Multiple Sclerosis
Parkinson's disease	Parkinson's disease
Post Laminectomy Syndrome	Post Laminectomy Syndrome
Post-traumatic Stress Disorder	Post-traumatic Stress Disorder
Severe Psoriasis/ Psoriatic Arthritis	Severe Psoriasis/ Psoriatic Arthritis
Sickle Cell Disease	Sickle Cell Disease
Spinal Cord nervous tissue damage	Spinal Cord nervous tissue damage
Terminal Illness/End of Life Care	Terminal Illness/End of Life Care
Ulcerative Colitis	Ulcerative Colitis
Uncontrolled Intractable Seizure Disorder	Uncontrolled Intractable Seizure Disorder
Wasting Syndrome	Wasting Syndrome

2017 Medical Criteria for Children Under 18: Cerebral Palsy, Cystic Fibrosis, spinal cord injury, severe epilepsy, terminal illness requiring end-of-life-care and uncontrolled seizure disorders

As of December 10, 2017 there are:

- **9** Medical Marijuana Dispensaries (3 were added in January 2016)
Bethel South Windsor
Branford Uncasville
Bristol Waterbury
Milford
- **4** Medical Marijuana Producers
- **591** MDs registered to certify MMJ patients (January 2017) (APRNs #s not known)

OUR QUESTIONS TO YOU:

1. The qualifying-condition approval process moved forward ahead of the evidence-based research to support its grounds for conditions for which people can be certified as eligible for MMJ use. **Should there be a minimal peer-reviewed evidence-based standard that has to be met BEFORE approvals are granted by the Department of Consumer Protection for use for a qualifying condition?**
2. While there is a variation in the qualifying conditions approved for people who are over vs. under 18 years of age, evidence-based science does exist that describes the adverse impact of marijuana on the developing brain. **Given that there are at least two forms of medical marijuana, THC and CBD, and that the CBD component provides relief from pain, inflammation and anxiety without the psychoactive features for which people generally smoke weed (to get stoned), should there be regulatory guidelines from the medical association addressing which forms get used with people under 21? Would the age of 21 be a better age for the use of the THC while the brain is still developing?**
3. There is a new stipulation this year allowing a telehealth visit to satisfy the MD/ APRN requirement that a medication/health history review and a physical exam be done before certifying someone as eligible to receive medical marijuana. **Given the significant rise in the numbers of people coming forward to be approved to receive medical marijuana, would it seem prudent that the initial exam be in-person and that the patient be seen by their provider in-person at least once a year?**
4. **Similar to the recent legislation for prescriber education for opioids (PA 15-198), should there be a continuing education requirement for MSs and APRNs who have the authority to certify someone for medical marijuana use?**

RESOURCES/REFERENCES:

Basen, R. (2017, Jan 21). Docs for cannabis? There's a group for that: Physicians organize to seek marijuana regulation, not prohibition. MedPage Today. Retrieved from https://www.medpagetoday.com/PublicHealthPolicy/HealthPolicy/62654?xid=nl_mpt_DHE_2017-01-23&eun=g331406d0r&pos=12

Blair, R. Legal (2017, Dec. 11). Marijuana in Connecticut would bring \$30 million in first full year under Massachusetts model. Hartford Courant. Retrieved from <http://www.courant.com/politics/capitol-watch/hc-ofa-marijuana-revenue-story.html>

D'Souza, . &, Ranganathan, M. (2015,Jun 23). Medical Marijuana: Is the cart before the horse? JAMA. 313(24):2431-2. Doi: 10.1001/jama.2015.6407.

Rubin, R. (2017, Apr. 5). Medical marijuana is legal in most states, but physicians have little evidence to guide them. JAMA. DOI:10.1001/jama.2017.0813. Retrieved from https://jamanetwork.com/journals/jama/article-abstract/2617326?utm_medium=alert&utm_source=JAMAPublishAheadofPrint&utm_campaign=05-04-2017&redirect=true

Samer, N.(2016, Oct. 24). ASRA Position Addresses Use of Cannabis for Pain. American Society of Regional Anesthesia and Pain. Retrieved from <https://www.newswise.com/articles/view/662659/?sc=dwhp>

The Geisel School of Medicine at Dartmouth. (na) (2017, Jun. 27). Legal cannabis laws impact teen use. ScienceDaily. Retrieved from www.sciencedaily.com/releases/2017/06/170627105316.htm

CT Department of Consumer Protection: Medical Marijuana Program Home site:

http://www.ct.gov/dcp/cwp/view.asp?a=4287&q=503670&dcpNav=|&dcpNav_GID=2109

CT Medical Marijuana Facts:

<https://www.marijuanadoctors.com/medical-marijuana/CT/state-laws>

SB 67 becomes PA 16-39, extends APRN signature authority:

<https://ctaprns.enpnetwork.com/nurse-practitioner-news/115831-sb-67-becomes-pa-16-39-extends-aprn-signature-authority>