2018 NCSBN Scientific Symposium - Regulation: Panel Discussion Video Transcript

Event
2018 NCSBN Scientific Symposium

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Presenter
Moderator: Maureen Cahill, MSN, RN, Associate Director, APRN, Nursing Regulation Administration, NCSBN

- [Maurine] Hello, everybody. Yeah, you got it too. I am Maurine Cahill with the National Council of State Boards of nursing and as Kathy mentioned, I was on the Marijuana Committee and I'm glad she mentioned that the copies of the journal supplement are in the back, should you wish.

So, while the pails coming up and I'm going to introduce our other two guest panelists, how long do you think marijuana has been in use for human conditions? There's evidence that it's been around and used for 5,000 years. Now, interestingly, there is not evidence basis of its use, just that it's been used.

It's amazing to think about an agent that's been around and been in use widely for so long with so little evidence of its use and it has a lot to do with what Cathy talked about in the conundrum of accessing research or the agent for research. So, let me introduce our two guest panelists. Karen Scipio-Skinner has served as Executive Director for the District of Columbia Board of nursing since 2002.

Prior accepting her current position, she was the nurse associate for Practice Education and Policy for the DC Nurses Association. She received her BSN from North Carolina, AT&T University, A&T University. And her MSN from Catholic University of America.

Ms. Skinner has served on numerous boards and commission. Most recently, she served as an at-large member on NCSBN's board of directors and represented NCSBN on the Board of Governors for the Alliance for Ethical International Recruitment Practices. Also, we have Christine Panny. Christine is a registered nurse with a master's and a Ph.D. in public administration that enables her keen interest in pursuit of health and social services, demonstrating quality, and public accountability.

She's also a fellow of the EXTRA Program and the Canadian College of Health Leaders. She is currently chief officer Regulatory Policy at British Columbia College of Nursing Professionals.

Christine's worked in acute and community care, delivering government policy and planning, health system research in consulting, and health professions regulation.

Throughout her career, she has successfully designed, developed, and executed on quality and accountability strategies. And she's pursued ways to give back and influence at the provincial, national, and international levels. Areas of service include the Board of Directors of the Alzheimer's Society of British Columbia, Accreditation Canada, and the National Council State Boards of Nursing's commitment to ongoing regulatory excellence board committee in the United States.

You probably are all aware that in the last couple of weeks, Canada has become a recreational country. And also, for Karen, DC is a medical marijuana territory. So they all have something in common here in terms of understanding how medical marijuana may work in a state or area.

So, I'm going to start off with a couple of questions and then I hope we'll have time to welcome some questions from all of you. So, one question is, knowing that some conditions, as Kathy mentioned, have little information about evidence, or in some cases, the evidence may be changing. You might have recently seen there were a couple new studies that looked at the effect of cannabis in multiple sclerosis with mixed results.

There was another study recently that showed that the concerns about cognitive issues in adolescents might be aggravated by alcohol. So, there's lots of things still happening out there with marijuana. So, my question is, how do you think nurses in your areas and with your regulations, how do they navigate between evidence and anecdote?

And I'll put that out. You wanna start, Louise? How about for you in Washington, do you get a sense that there is a place for both sources of information? Not Easy. - [Louise] So, I would say overall, there is a lack of understanding, not just of what the evidence is, but when you look at what studies have been done, what quality are they and what level of evidence they are?

And so, as Kathy presented with the systematic review, you may have only one study in an area. And I, you know, as you saw, there are very few nurse practitioners who were doing authorizations and many of them are looking to their colleagues and, you know, hopefully using scientific journals.

But even then, I think we have to be really careful to guide people to high-quality evidence. And I will share with you that I taught a course in an undergraduate program. It was an elective course for anyone and I called it Medical Marijuana, Has Science Gone up in Smoke? And so, I help the students learn how to do searches and how to evaluate the evidence.

And many of them were stunned when they saw a traumatic brain injury and post PTSD with, you know, one or two studies, maybe three. And it really shook their foundation and their worldview of what marijuana really could do because they came in all thinking, "Oh, this is just, you know, the best next thing."

And I think that health professionals have been fairly cautious. I would tell you that when people asked me where would be a good place to start, I refer them to the National Academy of Sciences systematic

review. And I will also share with this group that I had somebody who was a former leader of the American Association of Cannabis nurses contact me who was not aware of that study.

So, when you look at that website, there's a lot of popular literature on there and I really encourage them to refer to the National Academy of Sciences because I think that's really a gold standard right now.

- I do have one quick follow-up question for you, Louise, and that's in the data you and Tracy presented. And I was very intrigued by the percentage of naturopaths involved in certifying conditions. In Washington state, does a provider for cannabis or somebody who can certify, do they have to have a pre-existing relationship with the patient or is this a new source of business for some?

- So, in the original law, it didn't say that you had to have an a... It said you have to have an established relationship. But because of all the discipline cases, the law is a little bit stricter now about that relationship itself.

And that was to try and get rid of these places that were just doing nothing but authorizations as like a business. - [Kathy] Maurine, I want to comment on your first question. During our two years of this committee and besides reviewing the literature, we also took some online courses that were very reputable and we went to a cannabis conference and I will say that there's a different philosophy by some people that I don't even know what to call them, but that are very pro-cannabis and feeling that cannabis can prevent cancer, prevent autoimmune diseases, you know, and so, when nurses go to the literature, it can be very convincing when written by those authors to, and not necessarily looking at high-quality evidence.

So, I think it's difficult for a practitioner right now because there's the internet and there's this font of information, but one needs to know how to evaluate it. And who are the people writing the information?

- One of the reasons when we formed the Marijuana Committee through NCSBN. One of the reasons that our board saw it was probably a necessity for us to come forward and encourage that sort of development of information and the willingness to talk about it.

One of the things we looked at as a committee, there weren't many courses that were evidence-grounded, I guess, maybe that would be the right way to say that. And so, as... we knew nurses were going to confront these patients because more and more states are, are creating their own marijuana program. So, really, it was how do you open the door in nursing and try to encourage the programs, and the facilities, and the nurses themselves to acquire more evidence-based information that could be available to them.

So, that's very helpful. Let me ask... You heard about, you know, Kathy mentioned those six conditions for which we have some evidence and then we have the wider list of conditions that states have approved. Let me ask a couple of you, Christine, maybe you could answer this and Karen.

What are some of the common reasons in your state that patients might seek marijuana? Are there certain conditions that are going to be much more emphasized in terms of having this as an available therapy? - [Karen] When our medical marijuana bill was introduced in DC, it was very restrictive to the number of conditions that the provider could recommend for, but now there are no restrictions.

There's no specific diagnoses, which I think probably even is more challenging to the provider because they have nothing to back up their decision. They do have to do a physical and specify the reason that they are recommending medical marijuana, but they don't have the specific requirements that they had initially.

And I think that they were removed because the decision was made that the practitioner should have the right to make the decision as to why to recommend. But given this discussion, there's not a lot of evidence for a lot of the recommendations they do make. I don't know currently what the highest number of conditions they recommend for because we don't keep those.

The board doesn't keep those records. Yeah. The Medical Marijuana Program keeps those records. Yeah.

- Christine, how about for you? - [Christine] So, Canada's had a Medical Marijuana Act since 2001. And the regulation of that changed midstream. To my knowledge, there's been no medical conditions written into the act. It's been left to healthcare practitioners in terms of how we regulate nurses in British Columbia and nurse practitioners.

To date, we have placed a limit on their practice so that they, nurse practitioners, cannot prescribe medical marijuana. The reason we've done that is because of the gaps in evidence. We are trying to figure out the landscape, what's safe, what's not. How can we support nurse practitioners to provide safe and competent care to the public?

So, from registered nurses, the main questions we've been getting is questions from their patients and a lot of it from long-term care facilities where patients bring their products and sometimes are incapable of actually taking the product themselves, so they look to the nurse to administer it.

So, that's a lot of the question we've been getting. Going back to nurse practitioners now this week, we have new laws in Canada and as you know, recreational marijuana laws are now in force and each province will be setting their own regulations around that determining age, when you can carry it, how much you can carry, what the products, all of those things.

And there's an application process by province than for who can sell it. It's going to be regulated under the Liquor Regulation Board. And as at the moment, there is one retail in the province of BC which serves 5 million people or online. So, we're trying to figure out the landscape for nurse practitioners.

We will have to come up with guidance fairly soon about prescribing. And we're looking at all of your evidence, what you're doing and trying to figure out the best policy approach to take at this time.

- If I'm being accurate, I think across the United States we have what, maybe eight states?

- Yeah, I think so.

- ...that allow APRNs to be the certifier of the condition. You know, nobody really prescribes. You're just saying the patient's actually got the condition. So, the U.S. is a little behind that as well. One of the things that also confounds this discussion is that new formulations of cannabis are coming out all the time, are being refined and sometimes more targeted toward an effect.

And when you look at that, some of them are boosting the THC content, which is the cognitive effect from cannabis, but some of them are reducing it down to almost an imperceptible. So, as we get new formulations... And you heard about all the various ways you can take cannabis, we've got a lot of variables to keep track of here in terms of what may have evidence about.

While we still have a problem getting the agent for research purposes because of the federal prohibition, the one thing we do have right now is access to a lot more patients who are actually using it. So, there can be research at the user end, and we're hoping that there will be new evidence that'll come out of that. Let me ask another question, this time a little bit more regulatory.

In your states and territories, what parts of your regulation do you feel are working well and what parts do you think maybe still needs some refinement or adjustment?

- Around this issue around medical marijuana? Currently, we have nothing in our regulations that address medical marijuana, except that if you recommend more than 250, you have more than 250 recommendations within a year's time, the person comes before the board or is reported to the board.

[Inaudible] And essentially, it's not a discipline matter, but I would guess if a nurse is reported to the board, she probably would question whether or not it's considered discipline. So, what we did was we were auditing her records, so making sure that she complied with the requirements that she did an assessment that she specified the condition and that.

So, we've done that and she's done exactly what she was supposed to do as opposed to some of our other colleagues whose information wasn't quite as detailed as hers was. So, I'm pleased that our one nurse practitioner did what she was supposed to do.

But for DC, it's not just with nurse practitioners, it's all...any APRN can prescribe it, but my guess is it will probably be primarily nurse practitioners. But we are going to look to the guidelines to put something in our APRN regulations because I don't want them to be caught not knowing what they need to do in order to comply with what is in the law.

Yeah.

- Very helpful. Christine, how about for you?

- So, we... Our process a little bit different, I think, in Canada. The regulations are... First, the statute than the regulation. And so, government's regulation have nurse practitioners defined as one of the healthcare practitioners that can prescribe or authorize medical use of marijuana.

So, from there, then what we do is we develop standards, limits, or conditions on practice. And as I mentioned earlier, because this is all so new and because the evidence, when we develop standards for nurses and nurse practitioners, we really look to the evidence of what works for the public and for the medical conditions, etc.

So, because the state of evidence is so in flux and there are so many gaps, we've withheld that authorization, if you will, for nurse practitioners to do this. So, it's hard to say what's working and what's not working. At this time, I think our guidance to nurses and nurse practitioners is based as much on the evidence as we can provide and following the law, obviously.

But in the next few months, we will be making a decision about... And usually, what we would do, and I think it would be the same here, is we would rely on provincial authorities for the clinical evidence because as a regulator, we don't say this is the best evidence they say that that and then we would require education that they would provide, the clinical experts because again, as a regulator, we don't provide the clinical education.

So, that's sort of our path we're on.

- Very helpful. How about for you, Louise?

- What comes to mind is in 2015 when we had this merger of the medical and retail sections of marijuana, there was a requirement that the Department of Health perform a review of options to consider changes to the regulatory system, one of which was to leave it the same, another of which was to reschedule marijuana, which has been mentioned.

And the third was to unschedule it. So, one of the challenges with rescheduling is if you make a schedule IV instead of... A schedule II, rather, instead of a I, then it becomes a prescription medication. So, how does a pharmacist then dispense marijuana?

So, that was put aside. If you unschedule it, you then look at all sorts of other potential consequences. There's a person from the Department of Health who implemented many of these rule changes and she said once to me that the difference between medical marijuana and recreational marijuana is the intent of the user.

And it always comes to my mind when we talk about being in a state with recreational marijuana and medical marijuana. And should we really need a medical marijuana system if everybody can just go out and buy it if they want? So, given the evidence that we have at this point in time, I have to say having reviewed all of that evidence, I have serious concerns that most of the medical marijuana systems have been founded on a lack of information and I don't feel that we have the longitudinal studies for good regulation.

And I think one of the most important pieces of good evidence is the effect of marijuana on the developing brain. And so, when we think about... And it's not, you know, marijuana research is not just happening in the United States, it's all over the world and some of the best research is done in other countries and we need to look to them for guidance.

But I don't think we would take very many other substances and say, "Well, we don't know what the long-term effects are, but we'll just use it now and then we'll figure it out late because we've done that any number of times. And we've ended up... Pardon?

- Opioids.

- Opioids, yes. And we've ended up with all sorts of unintended consequences. So, I am of the persuasion that we do need regulation, but if we're going to say in a state like Washington that you can just go out and buy marijuana, I'm not sure what the regulations really do.

- Very good. I'm glad Kathleen mentioned opioids because that's my last question and then you guys can get ready with your questions. But one of the trends, I would say, that we're seeing in legislation, in bills that are coming forward... We're certainly still seeing expansion of medical marijuana programs.

We're still seeing expansion of recreational. If anybody's here from Massachusetts, I believe you start January 1. But we are seeing bills that are intended to maybe move patients who are on long-term opioid use to marijuana use for pain or to substitute... Perhaps we're treating addiction more than we're treating the pain.

I was recently at the addiction psychiatry meetings and there was a lot of discussion at that meeting about the potential to get patients if we can't get them into medication-assisted treatment because we don't have enough providers for that or enough facilities to provide. Could we get more patients moved from opioids to marijuana?

I believe, and I see Michelle is here. You know, we watched Illinois. I think there was a bill in Illinois that suggests that you could take in your opioid prescription and trade it for a medical marijuana access. So, that's a new sort of style kind of thing we're seeing.

A new direction is going in. And so, let me ask you guys that question. Are you getting more pressure about using the medical marijuana programs as an adjunct or a solution for opioid dependency?

- Well, I can't answer that question from the perspective of the state. I can tell you that that's something that we hear people say a lot when we have conversations about opioids.

We just at... Our university did a DNP day and I created a panel of people around the opioid issue including the governor's health policy advisor, people from Department of Health and someone who works in a treatment center for opioid use disorder. And so, the issue of marijuana and substitute for opioids came up and Tracy was telling me yesterday mentioned in her talk about New York now has this law that it can be substituted for opioids and it can be used for opioid treatment.

And, again, what is the evidence that we have that, you know, really the approach that I think we need to take for dealing with the opioid epidemic is prevention and then reduction in use for those who are existing users. And in Washington, we have just... The Nursing Commission just adopted the new opioid regulations that we're going to have that are both for acute and chronic non-cancer pain.

Previously, our rules were just about chronic non-cancer pain. And I think we want to be really careful that we don't say, well one substance is better than another because I don't think we have anything to base that on.

- How about others of you? Anything there about the...

- Just in the discussion, only thing that occurs to me is that the recommendation from marijuana is just so different than what we do with anything else because it's really dispensers who recommend how it is titrated, how the person takes it.

Is it a [inaudible] Is it a spray? Do they smoke it? Is that a cookie? Is... I mean, I don't think that the practitioner recommends that.

So, it's almost as if we're handing that off to someone else who, I guess, they have training. I don't know what they are, but it's such a wild, wild west out there for medical marijuana. So, I think you're right. I think probably years from now, who knows where we're going to be, but there's so much we need to learn about it.

- So Karen, you don't feel that DC has necessarily the $400, 24-hour additional course for the dispensary folks?

- They are trained. They are trained but they're not regulated. So, that's.... So what if... So, you don't know what they're doing. Yeah. Right.

- Another place for study.

- Yes.

- Oh, okay. So, we've got questions. Good. Because we're ready for that. And we've got 10, 12 minutes, right? So, good. Go right ahead, Jackie.

- [Jackie] Hi, I'm Jackie from South Carolina. Can you hear me? I just wanted to say that, you know, education is key. And as a nurse practitioner and a board member on the board of nursing, I work in a rural practice and it's really important that I stay on top of it. And one of the things that really concerns me is that there's an over prescription of drugs, especially between the 18 and the 25-year olds.

And I'm wondering if it's a chicken or an egg situation, are we not treating the mental illness and just giving a pill? So, I think we as clinicians need to put the pause button realize, you know, that these kids require a lot of life skills and really kind of using, you know, social services such as counseling and things like that before we start, you know, putting on drugs like opioids, you know, marijuana because I just am kind of on the fence about all of this as I watch our country going in the wrong direction.

So, I as a regulator would really like to kind of see the evidence become more robust. And from a medical standpoint, you know, in that age group, there's a lot of psychosis, schizophrenia that ends up happening. So, I'm wondering, you know, are we adding fuel to the fire? And I just would like us, you know, to take a pause and kind of evaluate the evidence and actually, you know, add more research before we start making, you know, judgments.

- Thanks, Jackie. You know, actually, if I were going to do a graph, I would say instead of pausing, we are certainly still on a pretty steep trajectory in terms of the number of bills we see each session that relate to cannabis and to more permissions for cannabis. So, I hope nurses are out there able to study in the patients that exist in these states because that's really where we're going to gain a lot of information.

How about other questions? Anybody have anything?

- Could I? Maureen?

- Go ahead, I'm sorry.

- Can I just comment on what she said? I think to your point, you know, we can look at the history of alcohol in the country and we had prohibition and it really didn't stop the use of alcohol and as Maureen said, you know, marijuana has been around for thousands of years. I think the distinction we have to make is if states want to have recreational marijuana and let people make those choices, that's one thing.

But if we, as healthcare professionals, are put in a position of having the privilege, or the authority, or the responsibility, and accountability of making authorizations for medical marijuana, we have to really think carefully. And so, I know in the guidelines it's very clear about this is a shared decision and there has to be a lot of respect, but I think the reason that you don't see very many nurse practitioners in Washington doing authorizations is because there was a lot of concern about what this really needs and, you know, it's like, do you want to prescribe the drug if it gets taken off the market?

Which, you know, happens all the time. So, a lot of people are not early adopters because of their hesitancy with the lack of evidence. And I think that's a really important thing for a component of this that we have to consider thoughtfully as we personally make these decisions about whether or not to authorize and to whom.

- Very helpful. Go right ahead. - [Denise] Hi, my name is Denise Bowen and I'm from northern Canada and I have just a couple of comments to make now that we are a recreational country. One of the things that we were doing in our jurisdiction, nurse practitioners can prescribe once the federal government said nurse practitioners were part of the health professions, people who could our nurse practitioners within our regulations could immediately do that.

One of the things that we found challenging is we were arguing about... Not arguing, but our Canadian protective society for nursing, were arguing with our federal government about two words within the act and the regulation. And the regulation was that marijuana for, or cannabis with registered nurses, you could use it in an institution.

So, registered nurses could assist with administration. So, it assists with administration, which became a huge issue. What does that mean? If you're in a facility and nurses can't administrate. They can help you, but they actually can't administer it.

So we got into this real boondoggle about what that meant. And the second thing was an institution. So, if you were in home care and you were in someone's home and they were asking you to assist with cannabis, could you do that or not? Were you an extension of your institution? In the meantime, while we're arguing about two words, marijuana or cannabis became legal in Canada recreationally.

And I think that that is the cow or whatever you say has left the barn. And if we continue to argue or discuss these things, people are using it, they're going to use it for whatever, you know, they're not...

Not as many people are going to be using it in the medical marijuana sense because I can go to my local store. There's someone there who knows, he's taken a course and he knows what to say to me. I think one of the difficulties, and you've mentioned it before, the challenges is that it's difficult for researchers to get ahold of medical marijuana, it's difficult for them to do the research.

And I agree with you, I think that we have to start looking at other countries to see what the evidence is. The idea that marijuana has been around for a thousand years, 5,000 years at 3% THC levels, 3% to 17% THC levels. We're talking now about marijuana being sold in Canada that has 35% THC level. We're talking about in year edibles. We're talking about California with that butter or shatter 92%, 94% THC levels.

That's a whole different range of it... It changes the nature of the research. How in the world are you going to do research with 93 different varieties with 100 different levels of THC and CBD?

So, although I feel we need the research and I feel particularly for specific conditions that we need to get that done, I'm not sure that the money's there, the interest is there or that our capability is there. So, I would say that as nursing and nursing regulators and nurses within, that we need to lobby and advocate that the federal government's wherever, or you're provincial, or territorial make a stand and say we are going to fund this, we are going to research it because.

Because if we don't, it's not going to happen. Canadian Medical Association has come out and pretty much said they want nothing to do with it. What they're saying now to their practitioners are, "There's not enough evidence if you want to prescribe it, that's on you, not us." So, we've been there. We don't have support. So, I guess in summary, I think as nurses, if we want to be able to advocate for our patients and say, "Yes, if you have ALS, this is probably this strain with this much THC and this much CBD and this much whatever else is in there."

Then we have to be a little bit stronger and quicker and more nimble because in four years, this isn't going to matter a hill of beans.

- The places too that still have some, you know, sort of conundrums for nursing, obviously, school nurses where children may be in the schools who are on cannabidiol for seizures. And in some cases, those nurses need to be able to administer. And in some states, they are allowed. In our guidelines, we talked about the caregiver role.

So, a lot of medical marijuana programs have a designated assistant if the patient can't administer for themselves. And the nurse could become a registered caregiver in some states. These are still widely variable realities and I think we learn kind of as we go. But, again, I think for us, the big important thing was get the conversation started.

These people are out there. They are trying, either in medical programs or in recreational programs and nurses are going to confront them and like any other condition, we need to be able to say we have some knowledge to do that. Go ahead, Michelle. - [Michelle] Hi, Michelle Bremerich, Illinois. Recently...

We didn't really mention this, I just thought I'd throw it out there so you get some feedback. I've gotten calls from deans of schools saying, "I have a student that, you know, is on medical marijuana, you know, what do I do? What do I do? So, you know, let them stay in the program not let them stay in the program, like, "Oh my gosh, what am I going to do?"

So, I think that's something that's coming up. We're going to have more and more questions and nurses that are on medical marijuana. We've been treating the nurses as any other type of medication that a nurse would be on, you know, are they using it appropriately?

Are they impaired at work? Did they get the medication, you know, through the proper channels? Did they get the card? Did they, you know, are they adhering to all the rules and regulations? So, if they are adhering to the rules and regulations, are not impaired at work, then it wouldn't be a problem. But if their employer has a zero-tolerance policy, which many employers do, then, you know, that would be a problem.

So, there's like a whole era coming of what we have to deal with.

- And I hope the fifth charge of our committee was really to help advise the boards and I hope, you know, that's going to be of help to you.

- Good. Thank you.

- Well, I see we're right at the time, so now you're going to have your lunch break and don't forget that there are supplements to the journal at the back. Should any of you want them, I think we have plenty for anybody who maybe who's not here who wants one. And, you know, the rest of us will be around. If you have any questions or something we can help you with, we're happy to do that. Thank you so much for hanging in with us and being at our session today.