OKLAHOMA
State Board of
Osteopathic Examiners

Policy for Recommendation of Medical Marijuana

Policy Number:	OSBOE-P011
Adopted by Board:	September 18, 2025, *updated September 10, 2026*
To be Reviewed:	2028

Purpose:

This policy is intended to provide standards for Oklahoma-licensed Osteopathic Physicians who wish to recommend Medical Marijuana. Within the boundaries of Oklahoma, marijuana use is only authorized as recommended by a physician. A recommendation is not a prescription. State-licensed medical marijuana has no FDA-approved indication and is not dispensed through a DEA-registered pharmacy, so the physician documents a recommendation rather than a prescription. A physician who makes a recommendation for cannabis use must follow the standard of care guidelines for their profession. The Oklahoma State Board of Osteopathic Examiners have outlined the following standard of care guidelines for those who recommend the use of cannabis products.

Authority:

59 O.S. § 638.1 A.

The State Board of Osteopathic Examiners is hereby authorized to issue guidance to all osteopathic physicians in this state regarding the recommendation of medical marijuana to patients.

OAC 510:5-9-1 and 510:5-9-2:

Documentation requirements that apply when the patient's condition is a pain complaint.

OAC 510:10-3-8(b)(3) (OSBOE, effective July 2026):

A licensee who is registered to recommend medical marijuana under Oklahoma law shall, prior to recommending medical marijuana to patients and annually thereafter, comply with, at a minimum, two (2) hours of CME related to medical marijuana as required by 63 O.S. § 427.10(G). CME for this section shall be approved by the Board or certified by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA) or any other certifying organization recognized by the Board."

OMMA 442:10-1-9 and 442:10-1-9.1 (recommending physician registration and standards); **442:10-1-9.1(b)**:

"When recommending a medical marijuana license, a physician shall use the accepted standards a reasonable and prudent physician would follow when recommending any medication to a patient."

Procedure:

Physicians recommending medical marijuana shall comply with the below standard of care guidelines:

Standard of Care

1. Eligibility, registration, and competence.

The physician must be licensed in Oklahoma, have completed a residency, be registered with OMMA as a recommending physician, and complete the OMMA-required medical education (63 O.S. § 427.10(A), (B), (F), (G), and (H)). The physician must have appropriate current expertise to treat the patient. Specifically, OAC 510:10-3-8(b)(3) requires at least two (2) hours of medical-marijuana CME, approved by the Board or certified by ACCME, AOA, or another Board-recognized organization, before recommending and annually thereafter.

2. Physician-patient relationship

A licensed physician must see the patient on the initial visit to establish a physician-patient relationship. A physician-patient relationship requires a patient record is maintained including a relevant history and examination. This initial evaluation must be face to face, conducted in person or by synchronous, real-time audio-visual telehealth; audio-only or questionnaire-only encounters do not qualify (59 O.S. § 478.1). The same evaluation standard applies regardless of visit modality. Consistent to standard of care, physicians should not recommend medical marijuana for themselves or a family member.

3. Clinical basis for the recommendation

In Oklahoma physicians can recommend, but not prescribe, cannabis products only after determining it's an appropriate treatment for a patient's qualifying condition. Oklahoma does not have a list of qualifying conditions. Instead, a doctor, before recommending cannabis must determine whether medical marijuana may, in the judgment of the physician, based on data suggesting efficacy, improve a specific health condition. The physician must document the clinical rationale, including consideration of alternative treatments and why marijuana is appropriate for the patient. This medical opinion must be recorded in the medical chart of the patient.

If the health condition is a pain related complaint, OAC 510:5-9-1 and 510:5-9-2, requires that diagnoses be documented, records be maintained, and the physician must discuss and document the discussion of the risks and benefits with the patient

or the patient's guardian. Recommendations for pain must comply with all current federal and state law.

4. The initial assessment and medical record must include an assessment and conversation regarding all of the following:

Drug misuse must be examined during the history portion of the examination. It is required at the initial recommendation and at each follow-up visit at least every six months a current PMP check be completed and conversation about past or current use of marijuana or other psychoactive and addictive drugs be conducted. Because marijuana is not reported to the PMP, the purpose of this review is to identify concurrent opioid, benzodiazepine, or other sedating controlled-substance use that impacts the safety of recommending marijuana; this cadence parallels 63 O.S. § 2-309D, and a PMP check is not required at unrelated encounters.

Physicians must assess the risks/benefits of the use of cannabis. A physician's decision to recommend medical marijuana should be based on a thorough evaluation of the patient's overall health, including their medical history, current medications, and potential benefits and risks of cannabis use. A discussion of the medical risks of the use of cannabis should be individualized to the patient rather than a fixed checklist, weighing as relevant cardiovascular risk, drug interactions, pulmonary effects of smoking, cannabis use disorder and dependence, effects on cognition including driving or operating machinery, cannabinoid hyperemesis, psychiatric effects including exacerbation of psychotic disorders and effects in adolescents and young adults, and use during pregnancy or breastfeeding.

Physicians must consider and discuss alternative treatments. Physicians should document why cannabis is an appropriate option for this patient compared to other medications or therapies. Documentation that the patient has failed all other conventional treatments is not required.

Physicians must document a plan for ongoing monitoring of the patient's use and efficacy of cannabis. After recommending cannabis, physicians should regularly monitor the patient's response to the treatment, assessing the efficacy, any side effects, and overall impact on their health and daily functioning. Physicians should schedule a medical follow-up at least every six months after a cannabis authorization. It should also include goals of the cannabis treatment and should document the progress of those goals. Additional monitoring such as pulmonary evaluation or drug testing is left to the physician's clinical judgment rather than required for every patient.

Informed Consent discussion must be recorded. Specific potential benefits, risks, and a lack of standardization in cannabis products must be discussed. At a minimum, discussion of tetrahydrocannabinol potency content and microbial contaminants must be conducted and recorded. The informed-consent record should include a signed acknowledgment with safekeeping and do-not-share instructions.

If the patient has a history of substance use disorder or a co-occurring mental health condition, they may require specialized assessment and treatment. The physician should seek a consultation with, or refer the patient to, a pain management, psychiatric, addiction or mental health specialist, as needed. A history of substance use disorder does not by itself preclude a recommendation; guidance for patients receiving medication-assisted treatment is provided in the Board's educational materials.

5. Duty to notify OMMA

If the physician determines that the patient's continued use of medical marijuana no longer meets the requirements of the Oklahoma Medical Marijuana and Patient Protection Act, the physician must notify OMMA, consistent with 63 O.S. § 427.10(E). Guidance on applying this duty in practice, including for patients in ongoing addiction treatment, is provided in the Board's educational materials.

6. No conflict of interest

Physicians who recommend medical marijuana should not have a professional office located at a dispensary or cultivation center (63 O.S. § 427.10(D)) or receive financial compensation from or hold an interest in a dispensary or cultivation center. Physicians should also not be a director, officer, member, incorporator, agent, employee, or retailer of a dispensary or cultivation center.