

Medical Cannabis Template Policy

6-17-15

Template 1- Will not allow Medical Cannabis in hospital (page 4):

XXX Hospital recognizes that while Minnesota law permits Medical Cannabis for registered patients with a qualifying condition, medical cannabis will not be permitted in XXX Hospital

Template 2a: Continue use as in-patient- Continuation of medical cannabis by patients – Self-Directed Therapy Arm (pages 5-6):

XXX Hospital will permit the use of medical cannabis in a manner consistent with the registry program. XXX Hospital has exempted medical cannabis from its medication use policies and procedures. The policy provides guidance on the continuation of medical cannabis within XXX Hospital according to registry program. Only patients that hold Minnesota Department of Health (MDH) patient registration number will be permitted to use medical cannabis pursuant to this policy. Nothing in this policy should be interpreted to require health care practitioner to certify a patient as eligible for the registry program or to continue medical cannabis use as in-patient.

Template 2b: Continue use as in-patient-Continuation of medical cannabis by patients-incorporated into medication process (pages 7-9):

XXX Hospital will permit the use of medical cannabis in a manner consistent with the registry program. The policy provides guidance on the continuation of medical cannabis within XXX Hospital according to registry program. Only patients that hold Minnesota Department of Health (MDH) patient registration number will be permitted to use medical cannabis pursuant to this policy. Nothing in this policy should be interpreted to require a health care practitioner to certify a patient as eligible for the registry program or to continue medical cannabis use as in-patient.

DEFINITIONS:

Health care practitioner (HCP): Health care practitioner means a Minnesota licensed doctor of medicine (MD, DO), a Minnesota licensed physician assistant (PA) acting within the scope of authorized practice, or a Minnesota licensed advanced practice registered nurse (APRN) who has the primary responsibility for the care and treatment of the qualifying medical condition of a person diagnosed with a qualifying medical condition [\[M.S. 152.22, Subd. 4\]](#) Available at: <https://www.revisor.mn.gov/statutes/?id=152.22>

Medical Cannabis: Medical cannabis means any species of the genus cannabis plant, or any mixture or preparation of them, including whole plant extracts and resins, and is delivered in the form of liquid, including, but not limited to oil, pill, vaporized delivery method with use of liquid or oil but which does not require the use of dried leaves or plant form; any other method, excluding smoking, approved by the commissioner. Dried leaves or plants and edibles are not defined in law. [M.S. 152.22, Subd. 6]

Medical cannabis product: Medical cannabis product means any delivery device or related supplies and educational materials used in the administration of medical cannabis for a patient with a qualifying medical condition enrolled in the registry program. [M.S. 152.22, Subd. 8]

Patient: Patient means a Minnesota resident who has been diagnosed with a qualifying medical condition by a health care practitioner and who has otherwise met any other requirements for patients under sections 152.22 to 152.37 to participate in the registry program. [M.S. 152.22, Subd. 9]

Patient registry number: Patient registry number means a unique identification number assigned by the commissioner to a patient enrolled in the registry program. [M.S. 152.22, Subd. 10]

Registered designated caregiver: Registered designated caregiver means a person who (1) is at least 21 years old; (2) does not have a conviction for a disqualifying felony offense; (3) has been approved by the commissioner to assist a patient who has been identified by a health care practitioner as developmentally or physically disabled and therefore unable to self-administer medication or acquire medical cannabis from a distribution facility due to the disability; and (4) is authorized by the commissioner to assist the patient with the use of medical cannabis.

Minor Patient: Patients less than 18 years old. [M.S. 152.22, Subd. 11]

Parent/Guardian: A person legally responsible for the care of the minor patient.

Registry program: Registry program means the patient registry established in sections 152.22 to 152.37. [M.S. 152.22, Subd. 12]

Registry verification: Registry verification means the verification provided by the commissioner that a patient is enrolled in the registry program and that includes the patient's name, registry number, and qualifying medical condition and, if applicable, the name of the patient's registered designated caregiver or parent or legal guardian. [M.S. 152.22, Subd. 13]

Qualifying medical condition: Qualifying medical condition means a diagnosis of any of the following conditions:

- (1) cancer, if the underlying condition or treatment produces one or more of the following:
 - (i) severe or chronic pain;

- (ii) nausea or severe vomiting; or
 - (iii) cachexia or severe wasting;
 - (2) glaucoma;
 - (3) human immunodeficiency virus or acquired immune deficiency syndrome;
 - (4) Tourette's syndrome;
 - (5) amyotrophic lateral sclerosis;
 - (6) seizures, including those characteristic of epilepsy;
 - 7) severe and persistent muscle spasms, including those characteristic of multiple sclerosis;
 - (8) Crohn's disease;
 - (9) terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
 - (i) severe or chronic pain;
 - (ii) nausea or severe vomiting; or
 - (iii) cachexia or severe wasting; or
 - (10) any other medical condition or its treatment approved by the commissioner.
- [M.S. 152.22, Subd. 14]

Template 1- Will not allow medical cannabis in hospital:

POLICY STATEMENT:

XXX Hospital recognizes that while Minnesota law permits Medical Cannabis for registered patients with a qualifying condition, medical cannabis will not be permitted in XXX Hospital.

SCOPE:

This policy is applicable to all adults and minors in XXX hospital. Use will not be allowed in areas covered under the hospital license including clinics, infusion settings, or other outpatient settings.

PROCEDURES:

Use or Possession of Medical Cannabis by Patients

1. Medical cannabis use or possession is not permitted on the premises of XXX hospital.
2. If staff of XXX hospital determines that a patient possesses medical cannabis, staff should determine whether the individual is permitted to possess the medical cannabis in a manner consistent with the registry program by validating either:
 - a. Via the registry verification provided by the patient, or
 - b. Matching the name of the patient with the name listed on the medical cannabis or medical cannabis product labeling.
3. If the patient is identified as a registered user, staff will ask the patient to remove the medical cannabis from the facility premises immediately. If it is not possible for the patient to remove the medical cannabis from the premises immediately, it will be secured with patient's other belongings.
4. If the patient does not have a current patient registry number, facility staff should handle the medical cannabis in accordance with the facility's policy on disposal of illegal drugs brought to the facility.
5. The provider will document registry program participation on the problem list in the medical record, or in medical record as defined in facility policy.
6. If the patient was admitted due to an adverse event thought related to medical cannabis (and the cannabis is not continued), the event will be reported internally and the certifying provider will be notified for potential MDH reporting.

Other considerations for template 1:

- Patient population
- Exceptions for rare/unique situations based on patient's condition
- Human Resource policies on drug free workplace and drug alcohol screening
- Controlled substance diversion prevention policy
- Need to consider how Medical Cannabis from FDA approved compassionate use/expanded access programs or clinical trials will be handled.

Template 2a: Continue use as in-patient - Continuation of medical cannabis by patients – Self-Directed Therapy Arm:

POLICY STATEMENT:

- XXX Hospital will permit the use of medical cannabis in a manner consistent with the registry program.
- XXX Hospital has exempted medical cannabis from its medication use policies and procedures.
- The policy provides guidance on the continuation of medical cannabis within XXX Hospital according to registry program.
- Only patients that hold Minnesota Department of Health (MDH) patient registration number will be permitted to use medical cannabis pursuant to this policy.
- Nothing in this policy should be interpreted to require health care practitioner to certify a patient as eligible for the registry program or to continue medical cannabis use as in-patient.

SCOPE:

- I. This policy is applicable to all adults and minors in XXX hospital.

Patient eligibility criteria for continuation of medical cannabis in the hospital setting:

The health care practitioner may only continue medical cannabis as a patient's home medication if:

- The patient has their own supply.
- The patient's condition warrants continuation of medical cannabis.
- The reason for admission is not due to an adverse event from medical cannabis.
- The health care practitioner and designated hospital personnel are able to verify that the patient is currently enrolled in the registry program and the supply is from a MN licensed manufacturer.

PROCEDURE:

Medical Cannabis Identification and Waiver

1. Patients must have a current patient registry number. Registration or cannabis from another state will not be allowed. Proof of registration must be substantiated by the patient, designated hospital personnel with the patient, parent/legal guardian or registered designated caregiver.
2. Proof of medical cannabis registration may be validated by the designated hospital personnel via either process below:
 - a. Via the registry verification provided by the patient, or
 - b. Matching the name of the patient listed on the medical cannabis or medical cannabis product labeling.
3. Medical cannabis will not be accepted if the expiration date has lapsed (typically one year).
4. In no case will medical cannabis nor medical cannabis product be supplied by the hospital.

5. Vaporized medical cannabis is not allowed according to Minnesota law and XXX hospital policy on Tobacco-free Premises.
6. Forms of cannabis, other than medical cannabis approved via MN statute, will be handled according to XXX hospital policy for securing unauthorized drugs.
Note: Medical cannabis from states other than MN is considered contraband and should follow the same site security policies for securing unauthorized drugs.
7. If medical cannabis will not be continued upon admission to the hospital, the patient or certified caregiver will be asked to remove the medical cannabis product immediately from the premises.
8. If a patient does not have a designated caregiver that is available to remove the medical cannabis, the product will be stored with the patient's personal possessions using the local policy and procedure governing patient valuables.

Documentation, Administration and Storage

1. The provider will determine if medical cannabis is medically necessary to continue use while hospitalized and authorize continuation of self-directed therapy.
2. Questions or concerns with medical cannabis therapy should be directed to the manufacturer's dispensary.
3. Medical cannabis will be administered by the patient or registered designated caregiver per labeled instructions by the dispensary.
4. Medical cannabis will not be left unsecured at any time. The medical cannabis will be stored securely in the patient's room or other designated area defined by the hospital via XXX (specify for your site locked box/safe/etc.) or with the registered designated caregiver (on their person).
5. Nurses and other health care professionals will not retrieve medical cannabis from storage or administer/observe administration of medical cannabis.
6. Documentation of medical cannabis administration will not be required in the medical record.

Discharge:

1. Upon discharge, all remaining medical cannabis will be removed by the patient or registered designated caregiver.
2. The HCP is not obligated to address the ongoing use of medical cannabis at the time of discharge.

Other considerations for template 2a:

- Consider excluding medical cannabis from medications from home and self-administered medication policies
- Patient population
- Exceptions for rare/unique situations based on patient's condition
- Human Resource policies on drug free workplace and drug alcohol screening
- Controlled substance diversion prevention policy
- Determine if Medical Cannabis will be included in hospital-based medication reconciliation policies and procedures
- Determine if and where the hospital will document medical cannabis program participation
- Determine if and where the hospital will document medical cannabis administration
- Determine if the patient or registered designated caregiver are able to self-administer/administer to patient

- Consider patient or registered designated caregiver signing an acknowledgment/waiver indicating agreement accepting full responsibility for storage and administration of the medical cannabis while hospitalized. The form will also include documentation by the patient of the initial amount of product brought into the hospital. Other element to consider:
 - a. The product has not been altered and is reflective of what the labeling states.
 - b. The medical cannabis is being used by the patient as a continuation of self-directed therapy.
 - c. The patient is claiming his/her right to take participate in the registry program.
 - d. The hospital assumes no responsibility for vetting the substance
 - e. The patient assumes the responsibility for any adverse effects of the product.
- Need to consider how Medical Cannabis from FDA approved compassionate use/expanded access programs or clinical trials will be handled.

Template 2b: Continue use as in-patient -Continuation of medical cannabis by patients-incorporated into medication process:

POLICY STATEMENT:

- XXX Hospital will permit the use of medical cannabis in a manner consistent with the registry program.
- The policy provides guidance on the continuation of medical cannabis within XXX Hospital according to registry program.
- Only patients that hold Minnesota Department of Health (MDH) patient registration number will be permitted to use medical cannabis pursuant to this policy.
- Nothing in this policy should be interpreted to require a health care practitioner to certify a patient as eligible for the registry program or to continue medical cannabis use as in-patient.

SCOPE:

- I. This policy is applicable to all adults and minors in XXX hospital.

Patient eligibility criteria for continuation of medical cannabis in the hospital setting:

The health care practitioner may only continue medical cannabis as a patient's home medication if:

- The patient has their own supply.
- The patient's condition warrants continuation of medical cannabis.
- The reason for admission is not due to an adverse event from medical cannabis.
- The health care practitioner and designated hospital personnel are able to verify that the patient is currently enrolled in the registry program and the supply is from a MN licensed manufacturer.

Procedure:

Product Identification and Waiver

1. Patients must have a current patient registry number. Registration or cannabis from another state will not be allowed. Proof of registration must be substantiated by the patient, designated hospital personnel with the patient or registered designated caregiver.
2. Proof of medical cannabis registration may be validated by the designated hospital personnel via either process below:
 - a. Via the registry verification provided by the patient, or
 - b. Matching the name of the patient listed on the medical cannabis or medical cannabis product labeling.
3. Medical cannabis will not be accepted if the expiration date has lapsed (typically one year).
4. In no case will medical cannabis or medical cannabis product be supplied by the hospital.

5. Vaporized medical cannabis is not allowed according to XXX hospital policy on Tobacco-free Premises.
6. Forms of cannabis, other than medical cannabis approved via MN statute, will be handled according to XXX hospital policy for securing unauthorized drugs.
Note: Medical Cannabis from states other than MN is considered contraband and should be handled according to the same site security policies for securing unauthorized drugs.

Ordering, Labeling and Administration:

1. Medical cannabis will be included in hospital-based medication reconciliation policies and procedures.
2. The provider will determine if medical cannabis is medically necessary to continue use while hospitalized and authorize continuation and use of patient's own supply
3. If a decision has been made to continue medical cannabis, hospital HCP's may not change the dose or frequency of cannabinoids beyond holding doses or discontinuing use during the hospital stay.
4. Medical cannabis will appear as a continuation of therapy order within the electronic medical record (EMR) e.g. EPIC. The order is not intended to be a medication order. Medical cannabis will be listed on the medication administration record (MAR) as "Medical Cannabis (Patient's Own Supply)".
5. Medical cannabis will be stored securely by placing the manufacturer's package in an automated dispensing cabinet (ADC) or in locked storage area as designated by the hospital within a plastic self-sealing bag and a manual perpetual inventory log. Record the initial count to the extent possible.

The storage decision may be driven in part by the patient's self-report of medical cannabis dosing regimen.

6. The nurse will administer and document medical cannabis on the MAR as per the facilities medication administration policies, including bar-code scan on administration where applicable.

7. If medical cannabis will not be continued upon admission to the hospital, the patient or certified caregiver will be asked to remove the medical cannabis product immediately from the premises.
8. If a patient does not have a designated caregiver that is available to remove the medical cannabis, the product will be stored with the patient's personal possessions using the local policy and procedure governing patient valuables.
9. If the patient was admitted due to an adverse event thought related to medical cannabis (and the cannabis is not continued), the event will be reported internally and the certifying provider will be notified for potential MDH reporting.

Discharge:

1. The HCP is not obligated to address the ongoing use of medical cannabis at the time of discharge, beyond the medication reconciliation process.
2. Upon discharge, the patient's medical cannabis will be returned to either the registered patient or registered caregiver.
3. The caregiver will perform discharge medical cannabis inventory reconciliation ensuring the ending count matches the beginning count, less doses administered. This task may be completed by designated hospital personnel or bedside caregiver depending on the storage process employed.

Other considerations for template 2b:

- Patient population
- Excluding medical cannabis from medications from home policy.
- Human Resource policies on drug free workplace and drug alcohol screening
- Controlled substance diversion prevention policy
- If adding a barcode label: upon completion of the order, place the EMR bar-coded label over the manufacturer barcode label. In this manner, the EMR label is an order-specific bar-code to be scanned by the nurse during administration.
- Consider placing the manufacturer's package in the main Pharmacy safe and dispense on an as needed basis. Maintain a manual inventory as automation will not track receipt of product on the floor. Note: A "send report" will describe doses sent to the floor only.
- Consider incorporating acknowledgment/waiver elements listed in option 2a.
- Need to consider how Medical Cannabis from FDA approved compassionate use/expanded access programs or clinical trials will be handled.
- Engage MNA if nursing practices are involved