

Board of Physicians_FWA_SB0304

Uploaded by: Hawk, Wynee

Position: FAV



Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

2020 SESSION POSITION PAPER

BILL NO: SB 304 – Natalie M. LaPrade Medical Cannabis Commission –
Certifying Providers
COMMITTEE: Senate Finance
POSITION: Support With Amendments

TITLE: Natalie M. LaPrade Medical Cannabis Commission – Certifying
Providers

BILL ANALYSIS: SB 304 allows licensed physician assistants operating under an active delegation agreement with a certifying provider to become a certifying provider.

POSITION AND RATIONALE: The Maryland Board of Physicians (Board) supports SB 304, but suggests one amendment under §13-3301 of the Health General Article.

Rationale: Physician assistants in Maryland operate within a delegation agreement with a primary supervising physician. This delegation agreement is kept on file with the Board, and the primary supervising physician and core duties are listed on the Board’s public practitioner profile. If the primary supervising physician is not present, he or she may designate one or more alternate supervising physicians to provide supervision in accordance with the delegation agreement. An alternate supervising physician may not delegate duties to a physician assistant that are outside the scope of the primary delegation agreement, and alternate supervising physicians are not listed on the practitioner profile.

The Board believes that this change will provide clarity regarding who may apply as a certifying provider.

For more information, please contact Wynee Hawk, Manager, Policy and Legislation, Maryland Board of Physicians, 410-764-3786.

AMENDMENT NO. 1

On Page 2, in line 23, after “A” insert “PRIMARY SUPERVISING”.

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

NEUMANN_FAV_SB304

Uploaded by: Neumann, MPAS, PA-C, DFAAPA, Theresa M.

Position: FAV



Senate Bill 304 – Natalie M. LaPrade Medical Cannabis Commission – Certifying Providers

Senate Finance Committee

February 20, 2020

The Maryland Academy of Physician Assistants (MAPA) is the official constituent organization of the American Academy of Physician Assistants (AAPA) representing all practicing physician assistants (PAs) in the state. The MAPA is requesting a favorable report on Senate Bill 304 to allow PAs to become certifying providers for medical cannabis.

Medical cannabis is legal in 33 states, including Maryland, and has been used effectively to treat a variety of conditions that include, but are not limited to, Alzheimer’s disease, side-effects of chemotherapy, epilepsy, chronic debilitating migraine, post-traumatic stress disorder (PTSD), schizophrenia, muscle spasms in multiple sclerosis and chronic pain. It is not a first-line therapy, and it is usually reserved for treatment-refractory conditions that do not respond to more “standard” therapies. Despite its increased acceptance in the medical community, PAs in the state of Maryland are not allowed to certify or prescribe medical cannabis to the patients that they serve.

From a historical perspective, the MAPA was willing to step away from the original legislation that listed only physicians as potential certifying prescribers in an effort to facilitate passage of the bill and allow more medical studies to be performed to establish this pharmacotherapeutic agent as a viable alternative therapy. Since the legalization of medical cannabis, more and more evidence supports the utilization of medical cannabis as an alternative therapy. Additionally, certified nurse practitioners, who share a similar scope of practice, have been allowed to become certifying providers without any issues. PAs share the scope of practice with their supervising physicians, and the prescribing of medical cannabis would be considered a delegatable duty under current law. PAs have been safely prescribing medications under this model for 20 years, and they have the education and training to do so effectively in collaboration with their physician partners. With the need for care exceeding the number of available providers, especially in underserved areas, PAs should be considered a resource for their patients with respect to this legalized medical therapy. Instead, the current restriction on PA prescribing often results in patients having to be referred elsewhere or denied access to available treatments, leading to patients seeking alternatives that include the use of illegal street drugs that are often contaminated with other more deadly substances. Additionally, continuity of care is disrupted which can often lead to bad outcomes.

In the 2015 decision by the United States Supreme Court regarding *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, 574 U.S., anti-trust legislation was upheld when the dentistry board attempted to restrict the use of teeth-whitening agents to dentists, only. The MAPA believes that the prescribing of legalized medical cannabis by PAs falls within the purview of the profession, is supported by current laws that outline the PA’s scope of practice, and is considered “best practice” in promoting continuity of care and legal oversight of alternative therapies for difficult-to-treat medical conditions.

The Maryland Academy of Physician Assistants thanks the Committee members for consideration of Senate Bill 304 and requests a favorable report.

Respectfully,

Theresa Neumann, MPAS, PA-C, DFAAPA
Director of Legislative Affairs
Maryland Academy of Physician Assistants
Legislative@mdapa.org
443-286-8332

WEST_FAV_SB304

Uploaded by: Senator West, Senator West

Position: FAV

CHRIS WEST
Legislative District 42
Baltimore County

Judicial Proceedings Committee

Vice Chair, Baltimore County
Senate Delegation



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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February 20, 2020

Senate Finance Committee
The Honorable Dolores G. Kelley
3 East Miller Senate Building
Annapolis, Maryland 21401-1991

RE: SB 304 – Natalie M. LaPrade Medical Cannabis Commission – Certifying Providers

Dear Chair Kelley and Members of the Committee:

I am pleased to introduce Senate Bill 304 which will authorize physician assistants to be “certifying providers” under Maryland’s medical cannabis program.

Physician assistants are licensed by the Board of Physicians and work directly with licensed physicians under a delegation agreement approved by the board. Physician assistants often provide medical care to patients who have limited access to medical care. In addition to providing medical care, physician assistants have prescriptive authority and can obtain State CDS registration if they have CDS prescriptive authority from their primary supervising physician.

Senate Bill 304 will subject physician assistants to the same process for registration, restrictions and protections that are required under current law for certifying physicians, dentists, podiatrists, nurse practitioners, and nurse midwives. There is no fiscal impact from this bill, as the commission can approve and register physician assistants as certifying providers with their existing budgeted resources and staff. Senate Bill 304 will make it easier for physician assistants to provide their patients with the treatment they feel is necessary without having to refer them to someone else who is a registered certified provider.

I would like to note that this bill was introduced last year and made it through both the house and senate chambers however there was not enough time left to reconcile the differences between the two chambers. With lots of time left this session it is my hope we will be able to pass this bill on the second go-around.

I ask the committee for a favorable report on Senate Bill 304.

TROTT_FAV_SB 304

Uploaded by: Trott, PA-C, Victoria

Position: FAV

Senate Bill 304 – Natalie M. LaPrade Medical Cannabis Commission – Certifying Providers

Senate Finance Committee

February 20, 2020

My name is Victoria Trott. I am a board certified physician assistant that works with a local outpatient neurology practice. I am here today to encourage you to approve SB 304 allowing physician assistants to certify patients for medical cannabis.

Continuity of care and monitoring of patients is an instrumental part of managing patients. Because I am unable to certify patients as a physician assistant, I am forced to tell patients that I have worked with for more than 6 years that they need to go and see yet another provider. Patients have returned unhappy with the care they received, stating only a few minutes were spent with them and the provider was not interested in their 20+ year medical history related to their condition. These type of pop up shops are concerning. If physician assistants were able to certify patients, then these patients would have not had this experience and their care could have continued in our office as it had over the last several years.

I have a patient suffering from chronic migraine that has tried and failed most conventional medications and therapies. She ended up closing her business because her symptoms were debilitating. She inquired about cannabis and after a lengthy discussion, she decided to move forward with this process. Unfortunately, after working with this patient for 6 years, I was unable to certify her for medical cannabis. Because I had to refer the patient to another office, her care was delayed for over a month. In which, during the time, she suffered from daily, debilitating pain. Since using cannabis, her quality of life has greatly improved and her pain is minimal, allowing her to return to work part time. This delay in her care could have been avoided if physician assistants were able to certify patients.

If we are able to certify our patients for medical cannabis, we can provide our patients with treatment sooner and continue our bonafide provider patient relationship. Thank you for your consideration of Senate Bill 304 and I ask for a favorable report.

Victoria Trott, PA-C
vpace2@gmail.com
410-212-0888

MMCC_FWA_SB0304

Uploaded by: Kasky, Taylor

Position: FWA

**2020 SESSION
POSITION PAPER**

BILL NO: SB 304

COMMITTEE: Finance

POSITION: Support with Amendment

TITLE: Natalie M. LaPrade Medical Cannabis Commission – Certifying Providers

BILL ANALYSIS: Senate Bill 304, authorizes physician assistants to be “certifying providers” under the Maryland Medical Cannabis Program. The bill also alters the composition of the Natalie M. LaPrade Medical Cannabis Commission to include physician assistants on the list of professions from which the two licensed noncertified provider Commission members must be selected.

POSITION AND RATIONALE: The Maryland Medical Cannabis Commission (Commission) supports Senate Bill 304 with one technical amendment.

Health-General Article §13-3301 authorizes any physician, dentist, podiatrist, nurse practitioner, and certified nurse midwife who is (1) licensed in Maryland, (2) in good standing with their respective professional board, and (3) has a State controlled dangerous substances (CDS) registration to certify a patient to obtain medical cannabis. The Commission supports the bill’s expansion of certifying providers to include physician assistants. Physician assistants are authorized to certify patients to obtain medical cannabis in a number of other states and Washington, D.C. (See Attachment entitled “Medical Providers Authorized to Certify Medical Cannabis Patients, by Jurisdiction.”) Since physician assistants already have CDS registration along with prescribing authority under their delegation agreements, permitting physician assistants to be certifying providers would be consistent with the current statutory approach.

Recent data published by the Association of American Medical Colleges (AAMC) projects that the U.S. could experience a shortage of up to 122,000 physicians by 2032. In this era of physician shortages, physician assistants are increasingly critical health care providers, particularly in rural areas. There is a strong demand from patients seeking to ease chronic pain and other severe conditions in a way that is both effective and safer than the long-term use of opioids and other prescription drugs. In 2019, the total medical cannabis retail sales was \$252,234,530 which is more than double the amount from 2018. As of December 31, 2019, the medical cannabis program had a patient to provider ratio of 55:1, with 93,265 certified patients compared to only 1,705 certifying

providers. Moreover, the Commission receives an average of more than 175 patient applications each day. Given the increasing patient need, and that most certifying providers practice in the Baltimore region or the Washington, D.C. suburbs, authorizing physician assistants to be certifying providers would increase access to care. (See the Commission's website at <https://mmcc.maryland.gov> for a listing of registered medical cannabis providers sorted by location under the "Industry Directory" section.)

The expansion to include physician assistants as certifying providers is consistent with national trends. Thirty-four states and the District of Columbia have adopted comprehensive medical cannabis programs. With the exception of Utah, which legalized medical cannabis in 2018, each state initially restricted medical cannabis certifications to physicians. However, over the past several years, certifying authority has expanded to other provider types who have CDS registration and prescribing authority. Since 2014, at least 12 states and the District of Columbia have authorized physician assistants to certify patients to obtain medical cannabis. SB 304 would add Maryland to the growing number of states that have prioritized access to care by authorizing physician assistants to certify patients for medical cannabis.

The Commission would like to offer a technical amendment (See Attachment entitled "SB 304 Proposed Amendment"), clarifying that the delegation agreement must be between the physician assistant and their "primary supervising physician." The reason is that while physician assistants are permitted to practice under delegation agreements with primary and alternate supervising physicians, the Maryland Board of Physicians only maintains a record of the delegation agreement between the physician assistant and the primary supervising physician. Copies of the delegation agreements between alternate supervising physicians are stored on the site at which the physician assistant is practicing, and are only in place for a limited period, not to exceed 45 consecutive days at any one time.

This is significant because the Commission is required to verify the credentials of all certifying providers, and doing so for delegation agreements with alternate supervising physicians could be problematic. In order to verify an alternate supervising physician delegation agreement, a Commission staff member would have to physically travel to various locations throughout the state (wherever the alternate supervising physician is practicing) and request a copy of the delegation agreement. Given that the alternate supervising physician delegation agreement is only in place for a period of 45-days, there is the potential for a multitude of administrative and operational issues.

For these reasons, the Commission requests a favorable report with the proposed amendment on SB 304.

For more information, please contact Will Tilburg, Executive Director, (410) 487-8069 or william.tilburg@maryland.gov.

As of February 10, 2020

Table 1. Medical Providers Authorized to Certify Medical Cannabis Patients, by Jurisdiction

State	Physician	Physician's Assistant	APRN	Dentist	Podiatrist	Psychologist	Physical Therapist
AK	X						
AZ	X						
AR	X						
CA	X						
CO	X						
CT	X		X				
DE	X						
FL	X						
HI	X		X				
IL	X	X	X				
LA	X						
ME	X	X	X				
MD	X		X	X	X		
MA	X	X	X				
MI	X						
MN	X	X	X				
MO	X						
MT	X						
NV	X	X	X	X			
NH	X	X	X				
NJ	X						
NM	X	X	X	X			
NY	X	X	X				
ND	X		X				
OH	X						
OK	X				X		
OR	X						
PA	X						
RI	X	X	X				
UT	X	X	X				
VT	X	X	X				
WA	X	X	X				
D.C.	X	X	X	X			
WV	X						
Total	34	13	17	4	2	0	0

ANPR = Advanced Practice Registered Nurse

AMENDMENT TO SENATE BILL 304
(First Reading File Bill)

AMENDMENT NO. 1

On page 2, in line 23, before “PHYSICIAN” insert “PRIMARY SUPERVISING”.

Dr. Christine Miller_UNF_SB304

Uploaded by: Miller, Christine

Position: UNF

Oppose: SB0304 - Natalie
LaPrade Medical Cannabis
Commission - Certifying Providers

Christine L. Miller, Ph.D.
Author of "The Impact of Marijuana on Mental
Health" in: Contemporary Health Issues on
Marijuana, Oxford University Press, 2018.
Science advisor for Smart Approaches to
Marijuana www.learnaboutsam.org and Moms
Strong www.momsstrong.org
cmiller@millerbio.com
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- ❖ **Physician Assistants are less qualified than physicians to rise above the problems with the current Maryland medical cannabis program.**
- ❖ **For example, once a healthcare professional is certified to be a provider by the Maryland Medical Cannabis Commission, there is no mechanism in place for the Commission to revoke, restrict or otherwise flag the certification based on complaints about the practitioner's cannabis practice.** Complaints that I know of range from failure to screen for prior cannabis addiction or prior adverse reactions, to failure to follow the patient to check for emerging side effects. For physicians, disciplinary action is left to the *Maryland Board of Physicians*.
- ❖ **Healthcare professionals rely on the FDA for prescribing information about drugs,** but the FDA does not provide information about medical cannabis in the form approved by the states. Thus, the *Maryland Board of Physicians* has no standards to guide them in assessing compliance with accepted medical cannabis practice. The same would be true for the oversight of Physician Assistants.
- ❖ **Physicians are usually trained to a higher level than *Physician Assistants*** in terms of the ability to access and interpret the emerging scientific literature on cannabis and cannabinoids.
- ❖ **Furthermore, the online tutorial *Physician Assistants will take to be certified, one approved by the Maryland Medical Cannabis Commission for healthcare providers is concerning,*** (<https://themedicalcannabisinstitute.org/product/maryland-provider-education-medical-use-of-cannabis-1-0/>), produced by a Dr. Ethan Russo of the Czech Republic. From an editorial authored by him (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6200872/pdf/fnint-12-00051.pdf>) it is clear that his perspectives on THC treatment of some psychiatric conditions (agitation, insomnia, depression, aggression) are at odds with the views expressed by major U.S. medical societies listed below. What else might be of concern is not clear without paying for the tutorial.
- ❖ **In contrast to numerous professional societies for Physicians, *Physician Assistants* will not find guidance from their professional society.** *The American Academy of Physician Assistants* has no position paper or information on cannabis on its website: <https://www.aapa.org/>

- ❖ Here is a sampling of information provided by professional societies for medical doctors (***starred societies are specialties which advocate for FDA-approved components only and recommend against using cannabis for patients treated by the specialty disciplines**; note cannabis is not the same thing as pharmaceutical grade CBD or other products currently approved by the FDA; the potential *risks* of cannabis that are referred to by the societies below include ***psychosis and schizophrenia, depression, anxiety, suicide, increased blood pressure, increased respiratory rates, cardiac arrhythmia, heart failure, worsening of glaucoma, cognitive impairment, addiction, allergic reactions, accidental poisoning and coma in children, preterm births to pregnant women, and impacts on fetal brain development, none of which are provided in warning labels on products currently sold in Maryland***):

American Academy of Family Physicians

<https://www.aafp.org/about/policies/all/marijuana-cannabinoids.html>

American Academy of Neurology*

<https://www.aan.com/policy-and-guidelines/policy/position-statements/medical-marijuana/>

American Academy of Sleep Medicine*

<https://aasm.org/advocacy/position-statements/medical-cannabis-obstructive-sleep-apnea/>

American Academy of Allergy Asthma & Immunology

<https://www.aaaai.org/conditions-and-treatments/library/allergy-library/marijuana-cannabis-allergy>

American Academy of Ophthalmology*

<https://www.aao.org/newsroom/news-releases/detail/american-academy-of-ophthalmology-reiterates-posit>

American College of Cardiology

<https://www.acc.org/about-acc/press-releases/2020/01/22/11/58/research-suggests-potential-link-between-marijuana-and-heart-risks>

American Society of Clinical Oncology*

<https://www.asco.org/about-asco/press-center/news-releases/new-recommendations-controlling-nausea-and-vomiting-related>

American Academy of Pediatrics*

<https://pediatrics.aappublications.org/content/pediatrics/135/3/584.full.pdf>

American Psychiatric Association

<https://www.psychiatry.org/home/policy-finder?k=marijuana>

The Maryland Psychiatric Society*

<https://mdpsych.org/wp-content/uploads/2015/04/Recommendations.pdf>

American Gastroenterological Association*

<https://www.gastro.org/news/predicting-the-future-role-of-cannabis-for-ibd-treatment>

American College of Obstetricians and Gynecologists*

<https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/Marijuana-Info-ONLINE.pdf?dmc=1&ts=20190406T1338446467>

American Academy of Child and Adolescent Psychiatry*

https://www.aacap.org/AACAP/Policy_Statements/2012/AACAP_Medical_Marijuana_Policy_Statement.aspx

https://www.aacap.org/AACAP/Policy_Statements/2019/Use_of_Medical_Marijuana_in_Children_and_Adolescents_with_Autism_Spectrum_Disorder_for_Core_Autism_S.aspx

- ❖ **Of the non-physicians currently allowed to recommend marijuana in Maryland, none of their professional societies have a written statement providing medical information specific to cannabis, or advising on use in patients.** The American Dental Association has a webinar which strongly advises against cannabis use. The American Association of Nurse Practitioners provide only a written strategic policy for members as it pertains to their authority.

American Dental Association

<https://www.ada.org/en> a webinar on risks of marijuana

National Association of Certified Professional Midwives

<https://nacpm.org/> no information

American College of Nurse Midwives

<https://www.midwife.org/> no information

American Association of Nurse Practitioners

<https://www.aanp.org> "The American Association of Nurse Practitioners® (AANP) recognizes that there is evidence for the therapeutic use of marijuana and related compounds and that nurse practitioners (NPs) are frequently the health care provider patients look to for health care treatments. AANP supports efforts for ongoing scientific review of medicinal use of marijuana, establishment of evidence-based therapeutic recommendations for marijuana and the inclusion of marijuana and cannabinoid in nursing education and continuing education. AANP supports policies that authorize NPs to discuss treatments and treatment alternatives in open and direct dialog with their patients. AANP believes that these conversations are essential to patient care and should be exempt from criminal or professional prosecution, such as loss of licensure."

Karen Shavin_UNF_SB304

Uploaded by: Shavin, Karen

Position: UNF

Oppose: SB0304 - Natalie
LaPrade Medical Cannabis
Commission - Certifying
Providers

Karen Shavin, M.Ed., LMT, SEP,
GCFP, RYT
Mother
443-854-8005

I am writing to suggest that rather than relaxing the regulations on who can recommend marijuana, the regulations need to be tightened. The Maryland Medical Cannabis Commission should have the authority to revoke a practitioner's certification if they fail to screen and monitor their patients in the same way they would for any other medical condition. Currently there is no redress with the Commission when practitioners fail in this regard. I would like to share with you one story of detailing the failures and how that impacted my family. The quotations below are taken from the Maryland Medical Cannabis Commission website.

One year ago this month I had to evict my son from our home and change the locks on the doors. Two years ago, in January, the nightmare began as I watched him fade away when he received authorization to purchase medical marijuana. That marked the beginning of the end of a tragedy that did not need to happen simply because there was no accountability in the system.

My son is a 38-year-old adult who is autistic. He was kind and gentle, wanting very much to be independent and have a family but he struggled with social skills, anxiety, and lack of insight. He is also very perseverative, a strength given his challenges. Despite his handicap, he attended the Baltimore School for the Arts, Carver, and received an academic scholarship to Goucher College. He has two bachelor's degrees – one in Creative Writing and the other in Music Performance – as well as master's degree from Shenandoah Conservatory in Music Performance. He has never held a job or lived independently.

When medical marijuana became legal in Maryland, he was among the first to apply although he never consented to any other treatment previously. Presumably he thought marijuana was safe as he was always concerned with side effects and grew up in the "Just Say No" generation. Whatever his condition was, is not one of the "qualifying medical conditions"¹ for marijuana and a "Certifying Provider" had obligations under the law to verify his 'medical' need. He should have never been certified. Yet he was.

The requirements for issuing a written certification for medical cannabis are fourfold. The first requirement is that there is a "bona fide provider-patient relationship" with the patient. Maryland law defines a "bona fide relationship" as a treatment or counseling relationship between a Provider and patient in which the provider reviews the patient's relevant medical records, completes an in-person assessment of the patient's medical history and current medical condition, creates and maintains medically standardized records, expects to monitor patient program and takes any medically indicated action to follow up. While this is reasonable,

¹ Qualifying conditions include cachexia, anorexia, wasting syndrome, severe pain, severe nausea, seizures, severe or persistent muscle spasms, glaucoma, post-traumatic stress disorder, and chronic pain.

it does not happen. The “Certifying Provider” met with my son once, accepted payment of \$100, and certified him for marijuana. There was no review of medical records or assessment of his medical history and current medical condition(s). Had this been done, the provider would have reviewed my son’s records and seen that he did not meet criteria.

There was no monitoring or follow up. My son was permitted to purchase seemingly unlimited quantities with his limited Social Security Disability benefits, which he used every few hours for months before his psychotic break. He was not monitored for side effects or to see if the marijuana improved his symptoms. In fact, he never saw the “Certifying Provider” again. In the wildest imagination this does not meet criteria for a “bona fide provider-patient relationship”

The second criteria is that the “patient’s condition must be severe, other medical treatments have been ineffective, and the symptoms reasonably can be expected to be relieved by the medical use of cannabis.” My son lived with us and there was no evidence that he had a severe condition. He has a primary care provider who was treating him for fatty liver disease, which is not a qualifying condition. He does suffer from anxiety but has refused any pharmaceutical interventions. He complained of digestive problems which were managed by diet. The second criteria is moot since the first had not been met.

The third criteria is that other medical treatments must have proven ineffective for the patient’s condition. The last criteria is that he symptoms must reasonably be expected to be relieved by the use of medical cannabis. Since he did not meet the previous criteria, these criteria are also moot.

Over a period of a year after receiving his marijuana authorization I watched as my son drifted further and further away. He stopped coming to family meals, stopped interacting with family members, and became increasingly paranoid. I begged him to see a doctor but he refused. He lived in an altered state of consciousness, believing he is married and that my husband tried to rape his imaginary wife. In this altered state, he has traveled the world with his imaginary wife and is recognized as an accomplished musician and poet. About nine months after starting medical marijuana, he had multiple violent episodes in which my gentle, peaceful son spit in my face when I asked him to get help; kicked in doors; broke windows; and shattered the oven door. After each event he had no explanation for what he did. Once, when I tried to call for help, he jumped out of the dark and threatened me. My husband and I were forced to leave our house and stay in a hotel until we could get a court order to have him hospitalized.

During his 7 weeks in a locked unit at Sheppard Pratt my son refused treatment. Ironically, he did not receive his medical marijuana during that time and suffered no negative physical symptoms. He had extensive medical testing as a result of his complaints that his heart was racing, his breathing was irregular, and his stomach was bleeding. All physical tests came back in the normal range. His only condition was psychosis which, without treatment, would become permanent. Shortly before being approved for medical marijuana, while he was being evaluated for Social Security Disability, my son had a psychiatric evaluation that ruled out psychosis. There is no family history of psychosis. The hospital’s psychiatrist determined that the psychosis was a

result of the marijuana use and recommended that he never use marijuana again. He was diagnosed with a substance abuse disorder, in addition to psychosis, and discharged.

I contacted the dispensary where he bought his drugs, which happens to be the same facility where the provider worked. Clearly this is not an arm's length transaction. The ethics of having a certifying provider who has an office at the place of distribution, if nothing else, gives the appearance of a conflict of interest. There should be no pre-existing relationship between the Provider and the Dispensary. Patients like my son are encouraged to purchase the products so the distributors and Providers can profit.

I informed the staff at the Dispensary by phone of my son's condition and followed up with a registered letter. I copied the Commission and the Board of Physicians to alert them to the unethical actions of the physician (see attached). They verbally told me that they would need a written order from the physician to decertify my son and could not discuss his case with me. Clearly there was no way that a psychotic patient would provide that permission when he believed there was nothing wrong with him and did not trust the doctors or his family. "Once issued, a Provider may amend or revoke a patient's written certification on any medical grounds or if the patient no longer meets the Provider's inclusion criteria or the patient now meets the Provider's exclusion criteria." The certifying provider must have had a change of mind and revoked my son's certification in December 2018.

That should have been the end of the story but my son went to another "Certifying Provider" and was again approved in January 2019. The nightmare continued. Had the second provider checked the database or reviewed the medical records, they would have seen he had been decertified and that he had a diagnosis of substance abuse disorder. These should have been red flags to look more closely. "Examples of exclusion criteria include suspicion on the part of the provider that the patient is abusing cannabis or diverting cannabis to others." Had the second provider established a "bona fide provider-patient relationship" he would see that there was no qualifying condition and that the patient had a mental disorder. Had the second provider monitored the patient, he would see that symptoms did not improve but became worse with marijuana use.

On at least eight separate criteria the system failed my son. He did not have a "qualifying medical condition." There were no severe symptoms. Other medical treatments had not been tried for his medical condition. The symptoms were not relieved by the medical use of cannabis; they in fact became worse in that he had heart arrhythmia, extreme anxiety, paranoia, and lack of insight. There was no "bona fide provider-patient relationship," no review of medical records, no assessment of his medical history and current medical condition, and no monitoring or follow up. The second time he went for certification the same failures were repeated, with the addition that the documented exclusion criteria were ignored. He also had a new diagnosis: Substance Abuse Disorder. There was no accountability for any of these failures, even when addressed through the Commission. I contacted attorneys, many of whom would not even return my calls. Those that did would not take the case because they represented the Providers and Dispensaries, not the patients.

I will never understand how a drug can be approved for medical use without research showing dosage, and side effects. I will never understand how a medical provider can in all good conscience treat cannabis so casually. Cannabis is easier to get than my prescription diabetes drugs yet there is less scientific information to support its use in a medical setting.

There is a large amount of information available on the Commission's website on how obtain medical cannabis, how to become a "Certified Provider", where to find a registered provider, where to find a dispensary, and how to retain an attorney if charged with possession. There is no assistance for patients who have been harmed from cannabis and no system to hold providers accountable. "A provider's professional obligations to prospective medical cannabis patients are not different from those for any other patient. A provider is not required to qualify a patient for medical cannabis. The provider is expected to assess a patient's medical history and medical condition, and recommend treatment that they think is appropriate." Ignoring the medical guidelines despite a preponderance of evidence is negligent. The State of Maryland is the defacto drug dealer, supplying my son drugs under the guise of providing medical care. It is even more dangerous that buying street drugs since the patient has a false sense of security that he is receiving medical care.

I would like to think our family's experience was an anomaly. I have learned that many of the seemingly normal people I meet know someone who has been devastated by marijuana use. You hear their stories at NAMI family support groups. A large number of my acquaintances have been certified to purchase marijuana, as if it's no different from a baby aspirin, and have no information about the risks. While I don't often try to predict the future, I can promise the devastation resulting from the negligence in protecting patients will continue to grow. It will effect each of you in this room, either through firsthand experience or knowing someone who has been effected. You can contain the damage by enforcing accountability to the existing guidelines and not expanding access by making it easier to be certified. De-certification of medical marijuana providers who do not follow the criteria. Provide redress for patients who are harmed. Limit access with Providers who are knowledgable and uphold the Hippocratic Oath to do no harm.

On behalf of my son and our family, I hold you accountable.

ATTACHMENT

Jeff Crabtree and Karen Shavin
404 Dunkirk Road
Baltimore, MD 21212
February 8, 2019

Charm City Medicus
717 North Point Boulevard
Baltimore, MD 21224

To Whom It May Concern:

Our son, [REDACTED], recently received a medical marijuana. He purchased it at a Greenleaf facility, according to a charge on his bank statement on February 3, 2019. I called to speak to the doctor who certified him and provide critical medical history. I was put on hold. After waiting for a very long time, it was clear that the doctor was not willing to speak with me. I do know that it was a female staff doctor who “disagreed with the previous doctors’ recommendations” to decertify our son.

[REDACTED] has a dual diagnosis of Autistic Disorder and Substance Use Disorder, which is documented in his medical records. He spent November and December of 2018 in the locked psychosis unit at Sheppard Pratt Hospital at a cost of over \$56,000 and considerable emotional pain for all involved. The psychosis was triggered by his use of medical cannabis. His records show that certification was revoked in December 2018, both on medical grounds and because he no longer met the physician’s inclusion criteria since he was abusing cannabis.

At discharge from the hospital Zach was still psychotic, having refused treatment after retaining an attorney to defend his civil liberties to remain mentally ill. He returned to our care in the same state as when he left, with the only difference is the lack of access to legal marijuana.

[REDACTED] does not meet criteria for cannabis. During his time in the hospital he did not receive marijuana and suffered no consequences for not using it. It is highly questionable as to whether he ever needed it since no other treatments for anxiety were never explored.

What we know is that the provider is expected to assess a patient’s medical history, medical condition, and recommend treatment that they think is appropriate. The physician and patient must have a “bona fide provider-patient relationship,” which includes reviewing the patient’s relevant medical records. A review of records would reveal the previous hospitalization, diagnoses, and recommendations to discontinue cannabis use. The required in person assessment of the patient’s medical history and current medical condition by an appropriate professional would reveal his delusional thinking and impaired reasoning. Assuming all of that had been satisfactory, there would be a commitment to monitor the patient’s program and to take any medically indicated action to follow up. In a patient with a mental illness, monitoring by a psychiatrist is indicated. I must assume you have psychiatric professionals on staff who approved certification for cannabis.

Because of all the reasons stated above and the inability to contact you directly, we are putting you on notice in order to protect our son from further injury. Patients have a right to be treated appropriately by health care providers who are diagnosing them and recommending treatment. Other doctors in the same specialty did not feel cannabis was in our son’s best interest.

It is medically negligent to give access to marijuana to a person with an altered view of reality and who cannot make decisions in his own best interest, who has impaired thinking, and who has a clinical dependency on the drug. It is negligent to prescribe without having a complete medical history, ignoring the recommendations of other professionals who have more direct knowledge of the patient's condition, and who does not have a condition that meets the criteria for the drug. It is negligent not to monitor that same patient, who has a chemical dependency on that drug, for side effects. In fact, providing access to cannabis for our son is no different from the dealer on the street corner.

The longer one remains psychotic, the more difficult it is to treat. Your actions put our son at great risk. On Zach's behalf, we hold you accountable for the outcomes.

Sincerely,

Karen Shavin
Jeff Crabtree

Cc: Maryland Medical Cannabis Commission
Maryland Board of Physicians