



## Certifying Practitioners and Medical Cannabis Education

While MPP supports educating doctors and other practitioners about medical cannabis, they should not be *required* to complete a continuing medical education (CME) class on medical cannabis prior to issuing a medical cannabis certification.

### **Requiring practitioners to take a medical marijuana course decreases the number participating, making it very difficult for most patients to qualify.**

Medical cannabis programs often require patients to receive certifications from the practitioners who are treating their conditions. However, many physicians recommend only to a small number of patients.<sup>[1]</sup> Requiring them to take a CME reduces the number of physicians participating, thus leaving their patients behind.

In Oregon and Rhode Island, where no CME is required, around 12% and 17% of physicians have issued a current certification for medical cannabis.<sup>[2]</sup><sup>[3]</sup> This figure is low, but it is far lower still in New York, where a four-hour CME is required. There, the percentage of physicians issuing certifications is well under 1.5%.<sup>[4]</sup>

A CME requirement that deters practitioners from signing certifications will mean their patients will only qualify if they go to a different physician for a certification — which is not allowed in some states without establishing a long-term relationship and switching physicians. This would be an unwelcome change for many patients who trust their physicians and have had relationships with them for years or decades. It could also be a slow, disruptive, and costly endeavor. Moreover, doctors' visits may not be covered by insurance if they are for the purposes of medical cannabis. Many patients who would otherwise qualify will go without cannabis or turn to the illicit market.

### **Physicians are not forced to take courses that are specific to other new medications before prescribing them.**

New prescriptions are introduced on a regular basis, but practitioners are not required to take a CME before recommending almost any of them. Medical cannabis should not be treated more harshly than far more dangerous alternatives.<sup>[5]</sup> In addition, the CME would be duplicative for physicians who are already knowledgeable about medical cannabis. Some will have been educated through journal articles, books, or even at medical school.

---

<sup>[1]</sup> In Oregon, 1,746 physicians have signed current medical cannabis certifications. 1,722 of those physicians certified 16,771 patients, meaning 98.6% of them averaged fewer than 10 patients. [www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Documents/OMMP\\_Statistic\\_Snapshot\\_01-2017.pdf](http://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Documents/OMMP_Statistic_Snapshot_01-2017.pdf)

<sup>[2]</sup> See above and

[www.kff.org/other/state-indicator/total-active-physicians/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/other/state-indicator/total-active-physicians/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

[3] Email to Rhode Island DOH on August 8, 2017.

[4] The DOH site shows a total of 1,184 nurse practitioners, physician assistants, *and* physicians were registered to certify patients as of August 22, 2017. The above link shows 81,410 active N.Y. physicians.

[5] See, i.e.: ProCon.org, "35 FDA-Approved Prescription Drugs Later Pulled from the Market."