

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

ALEX CHANG,

Petitioner,

NO.

FINAL ORDER ON PETITION FOR
INCLUSION OF BIPOLAR DISORDER,
SEVERE DEPRESSION AND ANXIETY-
RELATED DISORDERS (SOCIAL PHOBIA)
AS TERMINAL OR DEBILITATING
CONDITIONS UNDER RCW 69.51A.010(4)

This matter came before the Medical Quality Assurance Commission on January 15, 2010 at the Holiday Inn Seattle Renton, Washington, on the petition of Alex Chang, for the inclusion of bipolar disorder, severe depression, and anxiety-related disorders, specifically social phobia as terminal or debilitating medical conditions under RCW 69.51A. The Commission, in consultation with the Board of Osteopathic Medicine and Surgery, having considered the petition and the record in this matter, now issues the following:

I. FINDINGS OF FACT

1.1 On July 20, 2009, the Petitioner Alex Chang filed a petition with the Medical Quality Assurance Commission (Medical Commission) requesting that, pursuant to RCW 69.51A.070, the Commission include bipolar disorder, severe depression, and anxiety-related disorders, specifically social phobia as terminal or debilitating medical condition(s) under RCW 69.51A.010(4)(g).

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1.2 On December 2, 2009, at the Radisson Hotel Sea-Tac Airport, Seattle, Washington, a public hearing was held before a panel consisting of three members of the Medical Quality Assurance Commission (Medical Commission) and three members of the Board of Osteopathic Medicine and Surgery (Osteopathic Board).

1.3 The Petitioner appeared personally and presented in support of the petition. The Petitioner also answered questions from the panel.

1.4 Public testimony was taken from approximately 23 members of the public. Written comments and information were also received from the public.

1.5 Expert testimony was provided by Dr. Andrew Saxon, MD, a board-certified psychiatrist who is also credentialed in addiction psychiatry. Dr. Saxon practices as Director, Addiction Patient Care Line, Mental Health Service, Veterans Affairs Puget Sound Health Care System, Seattle. Dr Saxon is also a Professor, Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine, Seattle. Dr. Saxon also answered questions from the members of the panel and from members of the public attending the December 2, 2009 public hearing.

1.6 The members of the Osteopathic Board and the Medical Commission were provided complete copies of the record on the petition including the petition, the written comments and information submitted, and a verbatim transcript of the December 2, 2009 public hearing.

1.7 On January 5, 2010, the Osteopathic Board held a special public meeting to deliberate on the petition and to determine what recommendation, if any, it would make regarding the petition. The public was provided access to the meeting telephonically and in person at the Department of Health Offices in Tumwater, Washington. The Osteopathic Board

considered the public hearing panel members' input and the record of the public hearing held on December 2, 2009, including the written comments and the public hearing transcript in making its recommendation. The Osteopathic Board voted to recommend that the petition be denied. The Osteopathic Board's recommendation was sent by letter to the Medical Commission.

1.8 On January 15, 2010, at the Medical Commission's regular public business meeting at the Holiday Inn Seattle Renton, Washington, the Medical Commission deliberated on the petition to determine what recommendation, if any, it would make. On the Osteopathic Board's behalf, its chair attended the Medical Commission's meeting and presented the Osteopathic Board's recommendation. The Medical Commission considered the public hearing panel members' input and the record of the public hearing held on December 2, 2009, including the written comments and the public hearing transcript and made the determinations herein. The Medical Commission voted to issue a Final Order denying the petition on January 15, 2010.

1.9 There have been two previous petitions to include similar conditions to the list of terminal or debilitating conditions under RCW 69.51A.010(4).

1.10 On November 22, 2001, the Commission issued a Final Order on Petition to include Manic or Chronic Depression as Debilitating Conditions under RCW 69.51A, which denied the petition for adding manic depression and chronic depression as debilitating conditions.

1.11 On November 19, 2004, the Commission issued a Final Order on Petition to add depression and severe anxiety as a "terminal or debilitating medical conditions(s)" within the meaning of RCW 69.51A.010(4).

1.12 At the December 2, 2009 public hearing, the Petitioner's supporting testimony described his personal history of unsuccessful treatment for social anxiety disorder with which

he has suffered since about the fifth grade including the severe symptoms he has suffered and how his condition has affected his life. He also described his personal experience that cannabis worked better than anything else he had found for his condition.

1.13 The public comments on December 2, 2009 were moving and very courageous. The comments included many examples of failed or inadequate treatment for bipolar disorder, severe depression, and anxiety disorder using standard medications and treatments used by the traditional medical community. The comments included personal experiences describing a broad range of symptoms, and the experiences of family members and friends who are adolescents and adults. One commenter stated that he was authorized to use marijuana under California's law for the conditions in the petition and was surprised that Washington state law did not allow this use. Other individuals testified that they self-medicated with marijuana because it was the only treatment that helped them and their only affordable alternative to address their symptoms.

1.14 The December 2, 2009 public hearing included comments from organization representatives supporting the petition, and supporting better access for patients wanting to use marijuana. The representatives included employees of clinics providing physicians in Washington state who are willing to write recommendations for marijuana use, representatives of the Hemp and Cannabis Foundation, the National Alliance for Mental Illness (Seattle), and CannaCare. One commenter was a Missouri physician who had previously practiced in Washington.

1.15 Many persons who need treatment for mental health conditions in Washington including persons with bipolar disorder, severe depression, and anxiety disorders specifically social phobia, have no meaningful access to the care and treatment that they need for their conditions. Many persons lack access to care either because they cannot afford it, care is not

covered by insurance, or it is unavailable; even for those with access to care, the care that is available to them is inadequate to meet their treatment needs.

1.16 Andrew Saxon, MD testified telephonically. Dr. Saxon provided information about the conditions in the petition and the standard clinical treatments for bipolar disorder, severe depression, and anxiety disorders. Dr. Saxon testified that bipolar disorder, severe depression, and anxiety disorders, specifically social phobia, are enduring conditions that are difficult to treat, but are generally treatable with psychotherapy, medication, or both. These conditions are not uniform and each individual who has these conditions has unique symptoms and may respond differently to different medications and treatment regimens.

1.17 No rigorous peer-reviewed randomized controlled clinical trials have been published that show improved health outcomes in patients treated with marijuana for bipolar disorder, severe depression, or anxiety disorder specifically social phobia.

1.18 Dr. Saxon testified that such research would be needed to demonstrate marijuana's effectiveness in the treatment of bipolar disorder, severe depression, and anxiety disorders specifically social phobia. In the absence of such scientific evidence, Dr. Saxon did not support recommending marijuana for these conditions. He further stated that he supported such research and study. Dr. Saxon testified from his clinical experience and stated that many individuals believe marijuana helps them and report good experience with it. He stated he has seen hundreds of patients who have been made worse by marijuana and whose conditions improved when they stopped using marijuana. Dr. Saxon's practice setting in the Veterans Administration and University systems provides a level of comprehensive mental health care which may not available to the general public in Washington state.

1.19 Written comments were received opposing the petition from the Washington Physicians Health Program, the Yakima County Alcohol and Substance Abuse program, Kitsap County Mental Health Services, King County Mental Health, Chemical Abuse and Dependency Services, Central Washington Comprehensive Mental Health Services, the Association of Alcoholism and Addiction Programs in Washington State and from individual health care providers. A majority of these comments cited the lack of credible scientific evidence of marijuana's effectiveness for bipolar disorder, severe depression, and anxiety disorders together with potential harm from its use. One comment cited medical literature that marijuana use may interfere with mental health treatment or contribute to destabilizing persons with such conditions due to marijuana's mood-altering or symptom-masking properties.

1.20 Marijuana has known cognitive and psychological effects including memory impairment, an association with development of psychosis, reflex impairment, and withdrawal syndrome for those who use marijuana on a regular basis.

1.21 Written comments were also received in support of the petition from four individuals, including two nurses. These comments cited both personal and clinical experiences of persons who were not helped by standard treatment for mental health conditions, but reported relief of symptoms when using marijuana.

1.22 The Commission concludes that there is insufficient scientific or anecdotal evidence to support including bipolar disorder, severe depression, and anxiety disorders, specifically social phobia as these conditions were described in the public testimony on the list of terminal or debilitating medical conditions for which medical marijuana use may be beneficial under RCW 69.51A.010(4).

1.23 The Commission supports rigorous scientific randomized controlled clinical trials that have potential to demonstrate marijuana's effectiveness or efficacy in treating bipolar disorder, severe depression, or anxiety disorders including social phobia.

II. CONCLUSIONS OF LAW

2.1 The Medical Commission, in consultation with the Osteopathic Board has jurisdiction over this matter pursuant to RCW 69.51A.070.

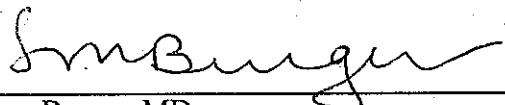
2.2 In interpreting the information presented to it, the Medical Commission and Osteopathic Board utilized its expertise in evaluating the evidence presented and in weighing the potential risks and benefits of using marijuana to treat bipolar disorder, severe depression, and anxiety disorders including social phobia.

2.3 The Medical Commission, in consultation with the Osteopathic Board, has determined that bipolar disorder, severe depression, and anxiety disorders including social phobia, as described in the public testimony, are non-uniform conditions with a broad range of patient-specific symptoms, effects, risks and responses to treatment which do not constitute "terminal or debilitating medical condition(s)" within the meaning of RCW 69.51A.010(4).

III. ORDER

The petition to add bipolar disorder, severe depression, and anxiety disorders including social phobia as "terminal or debilitating medical condition(s)" within the meaning of RCW 69.51A.010(4) is DENIED..

DATED this 2 day of February, 2010.



Les Burger, MD
Chair

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ORIGINAL

NOTICE TO PARTIES

Either party may file a petition for reconsideration. RCW 34.05.461(3); 34.05.470. The petition must be filed within 10 days of service of this order with:

Medical Quality Assurance Commission
243 Israel Rd SE
P.O. Box 47866
Olympia, Washington, 98504-7866

The petition must state the specific grounds for reconsideration and what relief is requested. WAC 246-11-580. The petition is denied if the Medical Commission does not respond in writing within 20 days of the filing of the petition.

A petition for judicial review must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, the above 30-day period does not start until the petition is resolved. RCW 34.05.470(3).

The order is in effect while a petition for reconsideration or review is filed. "Filing" means actual receipt of the document by the Medical Commission. RCW 34.05.010(6). This order is "served" the day it is deposited in the United States mail. RCW 34.05.010(19).