Clinical Cannabis Policies in Compassionate Care

Position & Policy Statement of the American Cannabis Nurses Association

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Introduction

Cannabis care nurses are being called upon to champion policies, programs, and practices within the healthcare environment related to clinical cannabis practice for compassionate end-of-life care. Because state medical cannabis laws differ significantly, the specifics of any compassionate care legislation vary by state. Many state medical cannabis laws allow for hospital policy around medical cannabis use, but the issue is whether or not state legislated hospital policy is consistently upheld in local jurisdictions.

Establishing and upholding hospital policies around cannabis use aligns with Standard 8, Advocacy, of the Cannabis Nursing Scope and Standards of Practice (2024). When facility policies guide safe cannabis care, nurses can confidently oversee patient self-administration of cannabis during hospitalization (McKaig et al., 2025).

The Compassionate Use of Cannabis Background

California led the nation with the first voter-approved compassionate use law in 1996 with Proposition 215, laying the groundwork for all other states to create their programs. Advocates Dennis Peron and Mary Jane Rathbun ('Brownie Mary') were instrumental during the HIV/AIDS crisis, linking LGBTQ+ advocacy to medical cannabis access and paving the way for Ryan's Law as the natural continuation of California's compassionate use framework (Grossman, 2019).

Ryan's Law is named after Ryan Bartell, who in 2018 was diagnosed with stage four pancreatic cancer. A medical cannabis chemist created cannabis medicines for his pain relief, but the hospital prohibited their use (Ryan/s Law Foundation, n.d.). With the passage of California SB311, known as Ryan's Law, in 2021, medical facilities in California are now required to allow patients with a prognosis of life of one year or less to have access to their own medical cannabis. Key provisions of Ryan's Law:

- Applies to terminally ill patients, typically with a prognosis of one year or less.
- Allows for medical cannabis use in hospitals, skilled nursing facilities, and hospices, but not emergency departments.
- Patients must have a physician's recommendation or a medical cannabis identification card for medical cannabis use.
- Smoking and vaping products are prohibited on the premises.
- Patients are responsible for their own cannabis supply, storage, and administration.
- Protects healthcare facilities with a "safe harbor clause" against federal agencies' interference. (Physicians Guide to Ryan's Law, 2021)

ACNA Position and Recommendations

Because of the successful implementation of Ryan's Law, California healthcare facilities have developed formal procedures for terminally ill patients to use medical cannabis on-site. These procedures focus on safety, documentation, and patient responsibility, ensuring the patient's treatment plan is respected without disrupting the facility. When a nurse helps the facility to develop a policy for cannabis use and evidence-based staff education, the plan should include a legal consultation to ensure compliance with federal, state, and case law (Borgelt & Franson, 2017).

Action Steps for Nursing

Nurses should locate standard operating procedures (SOPs) that ensure health care facilities remain in compliance with their state's clinical cannabis medical/compassionate care laws.

- Adopt a policy banning smoking or vaporizing cannabis on premises
- Train staff on verifying the status of a Medical Marijuana Identification Card (MMIC) or a doctor's recommendation
- Include the use of medicinal cannabis within the patient's medical records
- Create a plan for cannabis storage
- Create a waiver of liability of a health care facility for lost or stolen medical cannabis goods and
- Create education addressing the pharmacodynamics and pharmacokinetics of cannabinoid therapeutics, safety training, and written guidelines for the healthcare team and staff (Sobel, 2025).

The following nursing procedures should be in place:

Patient admission and intake procedures

- A copy of a physician's medical cannabis recommendation or a valid MMIC, eligibility screening upon admission, and a signed agreement acknowledging the patient's responsibility for the procurement, storage, and self-administration of medicinal cannabis. The agreement also prohibits hospital staff from assisting with administration.

Storage and handling procedures

- Storing the patient's cannabis in a locked container provided by the hospital pharmacy, which is kept at the patient's bedside, a non-smoking/vaping facility policy, and self-administration, notifying nursing staff before each use.

Electronic medical records and monitoring procedures

- Medical record entry of cannabis use and the reason for use, and its effects on the patient, nursing assessments, patient-administered cannabis documented on the Medication Administration Record (MAR), and outcome evaluation for improvements in symptoms such as anxiety and insomnia.

Facility guidelines and professional development

- Written guidelines for medical cannabis use available to patients and staff, education to train nurses and other staff on the procedures and policies for Ryan's Law, and a "safe harbor" clause if facing federal enforcement action.

The University of California, Los Angeles, Santa Monica Medical Center shares this clinical workflow used on the inpatient oncology unit (McKaig et al., 2025).

1. A medical provider assesses the patient and determines eligibility under Ryan's Law.
2. The provider places an order to approve the patient's self-administration.
3. The patient signs a consent and liability form.
4. Nursing staff contact the pharmacy, which delivers a lockbox for storage.
5. The patient self-administers the medical cannabis product and notifies the nurse of each dose.
6. The nurse documents the administration in the patient's electronic medical record.

Patient self-administration of non-smokable cannabis products can provide a safe and effective evidence-based intervention, especially for pain, nausea, and sleep (Banerjee & McCormack, 2019; Bodin & Kemp, 2023; Kleckner et al., 2019; McKaig et al., 2025; National Academies of Sciences, Engineering, and Medicine, 2017). Promising outcomes were seen after implementing Ryan's Law at UCLA for both patients and nurses (McKaig et al., 2025). This fosters agency and autonomy in a time when fear and a lack of control are high. Nurses overall were comfortable implementing cannabis policy, noting improvements in patient symptom management, and a positive effect on the patient stay. UCLA's oncology unit reported zero safety incidents, strong nurse satisfaction, and improved symptom management (McKaig et al., 2025).

Opportunities for State Advocacy

As reported by Doctors for Cannabis Regulation (2023), the following states provide legal guidance for cannabis use in healthcare facilities: Alaska, Arizona, California, Colorado, Connecticut, Florida, Illinois, Maine, Maryland, Massachusetts, Minnesota, Mississippi, New Hampshire, New York, North Dakota, Oregon, South Dakota, Virginia, and West Virginia. These are complex regulatory frameworks for medical cannabis use by patients in hospitals, individual and public institutions, which involve health care workers in patient-related medical cannabis use. These complexities may extend to health care workers who are also medical cannabis users (Perlman et al., 2021).

The California Hospital Association (CHA) initially opposed Ryan's Law over liability concerns (documentation, drug interactions, oversedation, and liability for lost belongings) and federal law conflicts (Schedule I, risk to federal funding, jeopardizing professional licenses) (Armentano, 2021). Provisions in the final version of Ryan's Law helped mitigate their concerns. For example, a "safe harbor" provision

allows facilities to suspend compliance if directly threatened with federal enforcement action, providing reassurance against loss of funding or licensure (Ryan's Law Foundation, n.d.).

Patients have a right to access therapies that alleviate pain and suffering (Brennan, Lohman, & Gwyther, 2019). The advocacy group Compassionate Oregon reintroduced Ryan's Law legislation as Oregon Bill 3214 in 2025. Areas of concern for passage include problems cannabis nurses are familiar with - insufficient research data on cannabis, inconsistent regulatory oversight, dosing, administration, informed consent procedures, as well as potential for harm, and ongoing stigmas (Cannabis Use in Hospice and Palliative Care, 2025).

Opportunities for All Healthcare Professionals

Provision 8 of the *2025 ANA Code of Ethics* emphasizes the imperative for nursing to collaborate and network to achieve greater goals. As policies continue to evolve regarding the compassionate use of cannabis, this is an opportune time for nursing to invite all healthcare professionals to the table.

In 2018, the National Council of State Boards of Nursing established areas of essential nursing knowledge for medicinal cannabis, including the endocannabinoid system (ECS), cannabinoid pharmacology, routes of administration, safety considerations, potential drug interactions, and care without judgment. Nurses have an opportunity to bridge the gap between medicinal cannabis and traditional healthcare by encouraging every discipline to understand these essential areas and the legal frameworks governing cannabis care (Mack, 2025).

Conclusion

Ryan's Law, passed in 2021 in California, requires medical facilities to allow patients with a prognosis of life of one year or less access to their own medical cannabis. Real-world implementation of Ryan's Law has been reported as successful. It is the position of ACNA that California's model demonstrates both safety and compassion and should be adopted nationally.

Furthermore, as discussion continues about the feasibility of all healthcare facilities adopting Ryan's Law, we believe there are opportunities for expansion to non-terminal but serious illnesses, so more may benefit. Though hospitals may initially resist, integration with hospice best practices and federal protection against Schedule I conflicts should pave the way for greater adoption.

As more states legalize the use of cannabis, cannabis nurses are called to lead medical facilities in integrating state cannabis laws into clinical practice. With proper guidelines, hospital staff and patients will feel comfortable with the process of extending compassionate use of cannabis to more patients (McKaig et al., 2025).

Resources

Ryan's Law Foundation

The Healthcare Facility Guide to Implementing Ryan's Law

SB-311 Compassionate Access to Medical Cannabis Act or Ryan's Law

Compassionate Oregon

Testimony Letter, Oregon Bill 3214, by an ACNA member

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