

Oregon Senate Healthcare Committee
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Topic: Cannabis in Health Care

Despite our progressive beginnings in Oregon, being the second state in the Union to legalize medical cannabis access in 1998, our current handling of Oregon medical cannabis patients is negligent and fails to comply with our foundational medical ethics (1). Our need to improve cannabis patient resources in Oregon is objectively reflected in the 2021 State of the States Report published by nonprofit Americans for Safe Access, which graded our OMMP program at only 54.43% overall, awarding us only 374 of 700 points possible (2). This may also explain the decline in OMMP enrollment as mentioned by Andre in his earlier presentation. These challenges exist despite more than two decades of legal medical cannabis access to our patients. Oregon's opportunity to reinstate our status as a progressive medical cannabis state and provide a positive example to newer states legalizing cannabis is quickly dissipating. Instead, our mishandling of OMMP patients' needs provides a precautionary tale for newer states, and specific guidance on what *not* to do.

After nearly a decade of experience as Mom to a minor OMMP patient, serving as a medical grower, and a cannabis-specialty nurse educator and professor, I've educated thousands of patients and hundreds of medical professionals. As mentioned by Dr Rachel Knox and Dr Adie Raw already, I also view education as a solution to overcome many of the barriers contributing to our failure to meet Oregon cannabis patient's profound outstanding needs.

Our current medical cannabis approach in Oregon can be likened to a doctor giving a patient a blank prescription note with a signature only, and leaving them to visit the pharmacy, guess which product might be appropriate from thousands of choices, and figure out how to use it, all without any medical guidance. Research supports our current approach is not conducive to patient's experiencing optimal cannabis therapy outcomes, nor does it provide for appropriate education specific to an individual considerations and possible risk factors (3).

Pharmaceutical interactions are the primary risk of medical cannabis use, a fact that eludes most Oregon practitioners, since we are still not teaching cannabinoid science in medical and nursing schools. This despite a 2020 perfect storm case study, of a patient who combined the wrong form of cannabis with her medication meloxicam, the interaction from which was implicated in her death (4). Lacking cannabis science education for doctors and nurses in Oregon is a root contributor to our failure to serve vulnerable OMMP patients, for whom legal access in Oregon was passed in the first place. The fact is that medical professionals in Oregon will inevitably interface with patients using cannabis. Ethically this requires practitioners receive education to ensure a basic understanding of cannabis science, to effectively uphold our oathed duties requiring we provide patient autonomy/agency (right to choose) and informed consent (right to be fully educated) on all available therapeutic options.

Resources already exist to provide accredited CME's for licensed physicians, CE's for licensed nurses, and even DOE approved college level courses for integration in pre-licensure curricula (5, 6). Requiring our medical professionals to complete education is vital to their understanding of the science supporting cannabis as a viable therapeutic option for patients, and ensure they at least know enough to refer patients to a cannabis-specialty practitioner for appropriate guidance when indicated. Lacking this education, practitioners may be misled by stigma and misinformation, or even provide disservice to patients by labeling them with Cannabis Use Disorder, when referral to a competent resource could alleviate any misuse concerns. It's no wonder Oregon patients are lacking the opportunity to achieve optimal therapeutic outcomes of cannabis, instead suffering decreased function or lackluster results, since their primary guidance often comes from uneducated budtenders with no medical training.

It's past time we begin to treat our OMMP participants in a medically compliant manner, by truly integrating cannabis care into Oregon's healthcare system. Today we ask that you support the solutions we are proposing in 2023 Ryan's Law and Oregon Cannabis Healthcare Act to ensure our cannabis patients in Oregon are treated with compassion and ethical care, instead of the current trend entailing rampant discrimination and persecution, and prioritizing commerce over ethical patient care. Thank you.

Citations:

1. ATrain Education – Medical Professional Code of Ethics (2021). Retrieved at: <https://www.etrainceu.com/content/2-professional-codes-ethics>
2. Americans for Safe Access (2021). 2021 State of the States Report, p. 96. Retrieved online at: https://american-safe-access.s3.amazonaws.com/sos2021/StateoftheStates21_Web2.22.pdf
3. Temple, L., Lampert, S., Ewigman, B. (2019). Barriers to achieving optimal success with medical cannabis: opportunities for quality improvement. The Journal of Alternative and Complementary Medicine. Jan 2019, 5-7. <http://doi.org/10.1089/acm.2018.0250> Retrieved from: <https://www.liebertpub.com/doi/10.1089/acm.2018.0250>
4. Han, Y., Hadjokas, N., Mirchia, K., Swan, R., Alpert, S. (2020). Commercial cannabinoid oil-induced stevens-johnson syndrome. Case Study, retrieved from: <https://www.hindawi.com/journals/criopm/2020/6760272/>
5. John Patrick University, School of Integrative Medicine – offering DOE approved cannabinoid science courses: <https://jpu.edu/school-of-integrative-and-functional-medicine/>
6. The Institute of Cannabinoid Medicine – offering CE and CME accredited cannabinoid science education/certification: <https://tiocm.org/diplomate-program>