

## Policy for Prescription or Recommendation of Medical Marijuana

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

### **Purpose:**

This policy is intended to provide standards for Oklahoma-licensed Osteopathic Physicians who wish to prescribe or recommend Medical Marijuana. Within the boundaries of Oklahoma, marijuana use is only authorized as recommended by a physician. A physician who makes a prescription or recommendation for cannabis use must follow the minimum standard of care guidelines for their profession. The Oklahoma State Board of Osteopathic Examiners have outlined the following minimum standard of care guidelines for those who prescribe or recommend the use of cannabis products.

### **Relevant Citations:**

#### **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 on the recommending of medical marijuana to patients.

### **Procedure:**

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

#### **Minimum Standard of Care Guidelines**

##### **1. Determine that you are competent to recommend cannabis use.**

Like all medical practice, you must first determine if you have sufficient and current expertise to treat the patient. For example, have you shown knowledge, training, or certification in addiction medicine? Do you have demonstrable knowledge of the physiologic effects of cannabis, its side effects, and its interaction with other drugs before recommending it?

##### **2. Establish a Physician-Patient Relationship**

As with all patient interactions, a licensed physician must see the patient on the initial visit to establish a physician-patient relationship. The physician-patient relationship is defined,

at a minimum, that a patient record is maintained including, but not limited to, at the minimum, a current history and physical. This initial evaluation must be face-to-face. Consistent to standard of care, physicians should not prescribe or recommend medical marijuana for themselves or a family member.

### **3. Qualifying Condition must be recorded**

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. 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, it requires that certain records be maintained, and it requires that the physician must discuss and document the discussion of the risks and benefits with the patient or the patient's guardian. Prescriptions 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:**

1. Drug misuse must be examined during the history portion of the examination. It is highly recommended that a current PMP check be done and conversation about past or current use of marijuana or other psychoactive and addictive drugs be conducted.
2. 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 at a minimum include infection, pulmonary complications, suppression of immunity, impairment of life skills, habituation, the risk of cannabis use disorder, exacerbation of psychotic disorders and adverse cognitive effects for children and young adults, and the risks associated with the use of marijuana during pregnancy or breast feeding.

3. Physicians must consider and discuss alternative treatments. Is there documentation that the patient has had failure of all other conventional medications to treat his or her ailment? Physicians should consider if cannabis

is a more appropriate treatment option compared to other medications or therapies.

4. 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 within twelve (12) months of a cannabis authorization.

The plan must include a consideration of pulmonary function testing, evaluation of immune status, and the presence of any superadded infection for individuals who regularly smoke cannabis. It should also include goals of the cannabis treatment and should document the progress of those goals.

It is also recommended the physician consider including in the plan periodic drug testing of the patient who has been recommended for cannabis use to determine if it is being used in conjunction with other drugs.

5. Informed Consent discussion must be recorded since there is a lack of standardization in cannabis products. Specific potential benefits, risks, due to the 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.
6. 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.
7. A copy of a signed Treatment Agreement, including instructions on safekeeping and instructions on not sharing, should be added to the medical record.
8. Driving or Activity Restrictions must be discussed and recorded. Patients should be advised against driving or operating heavy machinery while under the influence of marijuana.

## **5. Ensure there are no conflicts of interest**

Physicians who prescribe or recommend medical marijuana should not have a professional office located at a dispensary or cultivation center 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.