

MDS Alert

Industry News You Can Use: Navigating Medical Marijuana in Your Facility

Marijuana legalization probably won't affect long-term care facilities in the near future, but you should be prepared for glimpses of its presence.

With 30 states currently allowing some form of marijuana for medical usage and nine states (and Washington, D.C.) allowing recreational marijuana, the plant and drug are slowly making their way into different realms of our society, including the health care industry. While long-term care may not yet have seen much in the way of medical or recreational marijuana, it's time to have it on your facility's radar.

Different states' legislation on medical and recreational marijuana provide the framework on how employers should write and adjust their policies regarding the substance, with the understanding that federal policy still classifies marijuana as a Schedule 1 Controlled Substance.

LTC Facilities Should Stick to Federal Law

"Now that cannabis products have burst onto the scene, hospitals and other residential healthcare facilities are struggling with what to do when patients present medical marijuana cards and attempt to use marijuana in the facilities. Indeed, it is high time for the healthcare providers to update their policies and procedures to address these growing concerns," says **Richard L. Holzworth**, litigation associate at **Fox Rothschild LLP** in its Pittsburgh, Pennsylvania office.

However, with so much of facilities' reimbursement tied to federal funding, administrators, medical personnel, and other decision-makers should be aware of marijuana's burgeoning presence in traditional and alternative medicine, but stick to the federal rules or risk big consequences - despite individual states' more lax legislation.

"Colorado has been struggling with this issue for a while. Unless something has changed recently, a facility that accepts federal monies (Medicare) is not allowed to handle or distribute marijuana as it is still illegal federally and the facility has the potential to lose the federal funding. I am not aware of any physicians in long-term care who prescribe the drug and, therefore, it cannot be brought in to a facility or giving to the residents by a nurse," says **Betsy Hardy, RN, BSN, DNS-CT**, vice president of business development at the **American Association of Nurse Assessment Coordination (AANAC)** in Denver, Colorado.

Care Plan - But Don't Code Marijuana Use

Though many forces in our culture are rebranding marijuana as a drug - with states recognizing various components of its potency, via legislating acceptable use of medical marijuana - don't look for marijuana in Section N of the MDS any time soon. The **U.S. Food and Drug Administration (FDA)** notes that there are many conditions that interested parties want to use marijuana to treat - many of the conditions it lists are chronic disease processes that affect many residents in long-term care situations - but the agency has not yet approved marijuana for use.

"The FDA has not approved marijuana as a safe and effective drug for any indication ... The FDA is aware that there is considerable interest in the use of marijuana to attempt to treat a number of medical conditions, including, for example, glaucoma, AIDS wasting syndrome, neuropathic pain, cancer, multiple sclerosis, chemotherapy-induced nausea, and certain seizure disorders," the FDA says on its website.

The agency says that it's interested in working and talking with companies and states that are interested in pursuing "sound" scientific research on its efficacy as a drug. The FDA also notes that more research is needed on potential

interactions of marijuana with other drugs and substances.

Despite a lengthy timeline - which may countdown to never - on marijuana's potential approval by federal agencies and policies, do your due diligence in care planning if you receive word that a patient uses it.

"As for coding on the MDS, it is not a medication, as the FDA has not approved marijuana as a safe and effective drug for any indication and therefore would not be documented on an MDS, it should however be care planned if they are using it outside the facility or when they get home to watch for potential drug interactions or withdrawals. Again, I am not aware of any facility that is knowingly allowing this within their doors," Hardy says.

Resource: Read the U.S. Food and Drug Administration's current ruling on marijuana as a drug, here: www.fda.gov/NewsEvents/PublicHealthFocus/ucm421163.htm.