



STATE OF CONNECTICUT MEDICAL MARIJUANA PROGRAM

Board of Physicians Meeting
September 12, 2012



Medical Marijuana Program (MMP)

Presentation Summary

- Understanding the Law
- Role of the Board of Physicians
- Patient Registration Process
- Important Dates
- Questions



Medical Marijuana Program (MMP)

Understanding the Law

- Public Act 12-55, An Act Concerning the Palliative Use of Marijuana, signed into law on May 31, 2012 (the “Act”).
- Designed to enable truly sick patients to engage in the palliative use of marijuana while preventing marijuana from being misused or diverted from its medical purpose.
- Provides immunity from **state** criminal and civil penalties for physicians, patients, caregivers, dispensaries and producers who act responsibly in accordance with the law.



Understanding the Law

Designed to Prevent Misuse and Diversion

- Limited Group of Debilitating Medical Conditions Qualify
- Physicians are the Gatekeepers
- Patients and Caregivers Must Meet Strict Requirements and Act Responsibly
- Producers Will be Limited and Tightly Controlled
- Dispensaries Will Treat Marijuana as the Controlled Substance it is
- Marijuana Cannot be Used in a Place or Manner that Puts Others at Risk

Debilitating Medical Conditions Recognized by the Law

- Cancer
- Glaucoma
- Positive status for human immunodeficiency virus or acquired immune deficiency syndrome
- Parkinson's disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Cachexia
- Wasting Syndrome
- Crohn's disease
- Post-traumatic stress disorder

Physicians are the Gatekeepers

- Physicians Can Only Certify Patients for Marijuana Where there is a Bona-Fide Physician-Patient Relationship:
 - Complete a medically reasonable assessment of the patient's medical history and current medical condition;
 - Diagnose the patient as having a debilitating medical condition; and
 - Prescribe, or determine it is not in the patient's best interest to prescribe, prescription drugs to address the symptoms or effects for which the certification is being issued.

Physicians are the Gatekeepers Continued

- Patients and Caregivers Cannot Register with DCP Until their Physician Certifies that:
 - The patient has a qualifying, debilitating medical condition;
 - In the physician's professional opinion, the potential benefits of the palliative use of marijuana would likely outweigh the health risks; and
 - The patient has a need for a caregiver, if applicable.

Qualified Patient Must be an Adult With a Debilitating Medical Condition

- To qualify for a medical marijuana registration certificate, a patient must be:
 - Diagnosed by a physician as having one of the debilitating medical conditions set out in the law;
 - 18 years of age;
 - Connecticut resident; and
 - Not an inmate in a Department of Corrections institution or facility.

Not Everyone Can Register as a Caregiver

- DCP Will Only Register a Caregiver if:
 - Patient's physician has certified the need for a caregiver; and
 - Caregiver agrees to be responsible for managing the well-being of a **registered** patient with respect to their palliative use of marijuana.
- Other requirements:
 - 18 years of age;
 - Not the patient's physician;
 - Not convicted of a law pertaining to the illegal manufacture, sale or distribution of a controlled substance;
 - Where the adult patient lacks legal capacity, must be a parent, guardian or legal custodian; and
 - Can only be responsible for one patient unless there is a parental, guardianship, conservatorship or sibling relationship with each patient.

Patients and Caregivers Must Act Responsibly

- Possess no more than a one-month supply between themselves.
- Not use marijuana in a way that endangers the health or well-being of others.
- Not use marijuana in a prohibited place:
 - Motor bus, school bus, or other moving vehicle
 - Workplace
 - School grounds, any public or private school, dormitory, college or university property
 - Public place
 - Presence of anyone under 18

Producers will be Limited and Tightly Regulated

- Only 3 – 10 producers will be licensed.
- All cultivation will occur at permissible locations within the State.
- Licensed producers will be required to have the experience and financial capacity to build and operate a secure, indoor production facility.
- Regulations will establish health, safety, security and other requirements to further protect against abuse or diversion.

Marijuana Will be Dispensed Consistent with its Status as a Controlled Substance

- Dispensaries must be licensed pharmacists
 - Pharmacists are trained on proper handling of controlled substances.
 - Pharmacists have experience counseling patients with regard to medication use and drug interactions.
- Number of dispensaries will not exceed number appropriate to meet needs of qualifying patients
 - Avoiding over-supply will reduce risk of diversion.
- Regulations will establish health, safety, security and other requirements to further protect against abuse or diversion.

Understanding the Law

Immunity is Only for Those Acting Responsibly

- Physicians:
 - Have bona-fide physician-patient relationship;
 - Diagnose patient as having debilitating medical condition;
 - Explain potential risks and benefits of palliative use of marijuana to patient (or legal guardian);
 - Certification is based upon professional opinion after medically reasonable assessment; and
 - Physician does not have financial interest in a marijuana producer or dispensary.
- Patients and Caregivers:
 - Register with DCP;
 - Acquire, distribute, transfer, possess, use (patient only) or transport marijuana for a certified medical purpose;
 - Have no more than a one-month supply of marijuana; and
 - Do not use marijuana in an improper place or in a manner that puts others at risk.



Immunity Continued

- Producers and their employees:
 - Licensed by DCP;
 - Do not cultivate, sell, deliver, transport or distribute marijuana to a person other than a licensed dispensary;
 - Do not obtain or transport marijuana outside of the State; and
 - Otherwise in compliance with the Act.
- Dispensaries and their employees:
 - Licensed by DCP;
 - Only acquire marijuana from a licensed producer;
 - Only distribute or dispense marijuana to a registered patient or caregiver;
 - Do not obtain or transport marijuana outside of the State; and
 - Otherwise in compliance with the Act.

Scope of Immunity

- Those who comply with the law are protected from negative consequences, including:
 - Arrest;
 - Prosecution;
 - Civil Penalties; or
 - Any other penalties, including disciplinary action by the Connecticut Medical Examining Board or other professional licensing board.

The Board of Physicians Will Ensure the Medical Integrity of Connecticut's Program

- Recommend to DCP debilitating medical conditions to be added to the list of conditions that qualify for the palliative use of marijuana.
- Recommend a protocol for determining the amount of marijuana reasonably necessary to ensure uninterrupted availability for one month.
- Consult on regulations related to any form or procedure to be used by physicians to certify patients for the palliative use of marijuana.
- Perform other duties related to the palliative use of marijuana at the Commissioner's request.



The Board of Physicians Continued

- The Board of Physicians will:
 - Consist of eight physicians or surgeons who are certified by the appropriate American board in one of a select group of specialties.
 - Have knowledge about the palliative use of marijuana.
 - Meet at least twice per year to conduct public hearings and to evaluate petitions from the public seeking to add to the list of debilitating medical conditions.

Patient and Caregiver Registration

- Beginning October 1, 2012, patients and caregivers who qualify for the palliative use of marijuana and register with DCP can receive the protections in the law.
 - DCP has developed a registration process that is designed to maintain the integrity of the medical marijuana program while placing minimal burden on physicians, patients and caregivers.
 - Information provided to DCP in connection with a patient or caregiver registration will be treated as confidential.

Registration Process Overview

- Online registration system accessible only to physicians, patients and caregivers.
- Unique identification cards to be provided to patients and caregivers upon registration approval.
- Local law enforcement will have secure, 24/7 access to registry information to confirm validity of patient and caregiver identification cards.
- Patient and caregiver registrations must be renewed annually.

Registration Process Overview Continued

- Registration will be a three step process:
 - Step 1: Physician initiates registration by logging into a secure, online system and certifying their patient.
 - Step 2: After physician electronically submits a valid certification, patient can access the online system to complete their portion of the application.
 - Step 3: If the physician certifies the need for a caregiver, the caregiver can log in after the patient and complete the application.

Physician Certification:

Prerequisites to Accessing the Registration System

- Physicians must first register with the Prescription Monitoring Program (“PMP”) before certifying a patient for the palliative use of marijuana.
 - Will enable physician to review patient’s prescription drug history prior to recommending marijuana.
- Physicians must create an account with the DAS business network to access the online certification system.
 - Only requires a name, e-mail address and password.



Physician Certification

- After one-time process of registering with the PMP and DAS business network, physicians can log-in and begin registering patients.

Current User: Log In/Out

Main Menu

Main Menu

I am a Physician

I am a Patient

I am a Care Giver

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Physician Certification Continued

- To avoid fraud, physician must confirm their identity before certifying a patient.



The screenshot displays the MMP website interface. At the top, there is a header with the MMP logo and the text "Medical Marijuana Program" and "CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION". Below the header, there is a navigation bar with "Current User:", "Home", and "Log In/Out". The main content area is titled "Physician Identity" and contains two input fields: "DEA Number" and "Last 4 of SSN". A "Submit" button is located below these fields. At the bottom of the page, there is a footer with the text: "The Department of Administrative Services - Business Network. [Review our Privacy Policy](#) Need to contact us? Send e-mail to [DAS Web Design](#) All State [disclaimers and permissions](#) apply. Hit Counter 90".



Physician Certification Continued

- Next, the physician will complete their profile.

Majority of information will already be filled in based on PMP profile.

MMP Medical Marijuana Program
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Home Log In/Out

Physician Profile

CT Medical License #	<input type="text"/>	CT Controlled Substance Prescription #	<input type="text"/>
Medical Specialty	<input type="text"/>		
Last Name	<input type="text"/>	First Name	<input type="text"/>
		Middle Initial	<input type="text"/>
Business Address 1	<input type="text"/>		
Business Address 2	<input type="text"/>		
Business Address 3	<input type="text"/>		
City, State, ZIP Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	FAX	<input type="text"/>
E-Mail Address	<input type="text"/>		

Physician Certification Continued

The screenshot displays the MMP website interface. At the top, the MMP logo is shown next to the text "Medical Marijuana Program" and "CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION". Below this, a navigation bar includes "Current User:", "Home", and "Log In/Out". The main content area is titled "Physician Patient List" and features a search form with a text input field labeled "Patient Last Name", a "Search" button, and an "Add New Patient" button. At the bottom of the page, there is a footer with contact information: "The Department of Administrative Services - Business Network. [Review our Privacy Policy](#). Need to contact us? Send e-mail to [DAS Web Design](#). All State [disclaimers and permissions](#) apply." and a "Hit Counter 96".

Add a new patient or look up a previously certified one.



Physician - Patient Certification

Physician fills out patient's identifying information and medical information.

Patient can only have a caregiver if physician certifies the need for one.

Physician Patient Information

The name must match the legal name on the Patient's photo identification.

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Home Address (include Apt or Suite #)	<input type="text"/>				
City, State, ZIP	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of Birth (mm/dd/yyyy)	<input type="text"/>	Phone	<input type="text"/>	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
E-Mail Address	<input type="text"/>				
<input type="button" value="My Patient does not have an E-Mail address"/>					

Patient Medical Information

1. The above named patient has been diagnosed by me as having, and is currently or will be undergoing treatment for, the following debilitating medical condition(s) (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> HIV or AIDS positive |
| <input type="checkbox"/> Cachexia | <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological Indication of Intractable Spasticity | | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Wasting Syndrome | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Posttraumatic Stress Disorder | | |

2. Is the patient under your care for the condition(s), or for a symptom of the condition(s), identified above?

- Yes No

3. What is the date of physical examination for the purpose of this marijuana recommendation?
(mm/dd/yyyy)

4. Are you available to provide follow-up care for this patient?

- Yes No

5. Based on your evaluation of the patient, does the patient need a primary caregiver?

- Yes No

Physician - Patient Certification Continued

6. Does the patient lack legal capacity?
 Yes No

7. If the answer to question 6 is Yes, what was the name of the legal guardian or custodian to whom you explained the potential risks and benefits of the palliative use of marijuana?

8. A patient may only possess a thirty (30) day supply of marijuana not to exceed ounces. If you recommend that your patient possess less than ounces per month, indicate so here.
 Decreased amount of ounces is recommended

Certifications

I must read and affirm each of the following statements by checking the box marked 'Yes' before submitting this form.

I hereby certify that I am a physician duly licensed and in good standing to practice medicine in Connecticut and, in my professional opinion, the above-named patient has a debilitating medical condition and the potential benefits of the palliative marijuana would likely outweigh the health risks of such use to the patient.
 Yes No

I have explained the potential risks and benefits of the palliative use of marijuana to the above-named patient
OR
The qualifying patient lacks legal capacity and I have explained the potential risks and benefits of the palliative use of marijuana to the patient's parent, guardian or a person having legal custody of the patient.
 Yes No

I have reviewed this form and, to the best of my knowledge, it is accurate and complete. I certify under penalty of law (Section 53a-157b) that the above provided information is the truth to the best of my knowledge.
 Yes No

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Additional medical questions.

Physician must click "Yes" on all certifications.

Patient Registration

- After the physician submits the certification, the patient can log-in and register.

Current User: Log In/Out

Main Menu

Main Menu

[Show Page Help](#)

I am a Physician

I am a Patient

I am a Care Giver

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Patient Registration Continued

The screenshot shows the 'Patient Identity' registration page for the Medical Marijuana Program. The header features the MMP logo and the text 'Medical Marijuana Program' and 'CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION'. Below the header, there is a navigation bar with 'Current User: [redacted]', 'Home', and 'Log In/Out'. The main content area is titled 'Patient Identity' and contains a form with two input fields: 'Date Of Birth' and 'E-Mail Address', followed by a 'Submit' button. At the bottom, there is a footer with contact information and a privacy policy link.

Current User: [redacted] Home Log In/Out

PatientIdentity

Patient Identity

Date Of Birth

E-Mail Address

Submit

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- Patient enters DOB and e-mail.
- Only patients whose information matches information supplied by a physician can log-in.
- An alternative log-in option will be provided for patients without email.



Patient Registration Continued

Patient information will be automatically filled in based on physician's certification.



Medical Marijuana Program

CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Home Log In/Out

PatientInformation

Patient Information

The name on the form must match the legal name on your photo identification.

If any information is incorrect, please contact your physician.

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Home Address (include Apt or Suite #)	<input type="text"/>				
City, State, ZIP	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of Birth (mm/dd/yyyy)	<input type="text"/>	Phone	<input type="text"/>	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
E-Mail Address	<input type="text"/>				


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Patient Registration – Primary Caregiver Information

If applicable, patient must fill out primary caregiver information.



Medical Marijuana Program

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[Home](#) [Log In/Out](#)

Primary Caregiver

Primary Caregiver Information

A copy of the primary caregiver's photo identification will be required. The name on this form must match the legal name on the primary caregiver's identification.


Primary caregiver's Last Name	<input type="text"/>	Caregiver's First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Caregiver's Home Address (include Apt or Suite #)	<input type="text"/>				
Caregiver's City, State, ZIP	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Caregiver's Date of Birth (mm/dd/yyyy)	<input type="text"/>	Caregiver's Phone	<input type="text"/>	Caregiver's Gender	<input type="radio"/> Male <input type="radio"/> Female
Caregiver's E-Mail Address	<input type="text"/>				
Relationship to Patient	<input type="text"/>				
Relationship Other	<input type="text"/>				

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Patient Registration Continued



Medical Marijuana Program
CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Current User: _____ Home Log In/Out

ProofOfIdentity

Proof Of Identity

You must submit legible copies of two different forms of non-expired identification.

At least one must come from the primary list.
At least one must have your photograph.

The following image types will be accepted: jpeg, tiff, and pdf.

Primary Identification Forms (check all that apply; you must include at least one)

- US Birth Certificate or Registration of Birth (Government Issued only; Hospital issued are not acceptable)
- US Passport or Passport Card
- Permanent Resident Card
- Consular Report of Birth Abroad
- Connecticut Issued Driver's License
- Connecticut Issued ID
- Certificate of Naturalization
- Certificate of Citizenship

Secondary Identification Forms

- Military ID or dependent card with photo
- Connecticut pistol or firearm permit
- Court Order: Must contain full name and date of birth (i.e. name change, adoption, marriage or civil union dissolution) Does not include abstract of criminal or civil conviction.
- Marriage license or Civil Union Certificate (certified copy issued by town/city)
- Social Security Card
- CT State Department of Social Services issued photo public assistance card


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Pin Course 15

Patient must provide acceptable proof of identity.



Patient Registration Continued



Medical Marijuana Program
CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Current User: _____ Home Log In/Out

ProofOfResidency

Proof Of Residency

You must submit two different documents from the following list to prove that your home is located in Connecticut. Both documents must:

- Show your name and Connecticut residence address
- Be dated within 90 days (Unless stated otherwise below)
- Be computer generated (typed)

The following image types will be accepted: jpeg, tiff, and pdf.

- Computer-generated bill from a bank or mortgage company, utility company, doctor or hospital
- Pre-printed pay stub showing your employer's name and address
- W-2 form property or excise tax bill, or Social Security Administration or other pension or retirement annual benefits summary statement and dated within the current or prior year
- Medicaid or Medicare benefit statement
- Current valid homeowner's, renter's or motor vehicle insurance policy dated within the last year
- Current motor vehicle loan statement for a motor vehicle registered in your name
- Residential mortgage or similar loan contract, lease or rental contract showing signatures from all parties needed to execute the agreement and dated within the last year
- First-class mail addressed to your home address
- Connecticut voter registration card
- Survey of your Connecticut property issued by a licensed surveyor
- Connecticut handgun permit
- Official school records showing current enrollment

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Patient must provide acceptable proof of residency.



Patient Registration Continued



Medical Marijuana Program
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Current User: [redacted] Home Log In/Out

UploadFiles

Upload or Mail Files

Click the Upload link to the left of the document description and upload the corresponding file.

Alternatively, you may mail your documents and photograph to:

Department of Consumer Protection
165 Capitol Avenue Rm 147
Hartford, CT 06106-1630

Upload	Upload Info	Description
Upload		Connecticut Issued Driver's License
Upload		Social Security Card
Upload		Computer-generated bill from a bank or mortgage company, utility company, doctor or hospital
Upload		Pre-printed pay stub showing your employer's name and address
Upload		Current passport-sized photograph <ul style="list-style-type: none">• Must be taken within the last 30 days• Taken against a plain white or off-white background• Two inches by two inches• In natural color• Provides a front, unobstructed view of my face• Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.• Is jpeg format

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- Patient will be instructed to upload or mail proof of identify and residency, in addition to a passport-sized photograph.



Patient Registration Continued



Medical Marijuana Program
CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

Current User: _____ Home Log In/Out

Certifications

Certifications

I understand that I will not qualify for a medical marijuana registration certificate if I am confined in a correctional institution or facility under the supervision of the Department of Corrections. I hereby give the Department of Consumer Protection permission to confirm my status with the Department of Corrections.

Yes No

I understand that if my physician has indicated the need for me to have a primary caregiver, my application will not be approved until the primary caregiver completes their registration application and that application is approved.

Yes No

I understand that if there are any changes to the information provided on this application, I must notify the Department of Consumer Protection within five business days of such change.

Yes No

I understand that any marijuana I acquire is for my use only and that I risk having my registration revoked if I sell, share or otherwise provide my marijuana to any other person.

Yes No

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Patient must agree to all certifications.



Patient Registration Continued

Patient must certify to the accuracy of the application and submit.



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Certify
I hereby certify that the above information is correct and complete.

I have reviewed this form and, to the best of my knowledge, it is accurate and complete. I certify under penalty of law (Section 53a-157b) that the above provided information is the truth to the best of my knowledge.

Yes No

Submit

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Caregiver Registration

- Patients can only identify a caregiver if the physician determines there is a need for one and includes it on the certification.
- Caregiver log-in credentials will be based on the e-mail address and date of birth supplied by the patient.
 - A caregiver will not be able to access the system unless their information matches information supplied by a qualified patient.
 - An alternative login process will be provided for a caregiver without an email address.
- Caregiver registration process will otherwise be similar to the patient registration process.

Registration Fees

- During this period of temporary registrations, the application fee will be \$25 for each patient and caregiver.
- All registration and license fees will be used to fund the Medical Marijuana Program.

Medical Marijuana Program

Important Dates Established by the Law

- October 1, 2012:
 - Qualified patients and caregivers can begin applying for temporary registration certificates.
- July 1, 2013:
 - On or before this date, the Department of Consumer Protection will submit regulations implementing the Act to the legislative regulation review committee.



QUESTIONS

?