

## **Statutory reference, Support of Cannabis for Hospice and Palliative Care - excerpts**

**475C.892 Prohibition against taking disciplinary action against professional licensee; right to administer marijuana for medical purposes.** (2)(a) A licensed health care professional may administer medical marijuana to a person who possesses a registry identification card and resides in a licensed health care facility if the administration of pharmaceuticals is within the scope of practice of the licensed health care professional.

## **Professional Organizations in Support of Cannabis for Hospice and Palliative Care - Excerpts**

### **Hospice and Palliative Nurses Association statement on cannabis, 2020**

“It is the position of HPNA that palliative nurses are familiar with the current literature about medical cannabis to facilitate effective communication about medical cannabis with patients and families.”

“Palliative nurses should be prepared for conversations about cannabis. Any use of cannabis or its derivatives prescribed as a medicine should be held to the same standards as any other medication, including indication, dose, frequency, reasons for continuation, and reasons for discontinuation; all indications must be based on scientific evidence for safety and efficacy. Like any other medicine or procedure, treatment should be provided in the context of informed consent and a patient-provider relationship.”

“When making decisions about the use of cannabis, the overall patient care goal should be excellent symptom management, including for those receiving palliative care or hospice care.”

### **A Survey of Hospice Professionals Regarding Medical Cannabis Practices – Sept. 30, 2019**

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Three hundred and ten hospice professionals responded to the survey. More than half of the respondents were nurses followed by administrators and physicians. **Regardless of legal status, hospice staff members were overwhelmingly in agreement that MC is appropriate for hospice patients to have access to and use.** Several barriers to use were identified including discordant legal status between state and federal governments, concerns about clinical efficacy and safety, and a myriad of other societal factors. Wide variations in MC documentation and education practices between hospices were noted.

Our findings highlight important opportunities to support hospice providers and their patients through education and the development of policies around MC. – Journal of Palliative Medicine

### **American Academy of Hospice and Palliative Medicine (AAHPM)**

Letter provided in public comments submitted to DEA during efforts to reschedule cannabis.

“The AAHPM strongly supports DEA’s proposal, which reflects available evidence that demonstrates multiple legitimate medical uses for marijuana with accepted safety when furnished under medical supervision. **As hospice and palliative medicine physicians, our members recognize the benefit that marijuana can provide in managing pain and other symptoms for certain patients with serious illness. Notably, even incremental benefits can be meaningful for patients suffering from these conditions.**”