The New Hampshire Board of Nursing (NH BON) expects that licensed nurses working in specialties are familiar with the New Hampshire Nurse Practice Act, Rules and Regulations, policies of their respective facilities, and specialty-specific standards of practice. Licensed nursing activities must also comply with workplace policies. A workplace may prohibit a licensee from performing tasks that are allowed by the provisions of the Nurse Practice Act and Rules, but may not expand the scope of nursing practice beyond what is legislated.

New Hampshire has adopted medical marijuana laws. The New Hampshire Board of Nursing echoes the Oregon Nurses Association (2007) in that it supports the right of all patients to access, including nurses, therapeutic marijuana to relieve symptoms of a disease when a medical provider determines that marijuana is appropriate. The NH BON recognizes that medical marijuana may impair judgement and performance and reminds all licensees that it is the nurse's responsibility to report to their supervisor when he or she is impaired by any substance (Oregon, 2007).

In 2016, The American Nurses Association wrote: “The purpose of this statement is to reiterate the American Nurses Association's (ANA) support for the review and reclassification of marijuana's status from a federal Schedule I controlled substances [sic] to facilitate urgently needed clinical research to inform patients and providers on the efficacy of marijuana and related cannabinoids. This position statement speaks only to the use of marijuana and related cannabinoids in the context of health care. It addresses the roles and responsibilities of nurses related to the use of cannabinoids for health care.”

“Marijuana and its derivatives continue to be used to alleviate disease-related symptoms and side effects. The findings of anecdotal and controlled studies regarding the efficacy for patient use are mixed. Current federal regulations impede the research necessary to evaluate and determine the therapeutic use of marijuana and related cannabinoids. This position statement does not extend to the current debate on the legalization of marijuana for recreational purposes. The goal is to develop an evidence-based approach to its use in the treatment of disease and symptom management.”

Since the initial position statement issued by the Oregon Nurses Association regarding medical marijuana in 1997, there is a growing body of research describing therapeutic effects of marijuana and, outside the United States, marijuana-derived medications for specific illnesses. However, measurement of the impact of marijuana use on work-performance is sparse. Patient safety is paramount when nurses deliver care, and nurses are afforded the same health information privacy and employment protections as other employees. As the evidence regarding
the impact of medical marijuana use on nursing performance is sparse, the NH BON supports the following:

1. The right of access to therapeutic marijuana when prescribed by a provider.
2. Continuing research to support the development of marijuana-derived medications.
3. Investigational research to determine the effects of standardized doses, routes, and frequencies of administration of marijuana on work performance especially as it relates to worker capacity to deliver patient care.
4. Nurse responsibility to report to the nurse’s supervisor when she or he may be impaired from ingestion of any substance.
5. Employer policies and the NH BON Nurse Practice Act/Advisories which address marijuana as a potential source of impairment, similar to other medication policies.

Health care is constantly changing, thus the practice of nurses and nursing assistants is changing. It would be impossible to develop a list of all procedures and interventions that are included in the scope of practice of nurses. Licensees are encouraged to utilize the Decision Tree algorithm in determining scope of practice for activities not included in these lists. If scope of practice remains unclear following use of the algorithm, licensees may submit a question to the board using the Clinical Practice Inquiry Process and Form.

Licensees should be mindful of the professional responsibility to maintain competency as specified in NUR 404.12, which states, “All licensees shall, through education and experience, maintain the ability to competently practice nursing or nursing related activities.”

When adding nursing interventions and nursing related activities to role responsibilities, in addition to those interventions taught during the initial educational process, it is the recommendation of the Board that facilities consider implementation using the following guidelines as applicable:

1. Describe the educational preparation and practice history of the nurses or nursing assistants authorized to perform the intervention(s) or activity(s)
2. Define the intervention(s) or activity(s) and the procedures for implementing the intervention(s) or activity(s)
3. Include a written plan for attaining and maintaining competency of the licensee
4. Identify the names of those nurses or nursing assistants authorized to perform the interventions or activity(s), and
5. Be reviewed and updated as needed, but at least yearly

The NH BON also recommends that licensees consult with appropriate regulatory/licensing boards to answer questions about specific procedures and/or practices that may be regulated by an entity other than the NH Board of Nursing, including but not limited to:

- NH State Board of Medicine (licenses and regulates physicians, including allopathic and osteopathic, and physician assistants)
- NH Board of Mental Health Practice
**Clinical Practice Advisory Summary - Medical Marijuana FAQ**

<table>
<thead>
<tr>
<th>Question</th>
<th>Within Scope of RN</th>
<th>Within Scope of LPN</th>
<th>Within Scope of MNA</th>
<th>Within Scope of LNA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does NH BON sponsor an alternative program to address nurse impairment?</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No. The Board of Nursing (BON) encourages employers to have a policy in place.</td>
</tr>
<tr>
<td>If a patient has Medical Marijuana prescribed can I administer it?</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>The DEA Diversion Control Division lists marijuana as a Schedule I medication (no currently acceptable medical use). NH RSA 126-X exempts criminal penalties for therapeutic cannabis use, but does not provide an exemption from Federal criminal penalties. Refer to your facility policy.</td>
</tr>
<tr>
<td>If I have a medical marijuana card and test positive for marijuana at work, will I be reported to the BON?</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>If the employer determines that the employee is impaired, facilities have a duty to report impairment to the BON. Licensees also have a duty to self-report impairment to the BON. Refer to employer policies regarding management of positive drug test results.</td>
</tr>
<tr>
<td>I have been authorized to use medical marijuana. May I use this therapeutically and work?</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NH Nurse Practice Act states that the Board may discipline a licensee for impairment of ability to provide nursing care safely or a positive drug test for a controlled substance (see 326-b:37, 402.04 and disciplinary sanctions 404.02).</td>
</tr>
<tr>
<td>What happens to me if I am reported to the BON for being impaired?</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>A complaint is filed with the BON. The BON investigates the complaint and produces an advisable action. Refer to Nur 402.04 Disciplinary Sanctions under the Nurse Practice Act Rules at <a href="http://www.nh.gov/nursing">www.nh.gov/nursing</a>.</td>
<td></td>
</tr>
<tr>
<td>Could I continue to work while the investigation is ongoing?</td>
<td>Yes. The complaint is considered an allegation while under investigation. However, the license could be suspended at any time based on reported findings.</td>
<td></td>
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</tr>
</tbody>
</table>

**Reference**
