

Introducing the Minnesota Medical Cannabis Program



Under the Minnesota Medical Cannabis Therapeutic Act of 2014, a system has been established for certain patients to pursue access to medical cannabis that is legal under state laws.

The Minnesota Department of Health's Office of Medical Cannabis (OMC) oversees this legislation and strives to help you and other Minnesotans affected by these laws understand related policies and processes.

Developed to help you navigate this new legislative landscape, explore this guide and find out:

- If you are eligible to participate
 - How you are protected under the amended medical cannabis statute
- Which patients may qualify
- Where to find additional resources

This publication is the first in a two-part series created for health care practitioners. For detailed instructions about how to register yourself in the program and assist your patients with enrollment, please see our companion brochure, ***Minnesota Medical Cannabis Program Health Care Practitioner Navigator 2: Register Yourself & Enroll Your Patients.***



FIND OUT MORE

For your convenience, program-related resources including the latest legislative news, fact sheets and clinical research, are available on the OMC website, ***mn.gov/medicalcannabis.***

If you have additional questions, please call or e-mail the Office of Medical Cannabis.

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MINNESOTA MEDICAL CANNABIS PROGRAM

Health Care Practitioner Navigator 1



YOUR ROLE &
RESPONSIBILITIES

“Can any health care practitioner participate in the program?”

To participate in the program, you must be a Minnesota-licensed:

- Doctor of medicine
- Physician assistant acting within the scope of authorized practice; or
- Advanced practice registered nurse who has the primary responsibility for the care and treatment of the qualifying medical condition of a person diagnosed with a qualifying medical condition

“As a practitioner, am I protected?”

The legislature has amended Minnesota’s medical cannabis statute to address patients’ use of medical cannabis in health care facilities, such as hospitals.

Under the amendment, protections and immunities are extended to employees of health care facilities to possess medical cannabis while carrying out their employment duties, including providing care to or distributing medical cannabis to a patient who is registered in the Minnesota Medical Cannabis Patient Registry and is actively receiving treatment or care at the facility.

According to the amendment, health care facilities may reasonably restrict the use of medical cannabis by patients. Additionally, the amendment also allows the restrictions that the facility not store or maintain a patient’s supply of medical cannabis and that limit the use of medical cannabis to a specific location.

“Do I have to participate?”

No; participating in the Minnesota Medical Cannabis Program is voluntary.

“What is my role in the program, and what are my responsibilities?”

To use medical cannabis, all patients must register with the program and have their condition certified by a qualified health care practitioner. (Patients must renew this certification annually with a qualified health care practitioner.)

In your role as a health care practitioner in the program, you do not prescribe medical cannabis to patients. Instead, you are expected to assess your patient’s health and:

- Certify if your patient has a qualifying medical condition; by doing so you attest that you:
 - Have sufficient knowledge of your patient’s history, physical findings and test results to make the diagnosis
 - Are available for ongoing management of your patient’s medical condition
- Indicate if your patient has a disability that prevents him or her from accessing or self-administering medical cannabis (in this situation, your patient would require a caregiver)
- Acknowledge a legitimate medical relationship with your patient

“Which patients qualify?”

Patients who are Minnesota residents who have been certified by a health care practitioner registered in the program as having one of the following:

- Cancer¹
- Glaucoma
- HIV/AIDS
- Tourette syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Inflammatory Bowel disease, including Crohn’s disease
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasm, including those characteristic of multiple sclerosis
- Terminal illness with a probable life expectancy of less than one year¹
- Intractable Pain
- Post Traumatic Stress Disorder (PTSD)
- Autism (effective July 1, 2018)
- Obstructive Sleep Apnea (effective July 1, 2018)

¹To qualify for the program, your patient must suffer from cancer associated with severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting. Or the patient must be diagnosed with a terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting.