Medical Use of Marijuana Online System Underage Patient Certification Interfaces and Instructions

Massachusetts Cannabis Control Commission

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First Physician Certification

Patient Certification

Page Description

The first physician accesses this page by clicking the “certify” link in the top menu, like they would to certify any adult patient.

Configurable Text

To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required.

If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.
Verify Pediatric Patient Identification Information

Page Description

On clicking the “Proceed” button in the previous page, the first physician is brought to this page where they are asked to verify the information they entered before with the patient’s parent or guardian.

Configurable Text

Please verify with the patient and their legal guardian that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System. If the information is incorrect you may click the "Cancel" button below and correct the information.
Verify Information Page

Page Description

If the physician clicks “Proceed” on the previous page, they are brought to this page with instructions to certify the underage patient.

![Medical Use of Marijuana Online System](image)

### Configurable Text

A qualifying patient who is under 18 years of age must be certified by two Massachusetts licensed physicians of which at least one is a board-certified pediatrician or board-certified pediatric sub-specialist. You may certify a qualifying patient who is under 18 years of age who has a debilitating medical condition that is not a life-limiting illness if you determine that the benefits of the medical use of marijuana outweigh the risks. This must include a discussion of the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, written consent of the parent or legal guardian, and documentation of the rationale in the medical record and the written certification.

You are about to certify a patient who is under 18 years of age. To continue, please complete the following steps.

**Step 1:** Click the begin button below to begin the online pediatric patient certification process.
**Step 2:** Complete the online pediatric patient certification process.
**Step 3:** Print the instructions to complete the pediatric patient certification and registration process and provide them to the parent or legal guardian.
Pediatric Patient Certification (Patients Under the Age of 18)

Page Description

This is the main page where the first physician enters the certification information for the underage patient. Instead of asking for the patient’s email, we ask for their parent or legal guardian’s email. There are new fields to check if the Debilitating Medical Condition is life limiting, and if it is not, the physician must specify a rationale for the certification. The Physician must also indicate if they are a pediatrician or a pediatric subspecialist.
To certify the patient, please fill in the fields below. After you have finished, click the "Proceed" button to advance to the next step. All fields marked with an asterisk (*) are required.

Please verify that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.

Attestation

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the Massachusetts Prescription Monitoring Program (PMP) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks, I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient’s medical record and in this certification.

By checking the box below, I attest that I understand and agree with each of the Attestations above.
Pediatric Patient Certification (Patients Under the Age of 18)

Page Description

On this page, the first physician can review the certification and on clicking the “Certify” button, the first certification is submitted.

<table>
<thead>
<tr>
<th>Pediatric Specialty Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a pediatrician or a pediatric sub-specialist?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the debilitating medical condition life-limiting?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate Duration (in days)</td>
<td>60</td>
</tr>
<tr>
<td>Maximum Quantity for 60 Days</td>
<td>10,0000 Ounces</td>
</tr>
</tbody>
</table>

Configurable Text

Please take the time to review the information you have entered. If there are any issues click the "Back" button to correct the information. If everything is correct, click the "Certify" button to complete the certification.
Certification Confirmation

Page Description

On this page, the physician sees the confirmation for the underage certification. As shown below, the certification does not start until the patient visits and gets certified from the second physician. The physician can also print the instructions from this page which specify that the patient needs to get certified from the second physician and register in the Medical use of Marijuana Online System.

Configurable Text

The first step of the pediatric patient certification below has been completed. To complete the certification process, the patient must get certified by a second physician.

Please click the "Generate Pediatric Patient Instructions" button to generate the instructions for the additional steps needed to complete the certification and registration process. Please make sure to provide the printed instructions to the patient's parent or legal guardian.
Second Physician Certification

Patient Identification Page

Page Description

The physician enters the patient’s information on this page, and since the patient already exists in the system after the first certification, the physician sees a table with the patient information, on clicking the link with the name of the patient (shown in red), the second physician will go to the patient view page.

Configurable Text

To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required.

If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.
Pediatric Patient Information

Page Description

On the patient view page, the second physician can see the details of the first certification, and complete the second certification by clicking the “Complete Second Physician Verification” link on the left side menu.

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certificate Status</th>
<th>Registration Number</th>
<th>Registration Start Date</th>
<th>Registration End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric</td>
<td>INCOMPLETE</td>
<td>P11953407</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Patient Information | | |
|---------------------|-----------------|
| Name: | Lisa Benson |
| Date of Birth: | 05/01/2000 |
| Gender: | Female |
| Residential Address: | |
| Mailing Address: | |
| Home Phone Number: | |
| Mobile Phone Number: | |
| Parent or Legal Guardian Email: | mpnixon@gmail.com |

| Pending Pediatric Certification | | |
|--------------------------------|-----------------|
| Certification Period: | Will start on second physician verification |
| Maximum Quantity for 60 Days: | 10,000 Ounces | 283.50 Grams |
| Certification Duration (in days): | 60 |
| Debilitating Medical Conditions: | Yes |
| Debilitating medical condition in life-limiting: | Glaucoma |
| Rationale for Certification: | My rational for certifying the patient. |
| First Certifying Physician Name: | Ryan West |
| First Certifying Physician Type: | Physician |
| First Certifying Physician Name of Practice: | Practice123 |
| First Certifying Physician Practice Address: | 12345 Street |
| First Certifying Physician Phone Number: | 555-123-4567 |
| First Certifying Physician Practice Fax Number: | 555-123-4567 |
| First Certifying Physician is Pediatrician or Pediatric sub-specialist: | Yes |
Complete Second Physician Verification of Pediatric Certification

Page Description

On this page, the second physician can verify the underage patient certification. The second physician cannot change any of the information like the debilitating medical condition that the first physician entered. The second physician must indicate if they are a pediatrician or a pediatric sub-specialist. If the first physician indicated they were not a pediatrician or a pediatric sub-specialist the second physician will not be able to complete the verification if they do not indicate that they are a pediatrician or a pediatric sub-specialist.

After agreeing with the attestations and clicking the “Complete Verification” button, the second physician’s certification is entered into the Medical Use of Marijuana Online System. On the next page, the physician can view the patient’s information, and print the instructions which tell the patient’s parent or legal guardian to register with the Medical Use of Marijuana Online System.
To complete this patient's certification, you will need to verify the certification issued by the first physician displayed below.

**Attestation**

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the [Massachusetts Prescription Monitoring Program](https://www.mass.gov) (PMP) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks, I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient’s medical record.
- I concur with the diagnosis of this patient by the first certifying physician and the information provided in this certification regarding the debilitating medical condition or life limiting illness, as applicable. In my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.

**By checking the box below, I attest that I understand and agree with each of the Attestations above.**
Complete Second Physician Verification of Pediatric Certification

Page Description

On this page, the physician sees the confirmation for the underage certification. The physician will see that the certification is now active. The physician can also print the instructions from this page which specify that the patient’s certification is complete and that the will need to register with the Medical Use of Marijuana Program if they have not already.
Your patient has been certified. Below, you will find your patient's certification information.

Now that your patient has been certified, their parent or legal guardian will need to register with the Medical Use of Marijuana Program in order to possess marijuana for medical purposes.

To inform your patient's parent or legal guardian of the registration requirements, please print the underage patient registration instructions by clicking "Print Underage Patient Instructions" below. Then provide the printed instructions to your patient's parent or legal guardian.

Also, inform your patient's parent or legal guardian that the instructions include the patient's PIN which is required to register with the Medical Use of Marijuana Program.