Ten Years and Growing: Medical Marijuana in Rhode Island – Where Are We Now?

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BACKGROUND
The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act ("Hawkins-Slater") – Rhode Island General Laws 21-28.6-1) became law in 2005. Regulations were promulgated initially in July of 2006. The legislative findings incorporated in Hawkins-Slater assert that modern medical research recognizes beneficial uses for marijuana, including the treatment of pain, nausea and other debilitating conditions, noting that ten states (other than Rhode Island) had passed statutes approving the use of medical marijuana ("MM").

Hawkins-Slater allows citizens with qualifying debilitating medical conditions ("QDMCs") to grow, possess and use marijuana without fear of prosecution from state or federal law. “It is in the state’s interests of public safety, public welfare, and the integrity of the medical marijuana program to ensure that the possession and cultivation of marijuana for the sole purpose of medical use for alleviating symptoms caused by debilitating medical conditions is adequately regulated.” The law also allows individuals to become “primary caregivers” for citizens with QDMCs. The subsequent development of compassion centers (centers in which MM is grown commercially) was made possible by amending Hawkins-Slater in 2009. Three centers were subsequently opened in Rhode Island between spring, 2013 and fall, 2014.

“Primary caregiver’ means either a natural person, who is at least twenty-one (21) years old, or a compassion center. A natural person primary caregiver may assist no more than five (5) qualifying patients with their medical use of marijuana.” A primary caregiver provides MM to citizens with QDMCs. A natural person primary caregiver may obtain MM either by growing it or by legally purchasing it (e.g., from a compassion center).

Hawkins-Slater affords several legal protections for citizens with one or more QDMCs, as well as their caregivers. Additionally, licensed professionals who certify patients as having QDMCs are afforded legal protection from the state: "(i) A practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by the Rhode Island board of medical licensure and discipline, or by any other business or occupational or professional licensing board or bureau solely for providing written certifications, or for otherwise stating that, in the practitioner’s professional opinion, the potential benefits of the Medical Marijuana would likely outweigh the health risks for a patient.”

At present, Rhode Island has ten years of experience in regulating MM.

USE OF MEDICAL MARIJUANA IN RHODE ISLAND
Currently, the Medical Marijuana Program lists 12,755 citizens with QDMCs. The number of certifications grew steadily between 2005 and 2013, then increased substantially. The number of primary caregivers also grew steadily between 2009 and 2012, then leveled off. (Figure 1) Three compassion centers are available to citizens with QDMCs. At present, a patient may access any one – but only one – of the three centers (Table 1). Each patient is obligated to register with a center. Compassion centers offer marijuana-infused products in addition to the raw product.

A citizen with at least one QDMC must be certified by a physician before applying to the Rhode Island Department of Health (RIDOH) to be approved to use MM. A physician’s certification indicates that “in the practitioner’s professional opinion, the potential benefits of the Medical Marijuana would likely outweigh the health risks for a patient.”

At present, Rhode Island has ten years of experience in regulating MM.

Figure 1. MM Registration Counts as of December 31, 2015

<table>
<thead>
<tr>
<th>Year of Registration</th>
<th>Number of Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>2,000</td>
</tr>
<tr>
<td>2011</td>
<td>4,000</td>
</tr>
<tr>
<td>2012</td>
<td>6,000</td>
</tr>
<tr>
<td>2013</td>
<td>8,000</td>
</tr>
<tr>
<td>2014</td>
<td>10,000</td>
</tr>
<tr>
<td>2015</td>
<td>12,000</td>
</tr>
</tbody>
</table>

Table 1. Number of current citizens with a qualifying diagnosis or debilitating condition who have registered with a compassion center

<table>
<thead>
<tr>
<th>Compassion Center</th>
<th>Number of Registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Slater</td>
<td>7,025</td>
</tr>
<tr>
<td>Summit</td>
<td>3,058</td>
</tr>
<tr>
<td>Greenleaf</td>
<td>2,244</td>
</tr>
</tbody>
</table>
opinion, the potential benefits of the medical marijuana would likely outweigh the health risks for a patient. The process does not require medical review of the application or verification of a diagnosis. Among all QDMCs, “chronic pain and persistent muscle spasms” is the most common (63%) reason for MM approval. (Table 2) Of note, the QDMC, “cancer or related treatment,” accounts for only 5.6% of all MM approvals. Among all patients approved to use MM, males outnumber females 2:1. (Table 3) Males are more likely than females to be certified on the basis of HIV positivity (5:1), AIDS (3.8:1), hepatitis-C (2.9:1), glaucoma (2.9:1), and pain (2.4:1). Finally, more than half of all approved patients (53%) are below age 50. (Table 4)

### CERTIFYING PHYSICIANS
Currently, only physicians licensed in Rhode Island, Massachusetts or Connecticut may certify that a citizen residing in Rhode Island has a QDMC. Currently, 69% are Rhode Island-licensed physicians and 31% are licensed in Massachusetts or Connecticut.
Physician Assistants and Advanced Practice Registered Nurses are not allowed to certify a patient for MM. Under Hawkins-Slater no medical or surgical specialty is designated for authorizing MM use; physicians who do so come from various specialties. Of all physicians who attest for MM use, (Figure 2) 52% of current patients are attested by only five physicians, two of whom are licensed in Massachusetts [and practice there]. (Figure 3)

**CONCLUDING THOUGHTS**

Most physicians have not been trained in the pharmacology and clinical applications of MM, given its Schedule-1 designation. Of note, only five physicians account for 52% of Rhode Islanders approved for MM use. The diversity of the top five prescribers [internal medicine, surgery, anatomic pathology and obstetrics] is unexplained but raises questions. The vast majority of physicians in Rhode Island have not authorized MM for any of their patients, while another 13% have done so infrequently. What are the reasons for this? We have no data to provide answers.

**References**

4. Ibid [7]
8. Rhode Island General Laws § 21-28.6-3[9]
10. Rhode Island Department of Health MM program as of 12.31.2015
16. Rhode Island Department of Health MM Program as of 12.31.2015

**Authors**

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