

## MDS Alert

### Reader Question: CBD Oil Does Not Belong in this MDS Section

**Question:** I haven't seen any mention of cannabidiol (CBD) oil before in terms of work, even though I understand it's becoming more popular and better known in our culture at large. I recently had a resident admitted who has been using CBD oil and has a doctor's note and prescription. I understand that CBD oil is not psychoactive, but do I code it as an opioid in Section N (Medications)?

**Answer:** No, cannabidiol is not an opioid and should not be coded as such in Section N (Medications). However, there is a lot of confusion in the industry about CBD products and whether they belong in nursing facilities.

Currently - and historically - the Drug Enforcement Administration (DEA) lists marijuana as a Schedule I drug, saying, on its website: "Marijuana is a Schedule I controlled substance because of the presence of [THC], marijuana's psychoactive ingredient. Because CBD contains less than 1 percent THC and has shown some potential medicinal value, there is great interest in studying it for medical applications. Currently, CBD is a Schedule I controlled substance as defined under the CSA. Though the FDA approves drugs for medical use in the United States, the DEA regulates the handling of all controlled substances, including those being used by researchers to conduct studies."

Though more states are approaching marijuana and CBD with legalization in mind, if they haven't already legalized the plant and its derivative, the space between what is legal on the federal level, currently, and what's legal in your state highlights some risks. The main concern is that by letting CBD products into your facility or having your staff dispense or apply, your institution is breaking federal law and is therefore risking losing any federal reimbursement you receive.