

Arizona Medical Marijuana Program

Keeping it Medical: The Role of the Physician

Will Humble, Director

Arizona Department of Health Services

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Health and Wellness for all Arizonans

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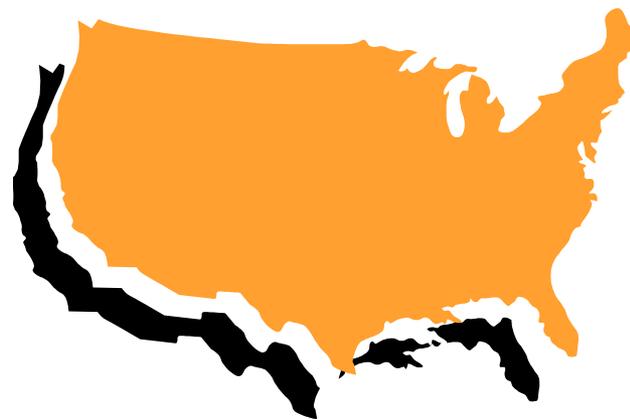


Objectives

- Identify the 3 roles a physician can have in the Arizona Medical Marijuana Program
- List 3 risks of marijuana use
- Identify 3 conditions that make patients eligible for the medical marijuana act
- List 2 duties of a dispensary medical director
- Identify 1 action that can get physicians reported to their board

Nov 2, 2010: Arizona Became the 14th State to Legalize Medical Marijuana

Alaska	Montana
Arizona	Nevada
California	New Mexico
Colorado	Oregon
Hawaii	Vermont
Maine	Rhode Island
Michigan	Washington





Making Headlines



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Arizona Medical Marijuana v. Other Medical Marijuana Laws - *Differences*

- Premise – this is the Arizona Medical Marijuana Act, not the Arizona Recreational Marijuana Act
 - Unlike several other Medical Marijuana laws, the Arizona Medical Marijuana Act:
 - Requires registry identification cards
 - Limits the number of dispensaries

Arizona Medical Marijuana v. Other Medical Marijuana Laws - *Differences*

- Includes several requirements for and expectations of physicians who may provide qualifying patients (QP's) with written certifications
- Requires dispensaries to appoint an individual who is a physician to function as a medical director
- Requires dispensaries to develop, document, and implement policies and procedures regarding inventory control

Qualifying Patient (QP) Eligibility Requirements

- Must have one of the following qualifying conditions:
 - Cancer, glaucoma, HIV, AIDS, Hepatitis C, Amyotrophic Lateral Sclerosis, Crohn's disease, Agitation of Alzheimer's disease, or
 - A chronic or debilitating disease or medical condition (or the treatment for) that causes:
 - cachexia or wasting syndrome
 - severe and chronic pain
 - severe nausea
 - seizures
 - severe or persistent muscle spasms or
 - A debilitating medical condition or treatment later approved by ADHS under A.R.S. 36-2801.01 and R9-17-106

Qualifying Patient (QP) Eligibility Requirements

- QPs must submit an application for and obtain a registry identification card issued by the ADHS
 - QP's personal information
 - **Written certification from physician**
 - Indicate if they are requesting authorization for cultivating marijuana
 - Must live at least 25 miles from the nearest operating dispensary
 - Designating a caregiver, if needed
 - Must live at least 25 miles from a dispensary for the caregiver to cultivate
 - A signed attestation not to divert marijuana

Qualifying Patient (QP) Eligibility Requirements

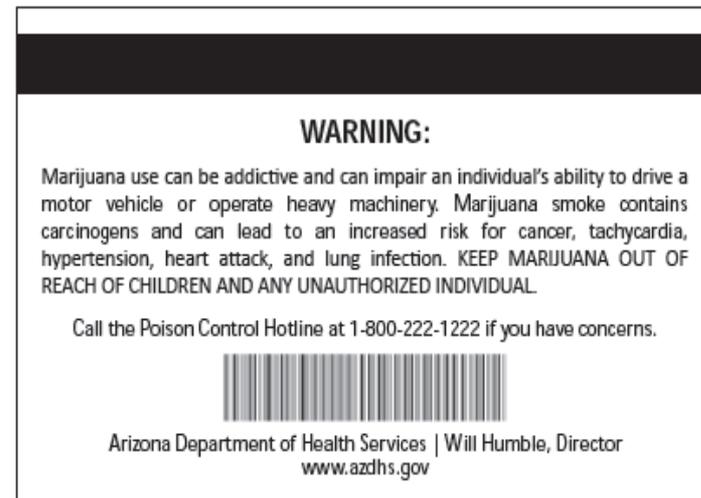
- QP under the age of 18
 - Requires certification from 2 separate physicians
 - Parents or legal guardians must become caregiver and attest to:
 - Assisting minor patient with medical use
 - Allowing the minor to use the marijuana
 - Will not divert the marijuana to anyone who is not allowed to possess
 - Have not been convicted of an excluded felony offense



Qualifying Patients

Once registered, QPs will receive a Patient ID card

Patient ID Card



Qualifying Patients

- A qualified patient may possess up to 2.5 ounces of usable marijuana
 - May not smoke it in public places, including dispensaries
 - May eat it in foods or use infused products
 - Cannot drive a motor vehicle under the influence
- If eligible to cultivate: may have up to 12 marijuana plants
- Can obtain up to 2.5 ounces of marijuana in a 14 day period from any registered nonprofit dispensary

Where are we now?

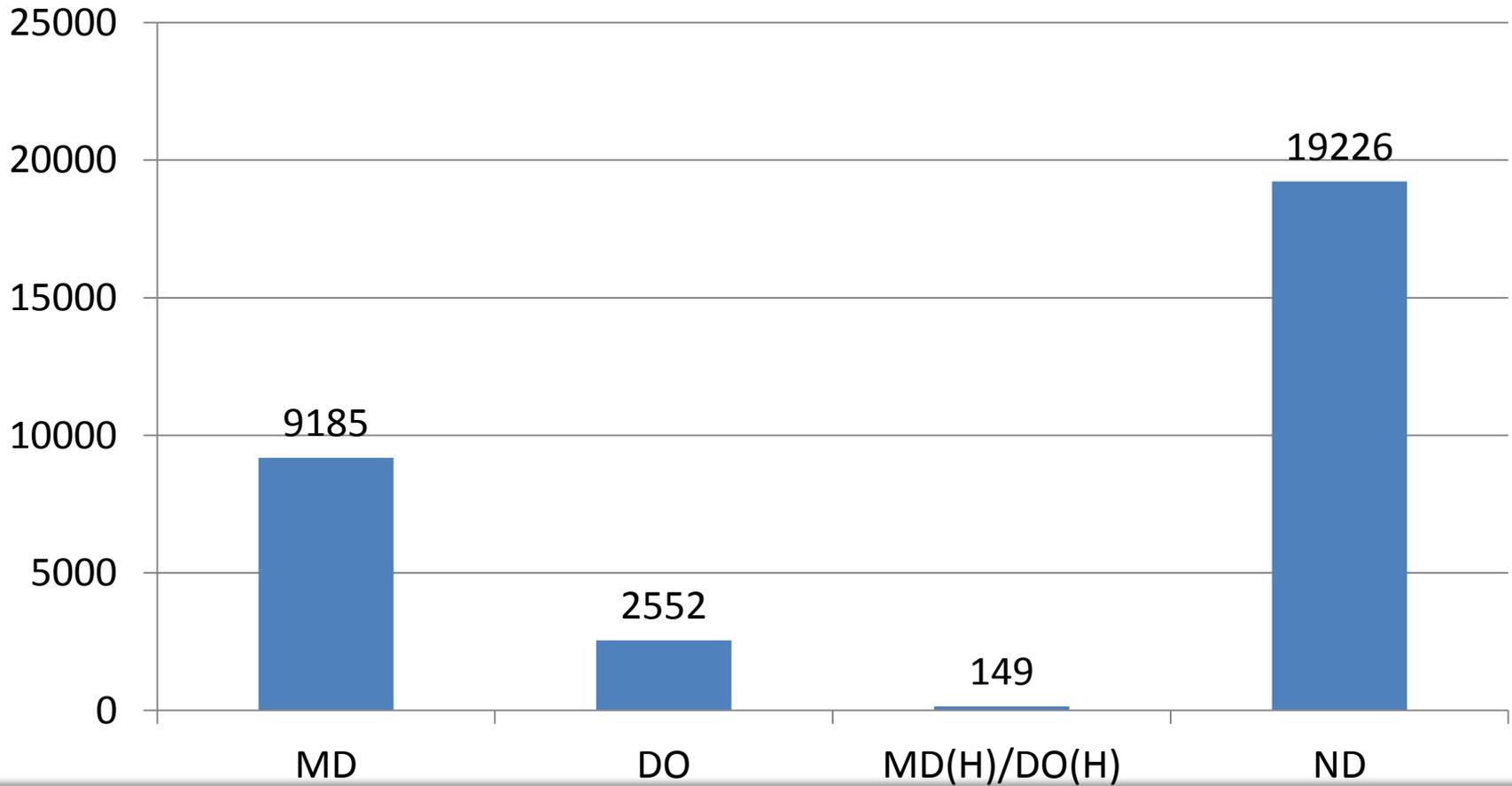
After the first 16 months since implementation:

- 31,112 Qualifying Patients approved
 - 27% female, 73% male
 - 28 qualifying patients are under 18 yo
- 952 Caregiver Cards issued



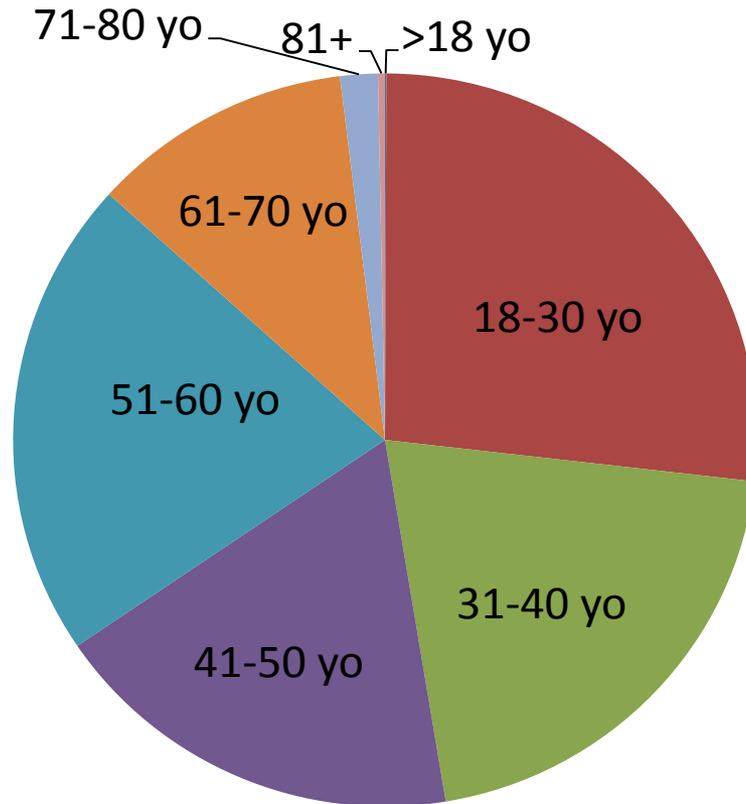
Where are we now?

Number of certifications by provider type, Arizona 2012, n=31,112

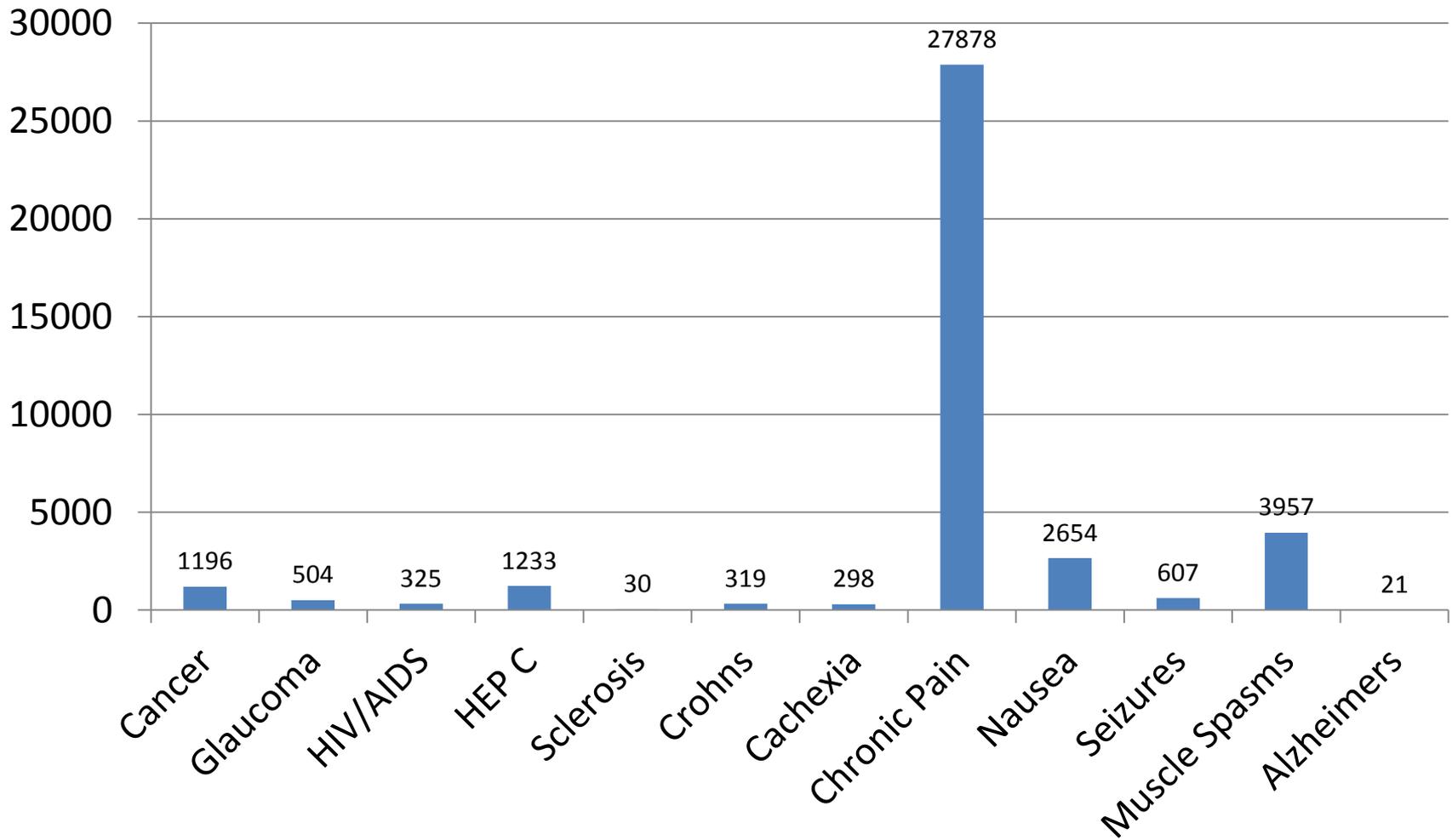


Where are we now?

Reported age of qualifying patients at time of application, Arizona 2012,
n=31,112



Number of qualifying conditions reported, Arizona 2012, n= 39,022*



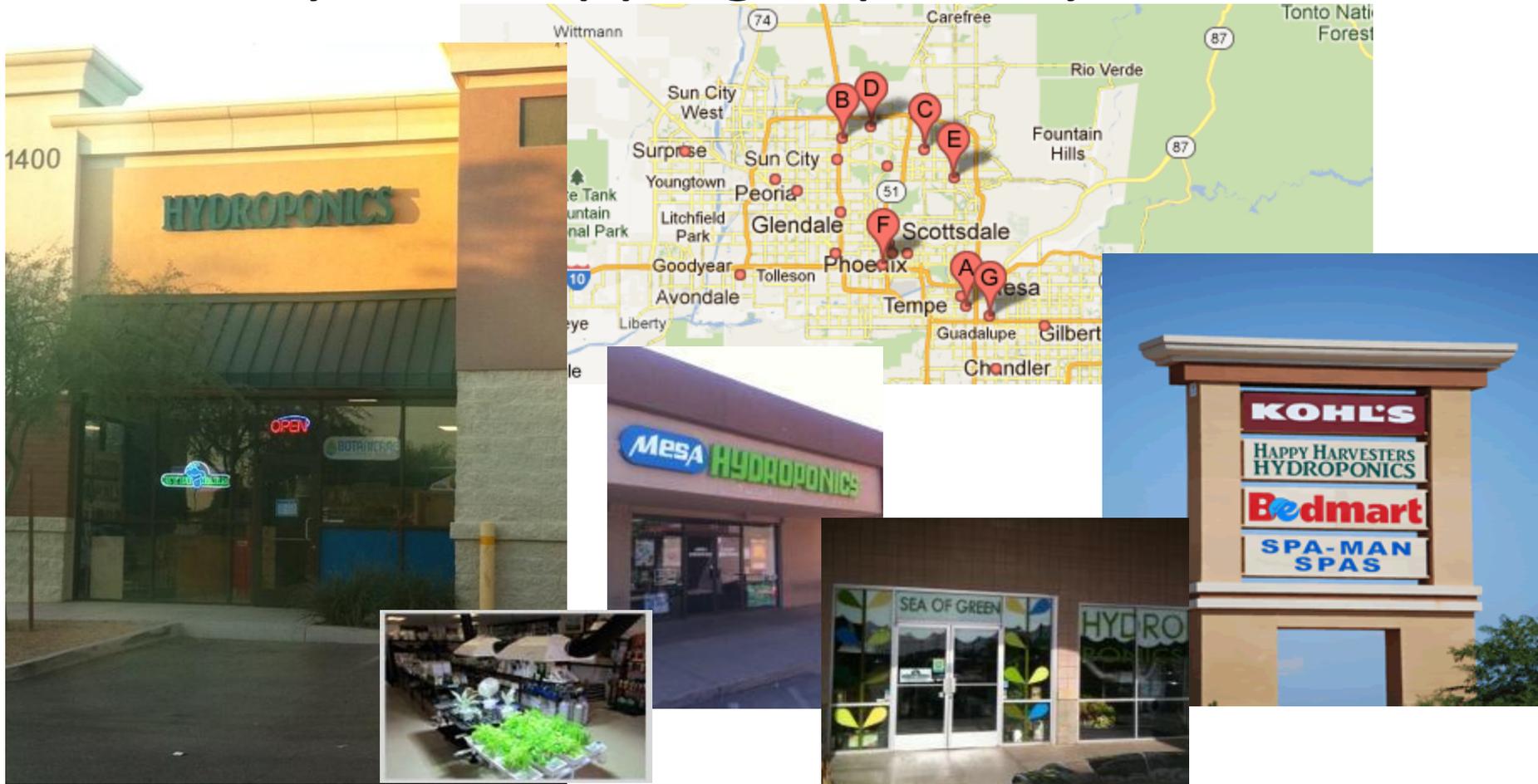
*A QP can have more than 1 qualifying condition

Where are we now?

- Patients may request to grow if they live farther than 25 miles from the nearest dispensary
 - There are currently NO dispensaries
- ADHS has approved:
 - 25,888 QP requests to grow



Interested in growing? They're "cropping" up everywhere...



How does this affect you?



How does this affect you?

The Arizona Medical Marijuana Act makes physicians the gatekeepers for marijuana.



A.R.S. § 36-2801

(Arizona Medical Marijuana Act)

- Defines a physician as:
 - **MD**: a doctor of [allopathic] medicine who holds a valid and existing license to practice medicine
 - **DO**: a doctor of osteopathic medicine who holds a valid and existing license to practice osteopathic medicine
 - **ND**: a naturopathic physician who holds a valid and existing license to practice naturopathic medicine
 - **MD(H)/DO(H)**: a homeopathic physician who holds a valid and existing license to practice homeopathic medicine

What role can physicians have?

There are three roles:

- 1) Provide medical guidance, expertise and alternative options to patients
- 2) Provide patients with a certification for marijuana
- 3) Serve as Dispensary Medical Director



What role can physicians have?

- Physicians can decide to have NO role in the Arizona Medical Marijuana Program.
- Physicians DO NOT have to provide written recommendations
- Remember: you are in the best position to determine if medical marijuana is likely to be beneficial for your patients

How do I discuss and counsel patients on a treatment I have no experience with?



Marijuana 101

- Schedule 1 substance under the Controlled Substances Act
 - High potential for abuse, with no currently accepted medical use in the US. This is a policy statement from the DEA and HHS- not a clinical determination.
- Mind altering (psychoactive) drug
 - Produced by THC (delta-9-tetrahydrocannabinol)
- Produced by the *Cannabis* plant

Marijuana 101

- Routes of administration
 - Smoked as a cigarette, cigars or in a pipe
 - Can be mixed with foods
 - Brewed as a tea



Marijuana 101

- The IOM also recommended the following groups be included in further clinical studies:
 - Surgical patients
 - Cannabinoids should be administered along with opiates
 - Patients with spinal cord injury or other pain caused by nerve damage
 - Patients with chronic pain who also suffer from insomnia

Marijuana 101

- THC enters the bloodstream to the brain
- THC connects to cannabinoid receptors on nerve cells
 - Influence pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement

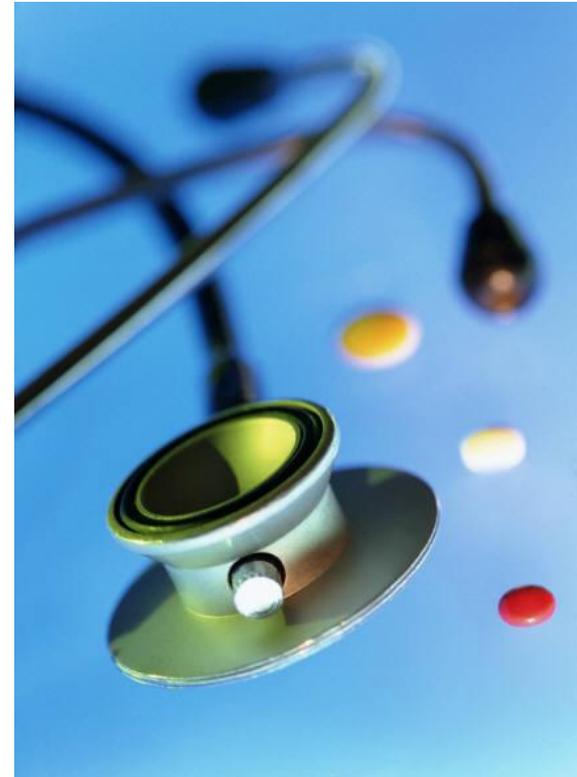
Marijuana 101

- Short term effects
 - Problems with memory and learning, distorted perception, and difficulty in thinking and problem-solving
 - Loss of coordination
 - Impairs driving abilities
- High doses
 - Mental confusion, panic reactions and hallucinations

Marijuana 101

Short term physical effects

- Sedation
- Blood shot eyes
- Increased heart rate
- Coughing
- Increased appetite
- Decreased blood pressure
- Bronchitis
- Bronchial asthma



Reducing Risks

- Reduce/avoid smoking marijuana
 - Harmful smokeborne chemicals and contaminants in crude marijuana
 - Can represent a serious danger to anyone with a weakened immune system
- Use oral preparations
- Use of a smokeless inhaler

IOM Statement on Medical Marijuana Use

“But this step should be seen for what it is—a last resort. Clinical evidence shows that existing treatments for pain, nausea, and malnutrition outperform marijuana in the vast majority of patients. To substitute marijuana for a more effective drug is to practice bad medicine.”

THC: Available Medications

- **Marinol®**
 - The only drug currently approved by the FDA that contains the synthetic form of THC
 - Available through prescription in pill form
 - Used to:
 - Relieve nausea and vomiting associated with chemotherapy for cancer patients
 - Assist with loss of appetite in AIDS patients.



THC: Available Medications

- **Sativex[®]**
 - Approved in June 2010 for use in Canada and UK
 - Oromucosal spray for treatment of spasticity due to Multiple Sclerosis
 - Contains THC and cannabidiol (CBD)
 - Grown in a structured and scientific environment
 - Removes contaminants
 - Reduces the intoxicating effects
 - Administers a set dosage





What do I need to do if I want to “recommend” or “certify” patients to use medical marijuana?

Certifying Physicians

- Cannot “prescribe” medical marijuana
 - Schedule 1 drugs cannot be prescribed
- May only “certify” that patients meet the criteria to be a Qualifying Patient (QP)



“The ADHS crafted a regulatory program that sets the stage for what we believe can be the first true medical marijuana program in the country by setting expectations regarding the clinical assessment that is required in order to write a medical marijuana certification.”

-Laura Nelson, MD and Will Humble, Director;
Open Letter to Physicians from the Arizona Department of Health Services



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Qualifying Patient (QP) Eligibility Requirements

- Must have a **written certification** from a physician confirming diagnosis of QP's debilitating medical condition



Physician's Responsibility

Expectations

- Examine the patient
- Establish a medical record
- Review previous medical records
- Make or confirm the diagnosis
- Discuss risks & benefits of medical use of marijuana
- Check the QP's profile in the Controlled Substance Rx Monitoring Program Database
- Complete & sign the Physician Certification form
- Give the form to the QP to submit

 **MEDICAL MARIJUANA PHYSICIAN CERTIFICATION**
PHYSICIAN INFORMATION
FOR ALL QUALIFYING PATIENTS

Physician's Name: _____
Arizona License Number: _____ Type: MD DO NMD/ND MD(H)/DO(H)

PHYSICIAN INFORMATION ON FILE WITH LICENSING BOARD

Office Address: _____
Telephone Number: _____ Email Address: _____

QUALIFYING PATIENT INFORMATION

Patient's Name: _____ Date of Birth: _____

CHECK ONE OR MORE BOXES TO INDICATE QUALIFYING PATIENT'S DEBILITATING MEDICAL CONDITION

<input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)	<input type="checkbox"/> Agitation of Alzheimer's disease
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/> Cancer
<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Human immunodeficiency virus (HIV)	<input type="checkbox"/> Hepatitis C

IF A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION OR THE TREATMENT FOR A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION CAUSES:

<input type="checkbox"/> Cachexia or wasting syndrome	<input type="checkbox"/> Severe and chronic pain
<input type="checkbox"/> Severe nausea	<input type="checkbox"/> Seizures, including those characteristic of epilepsy
<input type="checkbox"/> Severe or persistent muscle spasms, including those characteristic of multiple sclerosis	

IF ANY CONDITION ABOVE IS CHECKED, INDICATE THE UNDERLYING CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION:

I, _____, THE PHYSICIAN

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.
Initial: _____
- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2197](#).
Initial: _____
- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.
Date of Examination: _____ Initial: _____
- Have reviewed the qualifying patient's medical records, including medical records from other treating physicians from the previous 12 months, the qualifying patient's responses to conventional medications and medical therapies, and the qualifying patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program Database.
Initial: _____
- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian.
Initial: _____
- Have referred the qualifying patient to a dispensary. YES NO IF YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.
Initial: _____

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed

What is the Controlled Substance Prescription Monitoring Program Database?

<i>Request Status</i>					
Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
3137	14113	02/05/08	Approved / Done	Recipient Report SMITH, THOMAS - DOB: 10/25/1965 - 815 Gerard St Dispensed From 01/01/2007 to 01/31/2007	file-pdf
3138	14121	02/05/08	Approved / Done	Recipient Report JONES, JAMES - DOB: 04/26/1968 - 100 Fir Ct Dispensed From 01/01/2007 to 01/31/2007	file-pdf
3140	14131	02/05/08	Approved / Done	Recipient Report SMITH, LINDA - DOB: 04/15/1961 - 408 Milton Marsh Rd Dispensed From 01/01/2007 to 01/31/2007	file-pdf
3141	14133	02/05/08	Approved / Queued	Recipient Report SMITH, LARRY - DOB: 02/03/1964 - 521 E Main St Dispensed From 01/01/2007 to 01/31/2007	file-pdf

Arizona Board of Pharmacy Controlled Substance Prescription Monitoring Program Database

- A central repository of all prescriptions dispensed for Schedule II, III, and IV controlled substances in Arizona
- It assists providers in treating patients and identifying and deterring drug diversion
- Physicians must check the database on each patient they certify

Arizona Board of Pharmacy Controlled Substance Prescription Monitoring Program Database

- **Do I need to register?**
 - Yes, every practitioner who has a DEA registration and is licensed under Title 32 must register.
- **Why do I need to be registered?**
 - It is required by law.
 - It is a useful tool to help you treat and evaluate your patients.

Arizona Board of Pharmacy Controlled Substance Prescription Monitoring Program Database

- **How do I register?**

- Complete the Prescriber/Dispenser Access Request Form and have it notarized
- Mail the form with a copy of your AZ Board License, DEA Registration, and current Driver's License
- Information to request access can be found:
http://www.azpharmacy.gov/CS-Rx_Monitoring/practioner_procedures.asp

Physician Certification Form

How do I fill out the certification form?
What information is required?



MEDICAL MARIJUANA PHYSICIAN CERTIFICATION

PHYSICIAN INFORMATION

FOR ALL QUALIFYING PATIENTS

Physician's Name:	
Arizona License Number:	Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NMD/ND <input type="checkbox"/> MD(H)/DO(H)
PHYSICIAN INFORMATION ON FILE WITH LICENSING BOARD	
Office Address:	
Telephone Number:	Email Address:
QUALIFYING PATIENT INFORMATION	
Patient's Name:	Date of Birth:
CHECK ONE OR MORE BOXES TO INDICATE QUALIFYING PATIENT'S DEBILITATING MEDICAL CONDITION	
<input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)	<input type="checkbox"/> Agitation of Alzheimer's disease
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/> Cancer
<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Human immunodeficiency virus (HIV)	<input type="checkbox"/> Hepatitis C
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<input type="checkbox"/> Cachexia or wasting syndrome	<input type="checkbox"/> Severe and chronic pain
<input type="checkbox"/> Severe nausea	<input type="checkbox"/> Seizures, including those characteristic of epilepsy
<input type="checkbox"/> Severe or persistent muscle spasms, including those characteristic of multiple sclerosis	
IF ANY CONDITION ABOVE IS CHECKED, INDICATE THE UNDERLYING CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION:	



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Physician Certification Form

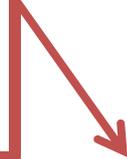


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Arizona License Number:	Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NMD/ND <input type="checkbox"/> MD(H)/DO(H)
PHYSICIAN INFORMATION ON FILE WITH LICENSING BOARD	
Office Address:	
Telephone Number:	Email Address:



Physician Information:
Requires an active
Arizona medical license:
MD
DO
ND
MD(H)/DO(H)

Patient's Name:	Date of Birth:
-----------------	----------------

CHECK ONE OR MORE BOXES TO INDICATE QUALIFYING PATIENT'S DEBILITATING MEDICAL CONDITION

<input type="checkbox"/> Acquired immune deficiency syndrome (AIDS)	<input type="checkbox"/> Agitation of Alzheimer's disease
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/> Cancer
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Patient's Name:	Date of Birth:
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<input type="checkbox"/> Severe nausea	<input type="checkbox"/> Seizures, including those characteristic of epilepsy
<input type="checkbox"/> Severe or persistent muscle spasms, including those characteristic of multiple sclerosis	
IF ANY CONDITION ABOVE IS CHECKED, INDICATE THE UNDERLYING CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION:	

Patient Information:
Name must match name
on QP application



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Physician Certification Form



MEDICAL MARIJUANA PHYSICIAN CERTIFICATION

PHYSICIAN INFORMATION

FOR ALL QUALIFYING PATIENTS

Physician's Name:	
Arizona License Number:	Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NMD/ND <input type="checkbox"/> MD(H)/DO(H)

PHYSICIAN INFORMATION ON FILE WITH LICENSING BOARD

Office Address:	
Telephone Number:	Email Address:

QUALIFYING PATIENT INFORMATION

Patient's Name:	Date of Birth:
-----------------	----------------

CHECK ONE OR MORE BOXES TO INDICATE QUALIFYING PATIENT'S DEBILITATING MEDICAL CONDITION

- | | |
|---|---|
| <input type="checkbox"/> Acquired immune deficiency syndrome (AIDS) | <input type="checkbox"/> Agitation of Alzheimer's disease |
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- | | |
|---|---|
| <input type="checkbox"/> Cachexia or wasting syndrome | <input type="checkbox"/> Severe and chronic pain |
| <input type="checkbox"/> Severe nausea | <input type="checkbox"/> Seizures, including those characteristic of epilepsy |
| <input type="checkbox"/> Severe or persistent muscle spasms, including those characteristic of multiple sclerosis | |

IF ANY CONDITION ABOVE IS CHECKED, INDICATE THE UNDERLYING CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION:

Debilitating Medical Condition:
Check all that apply.
The patient **MUST** have one of the approved medical conditions or a condition/treatment that causes the listed associated conditions.



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Physician Certification Form

I, _____, THE PHYSICIAN:

Fill in your name

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.

Initial: _____

- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2297](#).

Initial: _____

- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.

Date of Examination: _____ Initial: _____

- Have reviewed the qualifying patient's medical records, including medical records from other treating physicians from the previous 12 months, the qualifying patient's responses to conventional medications and medical therapies, and the qualifying patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database.

Initial: _____

- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian.

Initial: _____

- Have referred the qualifying patient to a dispensary. YES NO If YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.

Initial: _____

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed



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I, _____, THE PHYSICIAN:

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.

Initial: _____

Initial that you have diagnosed or confirmed the condition

- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2297](#).

Initial: _____

- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.

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Physician Certification Form

I, _____, THE PHYSICIAN:

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.

Initial: _____

- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2297](#).

Initial: _____

- Have conducted an in-person physical examination of the qualifying patient and documented the symptoms and the debilitating medical condition I diagnosed or confirmed.

Date of Examination: _____ Initial: _____

- Have reviewed the qualifying patient's medical records, including medical records from other treating physicians from the previous 12 months, the qualifying patient's responses to conventional medications and medical therapies, and the qualifying patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database.

Initial: _____

- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian.

Initial: _____

- Have referred the qualifying patient to a dispensary. YES NO If YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.

Initial: _____

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed

Initial that you have established and will maintain a medical record on the QP



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Physician Certification Form

I, _____, THE PHYSICIAN:

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.
Initial: _____
- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2297](#).
Initial: _____
- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.
Date of Examination: _____ Initial: _____
- Have reviewed the qualifying patient's medical records, including medical records from other treating physicians, the qualifying patient's responses to conventional medications and medical therapies, and the qualifying patient's participation in the State's Prescription Monitoring Program database.
Initial: _____
- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or legal guardian.
Initial: _____
- Have referred the qualifying patient to a dispensary. YES NO If YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.
Initial: _____

Initial that you have performed an IN-PERSON physical exam.
Indicate the DATE OF THE EXAMINATION:
It must have been within the last 90 calendar days.

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed



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Physician Certification Form

I, _____, THE PHYSICIAN:

- Have made or confirmed a diagnosis of a debilitating medical condition, as defined in [A.R.S. § 36-2801](#), for the qualifying patient.
Initial: _____
- Have established a medical record for the qualifying patient and am maintaining the qualifying patient's medical record as required in [A.R.S. § 12-2297](#).
Initial: _____
- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.
Date of Examination: _____ Initial: _____
- Have reviewed the qualifying patient's medical records, including medical records from other treating physicians from the previous 12 months, the qualifying patient's responses to conventional medications and medical therapies, and the qualifying patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database.
Initial: _____
- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or legal guardian.
Initial: _____
- Have referred the qualifying patient to a dispensary. YES NO If YES, describe the relationship between the physician and the qualifying patient's custodial parent or legal guardian any personal or professional relationship.
Initial: _____

I, _____, PHYSICIAN'S AT _____, in my professional opinion believe that the use of marijuana by the qualifying patient from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's medical condition in this written certification is true and correct.

Physician's Signature

Date Signed

Initial that you have:

- 1) Reviewed the patients medical records for the past 12 months:
 - Including other physicians' records
- 2) Reviewed the QP's responses to other conventional medications and therapies
- 3) Checked the QP's profile on the Arizona Board of Pharmacy Controlled Substance Prescription Monitoring Program Database

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- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.

Date of Examination: _____ Initial: _____

- Have reviewed the qualifying patient's medical records, including medical records, patient's responses to conventional medications and medical therapies, and the Substances Prescription Monitoring Program database.

Initial: _____

- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian.

Initial: _____

- Have referred the qualifying patient to a dispensary. YES NO If YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.

Initial: _____

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed

Initial that you have discussed the risks and benefits of the medical use of marijuana with the patient



Health and Wellness for all Arizonans

azdhs.gov



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Initial: _____

- Have conducted an in-person physical examination of the qualifying patient within the last 90 calendar days appropriate to the qualifying patient's presenting symptoms and the debilitating medical condition I diagnosed or confirmed.

Date of Examination: _____ Initial: _____

- Have reviewed the qualifying patient's medical history, including the qualifying patient's responses to conventional medication and the qualifying patient's participation in the Substances Prescription Monitoring Program data.

Initial: _____

- Have explained the potential risks and benefits of the medical use of marijuana to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian.

Initial: _____

- Have referred the qualifying patient to a dispensary. YES NO If YES, I have disclosed to the qualifying patient or, if applicable, the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the dispensary.

Initial: _____

Mark whether you referred the patient to a dispensary. Initial that you discussed (or didn't discuss) any relationships you have with a dispensary.

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed



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Initial: _____
- Have referred the qualifying patient to a dispensary. YES NO If YES, I have discussed the potential risks and benefits of the medical use of marijuana with the qualifying patient's custodial parent or legal guardian any personal or professional relationship I have with the qualifying patient.
Initial: _____

Sign and date that the patient is likely to receive a benefit from medical use of marijuana. And, that all of the information you provided is true and correct.

PHYSICIAN'S ATTESTATION

I, _____, in my professional opinion believe that the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition. I attest that the information provided in this written certification is true and correct.

Physician's Signature

Date Signed



Health and Wellness for all Arizonans

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What if my patient is too sick to obtain/use marijuana on their own?

- A QP can designate a caregiver who:
 - Must be over 21 years old
 - Must assist the QP in the medical use of marijuana
 - Can not have been convicted of an excluded felony offense
- Caregivers can “care” for up to 5 QPs
- Caregivers can grow 12 plants per QP if the QP lives outside 25 miles from the nearest dispensary
 - Up to 60 plants

What if I want to serve as a medical director for a dispensary? What does that involve?



Dispensary Medical Directors

- Every dispensary is required to appoint a physician to function as the medical director
 - Must be onsite or available by telephone or pager
 - Must designate another physician to cover as medical director in their absence
- Cannot provide a written certification for medical marijuana for any qualifying patient

Dispensary Medical Directors

- Duties
 - Develop and provide training to dispensary agents every year
 - Be involved in dispensary support improvement processes
 - Help develop educational materials for QPs and caregivers
 - Develop a system to help QPs track symptoms, marijuana usage, and side effects

Dispensary Medical Directors

- Provide Training to Dispensary Agents on:
 - Counseling patients about risks, benefits and side effects of medical marijuana
 - Teaching patients how to perform a self-assessment of their symptoms
 - Recognizing signs and symptoms of substance abuse
 - Developing guidelines for refusing medical marijuana to patients who appear to be impaired or abusing medical marijuana

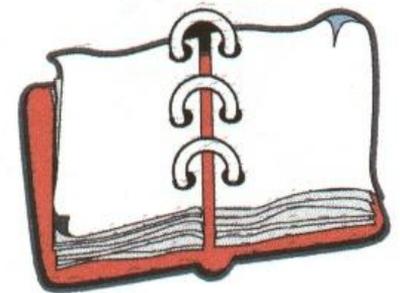
Dispensary Medical Directors

- Develop educational materials about:
 - Alternative medical options
 - Possible side effects and contraindications
 - Guidelines for the patient about notifying the physician if side effects occur
 - Possible potential for differing strengths of medical marijuana strains and products
 - Potential drug to drug interactions
 - Techniques for the use of medical marijuana
 - Different methods, forms and routes of administration
 - Signs and symptoms of substance abuse
 - Different substance abuse programs and referral information



Dispensary Medical Director

- Develop a system for the QP to document their symptoms/condition, including:
 - A log book
 - Track the use and effects of specific medical marijuana strains and products
 - A rating scale for pain, cachexia, nausea, seizures, muscle spasms and agitation
 - Guidelines for QP self assessment
 - Guidelines for reporting usage and symptoms to the certifying physician



Now that the program is established, what is ADHS doing to keep this medical?





FOX 10 News, February 9, 2012
2 Doctors Disciplined over Medical Pot

ADHS and the Medical Boards

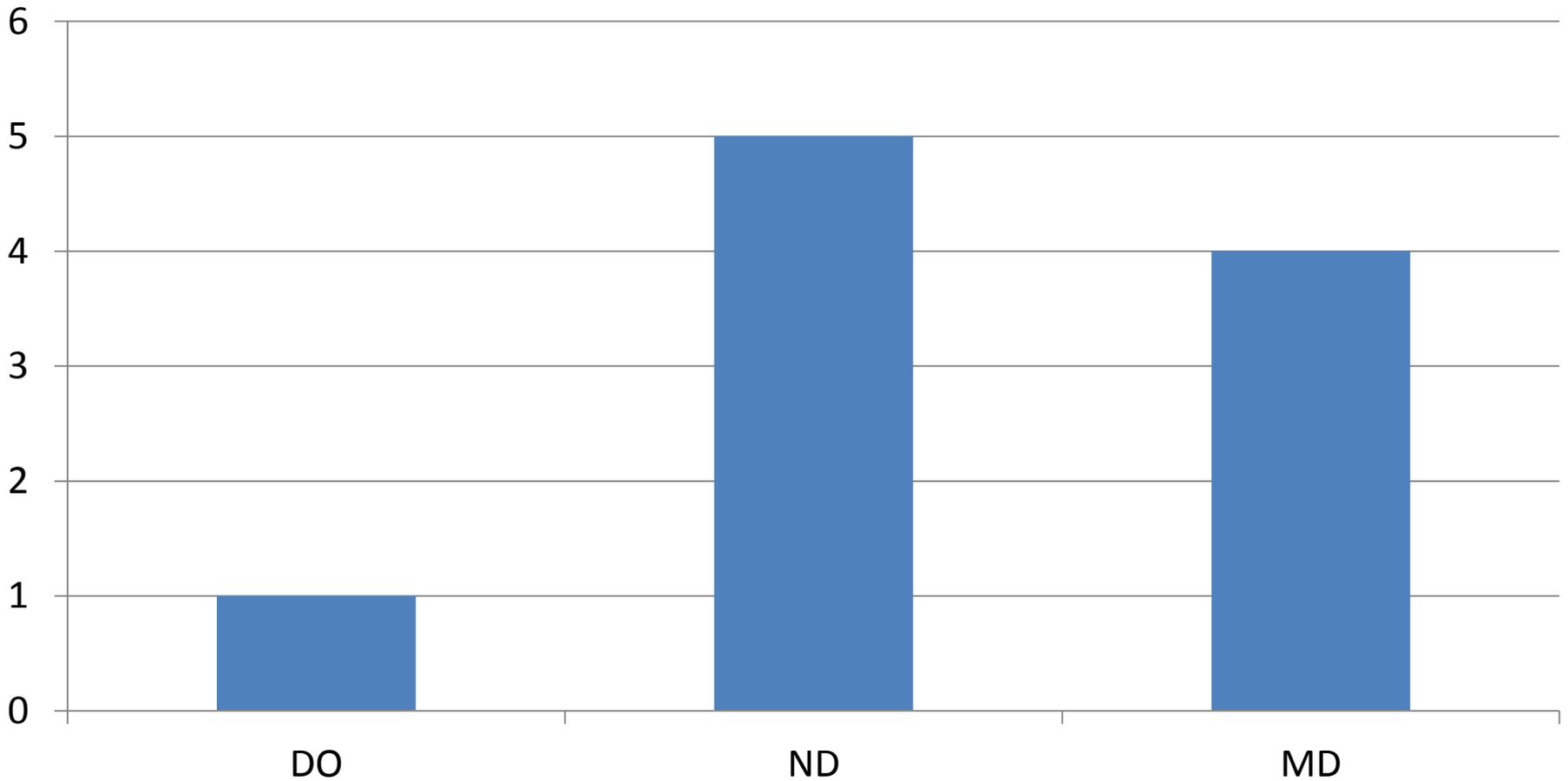
- ADHS is working closely with all 4 medical licensing boards
- ADHS monitors:
 - Number and type of physician certifications
 - Physician access of the Controlled Substance Prescription Monitoring Database
 - Complaints received by the Department
- Referred to the appropriate board for follow up

ADHS and the Medical Boards

- “High” efficacy certifiers: Arizona’s 10 “top docs”
 - Accounted for 40% of all certifications during the first 10 months
 - Each has written over 500 certifications
 - 2 physicians have written over 1000 each

ADHS and the Medical Boards

High” efficacy certifiers: Arizona’s 10 “top docs” by license type



ADHS and the Medical Boards

- “High” efficacy certifiers: Arizona’s 10 “top docs”
 - All attested that they had checked the Board of Pharmacy Database on all patients they had certified
 - The Department is working with the Board of Pharmacy
 - ADHS can VERIFY if the database has been checked
 - 8 were referred to their respective boards
 - Disciplinary action taken against 2, resulting in:
 - Probation
 - 30 day suspension of license, probation, and fines

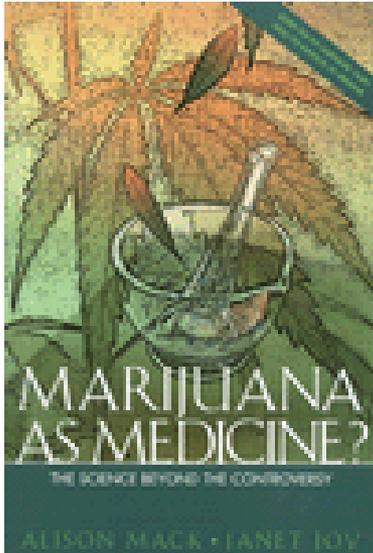
ADHS and the Medical Boards

- Other complaints received by the Department:
 - Examinations performed via Skype
 - Certifications by non licensed physicians/non physicians
 - Certifications provided for conditions or complaints the patient did not have
- Complaints are referred to the appropriate Board
- Investigation results pending

Legal Issues

“Despite the passage of several state referenda that support the medical use of marijuana, prescribing marijuana remains a federal offense.”

“This situation presents a troubling paradox for patients, caregivers, and physicians: if they use, procure, or recommend marijuana for medical purposes in compliance with state law, they are guilty of a federal crime.”



Marijuana as Medicine? The Science Beyond the Controversy (2000)

Legal Issues

- Marijuana remains in the federal government's Schedule I category
 - Threat of prosecution to anyone involved with its procurement or use
 - For physicians the potential consequences include:
 - The loss of DEA licenses to prescribe controlled substances
 - Cancellation of Medicare and Medicaid contracts
 - Imprisonment
 - Fines

Legal Issues

- There is a fine line between certifying patients and “aiding and abetting”
 - Physicians must not PRESCRIBE marijuana.
 - It is prohibited under federal law to knowingly or intentionally distribute, dispense, or possess marijuana.
 - Physicians may be found in violation of federal law for writing a prescription for a substance, such as marijuana, for which federal law has no recognized medical use.

Legal Issues

- 1997: U.S. District Judge Fern Smith ruling prevents the federal government from restricting doctors' right to discuss marijuana with their patients
 - Such discussions, are protected as free speech under the First Amendment.
 - It is OK to discuss the medical use of marijuana with your patients

References

- Marijuana as Medicine?: The Science Beyond the Controversy:
 - <http://iom.edu/Reports/2000/Marijuana-as-Medicine-The-Science-Beyond-the-Controversy.aspx>
- Marijuana and Medicine: Assessing the Science Base (1999)
 - http://www.nap.edu/openbook.php?record_id=6376
- Arizona Medical Marijuana Website:
 - www.azdhs.gov/medicalmarijuana
- The DEA Position on Marijuana
 - http://www.justice.gov/dea/marijuana_position.pdf
- DEA Drug Fact Sheet: Marijuana
 - http://www.justice.gov/dea/pubs/abuse/drug_data_sheets/Marijuana.pdf