

Minnesota Medical THC Law May29th 2014

(MN, DE, AZ, WA, ORE, NM, CO, MT, ILL, NH, MI, NY, VT, RI, NJ, DEL, DC, CONN, and Alaska)-have medical THC Laws

1. Marijuana as a scheduled I controlled substance.
 - a. All Federal DOT testing doesn't allow for use.
 - b. Employers have no duty to accommodate use under the Americans with Disability Act where federal testing is involved.
2. Medical Conditions eligible for medical THC use, as of September 30th 2018.

- Alzheimers Disease – August 2019
- Intractable Pain 7,917 cases
- Sleep Apnea 221 cases
- Autism Spectrum 175 cases
- Post-Traumatic Stress Disorder (PTSD) 1905 cases
- Cancer associated with severe/chronic pain, nausea or severe vomiting, or cachexia or severe wasting 1125 cases
- Glaucoma 98 cases
- HIV/AIDS 87 cases
- Tourette Syndrome 104 cases
- Amyotrophic Lateral Sclerosis (ALS) 30 cases
- Seizures, including those characteristic of Epilepsy 537 cases
- Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis 1643 cases
- Crohn's Disease 380 cases
- Terminal illness, with a probable life expectancy of less than one year* 137 cases

Total 14,359 cases population of MN 5.63 million 0.255%

The active part of Marijuana that caused impairment is the THC Terta hydro Cannabinol.

New Strain called "Kately Faith" Cannabidol (CBD)/THC 40:1 ratio

Under Minnesota Medical Marijuana laws

- A. If an applicant tests positive for THC the employer has to hire (exceptions where Federal DOT regulations apply)
- B. For Post-Accident or reasonable suspicion testing additional documentation of impairment is needed other than just the positive THC Test. DOCUMENT signs of impairment!
A positive random non dot can't be called a positive without the documentation of "impairment".
- C. Can't use or dose at work
- D. DOT Health Card-Drivers CAN'T be certified to drive if taking Medical Marijuana
- E. "For the purposes of medical care use of medical THC is considered the equivalent of the authorized use or any other medication used at the discretion of a physician doesn't constitute the use of an illegal substance unless a failure to do so would violate federal law or regulations or cause an employer to lose monetary licensing-related benefit under federal law or regulations".
"A patient's positive drug test for cannabis components or metabolites unless the patient used, possessed, or was impaired by medical cannabis on the premises of the place of employment during the hours of employment". "An Employee who is required to undergo employer drug testing may present verification of enrollment in the patient registry as part of the employee's explanation".

THC Impairment

- A. Dilated pupils, lack of pupil tracking, drooped eye lids
- B. Red, Blood shot eyes
- C. Eye lid tremor
- D. Depth Perception
- E. Slow Body- Clock
- F. Medical Cannabis can impair perception, reaction time, motor skills, and attention in ways that make it dangerous to drive, operate machinery, or engage in any activity at home or at work that could harm others or cause professional malpractice. It is not known how long the impairment lasts for a particular individual taking a particular type and dose of medical cannabis products is unknown, but at least several hours, with high THC content. Drinking alcohol while taking medical cannabis will make impairment much worse.
- G. From reasonable suspicion training with pilots in flight simulators- for 24 to 48 hours after use, when presented with a situation/circumstance, in which there was an “adrenalin response precipitated”, releasing the THC from the fat cells resulted in pilots crashing the jet for up to 48 hours after a single use.

H. At MOH if an individual is prescribed medical Marijuana and their NON Federal drug test is positive for Marijuana, and their participation in the registry is confirmed, the new hire result will be reported to the employer as follows:

*** MEDICAL MARIJUANA CERTIFICATE VERIFIED M/D/YR. MINNESOTA STATUTES SECTIONS 152.22, 152.37 AND CHAPTER 311 – S.F. NO. 2470 MAY APPLY. EMPLOYER SHOULD REVIEW MINNESOTA STATUTES PRIOR TO MAKING EMPLOYMENT RELATED DECISIONS. ***

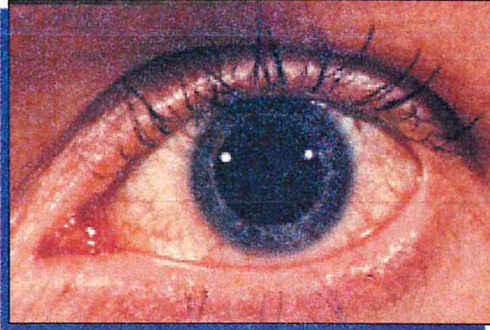
- I. With testing on current employees,(PA, RS, Random), a positive confirmed Medical Marijuana is also reported as a positive with the same footnote as above. **Employers must document impairment in order to call it a positive.**
- J. Always send the required letter of a positive drug test results to the applicant or employee as required by Minnesota Drug Testing States 181.953 subd6 and7.

Questions

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***Cannabis*— User Identification**

- Pupil Dilation, Lack of Pupil Tracking, Drooped Eye Lids,
- Red, Bloodshot-Eyes
- Eye Lid Tremor
- Coated Tongue
- Depth Perception
- Slow Body-Clock
- Odor of Burnt Marijuana



OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

Reasonable suspicion determined for: Alcohol Drugs
 Employee Name _____ ID number _____
 Address of occurrence _____
 City & State _____
 Date of occurrence _____ Time of occurrence _____

Record employee observed behavior for reasonable suspicion for the use of alcohol or controlled substances. The employer shall require the employee to submit to a controlled substance or alcohol test if a supervisor or company official determines that reasonable suspicion exists.

MARK ALL ITEMS THAT APPLY AND DESCRIBE SPECIFICS AS NEEDED

WALKING/BALANCE

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Stumbling | <input type="checkbox"/> Staggering | <input type="checkbox"/> Falling | <input type="checkbox"/> Unable to stand | <input type="checkbox"/> Sagging at knees |
| <input type="checkbox"/> Swaying | <input type="checkbox"/> Unsteady | <input type="checkbox"/> Rigid | <input type="checkbox"/> Holding on | <input type="checkbox"/> Feet wide apart |

SPEECH

- | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Whispering | <input type="checkbox"/> Slow | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slobbering |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Rambling | | | |

ACTIONS

- | | | | |
|---|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Resisting Communications | <input type="checkbox"/> Insulting | <input type="checkbox"/> Hostile | <input type="checkbox"/> Profanity |
| <input type="checkbox"/> Fighting/insubordinate | <input type="checkbox"/> Erratic | <input type="checkbox"/> Crying | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Drowsy | <input type="checkbox"/> Indifferent | <input type="checkbox"/> slow body clock |

EYES

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Dilated pupils | <input type="checkbox"/> Restricted pupils | <input type="checkbox"/> Wearing sunglasses |
| <input type="checkbox"/> Watery | <input type="checkbox"/> Glassy | <input type="checkbox"/> Droopy | <input type="checkbox"/> Nystagmus |
| <input type="checkbox"/> lack of pupil tracking | <input type="checkbox"/> Eye lid tremor | | |

FACE

- | | | |
|----------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Flushed | <input type="checkbox"/> Pale | <input type="checkbox"/> Sweaty |
|----------------------------------|-------------------------------|---------------------------------|

APPEARANCE/CLOTHING

- | | | | | |
|--------------------------------------|--------------------------------|--------------------------------|--|---|
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Dirty | <input type="checkbox"/> Messy | <input type="checkbox"/> Partially dressed | <input type="checkbox"/> Stains on clothing |
| <input type="checkbox"/> Having odor | | | | |

BREATH

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Alcohol odor | <input type="checkbox"/> Faint alcohol odor | <input type="checkbox"/> No alcohol odor | <input type="checkbox"/> Marijuana odor |
|---------------------------------------|---|--|---|

MOVEMENTS

- | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Fumbling | <input type="checkbox"/> Jerky | <input type="checkbox"/> Slow | <input type="checkbox"/> Nervous | <input type="checkbox"/> Hyperactive |
|-----------------------------------|--------------------------------|-------------------------------|----------------------------------|--------------------------------------|

EATING/CHEWING

- | | | | | |
|------------------------------|--------------------------------|--------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Gum | <input type="checkbox"/> Candy | <input type="checkbox"/> Mints | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Other |
|------------------------------|--------------------------------|--------------------------------|----------------------------------|--------------------------------|

OTHER OBSERVATIONS: _____

Did the employee admit to using drugs or alcohol? YES NO
 When: _____ How much: _____
 Substances: _____ Where taken: _____

WITNESSED BY:

Signature: _____	Title: _____
Signature: _____	Title: _____
Date Report was prepared: _____	Time report was prepared: _____

