BOARD STRATEGIC PLANNING MEETING MINUTES

TIME AND PLACE: June 6, 2019
Conference Room, Staybridge Suites Little Rock- Medical Center
1020 S. University Ave.; Little Rock, AR 72204

MEMBERS PRESENT: Ramonda Housh, MNSc, APRN, CNP, C-PNP; Yolanda Green,
LPN; Jasper Fultz, LPN, Rachel Sims, BSN, RN; Stacie Hipp,
MSN, APRN; Pamela Leal, RN, Representative of the Older
Population; Michael Burdine, RN; Melanie Garner, LPN, CLC;
Janice Ivers, MSN, RN, CNE; Kaci Bohn, PhD, Consumer
Representative; Lance Lindow, RN; Neldia Dycus, BS, MHS,
MHRD, RN

MEMBERS ABSENT: Renee Mihalko-Corbitt, DNP, APRN, ACNS-BC

STAFF ATTENDING
AT VARIOUS TIMES:
Sue A. Tedford, MNSc, APRN, Executive Director
Fred Knight, JD, General Counsel
Mary Trentham, JD, MNSc, MBA, APRN, CNP, Attorney Specialist
Karen McCumpsey, RN, MNSc, ASBN Assistant Director
Susan Lester, Executive Assistant to the Director
Tammy Claussen, MSN, RN, CNE, Program Coordinator
Debra Garrett, DNP, APRN, Program Coordinator
Lisa Wooten, MPH, BSN, RN, ASBN Assistant Director
LouAnn Walker, Public Information Coordinator
Brandon Grimes, Regulatory Board Chief Investigator
Albert Williams, Information Systems Coordinator
Deborah Rodgers, MSN, RN, Program Coordinator
Darla Erickson, CPA, Administrative Services Manager

President Ramonda Housh called the meeting to order at 9:05 a.m. A flexible agenda was
declared.

Sue Tedford updated the Board on the status of new ASBN data system, Optimal Regulatory
Board System (ORBS). The system is now live and being used to process licensure and
investigative functions. Nurses should be advised to set up a nurse portal in order to renew
their licensure, make changes to their address or name, and correspond with ASBN staff
members. Complaints may be submitted through the new system. Many questions regarding
ORBS and the nurse portal set-up process may be answered by visiting our updated ASBN
website.
I. 2020 – 2022 BOARD STRATEGIC PLAN

The Board reviewed the 2017 – 2019 ASBN Strategic Plan along with the results of the most recent stakeholder survey. The Board discussed wording and content to strategic initiatives and objectives then made revisions to current plan to create the new 2020 – 2022 Board Strategic Plan.

II. PRESENTATION BY DONNA H. MOONEY, RN, MBA

Donna H. Mooney, RN, MBA, former Manager of Regulatory Affairs for the North Carolina Board of Nursing provided a presentation entitled, “Generational Issues and the Effects on Licensure and Discipline of Nurses”. A copy of the PowerPoint presentation is attached.

III. PRESENTATION BY KACI BOHN, PHD

Kaci Bohn, PhD, ASBN Board Secretary, provided a presentation regarding medical marijuana. A copy of her PowerPoint presentation is attached.

IV. CONSENT AGREEMENTS

Mary Trentham, the Board’s Attorney Specialist, presented Consent Agreements that had been entered into since the last meeting. Following discussion of each agreement, the following motion was passed:

MOTION 1: I move that the Arkansas State Board of Nursing ratify the following Consent Agreements:

**Jacks, Ambra Colleen Wells, R081214** (Conway, AR)
Violation – The Nurse Practice Act of Arkansas ACA §17-87-309(a)(4) and (a)(8)
Probation – 3 years

**McDonough, Brian Christopher, R089874** (Centerton, AR)
Violation – The Nurse Practice Act of Arkansas ACA §17-87-309(a)(4), (a)(6) and (a)(8)
Probation – 1 year
Course – Sharpening Critical Thinking Skills

**Morgan, Danielle Leighann, L058259** (Morrilton, AR)
Violation – The Nurse Practice Act of Arkansas ACA §17-87-309(a)(8)
Probation – 3 years
Course – Sharpening Critical Thinking Skills, Disciplinary Actions: What Every Nurse Should Know

**Richardson, Terri Diane Bailey, A005341, R033103, L018415** (Redfield, AR)
Violation – The Nurse Practice Act of Arkansas ACA §17-87-309(a)(6) and (a)(7)
Probation – 5 years
Course – The Nurse and Professional Behaviors
V. WAIVER REQUEST

Karen McCumpsey, ASBN Assistant Director- Education, presented a waiver request.

MOTION 2: I move that the Arkansas State Board of Nursing accept the Doctorate of Nursing Practice (DNP) degree issued to Simone Marie Howe R064864 May 18, 2019, be accepted in Lieu of the Refresher course requirement, dependent upon review of official transcript.

Brought by Yolanda Green and seconded by Melanie Garner
PASSED

VI. BOARD MEMBER INTENT TO RUN FOR ASBN BOARD OFFICER POSITIONS

The following Board Members announced their intent to run for Board Officer Positions:

Board President:
Mike Burdine
Neldia Dycus

Board Vice-President:
Lance Lindow

Board Secretary:
Yolanda Green
Stacie Hipp

Board Treasurer:
Janice Ivers

These Board Members will prepare speeches for the next meeting then elections will be held during September 2019 meetings.
There being no further business, the meeting adjourned at 4:20 p.m.

Ramonda Housh, President

Susan Lester, Recording Secretary

7/10/19
Date Approved
2019 ASBN
STRATEGIC PLANNING MEETING

June 6, 2019
Conference Room of the Staybridge Suites Little Rock- Medical Center

9:00 - 9:15 Welcome and Breakfast - Sue Tedford, MNSc, APRN, ASBN Executive Director

9:15 - 12:00 Drafting and Preparation of the 2020 - 2022 ASBN Strategic Plan

12:00 - 1:00 Lunch

1:00 - 2:30 Presentation entitled “Generational Issues and the Effects on Licensure and Discipline of Nurses” by Donna H. Mooney, RN, MBA, Former Manager of Regulatory Affairs for the North Carolina Board of Nursing

2:30 - 2:45 Break

2:45 - 3:45 Presentation Regarding Medical Marijuana by Kaci Bohn, PhD, ASBN Board Secretary

3:45 - 4:00 Closing Remarks- Sue Tedford, MNSc, APRN, ASBN Executive Director

Arkansas State Board of Nursing
The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

**GOVERNANCE PHILOSOPHY**

- **Vision**
  The Board creatively addresses the public's need for safe/competent nursing practice and proactively plans for the future of nursing regulation.

- **Responsibility**
  As a guardian of the public's interests, the Board uses a common sense approach to governance, adheres to legal and ethical standards and considers both human and financial costs in its decision-making processes. The Board strives to regulate with the least amount of intrusion.

- **Communication**
  The Board communicates its roles and functions to the public and its licensees through educational programs, publications and open board meetings. The Board values open and collaborative relationships with health regulatory agencies, constituent professional associations and the public. Through the use of advisory committees/task forces, the Board creates broad-based input for the development of clear, concise and timely rules.

- **Unity**
  The Board speaks with one voice, not individually. The Board does not focus on personal agendas, but instead, respects the diversity of opinion of each member. The Board collectively establishes policies to be implemented by the Executive Director and distinguishes its role from that of the Executive Director.

**GOAL STATEMENTS**

We, the Arkansas State Board of Nursing will:

- Identify overall broad goals in the context of protecting the public.

- Conduct business by focusing on our identified goals, being open to new ideas and speaking with one voice after decision-making.

- Relate to staff, committees and constituents through clear policies and criteria and empowering people to manage themselves.

- Evaluate performance by focusing on results accomplished.
Strategic Initiative I: Improve efficiency, productivity and cost savings through strengthening IT, improving and expanding technology and going green

Strategic Initiative II: Improve efficiency and effectiveness along with workplace satisfaction and employee retention through increased number of staff positions, training and competency

Strategic Initiative III: Increase effectiveness and consistency in decisions by providing expanded authority for Board staff and incorporating evidence-based knowledge into statute, rules, policies and decision making

Strategic Initiative IV: Improve public relations and awareness and understanding of Board’s role, responsibilities and resources on the part of nurses, the public and stakeholders through improved communications, use of technology and by providing educational information

Strategic Initiative V: Maximize the benefits and minimize the negative impacts in order to assure protection of the public with respect to emerging health care trends through monitoring, participating in, and helping shape the future of health care in order to support the Board’s mission
Generational Issues
The Effects on Licensure and Discipline of Nurses?

Societal and Environmental Factors
- Why this is an issue
- Observations with licensees
  - In education
  - In practice
  - With discipline

What Are The Generations?

<table>
<thead>
<tr>
<th>Generation</th>
<th>Year Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditionalist</td>
<td>1922-1943</td>
</tr>
<tr>
<td>Baby Boomer</td>
<td>1941-1960</td>
</tr>
<tr>
<td>Generation Z</td>
<td>1960-1980</td>
</tr>
<tr>
<td>Millennial</td>
<td>1980-2000</td>
</tr>
<tr>
<td>Generation Z 2</td>
<td>2000 - Present</td>
</tr>
</tbody>
</table>
Generational Influences

TRADITIONALIST
The Great Depression
The New Deal
World War II
The GI Bill
Birth of Social Security

Generational Influences (Continued)
Traits of this group
Patriotic
Loyal
Fiscally conservative
Faith in institutions
Paternalistic
Strong family structure – mother at home

Generational Influences (Continued)
BABY BOOMERS
Booming Birthrate
Economic Prosperity
Expansion to suburbs
Vietnam, Watergate
Civil Rights Movement
The Kennedy Years
Woodstock
Haight – Ashbury
Generational Influences (Continued)

Traits of this group
- "Me" generation
- Flower children
- Lack of discipline
- Idealistic
- Conspicuous consumption
- Questions authority
- Women's lib

Generational Influences (Continued)

Generation X

- Sesame Street, MTV, "TV"
- Divorce
- End of Cold War
- Acceptance of drug use
- Advent of computers
- Birth of 401K's
- Acceptance of women in workplace
- AIDS, crack cocaine pervasive
- "Rap" and violence on TV

Generational Influences (Continued)

Traits of this group
- Techno savvy
- Culturally diverse
- Independent
- Entrepreneurial
- Unstructured living – want their space
- Sexually open
- Defies authority
Generational Influences (Continued)

Millennials
- Fall of Berlin wall
- Expansion of technology
- Roller coaster economy
- latch key kids
- Columbine (guns in school)
- deaths kept to social security
- Multi-million dollar salaries
- Natural disasters
- Continued acceptance of drugs & violence
- Hip Hop
- Women as leaders
- 9/11

Generational Influences (continued)

Traits of Group
- Independent thinkers
- Independent spenders
- Cyber literate
- Lack of social graces / skills
- Health conscious
- Globally concerned but locally apathetic

Generational Influences (cont.)

- Continued gun/school violence
- Racial injustices
- Incivility/Bullying
- Cultural biases
- Economic roller coaster
- Climate change arguments
- # Me Too
- Police involved shootings
Generational influences (cont.)

Traits of group:
- Shun conformity and tradition
- Value creativity, uniqueness and authenticity
- Realistic
- More accepting of others
- They respond to edgy campaigns and visual marketing
- Can be very cynical

What Does This Mean?

We have a group of **baby boomers** trying to teach traditional values and principles to a group of **generation X’ers** to function in the **millennium era**.

No wonder we’re so confused!

How does the mixing of the generations affect the workplace and the discipline process?

- Types of complaints by generations & predicted behaviors:
  - Abandonment
  - Falsification of patient records & documentation errors
  - Patient abuse
  - Falsification of employment application or documentation seeking license
  - Practicing with lapsed license without a license
  - Substance abuse
  - Fraud
How does the mixing of the generations affect the discipline process?

Methods to use depending on the generation
- When in the discipline process does notification occur?
- How are licenses notified?
- Gathering of data
- The interview

Different approaches for different generations

Example:
Preparation of communicable
References to policies
Approaches continue

How does the mixing of the generations affect the workplace and discipline?

- One size does not fit all
  - Determining appropriate needs
  - Monitoring
  - Evaluation vs. Enforcement
  - Fairness & Equity
Challenges to bridging generational issues

- The generation of most supervises, board members, and staff
- The generation of most appeals bodies (the decision makers)
- Finding common ground to communicate – we can’t decide on something as simple as dress

Summary

- We have to learn to communicate with each other in a language we both understand
- We must take the time to listen to the other point of view and not automatically dismiss because it is different from our normal behavior
- We must embrace change
- We need to learn to appreciate the gifts and talents of each generation

Donna H. Mooney-Haywood, RN, MBA
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919-851-3669
Medical Cannabis & Nursing: You can't spell healthcare without THC

Kaci Bohn, Ph.D.
Associate Professor of Pharmaceutical Sciences
Harding University College of Pharmacy
Secretary, Arkansas State Board of Nursing
Disclosure

The speaker declares there is no conflict of interest.
Definitions

- **Cannabis**: raw preparation of the leaves/flowers of the plant

- **Tetrahydrocannabinol (THC)**: psychoactive component of the plant

- **Cannabidiol (CBD)**: non-psychoactive form that works on cannabinoid receptors, can increase effects of THC

- **Cannabinoid**: anything which acts on the cannabinoid receptors

- **Cannabinol (CBN)**: non-psychoactive, found in aged cannabis
Definitions

- **Endocannabinoids**: Naturally occur within the body and act on the cannabinoid receptors. Ex: THC, CBD, and CBN.

- **Phytocannabinoids**: Plant substances which activate the cannabinoid receptors. Synthetic THC, FDA approved.

- **Dronabinol (Marinol®)**: Synthetic THC, FDA approved.

- **Nabilone (Cesamet®)**: Synthetic THC, FDA approved.
Definitions

- **Marijuana**: used for medical or recreational use, used interchangeably with cannabis

- **Authorize or Certify**: When a practitioner confirms a patient has a need for medical cannabis

- **Medical Marijuana Program (MMP)**: Each jurisdiction’s program for medical cannabis “medical cannabis program”

- **Designated Caregiver**: selected by the MMP qualifying patient and authorized by the MMP to purchase and/or administer cannabis on the patient’s behalf
CBD vs. THC
CBD vs. THC - what's the difference?

Cannabis Plant Family

Hemp
- CBD Oil
- Hemp Oil
- Cannabis Oil* (made from industrial hemp)
  - THC Content 0.3% or less

Marijuana
- THC Oil
- Marijuana Oil
- Cannabis Oil* (made from marijuana plant)
  - THC Content 10% or more

Image @ www.fullspectrumhempcbd.com
CBD vs. THC - what's the difference?

- The Endocannabinoid system is composed of CB1 and CB2 receptors
- THC activates CB1 and CB2
- CBD does not directly stimulate them

- CB1 Present:
  1. central nervous system (brain & spine)
  2. lungs
  3. vascular system
  4. muscles
  5. gastrointestinal tract
  6. reproductive organs

- CB2 Present:
  1. spleen
  2. bones
  3. skin

- CB1+CB2 Present:
  1. immune system
  2. liver
  3. bone marrow
  4. pancreas

https://everythinghempoil.com/how-cbd-works/
CBD vs. THC - what's the difference?

- CBD can neutralize the psychoactive effects of THC and still have the benefits.
CBD: What’s Available

Vaping

CBD for canines!

Fruit Punch flavor
Medical Marijuana: What's Available

Forms of Medical Marijuana
- Pills
- Spray
- Patches
- Cookie
- Tincture
- Bong
- Vaporizer

Images of various edible forms of medical marijuana products.
What the Media Says

- https://www.youtube.com/watch?v=D_4Ey_W7Q48
- https://www.youtube.com/watch?v=8PIYfPYIP3c
Think, Pair, Share

1. Explain to your neighbor the difference between CBD and THC
2. What are some examples of CBD products?
3. What are some examples of Medical Marijuana products?
History

- Prior to 1936, cannabis was sold over the counter
- Harry J. Anslinger
  - First Commissioner of the US Treasury Department’s Federal Bureau of Narcotics
Harry J. Anslinger, 1930

"There are 100,000 total marijuana smokers in the US, and most are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing, result from marijuana use. This marijuana causes white women to seek sexual relations with Negroes, entertainers, and any others."

"...the primary reason to outlaw marijuana is its effect on the degenerate races."

"Marijuana is an addictive drug which produces in its users insanity, criminality, and death."

"Reefer makes darkies think they're as good as white men."

"Marijuana leads to pacifism and communist brainwashing."

"You smoke a joint and you're likely to kill your brother."

"Marijuana is the most violence-causing drug in the history of mankind."

Harry J. Anslinger
First commissioner of the U.S. Treasury Department's Federal Bureau of Narcotics on August 12, 1930
By 1936, every state had passed a law to restrict possession of cannabis.
1970, the Comprehensive Drug Abuse Prevention and Control Act created the controlled substances list
- Cannabis added to Schedule I

1996, California legalized medical marijuana
- Feds opposed this and threatened to revoke prescription-writing abilities of participating doctors

2000, physicians challenged this and won the ability to recommend but NOT prescribe medical marijuana
Lack of Scientific Evidence

- Due to its Schedule I label, cannabis legislation has outpaced research

- Nurses are then left without evidence-based resources to use in caring for patients (medicinal or recreational)

- *Cannabis as a therapeutic agent has NOT been reviewed by the U.S. Food and Drug Administration*

- Therefore, it is not subject to quality safety standards
Federal Legislation Through 2018

- Schedule I substances have no medical value and high potential for abuse
- This classification prevents practitioners and researchers from using it without rigorous oversight from NIDA
- NIDA (National Institute on Drug Abuse) is the only legal source of cannabis
  - Sets quota for allowable amount grown
  - If needed for research, applications must funnel through DEA, FDA, and NIDA
Federal Legislation Through 2018

**Although MMPs conflict with federal law and regulations, at present there is no sign that Congress intends to preempt this under its supremacy powers (Beek v. City of Wyoming, 2014)**

- US Attorney General that discouraged prosecution

What does this mean for the states??
Federal Legislation Through 2018

- Numerous federal bills have been introduced to reschedule cannabis to allow more research, but as of 2017, NONE have passed the House or the Senate!!
In 2016, the DEA recognized the lack of evidence for cannabis and expanded the number of DEA-registered cannabis manufacturers.

However, as of July 2018, many had applied and none were approved.

The cannabis researchers end up receiving has lower quantities of cannabinoids than that available from dispensaries at the state level.

This bottlenecks all progress!!
1. What is one surprising fact you learned about marijuana regulation at the federal level?

2. What is one fact that you already knew about marijuana on the national level?
State Legislation

- Each jurisdiction has its own MMP which sets standards for the sale of medical marijuana

- *As a PRACTITIONER, you are responsible for knowing the characteristics of your MMP

- Should you need more information, state specific, you can contact
  - The department of health
  - State MMP
  - National Council of State Legislatures (NCSL)
What Exactly to MMPs Do?

- Define the process for obtaining medical marijuana
- Determine the amount of cannabis distributed to an individual
- Legal protections extended to
  - Patient
  - Designated caregiver
  - Healthcare provider
- Determine a list of qualifying conditions (state specific)
- Set standards/rules for dispensaries and growers
Some MMPs allow the following to act as a designated caregiver for administration of medical marijuana:

- An employee of a hospice provider
- An employee of a nursing or medical facility
- Visiting nurse
- Personal care attendant
- Home health aide
MMP Regulation Examples

- Must have a relationship with the certifying health care provider
- Some allow APRNs to certify a qualifying condition
- Some require the health care provider to take a training course to participate in the MMP
- If a patient is certified, he/she must register with the MMP and receive a card
- Outline requirements for registration and certification of registered caregivers
MMP Qualified Patient

- Must register with the MMP
- Must obtain cannabis from a jurisdiction-authorized cannabis dispensary
- Must only receive cannabis from the patient or the designated caregiver
### TABLE 2

**Cannabis Legislation Through June 2018**

<table>
<thead>
<tr>
<th>Type of Provision</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMP</td>
<td>AK, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IL, LA*, MA, MD, ME, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV</td>
</tr>
<tr>
<td>Allow cannabidiol products (often for intractable seizures; often the use is restricted to clinical studies)</td>
<td>AL, GA, IA, IN, KY, MO, MS, NC, OK, SC, TN, TX, UT, VA, WI, WY</td>
</tr>
<tr>
<td>Allow APRNs to certify a qualifying condition referred to in medical marijuana statute</td>
<td>HI, ME, MA, MN, NH, NY, VT, WA</td>
</tr>
<tr>
<td>No cannabis statutes</td>
<td>ID, KS, NE, SD</td>
</tr>
<tr>
<td>Recreational use of cannabis</td>
<td>AK, CA, CO, DC, MA, ME, NV, OR, VT, WA</td>
</tr>
</tbody>
</table>

*Note. MMP = Medical Marijuana Program; APRN = advanced practice registered nurse.*

*Louisiana lacks the necessary infrastructure to enact its MMP and the state’s previous statutory language failed to grant necessary protections to physicians and users. Legislators have yet to decide who will be the legal cultivators for the state and how to regulate pharmacies that will distribute medical cannabis.*
Nursing Cruise Participants' States

MMP ONLY

Which state allows APRNs to certify?

Recreational & MMP

CBD ONLY

Texas
Tennessee
Montana

Arkansas
New Mexico

Alabama
Kentucky
Qualifying Condition Issues

- Of the 31 jurisdictions with some form legalized, only 8 cite medical studies in their statutes.
- Many conditions without evidence are cited because they share symptoms with conditions proven with evidence.
- Use of cannabis for conditions without evidence require consideration of the nurse since cannabis could exacerbate symptoms.
- Nurses must also understand some studies cited used animal or cell culture results and not human studies.
## TABLE 3

### Most Common Qualifying Conditions

Although there are 57 qualifying conditions included among the different jurisdictional laws, the most common qualifying conditions across all MMPs are:

- ALS
- Alzheimer's disease
- Arthritis
- Cachexia
- Cancer
- Crohn's disease and other irritable bowel syndromes
- Epilepsy/seizures
- Glaucoma
- Hepatitis C

- HIV/AIDS
- Nausea
- Neuropathies
- Pain
- Parkinson's disease
- Persistent muscle spasms (including multiple sclerosis)
- Posttraumatic stress disorder
- Sickle cell disease
- Terminal illness
# Conditions Without Clinical Evidence

## TABLE 4

<table>
<thead>
<tr>
<th>Qualifying Conditions Without Cannabis Therapeutic Clinical Evidence</th>
<th>Shared Symptom With an Evidence-Based Qualifying Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painful peripheral neuropathy, spinal cord injury, spinal cord diseases (arachnoiditis, Tarlov cysts, hydromyelia), neurofibromatosis, chronic inflammatory demyelinating polyneuropathy, causalgia, Arnold-Chiari malformation, syringomyelia, complex regional pain syndrome, chronic radiculopathy</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>Residual limb pain, Sjogren's syndrome, interstitial cystitis, fibrous dysplasia, fibromyalgia, post laminectomy syndrome, sickle cell disease, arthritis, severe psoriasis, psoriatic arthritis</td>
<td>Pain</td>
</tr>
<tr>
<td>Intractable skeletal muscular spasticity, spastic quadriplegia, Tourette's syndrome, spinocerebellar ataxia, muscular dystrophy, dystonia, cerebral palsy, Parkinson's disease</td>
<td>Spasticity</td>
</tr>
<tr>
<td>Chronic traumatic encephalopathy, myoclonus</td>
<td>Seizures</td>
</tr>
<tr>
<td>Cystic fibrosis, anorexia</td>
<td>Wasting</td>
</tr>
<tr>
<td>Chronic pancreatitis</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>Nail-patella syndrome</td>
<td>Intraocular pressure (similar to glaucoma, which is not supported by quality evidence)</td>
</tr>
<tr>
<td>Huntington's disease, post-concussion syndrome, myasthenia gravis, lupus, hydrocephalus, mitochondrial disease, autism, decompensated cirrhosis, ulcerative colitis, migraine, Alzheimer's disease, amyotrophic lateral sclerosis</td>
<td>Diseases with multiple shared/similar symptoms</td>
</tr>
</tbody>
</table>

The NCSBN National Nursing Guidelines for Medical Marijuana, 2018
1. The nurse shall have working knowledge of the current state of legalization of medical and recreational cannabis use.

2. The nurse shall have a working knowledge of the jurisdiction’s MMP.

3. The nurse shall have a working knowledge of the endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them.
Nursing Implications: 
6 Principles of Essential Knowledge

4. The nurse shall have an understanding of cannabis pharmacology and the research associated with the medical use of cannabis.

5. The nurse shall be able to identify the safety considerations for patient care use of cannabis.

6. The nurse shall approach the patient without judgment regarding the patient’s choice of treatment or preferences in managing pain and other distressing symptoms.
Principle # 1

- The nurse shall have working knowledge of the current state of legalization of medical and recreational cannabis use.
- Know your state status on legalization for medical and/or recreational
- Know the federal status and be able to answer questions
- Understand that though still legal federally, the US government has shown zero interest in using its supremacy to overrule the states
Principle # 2

- The nurse shall have a working knowledge of the state’s MMP.
- The department of health or MMP is your resource for details
- Understand these laws can change and WILL affect you!
- Know how the process works!!
- Understand medical cannabis is NOT covered by insurance and be aware of the cost to the patient
- Understand administration of medical cannabis sometimes cannot be performed by the patient and therefore can fall on a designated caregiver (A NURSE!!)
The MMP process

Provider certifies the patient has a state qualifying condition.

Patient must obtain valid registration with the MMP (medical marijuana card).

Patient then visits the state-authorized cannabis dispensary and presents his/her card.
Arkansas MMP procedures

- Patient must locate a certifying physician on his/her own

- Patient must have one of the certifying conditions
  1. Cancer
  2. Glaucoma
  3. HIV/AIDS
  4. Hepatitis C
  5. ALS
  6. Tourette’s Syndrome
  7. Crohn’s Disease
  8. Ulcerative Colitis
  9. PTSD
  10. Severe Arthritis
  11. Fibromyalgia
  12. Alzheimer’s
  13. Cachexia or wasting
  14. Peripheral Neuropathy
  15. Intractable pain > 6 mos.
  16. Severe Nausea
  17. Seizures
  18. Severe Muscle Spasms
  19. AND any other condition or its treatment approved by the department of health
Arkansas MMP Procedures

- Patient must:
  - Be 18 years old or have parental consent
  - Have a valid driver’s license or state ID card
  - Pay $50 fee
  - Be certified by physician
  - NOT be a member of the military

- Caregiver must:
  - Be 21 years or older or be a parent of a minor
  - Not have a felony conviction
  - Have a valid state ID or driver’s license
  - NOT be a member of the military
  - Have a criminal background check
  - Pay $37 fee
Arkansas MMP Procedures

- Provider must:
  - Be an MD or DO (no APRNs)
  - Have an active DEA number
  - Print the form from the ADH website
  - Sign the form, including patient’s condition, age, etc..
  - Determine the time frame for the patient (up to 12 mos.)
  - Perform an IN PERSON assessment
  - Physician DOES NOT have to see the caregiver unless the patient is a minor and then must review the form with the parent/guardian
  - Form is good for 30 days
Arkansas MMP Example

- Patient then submits the signed form online or by mail within 30 days of appointment with physician
- Application is issued or denied after verification of information on form
- Card is issued
- Patient locates a dispensary
- Dispensary helps patient determine best administration route and concentration
Bud tenders

- Cultivation Facility Agent:
  - 21 years of age or older
  - Works at the facility
  - Has registered with the Alcoholic Beverage Commission (ABC)
  - Must verify patient’s and caregivers ID numbers
  - Verify the amount of medical marijuana requested would not cause the patient to exceed the limit on obtaining no more than **2.5 ounces** of usable medical marijuana in a 14 day period.
  - Warn the patient on the health risks of marijuana use
Drug Dispensary

PHARMACY

I'LL NEED AUTHORIZATION FROM YOUR PCP, HMO, THE IRS...

Marijuana Dispensary

SUPER SIZE!

YOU WANT FRIES WITH THAT?
Principle #3

The nurse shall have an understanding of the endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them.

https://www.youtube.com/watch?v=Bl-fHoFPMk
Principle #4

- The nurse shall have an understanding of cannabis pharmacology and the research associated with the medical use of cannabis.
  1. Research is limited
  2. Peer reviewed research must be used
  3. Limited number of conditions with high evidence: pain, N/V, cachexia, chronic pain, neuropathies, spasticity
  4. Adverse effects: dependence, overdose, withdrawal, drug-drug interactions
  5. Only FDA approved forms are Nabilone and Dronabinol
Principle #5

- The nurse shall be able to identify the safety considerations for patient use of cannabis.

- Basically "Storage and Disposal:
  - Follow MMP for patient, caregiver, and facility rules
  - Keep out of reach of children in a locked, cool, dry place
  - Disposal must follow the DEAs Disposal Act of 2014
    - Find a local collection center or law enforcement facility
Principle #6

- The nurse shall approach the patient without judgment regarding the patient’s choice of treatment or preferences in managing pain and other distressing symptoms.

- Plain and simple ethics

- Awareness of one’s own beliefs and attitudes

- Social acceptance is much slower than legislation
Ethical Considerations

1. Clinical indications such as diagnosis, history, treatment goals, etc.
2. Patient’s personal preferences based on benefit vs. risk
3. Attention to decision making by the patient’s proxy or legal guardian
4. Quality of life
5. Situational context i.e., economic factors, access to care, potential harm to others
To Sum It Up

Without the usual FDA approval of cannabis that identifies precise indications, dosage, and efficacy for medications, nurses must have a much more nuanced knowledge while caring for the patient using cannabis.
Nursing Care of the Patient

These guidelines provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for patients using medical marijuana.
Nursing Care of the Patient

1. Essential Knowledge
2. Clinical Encounter Considerations
3. Medical Marijuana Administration Considerations
4. Ethical Considerations
Nursing Care of the Patient: Essential Knowledge

1. Be aware of the current state of legalization of medical and recreational cannabis
   1. Schedule I federal level
   2. Obtaining cannabis for research is difficult and cumbersome
   3. 31 jurisdictions allow medical cannabis
   4. Many have also passed recreational laws
   5. In 2009 the US Attorney General that discourages federal prosecutors from prosecuting those who use cannabis for medical purposes.
Nursing Care of the Patient: Essential Knowledge

2. Have general knowledge of the MMP
   1. Defined by state law and usually located through the department of health
   2. Health care provider does not PRESCRIBE cannabis
   3. MMP will specify qualifying conditions
   4. MMP will define if an APRN can certify a qualifying condition
   5. The patient must register with the MMP
   6. Procurement of cannabis is limited to the patient and/or the patient's caregiver
   7. Some MMPs allow an employee of hospice provider, nursing facility, or home health aid to act as a designated caregiver
3. Have a general understanding of the endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them.

- This system consists of endocannabinoids, cannabinoid receptors, and the enzymes responsible for synthesis and degradation.
- System was discovered in 1973, this system helps maintain homeostasis and the receptors are found throughout the body.
- Endocannabinoids naturally occur within the body and phytocannabinoids occur in plants.
- The most well known cannabinoids are THC and CBD.
4. Have an understanding of cannabis pharmacology and the research associated with its medical use.

- Adverse effects are influenced by patient’s condition and current medications.
- Various effects of cannabis are dependent on type of product and route of administration
- Risks to particular age groups: adolescents, fertility, neonates
5. Be aware of the facility or agency policies regarding administration of medical marijuana

*Always check with the facility and local Department of Health or MMP for more information on the facility policy when caring for a patient using cannabis medically*
Clinical Encounter Considerations

As part of the clinical encounter for a patient using cannabis for medical use, the nurse shall conduct an assessment related to the following:
1. Signs and symptoms of adverse effects:
   - Increased heart rate
   - Increased appetite
   - Sleepiness
   - Dizziness
   - Hypotension
   - Dry mouth/eyes
   - Decreased urination
   - Hallucination

   - Paranoia
   - Anxiety
   - Impaired attention
   - Impaired memory
   - Asthma
   - Bronchitis
   - Emphysema

   Less frequently: fatigue, suicidal ideation, nausea, asthenia, and vertigo
Clinical Encounter Considerations

2. As medical cannabis dosage is titrated by the patient, continual patient assessment of perceived efficacy and adverse effects is important
   - **Start LOW go SLOW**

3. The nurse shall communicate the findings

4. Identify safety considerations (storage and disposal)
Medical Marijuana Administration Considerations

1. A nurse SHALL NOT administer cannabis to a patient unless specifically authorized by jurisdiction law.

2. Instances in which the nurse may administer cannabis or synthetic THC to a patient:
   1. Dronabinol or Nabilone (per facility formulary and policy)
   2. Must be registered with the MMP as a caregiver and must practice within that statute
   3. If the jurisdiction allows an employee of hospice or facility to assist in the administration
   4. Check the MMP for current rules!!
   5. Check facility policy!!
"Can you prescribe marijuana to help relieve the boredom of sitting in your waiting room?"

Your lab work came in and, well, there's no easy way to say this...

You're just too healthy for medical marijuana.
The nursing student shall
- Have knowledge of legislation
- Have knowledge of an MMP
- Understand the endocannabinoid system and all players
- Understand cannabis pharmacology
- Identify safety considerations for the patient
- Approach the patient without judgment
- Be aware of medical marijuana administration considerations
Nursing Education: APRN

- The APRN student shall
  - Have knowledge of legislation
  - Have knowledge of an MMP
  - Understand the endocannabinoid system and all players
  - Understand cannabis pharmacology
  - Recognize signs and symptoms of cannabis use disorder and cannabis withdrawal syndrome
  - Identify safety considerations for the patient
  - Be aware of administration considerations
  - Be aware of ethical considerations related to patient care
  - Follow employer policies, procedures, and terms of the collaborative agreement
References

- Marijuana Policy Project, 2014
- Journal of Nursing Regulation, *The NCSBN National Nursing Guidelines for Medical Marijuana*
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