

Medical Marijuana

OSBOE

***Enforcement
Program 2026***

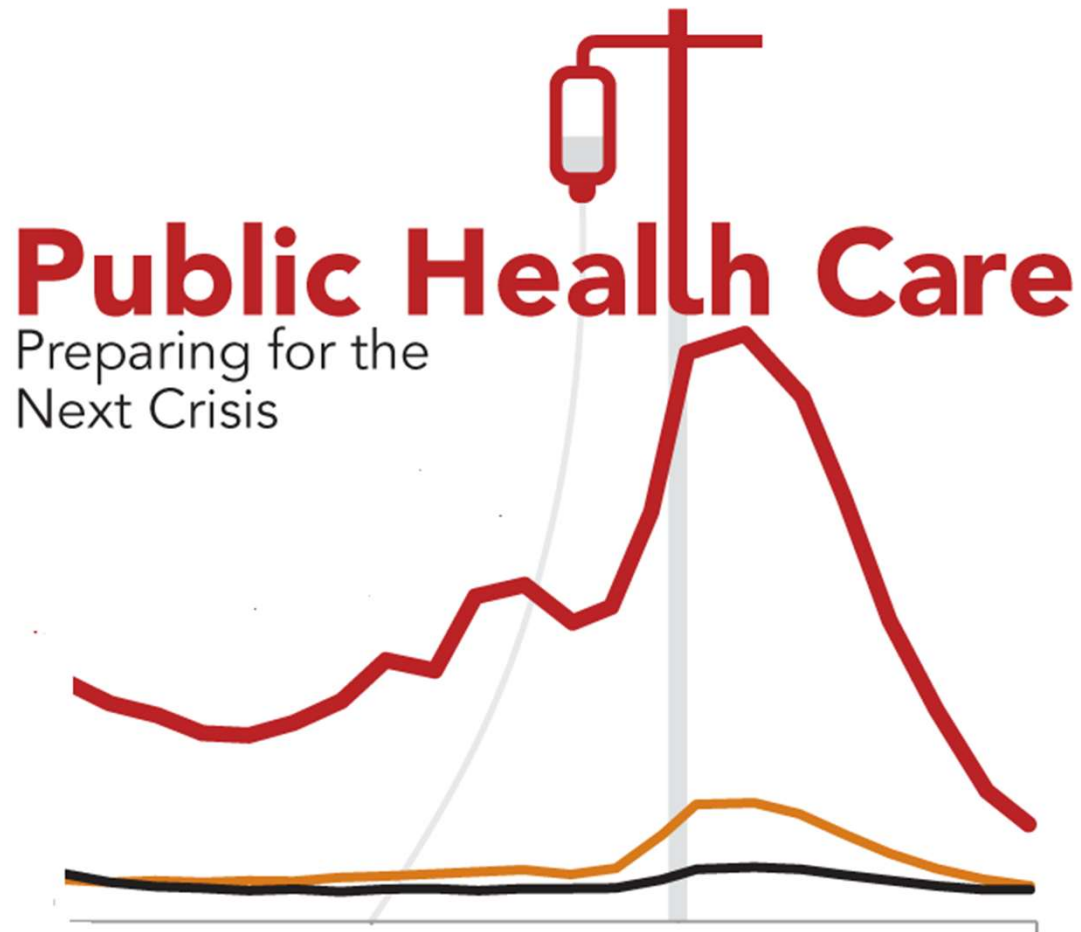
Putting Medical
back into Medical
Marijuana



OKLAHOMA
State Board of
Osteopathic Examiners

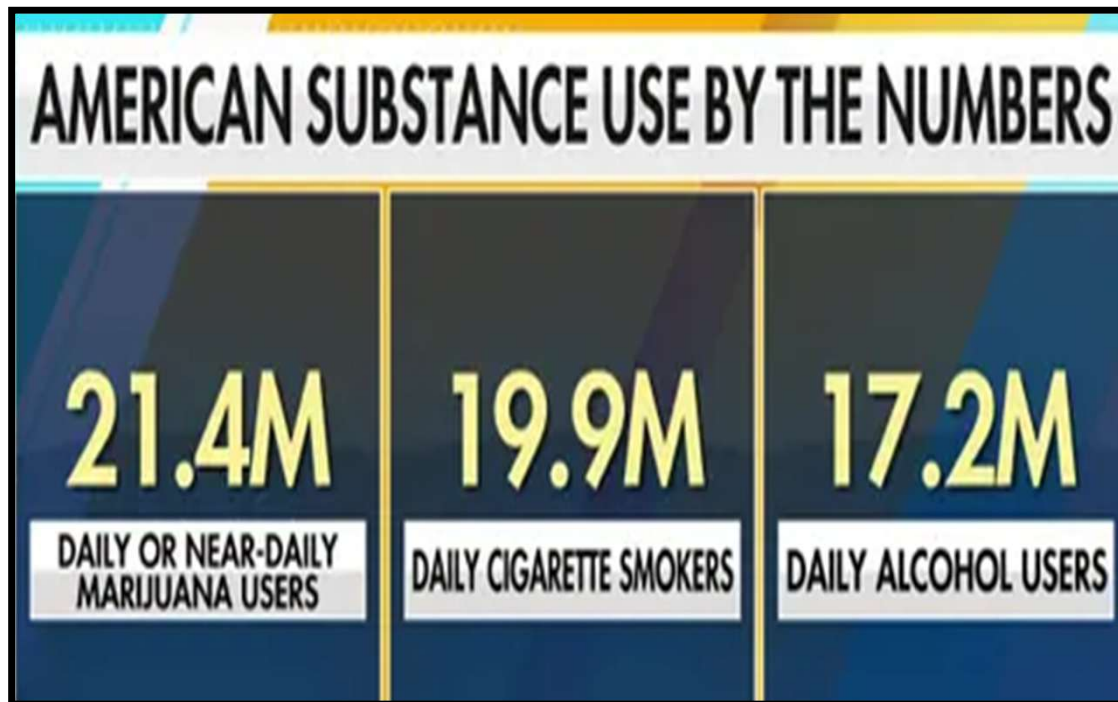


OKLAHOMA OSTEOPATHIC ASSOCIATION
ADVOCACY AND WELL BEING



Marijuana related harms are a nationwide **public health problem**.

In **Oklahoma**, it is approaching a definitional **Public Health Crisis**.



- In the Nation- **Adult use ranked #11. 10% of all Oklahoma Adults have cards** [compared to 2% average nationally].
- **College age use ranked #20**
- **Youth use ranked #3.**
- **April 2026- 316,629 registered patients**

Welcome to the Gray Zone



**Your only protection is
the Medical Standard of
Care**

**Defined by OSBOE
Policy – P011**

Outside the Medical Standard of Care

**No Medical Malpractice Insurance
Coverage**

Exposed to OSBOE Board Discipline

**Treated in Court as a Bartender or
Drug Dealer**



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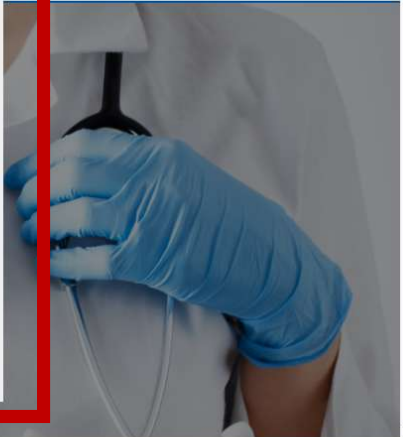
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https://oklahoma.gov/osboe/resources.html

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Medical Marijuana

OSBOE is currently working to ensure physicians in Oklahoma are aware of, and following, practice standards for medical marijuana.

This effort includes no-cost education and audits of the current practices of Osteopathic physicians recommending medical marijuana.

Physicians should also be aware that pursuant to Title 63 O.S. 427.8 anyone employed in a safety sensitive position shall be subject to a zero-tolerance drug and alcohol standard.

Last Modified on Sep 21, 2026

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Additional Resources

Below are links to samples and educational material related to Medical Marijuana.

Record Keeping Samples

DESCRIPTION	LINK
MEDICAL MARIJUANA QUESTIONNAIRE	PDF 
DSM-5 CUD SCREENING	PDF 
INFORMED CONSENT	PDF 

Educational Materials

DESCRIPTION	LINK
OSBOE-P011 POLICY FOR RECOMMENDATION OF MEDICAL	LINK 

GOOD
Medicine



Good Medicine Starts with Good Records

- Electronic Medical Record generally required:
- **Exemption Process**
 - **1. OAC 317:30-3-35.** Register for exemption with **Oklahoma Statewide Health Information Exchange** – “Providers may **register for an exemption from required participation**” from reporting data to the HIE on the OKSHINE website by registering an exemption with the Office of the State Coordinator for HIE.
 - **2. Since marijuana is a controlled substance, Oklahoma OBNDD rules may require that the Osteopathic Board also grant a written exception** that may be supplied to the OBNDD.



Patient Evaluation: Step-by-Step Standards



Step 1: Establish a patient/physician relationship. One-time encounter is insufficient.



Step 2: Confirm a Condition or Diagnosis- Clearly and precisely in the record



Step 3: Documentation



Step 4: Assess Risk Factors and Informed Consent, risk and benefits, and education



Step 5: Follow-up Schedule



Step 6: Ongoing Obligations: Duty to Terminate

Step 1 Establish Care

- **Face-to-face or Telehealth visits must be completed and documented**

OSBOE-P010 -The requirements for establishing a physician/patient relationship remain the same even when using telemedicine. Initially, this relationship must include a scheduled face-to-face encounter that is both medically appropriate and documented. This encounter shall include a history, physical examination, and plan... it is recommended that the physician refer to ...

<https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-physicalexam> or a tool like that outlined in **The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination**, Am J Med. 2021 Jan; 134(1): 48–51.

Step 2

Confirm

Confirm a Medical Qualifying Condition or Diagnosis

Possible Benefits of Cannabis include:

Pain Management and Relief

Neuropathic pain

Arthritis pain

Fibromyalgia

Anxiety and Depression

Insomnia

Anorexia

Sexual Dysfunction

Nausea and vomiting

PTSD



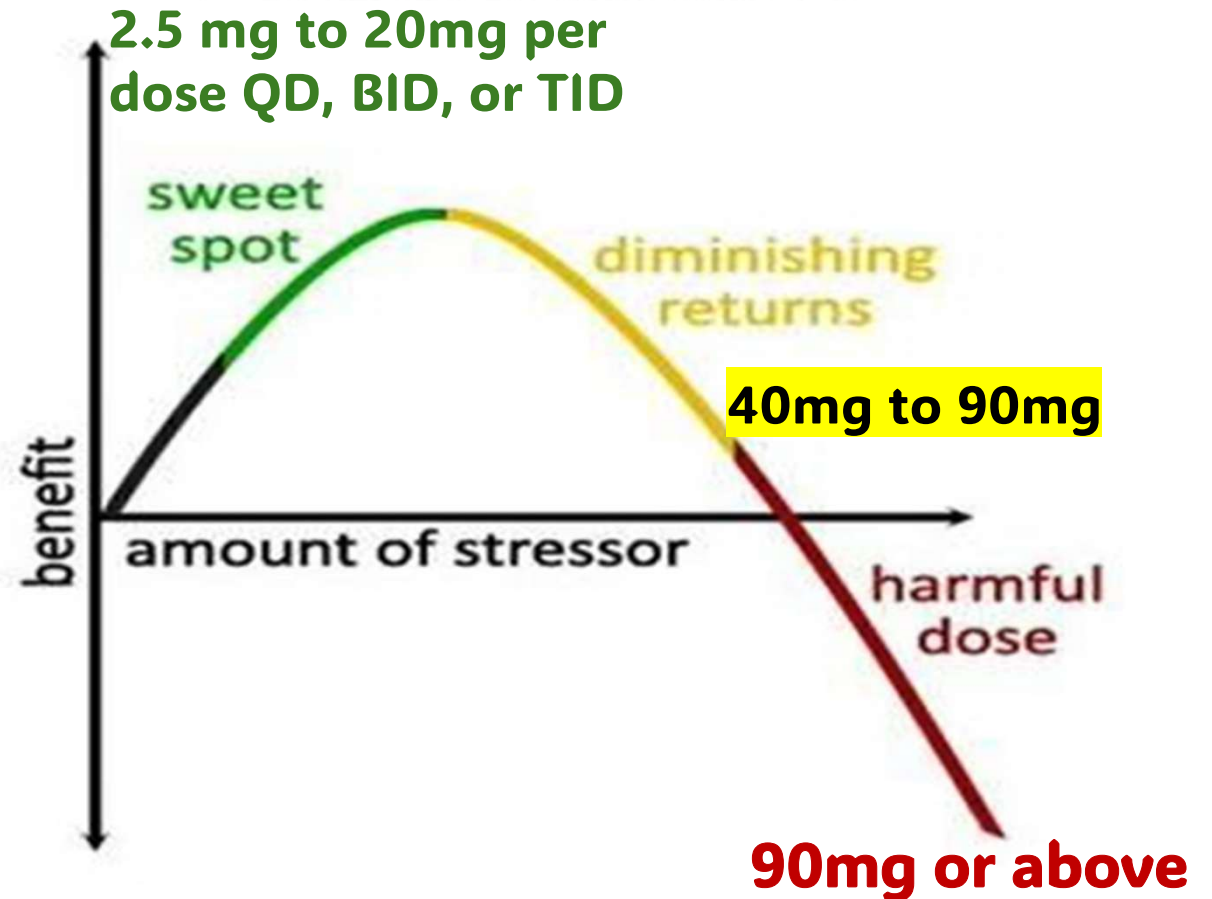
Step 3

Documentation

Medical records must reflect:

- A discussion of **risks and benefits**
- Educate EVERY PATIENT to avoid **operating vehicles** or heavy machinery while impaired by cannabis.
 - This conversation must be explicitly documented in the medical record
- Consideration of **alternative treatments** with past treatment failures
- A plan for **ongoing monitoring** (follow-ups) of the patient's response to cannabis treatment
- Patient's **milligrams per day**
- Medical conclusion for the **reasoning** to prescribe Medical marijuana
- **PMP review** noted in the clinical record at the initial and follow-up visits

The Dose Matters





Legal Possession Limits
OAC 442:10-2-8

On your person: Up to 3 ounces (84.9 grams) of usable marijuana.

In your residence: Up to 8 ounces (226.4 grams) of usable marijuana.

Concentrates: Up to 1 ounce (28.3 grams).

Edibles: Up to 72 ounces (2,037.6 grams).

Almost three truck loads if a dose is a can of beer!



**If standard medical dose is 40 mg
Oklahoma authorizes possession
of 5,685,960 mg at one time.
142,149 medical doses at one
time.**

Edibles

- **Slow onset**, long duration, and stable relief –
 - 60 mins to 2 hours to manifest
- Easier to titrate with **dosing per piece**
- **Ideally, for chronic pain, not acute**
- **Attractive to children with appealing packaging**



Inhalation

- **Immediate symptom relief** for breakthrough pain (10-15 mins), wearing off in about 3 hours
- Easy to control dosing through **puff frequency**
 - Count the puffs
- **Smoking may cause respiratory irritation**
- Smoking **can worsen asthma** or breathing conditions
- **Shorter duration.** Frequent dosing may require a change in dose delivery method.
- Flower Vaporizer over a joint or a vape pen.
Vape pen is not a medical option.



Disagreement as to whether this method is appropriate for medical usage. Recommend justifying use in the medical record.

Caution – Calculate Dose

- Assuming that a joint is .3 gm to .5 gm. [300 – 500 mg]
- Average THC content is 24%.
- The average joint in Oklahoma produces **72 mg to 120 mg of THC through inhalation.** This is well outside the range of medically effective use.
- **$300 \times .24 = 72$ $500 \times .24 = 120$**



Step 4:

Assess and Consent

- **Assess Risk Factors**
 - **Screen for contraindications:** psychosis history, pregnancy, severe cardiovascular disease, and substance use disorder risk.
- **Informed Consent**
 - **Discuss risks, benefits, alternatives, and legal limitations with the patient. Obtain and document written, signed consent before authorizing the card.**

Must inform them if job is on safety sensitive list.

- *Under Oklahoma's amended law, **employers are required to apply zero-tolerance drug and alcohol standards to applicants for and employees in safety-sensitive positions.** This change take effect on **November 1, 2026.***
- A “**safety-sensitive position**” as one in which an employee performs one or more of the following duties:

Card or Job – Not Both

Processing, storing, disposing, or transporting dangerous items.

Operating heavy gear: Driving motor vehicles, heavy equipment, machinery, or power tools.

Maintaining critical equipment: Repairing or monitoring machinery where a breakdown could cause harm or property damage.

Firefighting: Performing active firefighting duties.

Managing utilities: Operating or overseeing water, gas, electric, or power grid infrastructure.

Handling volatile chemicals: Working with flammable, combustible, or highly regulated substances.

Dispensing medication: Giving out pharmaceuticals.

Carrying weapons: Carrying a firearm on duty.

Providing direct care: Giving direct **patient care or direct childcare.**

Cannabis Use Disorder (CUD)

- **Studies show that between 20% to 33% of all Oklahoma users of cannabis likely have CUD.**
- **CUD doesn't just affect recreational users.**
- **A higher percentage in users 25 years or less.**



The following **DSM-5 criteria** for **Cannabis Use Disorder (CUD)** must be assessed and documented for any patient who has used cannabis **at least six times in the past year**.

	DSM-5 CUD Criteria	Assessed
1	Withdrawal symptoms	☐ Yes ☐ No
2	Tolerance	☐ Yes ☐ No
3	Increasing quantity/frequency of use or longer episodes of use	☐ Yes ☐ No
4	Persistent desire or unsuccessful attempts to cut down/control use	☐ Yes ☐ No
5	Significant time spent obtaining, using, or recovering from cannabis	☐ Yes ☐ No
6	Social, occupational, or recreational activities were reduced due to use	☐ Yes ☐ No
7	Continued use despite medical or physical problems caused/exacerbated by cannabis Cannabinoid Hyperemesis Syndrome (CHS)	☐ Yes ☐ No
8	Recurrent difficulties fulfilling major role obligations	☐ Yes ☐ No
9	Recurrent use in hazardous situations	☐ Yes ☐ No
10	Craving or strong desire to use cannabis	☐ Yes ☐ No
11	Continued use despite interpersonal problems caused by cannabis	☐ Yes ☐ No

Step 5

Follow up

- **6 months: Full Reassessment & Record Update**
 - **Comprehensive clinical reassessment (Review Medication and screens)**
- After the 6-month follow-up, the physician should **continue to see the patient every six months at a minimum**. More frequent visits may be required based on patient needs.
- **Follow-ups must continue until the card's renewal or till the card expires or is cancelled.**

Step 6

Obligations and Duty to Terminate

- **Ongoing Obligations-** PMP check at **every** visit, monitoring for misuse or diversion, mental health& cognitive changes.
- **Duty to Terminate-**
 - Oklahoma statute 63O.S. §427.10(E) states that if a physician determines a patient's continued use of medical marijuana **no longer meets the requirements of the Medical Marijuana and Patient Protection Act**, the physician must notify the Oklahoma Medical Marijuana Authority (OMMA) and "the license shall be immediately voided without right to an individual proceeding."

Causes of Termination

- The underlying qualifying condition has **resolved or substantially improved**, so the expected benefit of cannabis is no longer present.
- The patient has developed significant adverse effects or complications attributable to cannabis (e.g., repeated **hyperemesis episodes. Psychosis temporally associated with high-THC use, severe anxiety, or cognitive impairment.**
- Risk now outweighs benefit because of new **comorbidities or medications** (e.g., unstable coronary disease with recurrent cannabis-related tachycardia and chest pain, new pregnancy in a patient where you judge continued use medically inappropriate).
- You can no longer safely manage or monitor the condition (repeated **no-shows, refusal of indicated work-up, persistent non-adherence** with agreed treatment plan despite counseling).
- If you reasonably suspect **diversion**, fraudulent use, or unsafe patterns.

How to Terminate *Two Actions Required*

Two Required Actions by the Physician!

- OMMA specifies that a physician who wishes to terminate must use the **“Physician Termination of Patient License Form”** to notify OMMA that the patient no longer meets requirements; once received, OMMA immediately terminates the license.
- The Oklahoma boards’ termination-of-care guidance also requires a **written termination letter** for the patient stating the reason (e.g., non-compliance, safety concerns), providing 30 days of urgent-care coverage and referrals, and ensuring continuity of other necessary medications; this same framework is prudent when withdrawing a marijuana recommendation.



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