

Collaborative Practice Agreements for Medical Cannabis Card Renewals

To: Medical Cannabis Policy Advisory Board

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Subject: Proposal re: collaborative practice agreements for medical cannabis card renewals

Background:

The Utah Medical Cannabis Program has seen approximately 46,245 patients choose not to renew their medical cannabis card at some point since the program's inception. The main reason does not seem to be associated with a reduction of cannabis usage, but rather patients using alternative markets due to the cost associated with obtaining or renewing a medical cannabis card. For many patients, particularly those facing financial hardship, the expense of paying out of pocket for a recommending medical provider (RMP) evaluation for medical cannabis presents a significant challenge.

According to a review of the state medical cannabis [Cost Compare website](#), the fee to acquire a medical cannabis card in the first instance ranges from \$10 to \$500 annually, with patients paying on average \$190 for their initial recommendation. To renew a medical card, patients are paying between \$10 and \$250, with the average patient paying \$129 to renew. When taken together, patients are paying on average \$319 to obtain and renew their medical cannabis card. This cost is compounded by the fact that most providers don't accept insurance for this service; meaning patients are paying the full expense for their card without any assistance from their health insurance. Similarly, because cannabis remains federally illegal, the cost of the medicine itself is also not covered by insurance. The high cost to obtain/maintain a medical card, when coupled with the legal requirements for regular RMP evaluations (at least annually, but can be more frequent depending on the RMP's preference) and the cost of the medicine itself, impose a significant financial strain that many patients find challenging to bear. By contrast, the co-pay for a prescription fill/refill of other medications in Utah is typically significantly lower when insurance is accepted, highlighting the unique and elevated costs medical cannabis patients must cover themselves.

Proposal:

In order to make medical cannabis more accessible to patients, regardless of socioeconomic status, we propose a solution that leverages existing infrastructure within the healthcare system:

collaborative practice agreements between pharmacy medical providers (PMPs) and a patient's RMP.

What is a collaborative practice agreement?

A collaborative practice agreement (CPA) is a legal agreement between a pharmacist and a practitioner that allows the pharmacist to perform specific patient care functions, such as initiating, modifying, or discontinuing drug therapy, under the authority of the collaborating practitioner. CPAs are designed to improve patient care by leveraging the expertise of both pharmacists and prescribers, ensuring optimal medication management and patient outcomes. All 50 states have legalized CPAs in some form, acknowledging that pharmacists can perform more care functions than merely dispensing a practitioner's prescription.

Collaborative Practice Agreements: A Viable Solution

Collaborative practice agreements have been implemented in a variety of healthcare settings to optimize and improve patient care. By allowing PMPs to enter into collaborative practice agreements with patients' RMPs, we can optimize the process of recommending medical cannabis and lower associated costs for patients, making the medical cannabis program more comparable to the co-pay for a regular prescription.

Under this proposed model, patients would continue to receive their initial recommendation for medical cannabis from a RMP, but any renewal of the recommendation could be completed by a PMP at a reduced cost where PMPs would not be reliant on the income associated with a given renewal like an RMP. The recommendation and relationship between the patient's RMP and PMP would be facilitated by a collaborative practice agreement between the two. Such an agreement would ensure that medical cannabis is recommended in a safe and responsible manner. The RMP retains the ability to set any parameters around the PMP's ability to renew a patient's medical cannabis card. Furthermore, the RMP would retain the ultimate decision-making authority over whether to discontinue a patient's access to medical cannabis, which aligns with statute.

Benefits of the Proposed Model

Implementing collaborative practice agreements within the Utah medical cannabis program offers several benefits:

Streamlined Process: Collaborative practice agreements simplify the recommendation process by reducing administrative burdens for both patients and healthcare providers. Each patient is already required by law to be evaluated and educated by their PMP before they are allowed to purchase at a Utah medical cannabis pharmacy. They may also

schedule a follow up consultation with a PMP at any time. By eliminating the need for separate RMP evaluations when a patient is seeking to renew their medical card, and instead allowing the PMP to evaluate and collaborate with the RMP, patients will save significantly on the cost of renewing a medical cannabis card. As noted above, the RMP will retain the ability to control the terms of the relationship between the RMP and PMP, including the circumstances under which a PMP may renew a given patient's recommendation, under the terms and conditions of the collaborative practice agreement. The RMP will also retain the sole authority to revoke a patient's recommendation for medical cannabis.

Cost Reduction: By giving RMPs the ability to enter into collaborative practice agreements with medical cannabis pharmacies, it will likely save patients hundreds of dollars per year. For those RMPs that require patients to renew multiple times a year, a collaborative practice agreement will save those patients even more money.

While there are no set prices for what a medical cannabis pharmacy will charge a patient to perform a renewal recommendation, at least two pharmacies have stated that they would likely be able to charge very little, if anything for renewals. The reason that they would be able to provide the same service to patients for a fraction of the cost is simply because the pharmacy is already paying for the pharmacist to meet with the patient, check medical records and provide education. The Pharmacy does not rely on card fees to pay for staff wages, rent, or business expenses. Also having Pharmacies set the cost of renewals provides competition to keep fees low and patients able to shop in their pharmacy.

Improved Access: Patients facing financial barriers are less likely to turn back to other regulated markets, the illicit market, or to hemp-derived products to have access to medical cannabis treatment. The original push for medical cannabis legalization was to allow access and create patients, not criminals; however, the financial barriers created by the current RMP model is creating more patients that are potential criminals because they cannot afford to enter or stay in the program. It makes little to no sense to drive demand to other markets, especially the illicit market, simply because it is too expensive to obtain/maintain a medical cannabis card.

Specialized Patient Care: Utah PMPs have rapidly emerged as medical cannabis specialists. They interact extensively with patients through consultations, order reviews, and product recommendations. PMPs possess in-depth knowledge of medical cannabis products and patient purchase habits; something that RMPs are less likely to know. PMPs are state licensed pharmacists who have advanced medical degrees, including multiple PMPs to have medical cannabis degrees. They are trained in identifying potential drug interactions and confirming diagnosis codes with medical providers. By involving PMPs

in the recommendation of medical cannabis, patients will still receive comprehensive support and guidance throughout their treatment journey, while removing the redundant DX out of pocket cost.

Retaining RMP Control: While renewal recommendations will be conducted by PMPs under a CPA, the agreement itself must spell out the exact circumstances under which a PMP may renew a recommendation for an RMP's patients. For example, if an RMP wants a PMP to consider certain relevant health information for the RMP's patients as part of their renewal procedures, then that will be set forth in the CPA. By allowing the RMP to retain authority over who may or may not have their medical cannabis recommendation renewed, this will ensure that medical cannabis is being responsibly recommended to Utah patients.

Recommendation:

The implementation of collaborative practice agreements between pharmacists and RMPs presents a promising opportunity to reduce the cost to obtain and maintain a medical cannabis card in Utah. By leveraging an already-established healthcare apparatus like CPAs to streamline the recommendation process, we can ensure that all Utahns have access to the medical treatments they need, regardless of financial status. Accordingly, we recommend that the Board vote in favor of recommending to the Legislature the adoption of CPAs in the setting of medical cannabis recommendations.