

# Official Report

This report of the Regulatory Sub-Committee of the Pennsylvania Medical Marijuana Advisory Board is to comply with 35 P.S. § 10231.1201(j)(4)

[1-24-2024]

## **Introduction**

This document, an official report of the Regulatory Sub-committee to Pa Medical Marijuana Advisory Board (Board), serves to comply with the requirements of Section 1201 of the Medical Marijuana Act (Act), 35 P.S. § 10231.1201(j)(4), which requires the Board to issue written reports to the Governor, the Senate, and the House of Representatives.

In accordance with the Act, this report includes recommendations and findings as to the following:

- (1) Whether to change the types of medical professionals who can issue certifications to patients.
- (2) Whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.
- (3) Whether to change the form of medical marijuana permitted under this act.
- (4) How to ensure affordable patient access to medical marijuana.

35 P.S. § 10231.1201(j)(5).

As per a policy adopted by the Board at the November 16, 2021 quarterly Board meeting, the Report Subcommittee will produce a report in compliance with the Act after any meeting where the Board approves a recommendation relating to any one of the above four issues of consideration. The report will be presented to the Board for approval at the next regularly scheduled meeting.

This report reflects the findings and recommendations presented at the 1-24-2024 Board meeting.

### **I. 35 P.S. § 10231.1201(j)(5)(i)**

**Whether to change the types of medical professionals who can issue certifications to patients.**

The Regulatory Subcommittee of the Board was previously assigned to review whether to change the types of medical professionals who can issue certifications to patients.

[Below are the Current Regulatory subcommittee findings / recommendations on the matter]

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*The Regulatory Sub-Committee lead discussions at the 6/28/23 meeting and the made the following formal motion at the September 6<sup>th</sup> 2023 Medical Marijuana Advisory Board Meeting:*

**Regulatory Review Committee makes the motion for Certified Registered Nurse Practitioners (CRNP) to be eligible to apply to be included in the registry of practitioners who can certify patients for medical marijuana for all serious medical conditions allowed by the commonwealth within the scope of the “Nursing Practice Act.”**

The motion was voted on and passed at the January 24, 2024 Medical Marijuana Advisory Board Meeting. This report is being submitted at the scheduled MMAB meeting (January 24, 2024), and this report will be used to flag the issues for legislators.

Considerations

- Per regulations cited below, it is currently within CRNP’s scope of practice to order controlled substances when clinically appropriate for patients.
- CRNPs treat all disease states as per their Practice Act, as such should have unrestricted ability to certify patient all serious medical conditions approved in the Commonwealth of PA
- This initiative is important to increase access for patients in our state. In the US in 2023, CRNP’s provided more than 1.06 billion patient care visits in the United States.
- The Board of Nursing, Its Counsel and the Regulatory Review Subcommittee are in agreement with this motion.
- The Board of Nursing wrote a letter in support of this legislative change.

Further, the recommendation **for Certified Registered Nurse Practitioners (CRNP) to be eligible to apply to be included in the registry of practitioners who can certify patients for medical marijuana would not** change the requirements of other healthcare professionals in the program.

- **§ 21.271. Certification requirements.**
- The professional licenses of all healthcare practitioners in the Medical Marijuana program must be active and in good standing.
- A healthcare practitioners involved in the program, from the certifying physicians to the Pharmacists / Physician Assistants / Nurse Practitioners working in dispensaries must complete the required 4-hour training provided by one of the Department of Health-approved training entities.

Findings:

Commonwealth’s NURSING PRACTICE Act

1. Has a Board which grants licensure and establishes and maintains standards of practice through regulation.
2. Licenses and Prescriptive Authority are granted through a formal process similar to the Board of Medicine.
3. Nurse Practitioners have the same capacity at state and federal levels for prescribing controlled substances as do physicians as allowed by their physician collaboration and agreed to prescriptive authority.
4. Education Requirements:

## **Master's Degree**

An applicant for certification shall have completed an accredited, Board-approved master's or postmaster's nurse practitioner program or other Board-approved program that awarded an advanced degree, or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.

The CRNP student shall receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated populations, geared to nurse practitioner practice. Clinical hours must meet at least national certification requirements with a minimum of 500 hours. Additional hours must be provided for specialties that provide care to multiple age groups (for example, family CRNPs) or for those who will practice in multiple care settings. When defining additional clinical hours, the complexity of the specialty content, as well as the need for clinical experience to enhance retention and skills shall be considered

Below are details of [Pennsylvania Professional Nursing Law](https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Board%20Documents/Professional-Nursing-Law-Feb-2023.pdf) for reference.

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Board%20Documents/Professional-Nursing-Law-Feb-2023.pdf>

### **21.282a. CRNP Practice.**

(a) A CRNP may collaborate only with physicians who hold a current license to practice in this Commonwealth.

(b) When acting in collaboration with a physician as set forth in a collaborative agreement and within the CRNP's specialty, a CRNP may:

- (1) Perform comprehensive assessments of patients and establish medical diagnoses.
- (2) Order, perform and supervise diagnostic tests for patients and, to the extent the interpretation of diagnostic tests is within the scope of the CRNP's specialty and consistent with the collaborative agreement, may interpret diagnostic tests.
- (3) Initiate referrals to and consultations with other licensed professional health care providers, and consult with other licensed professional health care providers at their request.
- (4) Develop and implement treatment plans, including issuing orders to implement treatment plans. However, only a CRNP with current prescriptive authority approval may develop and implement treatment plans for pharmaceutical treatments.
- (5) Complete admission and discharge summaries.
- (6) Order blood and blood components for patients.
- (7) Order dietary plans for patients.
- (8) Order home health and hospice care.
- (9) Order durable medical equipment.
- (10) Issue oral orders to the extent permitted by the health care facilities' by-laws, rules, regulations or administrative policies and guidelines.
- (11) Make physical therapy and dietitian referrals.
- (12) Make respiratory and occupational therapy referrals.
- (13) Perform disability assessments for the program providing temporary assistance to needy families (TANF).
- (14) Issue homebound schooling certifications.

(15) Perform and sign the initial assessment of methadone treatment evaluations, provided that any order for methadone treatment shall be made only by a physician.

(c) The provisions of this section are subject to limitation as set forth in section 8.2(c.2) of the act (63 P.S. § 218.2(c.2)), regarding the authority of state agencies and health care facilities.

### **§ 21.285. Prescriptive authority collaborative agreements.**

(a) The prescriptive authority collaborative agreement between a physician and a CRNP who will prescribe and dispense drugs and other medical therapeutic or corrective measures, as set forth in § 21.283(a) (relating to authority and qualifications for prescribing, dispensing and ordering drugs) must satisfy the following requirements. The agreement must:

(1) Be in writing, identify the parties, including the collaborating physician, the CRNP, and at least one substitute physician who will provide collaboration if the collaborating physician is unavailable, include the signature of the CRNP and the collaborating physician, and contain the date that the agreement is signed and the date that the agreement is effective.

(2) Identify the specialty in which the CRNP is certified.

(3) Identify the categories of drugs from which the CRNP may prescribe or dispense in accordance with section 8.3 (a)(2)(ii) of the act (63 P.S. § 218.3(a)(2)(ii)).

(4) Specify the circumstances and how often the collaborating physician will personally see the patient.

(5) Be kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs.

(6) Be made available for inspection to anyone who requests it and be provided, without charge, to any licensed pharmacist or pharmacy upon request.

(7) Be reviewed and updated by the parties at least once every 2 years or whenever the agreement is changed.

(8) Specify the amount of professional liability insurance that covers the CRNP.

(b) The CRNP shall notify the Board, in writing, whenever a prescriptive authority collaborative agreement is updated or terminated, and, when appropriate, shall file the “Change Of Prescriptive Authority Collaborative Agreement” form and the amended prescriptive authority collaborative agreement with the Board and pay the fee set forth in § 21.253 (relating to fees).

### **Conclusion**

*Upon adoption of this written report by the Pennsylvania Medical Marijuana Advisory Board at a public meeting, it will be presented to the Governor, the Senate, and the House of Representatives, and shall be a public record under the act of February 14, 2008 (P.L. 6, No.3), known as the Right-to-Know Law, amended June 30, 2021, P. L. 210, No. 44.*

*Upon receipt of this report of the Board, at the discretion of the Secretary, the Department may effectuate recommendations made by the Board by transmitting a notice to the Legislative Reference Bureau for publication in the Pennsylvania Bulletin. The Secretary shall do so within 12 months of the receipt of the report.*

*35 P.S. § 10231.1202.*

## **Appendix**

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Board%20Documents/Professional-Nursing-Law-Feb-2023.pdf>

[Why Nurse Practitioners are a Solution to Rural Healthcare Challenges | HealthLeaders Media](#)