INTEROFFICE MEMORANDUM

TO: Distribution

DATE

May 19, T39

CC:

FROM: Robert B. Klein, M.D.

Associate ExecutiveDirector Operational Support Services

AT:

8-427-4774

PLEASE COPY AND DISTRIBUTE WIDELY

SUBJECT: Medical Marijuana Policy - Update on Legal Developments

A federal judge has recently issued a ruling which prohibits the federal government from sanctioning doctors who recommend marijuana to their seriously ill patients. The injunction will protect physicians from any enforcement action by any arm of the federal government; for example, the DEA cannot rescind a doctor's DEA registration, HHS cannot expel a physician from Medicare/Medicaid, and the Department of Justice cannot criminally prosecute a doctor for recommending marijuana.

This ruling does not permit doctors to assist their patients to purchase or otherwise obtain marijuana, which is still a controlled substance under federal law. You are still advised not to sign forms from buyer's clubs, as this may expose you to some type of federal enforcement action. Regional attorneys continue to advise that only the attached letter should be used by physicians whose patients bring in a buyer's club form or request a letter of diagnosis. If you sign the attached letter, a copy should be placed in the patient's medical record.

This ruling is currently in effect - however, the federal government may appeal the ruling, and it could be overturned by a higher court. If that happens, we will let you know. In the meantime, you may discuss the pros and cons of marijuana use with your patients without fear of federal sanctions, you may orally recommend marijuana, and you may sign the attached diagnosis letter for your patients if you so choose. You should document your patients' use of marijuana in the medical record, as appropriate — as with other notes in the medical record, your decision to record marijuana use should be based on clinical criteria on a case-by-case basis.

Please feel free to call Kristin Chambers, TPMG Compliance Attorney (at 8+427+4970 or 510-987-4970), or Stan Watson, Program Offices Legal Counsel (at 8+423+6674 or 510-271-6674) if you have any questions about our policy regarding medical marijuana.

he Permanente Medical Group, Inc.

1950 FRANKLIN STREET OAKLAND, CALIFORNIA 94612-2998 ASTOCATI DAVIS PAIRIFIELD PRESION FRESION GLEROY DAVIGNO MAICTINEZ MODIFIAS MODIFIAS MODIFIAS NOVATO OANLAND PENALUMA PLEASANTON RANCHO CORDOVA REDWOOD CITY RICHMONE ROSEVILLE SACRAMENTO SAN JOSE SAN JOSE SAN JOSE SANTA RUSA SACRAMENTO S. SAN FRANCISCO STOCKTON VALLED WALMET CREEN

ite)

Re: [Patient Name]

MR#: [Pt. Medical Number]

DOB [Pt. Date of Birth]

SN: [Pt. Social Security Number]

o Whom it May Concern:

Mr./Ms./Miss/Mrs. [Patient's Name] is under my care at Kaiser Permanente fedical Center for [Diagnosis: for example, AIDS/AIDS chemotherapy, Cancer specific type)/Cancer Chemotherapy, Lupus, Crohn's disease, Multiple Scierosis] with [describe symptoms: for example, pain, nausea, anorexia, spasms, Wasting syndrome, etc.]. If [Patient's Name] chooses to use marijuana therapeutically, I will continue to monitor and to provide appropriate medical care for his/her medical condition. I am a physician licensed to practice medicine in the state of California. You are welcome to call [provide appropriate phone number] to verify this information.

Sincerely,

[Physician's Name], MD [Physician's Department Name: for example, Department of Medicine] California Physician's License Number: [Physician's License Number]

I request that my physician provide the foregoing information.

Patient Signature

Patient Name

The original of this letter may be given to the patient; a copy shall be placed in the patient's medical record.

