



2019 Annual Report

Iowa Medical Cannabidiol Board – Annual Report to the Iowa General Assembly



Authorship – Division of Behavioral Health, Office of Medical Cannabidiol

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Iowa Department of Public Health
Protecting and Improving the Health of Iowans



3. Adding Mid-level Providers to the List of Healthcare Practitioners

Chapter 124E permits only licensed physicians to certify a patient’s debilitating medical condition for purposes of obtaining a patient or primary caregiver registration card. To ensure access to registration cards for a greater number of patients, the Board recommends allowing advanced practice providers, including physician assistants (PAs), advanced registered nurse practitioners (ARNPs), as well as podiatric physicians to certify a patient’s debilitating medical condition for the purpose of obtaining a medical cannabidiol registration card. These practitioners have prescribing authority under both Iowa and Federal law identical to that of MDs and DOs, and currently provide a significant fraction of primary care in Iowa.

4. Require Pharmacists in Dispensaries

The Board recommends requiring pharmacists in dispensaries to make dosing recommendations. The Board makes this recommendation to ensure patient safety. At least two other states, Pennsylvania and Minnesota, require a licensed pharmacist to work at each dispensary.

5. Physician Access to the Patient Registry

The Board recommends adding an exception to the confidentiality provisions for the patient registry established by Chapter 124E for licensed medical providers that are permitted to certify patients for participation in the program. This would allow providers to determine whether patients have been approved for medical cannabidiol registration cards by providers other than themselves. This could be done through a validated request directly to the Secure Sales and Inventory Tracking System.

6. Develop Language to Protect Schools, and Long-Term and Acute Care Facilities

Facilities that receive federal funding are hesitant to allow medical cannabidiol products to be administered and stored at the facilities due to the current scheduling of *Cannabis* at the federal level. There are Iowa patients within these facilities who are unable to store their medication at the facility, or have their medication administered by facility staff, because of concerns about adverse consequences for the facilities. Developing language to protect these facilities or seeking exemption for Iowa’s program from federal drug laws would benefit patients and facilities.

7. Require Department Research (Observational Study)

The Board recommends that the department have the authority and resources to conduct an observational effectiveness study with patients and healthcare practitioners, as there is limited domestic research on the effectiveness of medical cannabidiol products. This would be similar to Minnesota’s program, which receives resources to conduct ongoing observational studies with their patients and providers.