



**COLORADO**

Department of  
Regulatory Agencies

Division of Professions and Occupations



## The Colorado Medical Board

will hold a

### STAKEHOLDER MEETING

**Tuesday, September 22, 2015, 3:00 p.m.- 5:00 p.m.**

**The Department of Regulatory Agencies, 1560 Broadway, Conference Room 1900  
Denver, 80202**

**The Board will provide a webcast of the Stakeholder Meeting.\* Please register to participate in the meeting via webinar at**

<https://attendee.gotowebinar.com/register/6293629115773497601>

In accordance with Senate Bill 15-014, the Colorado Medical Board, in collaboration with the Colorado Department of Public Health and Environment and physicians specializing in Medical Marijuana, has drafted a *Policy Regarding Recommendations of Marijuana as a Therapeutic Option* (“draft policy”).

The Department of Regulatory Agencies, Division of Professions & Occupations' Colorado Medical Board, is holding a stakeholder meeting to receive feedback from interested parties regarding this draft policy. A copy of the draft policy to be considered is attached hereto. The purpose of this meeting is to receive input, either written or in-person, **before** the policy is finalized and presented to the Board for consideration in November 2015.

Stakeholder input should be limited to the scope of the draft policy. Written comments will be accepted through October 2, 2015. Written comments received prior to September 22, 2015, will be available for review at the stakeholder meeting. Please send written comments to the Board's Program Director, Karen McGovern, at 1560 Broadway, Suite 1350, Denver, CO 80202 or [karen.mcgovern@state.co.us](mailto:karen.mcgovern@state.co.us).

Additional information will be posted on the Board website, should such information become available prior to the meeting.

*\* After registering, you will receive a confirmation email containing information about joining the webinar.*



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## The Colorado Medical Board

# DRAFT POLICY REGARDING RECOMMENDATIONS OF MARIJUANA AS A THERAPUETIC OPTION

Stakeholder Meeting  
Agenda

September 22, 2015

CONVENE: 3:00 p.m.

LOCATION: The Department of Regulatory Agencies  
1560 Broadway, Denver, CO 80202  
Conference Room 1900

- I. WELCOME & PARTICIPANT INTRODUCTIONS:
- II. PRESENTATION OF DRAFT POLICY:
- III. STAKEHOLDER COMMENTS:
- IV. ADJOURNMENT:

*Note: The agenda is subject to change. If changes occur, a revised agenda will be available at the meeting.*

## Colorado Medical Board Policy

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

**Date Issued:**            **November 19, 2015**

**Date(s) Revised:**

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

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**POLICY:** It is the policy of the Colorado Medical Board that the recommendation of marijuana as a therapeutic option constitutes the practice of medicine and that any physician who provides such recommendations should adhere to the following guidelines. These guidelines do not set a standard of care and are not intended as an endorsement of marijuana as a therapeutic option. Rather, this policy serves to clarify the responsibilities of a physician in the setting of a marijuana recommendation for medical use.

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

**A. Compliance with Law**

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

**B. Develop and Maintain Competence**

Physicians who wish to engage in the recommendation of marijuana as a therapeutic option, must develop and maintain competence in the evaluation, assessment, and treatment of the state approved debilitating conditions for which marijuana is permitted as a therapeutic option. As it relates to treatment for debilitating pain, the physician should specifically develop competence in the area of assessing and treating pain to improve function. Competence necessitates understanding current, evidenced-based practices and using other resources and tools related to evaluating patients and recommending marijuana as a therapeutic option. In some clinical situations consultation with a specialist is appropriate. *See the Appendix for a list of resources and tools for developing and maintaining competence.*

**C. Physician-Patient Relationship**

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

**D. Setting**

Any recommendation for marijuana as a therapeutic option must be made during an in-person encounter in a clinical setting. Recommendations for marijuana as a therapeutic option via telehealth are prohibited.

**E. Evaluation**

Prior to making a recommendation for marijuana as a therapeutic option, the physician must

evaluate the patient. This evaluation should include:

- 1. Patient History**
- 2. Physical Examination**
- 3. Risk Assessment**

Physicians should conduct a risk assessment prior to making a recommendation for marijuana as a therapeutic option. Risk assessment is defined as identification of factors that may lead to adverse outcomes and may include:

- Patient and family history of substance use (drugs including alcohol and marijuana)
- Patient medication history to determine potential drug-drug interactions)
- Mental health/psychological conditions and history
- Abuse history including physical, emotional or sexual
- Health conditions that could aggravate adverse reactions
- Prescribers and dispensers should observe the patient for any aberrant drug-related behavior and follow-up appropriately when aberrant drug-related behavior is exhibited.

**4. Pain Assessment**

An appropriate pain assessment should include an evaluation of the patient's pain for the:

- Nature and intensity
- Type
- Pattern/frequency
- Duration
- Past and current treatments
- Underlying or co-morbid disorders or conditions
- Impact on physical and psychological functioning

**5. Review PDMP**

Physicians should utilize the Prescription Drug Monitoring Program ("PDMP") prior to recommending marijuana as a therapeutic option.

**6. Imaging Studies or Laboratory Testing**

Physicians should order imaging studies or laboratory testing as necessary to render a diagnosis. Urine drug screens should be considered to ensure compliance with treatment recommendations. Pregnancy testing during the initial evaluation should be considered for all women of child-bearing age.

**F. Diagnosis**

Physicians should establish, or independently confirm, a diagnosis and legitimate medical purpose appropriate for marijuana therapy through a history, physical exam, laboratory, imaging or other studies, consultation with current or previous treating physicians, and/or review of patient medical records.

**G. Treatment Recommendations**

Prior to recommending marijuana as a therapeutic option, the physician should consider factors of patient age, prior alleviating modalities, potential for addiction or misuse of marijuana, alternatives of use, potential benefits of use, contraindications of use, and risks of use.

#### **H. Patient Education**

Physicians should educate their patients regarding dosing, proper use, risks, alternatives, storage, disposal of marijuana, and the potential for diversion. Risks may include, but are not limited to: overdose, misuse, diversion, addiction, physical dependence and tolerance, interactions with other medications or substances, adverse actions, and death. Patients who have a previous history of substance use disorder (including alcohol) may be at elevated risk.

#### **I. Monitoring and Follow-up**

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

#### **J. Collaborate with other Healthcare Providers**

Physicians recommending marijuana as a therapeutic option for their patients should collaborate with that patient's other healthcare providers to reduce the risk of drug interactions, adverse reactions, addiction, or misuse of marijuana, and to ensure optimal therapeutic benefit for the patient.

#### **K. Documentation**

A medical record should be created and maintained for each patient evaluated for marijuana as a therapeutic option. The record should contain the following:

1. Documentation of each physician-patient encounter;
2. Documentation of an appropriate patient history;
3. Documentation of an appropriate physical examination;
4. Documentation of imaging studies or laboratory results;
5. Documentation of a patient's medication history;
6. Documentation of a risk assessment;
7. Documentation of the physician's review of previous medical records;
8. Documentation of diagnoses, including rationale for classification as a "debilitating condition" and the recommendation of marijuana as a therapeutic option;
9. Documentation of prior treatment modalities with outcomes;
10. Documentation of alternatives to marijuana;
11. Documentation of treatment recommendations including, the physician's consideration of patient age, prior alleviating modalities, potential for addiction or misuse of marijuana, alternatives of use, potential benefits of use, contraindications of use, and risks of use.
12. Documentation of follow-up monitoring, including a detailed assessment for efficacy and improved function;
13. Documentation of patient education; and,
14. A signed copy of the state required certification form.

For patients who, in the opinion of the physician, require an increased marijuana plant count, the medical record must reflect the rationale for the increased plant count. This rationale should include documentation of a stepwise progression of efficacy.