**The Office of Right Reverend Gregory Karl Davis is fully authorized and recognized at law to act in accepting corporate tax deductable donations itemized as "eleemosynary purpose" to institutionalize the Controlled Substance Therapeutic Research Act O.C.G.A 43-34-120. The position of the Georgia Composite Medical Board is clear. The Medical Board will appoint the Patient Qualification Review Board when the meetings are funded and exhibits are filed demonstrating patient need for extracts of cannabis indica and cannabis sativa in Georgia. This will be accomplished through a grant by Right Reverend Gregory Karl Davis to fund the required meetings of the Patient Qualification Review Board and providing Doctors that are interested in participating through writing perscriptions and approving patient applications for the Controlled Substance Therapeutic Research Program. These Doctors and Health Care Professionals will be recruited statewide and nationally for the 'Georgia Volunteers in Medicine Health Care Act'. There is no fee for retired in Georgia or licensed Doctors from other states for this special license O.C.G.A. 43-34-41. Under this Program, physicians are not compensated. However, expense will be forthcoming through this ministry.**

**This ministries authority to represent Patients to the Georgia Composite Medical Board is on record. In letter dated 1.24.2011 AMENDED TO READ. Claim of Right Reverend Gregory Karl Davis to Administer and Establish the Controlled Substance Therapeutic Research Program**

**NOTICE OF INTENT TO PROVIDE FUNDING for the Controlled Substance Research Program O.C.G.A. § 43-34-122. Definitions (4) "Program" means the Controlled Substances Therapeutic Research Program established pursuant to Code Section 43-34-123(a) There is established under the Georgia Composite Medical Board the Controlled Substances Therapeutic Research Program, which shall be administered by the board. Under the program, the board shall act as a sponsor of state-wide investigational studies, utilizing as drug investigators individual physicians who elect to**

**participate in accordance with the guidelines and protocols developed by the board. The Office of Right Reverend Gregory Karl Davis claim to facilitate the Administration of this Program is pursuant to section (e) Only the following persons shall have access to the names and other identifying characteristics of patients in the program for whom marijuana has been prescribed under this article:(4) Any person directly connected with the program who has a legitimate need for the information. In letter dated 1.24.2011, In 30 days from the receipt of this document, this Office of Bishop will begin accepting applications in forming the Patient Qualification Review Board and patient applications for the Program. In CERTIFIED LETTER received by the Board 3.1.2011, "That claim is made for the purposes of Representative."**

**The Office of Bishop filled by Right Reverend Gregory Karl Davis is recognized at law O.C.G.A 24-9-22. Communications to clergyman privileged. Every communication made by any person professing religious faith, seeking spiritual comfort, or seeking counseling to any Protestant minister of the Gospel, any priest of the Roman Catholic faith, any priest of the Greek Orthodox Catholic faith, any Jewish rabbi, or to any Christian or Jewish minister, by whatever name called, shall be deemed privileged. No such minister, priest, or rabbi shall disclose any communications made to him by any such person professing religious faith, seeking spiritual guidance, or seeking counseling, nor shall such minister, priest, or rabbi be competent or compellable to testify with reference to any such communication in any court.**

**TITLE 43. PROFESSIONS AND BUSINESSES CHAPTER 34. PHYSICIANS, ACUPUNCTURE, PHYSICIAN ASSISTANTS, CANCER AND GLAUCOMA TREATMENT, RESPIRATORY CARE, CLINICAL PERFUSIONISTS, AND ORTHOTICS AND PROSTHETICS PRACTICE ARTICLE 2. MEDICAL PRACTICE**
**O.C.G.A. § 43-34-22 (2011)**
**Practicing medicine without a license; titles and abbreviations; exceptions (a) If any person shall hold**

**himself or herself out to the public as being engaged in the diagnosis or treatment of disease or injuries of human beings, or shall suggest, recommend, or prescribe any form of treatment for the palliation, relief, or cure of any physical or mental ailment of any person, with the intention of receiving therefore, either directly or indirectly, any fee, gift, or compensation whatsoever, or shall maintain an office for the reception, examination, or treatment of diseased or injured human beings, (b) Nothing in this chapter shall be construed to prohibit:**
**(1) Gratuitous services in cases of emergency;**
**(2) The practice of the religious tenets or general beliefs of any church whatsoever;**

**The authority of the Right Reverend Gregory Karl Davis founding bishop of the Universal Orthodox rite; to proclaim spiritual and physical healing and act upon the revelatory Word that, "cannabis extracts are medicine," is exempt from the requirement of PHYSICIAN LICENSE at law. On the day of Pentecost May 23rd, 2010 at All Saints parish in the Atlanta Episcopal diocese Bishop J. Neil Alexander received this revelatory cannabis healing ministry and in blessing said, "go slay the giant." This ceremony in the life of the church was witnessed by The Rev'd Geoffrey M. St.J. Hoare, *Rector* and the congregation of All Saints along with a visiting Bishop from Africa Mdimi Mhogolo of the Diocese of Central Tanganyika and Richard Brumfield the revealer of the 'balm of Gilead' who is gifted through Holy Spirit with the art of the apothecary in cannabis extracts with brother Howard R. Davis III as witness.**

**Resolved, the House of Bishops concurring, that the 67th Convention of the Episcopal Church urges the adoption by Congress and all states of statutes providing that the therapeutic use of marijuana be permitted when deemed medically appropriate by duly licensed medical practitioners. 1982-B004**

**In Jeremiah,**
**For the breaking of the daughter of My people am I broken;**

**I am blackened; desolation has held me firmly. Is there no balsamic resin [dronabinal (USAN)] in Gilead? Is there no physician there? Why has not the healing of the daughter of my people arisen? viii. 21, 22.**

**In the same prophet,**
**Go up to Gilead to take resin [dronabinal (USAN)], O virgin daughter of Egypt! In vain you have multiplied medicaments; there is no healing for you. The nations have heard of thy disgrace, and thy clamor has filled the land; for the mighty man has stumbled against the mighty, and they are fallen both together. xlvi. 11, 12.**

**In the same prophet,**
**Suddenly Babel has fallen and been broken; wail over her! Take resin [dronabinal (USAN)] for her pain; perhaps she will be healed. We would have healed Babylon, but she is not healed; forsake her, and let us go every one into his own land: for her judgment reaches unto heaven, and is lifted up even to the higher clouds. Jehovah has brought forth our justice; come, and let us recount in Zion the work of Jehovah our God. li. 8-10.**

**The DEA Position on Marijuana July 2010. These are the guidelines DEA has and will continue to follow:**

**The DEA and the federal government are not alone in viewing smoked marijuana as having no documented medicinal value. Voices in the medical community likewise do not accept smoked marijuana as medicine:**

**The American Medical Association (AMA) has always endorsed "well-controlled studies of marijuana and related cannabinoids in patients with serious conditions for which preclinical anecdotal or controlled evidence suggest possible efficacy and the application of such results to the understanding and treatment of disease." In November 2009, the AMA amended its policy, urging that marijuana's status as a Schedule I controlled substance be reviewed "with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines,**

**and alternate deliver methods."**

**The American Society of Addiction Medicine's (ASAM) public policy statement on "Medical Marijuana," clearly rejects smoking as a means of drug delivery. ASAM further recommends that "all cannabis, cannabis-based products and cannabis delivery devices should be subject to the same standards applicable to all other prescription medication and medical devices, and should not be distributed or otherwise provided to patients..." without FDA approval.**

**The American Glaucoma Society (AGS) has stated that "although marijuana can lower the intraocular pressure, the side effects and short duration of action, coupled with the lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time."**

**In 1999, The Institute of Medicine (IOM) released a landmark study reviewing the supposed medical properties of marijuana. After release of the IOM study, the principal researchers cautioned that the active compounds in marijuana may have medicinal potential and therefore should be researched further. However, the study concluded that "there is little future in smoked marijuana as a medically approved medication." For some ailments, the IOM found "... potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation." However, "the effects of cannabinoids on the symptoms studies are generally modest [in smoked marijuana]. The study concluded that, at best, there is only anecdotal information on the medical benefits of smoked marijuana for some ailments, such as muscle spasticity. The IOM study explained that "smoke marijuana . . . is a crude THC delivery system that also delivers harmful substances," In addition, "plants contain a variable mixture of biologically active compounds and cannot be expected to provide a precisely defined drug effect." Therefore, the study concluded that "there is little future in smoked marijuana as a medically approved**

**medication." The principal investigators explicitly stated that using smoked marijuana in clinical trials "should not be designed to develop it as a licensed drug, but should be a stepping stone to the development of new, safe delivery systems of cannabinoids." Thus, even scientists and researchers who believe that certain active ingredients in marijuana may have potential medicinal value openly discount the notion that smoked marijuana is or can become "medicine." The Drug Enforcement Administration supports ongoing research into potential medicinal uses of marijuana's active ingredients.**

**The only drug currently approved by the FDA (July 2010) that contains the synthetic form of THC is Marinol. Available through a prescription, Marinol comes in a pill form, and is used to relieve nausea and vomiting associated with chemotherapy for cancer patients and to assist with loss of appetite with AIDS patients. Sativex, an oromucosal spray for the treatment of spasticity due to Multiple Sclerosis is already approved for use in Canada and was approved in June 2010 for use in the United Kingdom. The oral liquid spray contains two of the cannabinoids found in marijuana - THC and cannabidiol (CBD) - but unlike smoked marijuana, removes contaminants, reduces the intoxicating effects, is grown in a structured and scientific environment, administers a set dosage and meets criteria for pharmaceutical products... the standards of modern medicine (are) quality, safety and efficacy.**

- **standardized composition or dosage**
- **appropriate prescribing information**
- **quality control**
- **accountability for the product**
- **safety regulation**
- **a way to measure its effectiveness (besides anecdotal stories) and**
- **insurance coverage.**

**Science, not popular vote, should determine what medicine**

**is.**

**A small study (50 patients) was conducted by the University of California San Francisco from 2003 to 2005, leading researcher to find that smoked marijuana eased HIV-related foot pain. This pain, known as peripheral neuropathy, was relieved for 52 percent of the patients in the controlled experiment. Dr. Donald Abrams, director of the study said that while subjects' pain was reduced he and his colleagues "found that adverse events, such as sedation, dizziness and confusion were significantly higher among the cannabis smokers." In response to this study, critics of smoked marijuana were quick to point out that while THC does have some medicinal benefits; smoked marijuana is a poor delivery mechanism. Citing evidence that marijuana smoke is harmful, Dr. David Murray, chief scientist at the Office of National Drug Control Policy, noted that "People who smoke marijuana are subject to bacterial infections in the lungs...Is this really what a physician who is treating someone with a compromised immune systems wants to prescribe?" He expressed the government's support for pain relief for HIV-affected individuals and said that while "We're very much supportive of any effort to ameliorate the suffering of AIDs patients, the delivery mechanism for THC should be pills, and not smoked marijuana, which can cause lung damage and deliver varying dosages of THC."**

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**Then later that year the DEA further defined their position on medical cannabis in excerpt from:**

**[Federal Register: November 1, 2010 (Volume 75, Number 210)]**
**[Proposed Rules]**
**[Page 67054-67059]**
**From the Federal Register Online via GPO Access**
**[wais.access.gpo.gov]**
**[DOCID:fr01no10-8]**

**DEPARTMENT OF JUSTICE**

**Drug Enforcement Administration**
**21 CFR Part 1308**
**[Docket No. DEA-344P]**

**Listing of Approved Drug Products Containing Dronabinol in Schedule III**

**AGENCY: Drug Enforcement Administration, Department of Justice.**

**ACTION: Notice of proposed rulemaking.**

**SUMMARY: This proposed rule is issued by the Deputy Administrator of the Drug Enforcement Administration (DEA) to modify the listing of the Marinol[supreg] formulation in schedule III so that certain generic drug products are also included in that listing.**

**Several products are currently the subject of Abbreviated New Drug Applications (ANDAs) under review by the U.S. Food and Drug Administration (FDA). Each product is a generic formulation of Marinol[supreg] and contains dronabinol, the (-) isomer of delta-9- (trans)-tetrahydrocannabinol (THC), which is a schedule I controlled substance. Due to variations in formulation, these generic Marinol[supreg] products do not meet the specific conditions specified in the current schedule III listing.**

**This proposed action expands the schedule III listing to include formulations having naturally-derived dronabinol and products encapsulated in hard gelatin capsules. This would have the effect of transferring the FDA-approved versions of such generic Marinol[supreg] products from schedule I to schedule III. On June 22, 2007, and August 15, 2007, these analyses were submitted to the Department of Health and Human Services (DHHS) with requests for scientific and medical evaluation and scheduling recommendations. The submissions to DHHS also requested that they consider (1) whether dronabinol extracted from Cannabis sativa (i.e. naturally-derived), is identical to synthetically-produced dronabinol found in Marinol[supreg]; and (2) whether a formulation**

**encapsulated in hard gelatin capsules, instead of soft gelatin capsules, changes a product's abuse potential.**

**On March 17, 2010, and June 1, 2010, the Assistant Secretary for Health, DHHS, sent the Deputy Administrator of DEA scientific and medical evaluations and letters recommending that FDA-approved drug products containing dronabinol (both naturally-derived or synthetic) in sesame oil in a gelatin capsule (either hard or soft gelatin) be placed into schedule III of the CSA.**

**Enclosed with the March 17, 2010, letter was a document prepared by the FDA entitled, "Basis for the Recommendation to Control FDA-Approved Drug Products Containing Synthetic Dronabinol in Sesame Oil in a Hard Gelatin Capsule to Schedule III of the Controlled Substances Act." The June 1, 2010 letter included a document entitled, "Basis for the Recommendation to Reschedule FDA-Approved Drug Products Containing Naturally-Derived Dronabinol in Sesame Oil in a Gelatin Capsule to Schedule III of the Controlled Substances Act." These documents contained a review of the factors which the CSA requires the Secretary to consider. 21 U.S.C. 811(b).FDA and NIDA, after reviewing the available information, concluded "that drug products approved for marketing by FDA that contain naturally-derived dronabinol in sesame oil in a gelatin capsule should be rescheduled to Schedule III of the CSA."**

**Based on the recommendations of the Assistant Secretary for Health, received in accordance with section 201(b) of the Act [21 U.S.C. 811(b)], and the independent review of the available data by DEA, the Deputy Administrator of DEA, pursuant to sections 201(a) and 201(b) of the Act [21 U.S.C. 811(a) and 811(b)], finds that FDA-approved generic dronabinol products, both naturally-derived or synthetically produced, in sesame oil and encapsulated in both hard gelatin or soft gelatin capsules meet the criteria for placement in schedule III set in 21 U.S.C. 812(b), ...**

**Therefore, in this rulemaking, DEA is proposing that 21 CFR 1308.13(g)(1) be modified to include generic equivalents**

**of Marinol[supreg] which are (1) naturally-derived or synthetically produced dronabinol; and/or (2) hard or soft gelatin capsules. These products, once approved by FDA, shall meet the criteria for inclusion in schedule III of the CSA.**

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**The ministry of Right Reverend Gregory Karl Davis to provide extracts from naturally derived tetrahydrocannabinoids THC of cannabis for sacramental use and for medicine is exempt from control by the Administrator. This exemption bars federal and state criminal prosecution for possession and distribution in the respective Controlled Substance Act.**

**http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=1308.35**

**[Code of Federal Regulations]**
**[Title 21, Volume 9]**
**[Revised as of April 1, 2010]**
**[CITE: 21CFR1308.35]**

**TITLE 21--FOOD AND DRUGS**
**CHAPTER II--DRUG ENFORCEMENT ADMINISTRATION DEPARTMENT OF JUSTICE PART 1308 -- SCHEDULES OF CONTROLLED SUBSTANCES**
**Exempt Cannabis Plant Material, and Products Made Therefrom, that Contain Tetrahydrocannabinols**
**Sec. 1308.35 Exemption of certain cannabis plant material, and products made therefrom, that contain tetrahydrocannabinols.**
**(a) Any processed plant material or animal feed mixture containing any amount of tetrahydrocannabinols (THC) that is both:**
**(1) Made from any portion of a plant of the genus Cannabis excluded from the definition of marijuana under the Act [i.e., the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the**

**sterilized seed of such plant which is incapable of germination] and**
**(2) Not used, or intended for use, for human consumption, has been exempted by the Administrator from the application of the Act and this chapter.**
**(b) As used in this section, the following terms shall have the meanings specified:**
**(1) The term processed plant material means cannabis plant material that has been subject to industrial processes, or mixed with other ingredients, such that it cannot readily be converted into any form that can be used for human consumption.**
**(2) The term animal feed mixture means sterilized cannabis seeds mixed with other ingredients (not derived from the cannabis plant) in a formulation that is designed, marketed, and distributed for animal consumption (and not for human consumption).**
**(3) The term used for human consumption means either:**
**(i) Ingested orally or**
**(ii) Applied by any means such that THC enters the human body.**
**(4) The term intended for use for human consumption means any of the following:**
**(i) Designed by the manufacturer for human consumption;**
**(ii) Marketed for human consumption; or**
**(iii) Distributed, exported, or imported, with the intent that it be used for human consumption.**
**(c) In any proceeding arising under the Act or this chapter, the burden of going forward with the evidence that a material, compound, mixture, or preparation containing THC is exempt from control pursuant to this section shall be upon the person claiming such exemption, as set forth in section 515(a)(1) of the Act (21 U.S.C. 885(a)(1)). In order to meet this burden with respect to a product or plant material that has not been expressly exempted from control by the Administrator pursuant to 1308.23, the person claiming the exemption must present rigorous scientific evidence, including well-documented scientific studies by experts trained and qualified to evaluate the effects of**

**drugs on humans.**
**[66 FR 51544, Oct. 9, 2001]**

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**This ministry is prepared to act in bringing forward the revelatory Word that extracts of cannabis are sacramental in the unction of chrism and as curative medicines. Our intention is to provide Volunteer Doctors and Health Care professionals through the 'Georgia Volunteers in Medicine Health Care Act'. Our work also encompasses the O.C.G.A. § 43-34-38 (2011). Access to medical treatment; experimental and nonconventional medical treatments (a) This Code section shall be known and may be cited as the "Access to Medical Treatment Act."(b) Notwithstanding any other provision of law, and except as provided in subsection (c) of this Code section, an individual shall have the right to be treated for any illness or disease which is potentially life threatening or chronically disabling by a person licensed to practice medicine under this article with any experimental or nonconventional medical treatment that such individual desires or the legal representative of such individual authorizes if such person licensed to practice medicine under this article has personally examined such individual and agrees to treat such individual.**

**This ministry will also seek to educate the physicians of Georgia and throughout the world on the therapeutic use of cannabis extracts as healing agents available through this Program. From the authority to proclaim the evangel (good news) of the religion of the anointed Ones (Christianity) this ministry is a legal representative of those suffering with pain and the destitute.**

**The Georgia Composite Medical Board regulations to establish the Legislative intent in O.C.G.A. 43-34-121 to research cannabis derivatives as medicine are now published by the Secretary of State.**

**http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=GEORGIA**

**_COMPOSITE_MEDICAL_BOARD/index.html&d=1**

**Secretary of States - Georgia regulation: 360-12-.01 Organization of the Patient Qualification Review Board.**
**(1) The Composite State Board of Medical Examiners shall appoint the Patient Qualification Review Board. Each member of the Review board shall be approved for such membership by a majority vote of the Composite Board. The Review board shall consist of:**
**(a) a Board certified physician of Ophthalmology;**
**(b) a Board certified physician in Surgery;**
**(c) a Board certified physician in Internal Medicine and Medical Oncology;**
**(d) a Board certified physician in Psychiatry;**
**(e) a Board certified physician in Radiology;**
**(f) a Pharmacist licensed under Code Title 79A, relating to pharmacists, pharmacy, and drugs, as now or hereafter amended.**
**(2) Board members shall serve terms as specified by the Composite board. They are as follows:**
**(a) two (2) three year appointments;**
**(b) two (2) four year appointments;**
**(c) two (2) five year appointments.**
**(3) The Review board shall elect from its members a chairman and vice-chairman.**
**(a) The Review board shall hold regular meetings at least once every 60 days and shall meet at such additional times as shall be called by the chairman of the Review board or the president of the Composite board. Meetings of the Review board to certify patients, physicians or pharmacies shall not be open to the public, as otherwise required by an Act providing for open meetings.**
**(b) Each member of the Review board shall receive for services for each day's attendance upon meetings of such board the same amount authorized by law for members of the General Assembly for attendance upon meetings of the General Assembly. Authority Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a). History. Original Rule entitled "Organization of the Patient Qualification Review Board" adopted. F. Apr. 23, 1981; eff. May 13, 1981.**

**360-12-.02 Definitions.**
**As used in these rules, the following shall mean:**
**(a) "Composite Board" means the Composite State Board of Medical Examiners established pursuant to Code Chapter 84-9, as now or hereafter amended;**
**(b) "marijuana" means marijuana or tetrahydrocannabinol, as defined or listed in the "Georgia Controlled Substances Act," as now or hereafter amended:**
**(c) "physician" means person licensed to practice medicine pursuant to Code Chapter 84-9, as now or hereafter amended;**
**(d) "program" means the Controlled Substances Therapeutic Research Program established pursuant to Code Section 84-904A;**
**(e) "Review Board" means the Patient Qualification Review Board established pursuant to Code Section 84-905A. Authority Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a). History. Original Rule entitled "Definitions" adopted. F. Apr. 23, 1981; eff. May 13, 1981.**

**360-12-.03 Patients Certified to the Patient Qualification Review Board by a Physician. Amended.**
**(1) Such patients are defined as:**
**(a) Cancer patients involved in a life-threatening situation in which treatment by chemotherapy or radiology has produced severe side effects; or**
**(b) glaucoma patients who are not responding to conventional controlled substances;**
**(2) No patient may be admitted to the program without full disclosure by the physician of the experimental nature of the program and of the possible risks and side effects of the proposed treatment.**
**(3) The patient shall pay the cost of any blood test required by the Federal Food and Drug Administration prior to entrance into the program.**
**(4) The Review board shall review all patient applicants for the program and their physicians and shall certify those qualified for their participation in the program.**
**(5) No patient's name shall be disclosed to the public and patient applications and records shall be reviewed by the**

**Board in closed session.**
**(6) Patients Eligible to Participate in Research Program:**
**(a) Males and non-pregnant females, willing to sign an informed consent, who reside in Georgia and who are patients of duly licensed Georgia physicians may be impanelled. Patients under the age of 18 will require parental consent;**
**(b) all eligible patients must have histologically documented evidence of malignancy and must be under treatment with chemotherapeutic agents and/or radiotherapy known to cause nausea and/or vomiting. There must be evidence that conventional anti-emetic therapy has been tried and failed.**
**(c) patient must live with or have available another person over the age of 18 to monitor side effects and provide transportation. Patient must agree not to operate dangerous machinery such as an automobile within 24 hours after the last dose of THC/Marijuana;**
**(d) patient must not be under treatment for any significant mental disorder known to contraindicate the use of THC/Marijuana. Exceptions may be made upon written recommendations of a psychiatrist;**
**(e) patients with a history of allergy to ragweed and other plant antigens may be at greater than average risk of allergic reaction. These patients will be required to be in an inpatient facility during the first five doses (24 hours) of THC or marijuana and then have available an emergency epinephrine injection kit for self administration if needed;**
**(f) patients with a history of angina and/or other cardiovascular problems known to contraindicate the use of THC/Marijuana will be ineligible. Also ineligible will be patients with symptoms of uncontrolled nausea and/or vomiting due to organic disease such as brain metastases or intestinal obstruction.**
**(7) Patients accepted into this study will require the following parameters before therapy begins:**
**(a) Physical exam, including height and current weight;**
**(b) Forms A and B;**
**(c) CBC, platelet count, SMA-12 panel, BUN, creatinine;**

**(d) EKG, chest x-ray.**
**Authority Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a). History. Original Rule entitled "Patients Certified to the Patient Qualification Review Board by a Physician" adopted. F. Apr. 23, 1981; eff. May 13, 1981. Amended: F. May 20, 1988; eff. June 9, 1988.**

**360-12-.04 Pharmacies Certified by the Patient Qualification Review Board. The Review Board shall additionally certify pharmacies which are licensed by the State and which are otherwise qualified, and physicians regarding the distribution of marijuana pursuant to the provisions of Code Section 84-906A. Authority Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a). History. Original Rule entitled "Pharmacies Certified by the Patient Qualification Review Board" adopted. F. Apr. 23, 1981; eff. May 13, 1981.**

**360-12-.05 Patient Application**
**(1) Procedures and methods shall be as follows:**
**(a) A physician requesting that his patient be included in this study must submit an application and notify the Patient Qualification Review Board that there is in the medical record a copy of the biopsy report and a consultation request for evaluation of THC/Marijuana antiemetic protocol. A copy of the biopsy report shall then be sent to the Board.**
**(2) Control of this drug will be based on assignment of patients to protocol.**
**(a) A copy of the Medical Registration Form shall be forwarded to the pharmacist before any drug is dispensed. The drug shall then be issued in accordance with written physician orders after matching these orders with the Medical Registration Form copy. The pharmacist shall maintain a ledger sheet on each patient. Monthly, the pharmacist shall review all ledgers, take a physical inventory of all THC/Marijuana on hand, and prepare a written report to the PQR Board.**
**(3) If a patient is to receive THC/Marijuana on subsequent cycles, an order shall be sent to the pharmacy with a copy**

**of the evaluation form. The patient will then receive the drug for another cycle.**
**(4) If the patient is taken off the study for any reason, physician shall notify the PQR Board and send narrative off study form. A copy of this form will then be sent to the pharmacy.**
**(5) If patient has cancer chemotherapy changed to other drugs that produce nausea and vomiting, physician shall send notice to the Board of his intent to keep patient on protocol. A copy will then be sent to the pharmacy.**
**(6) In addition to the above audits, pharmacists shall handle THC/Marijuana exactly as Schedule II control drugs are handled.**
**(7) Unused drug will be returned to the pharmacist and will be retained separately. Authority Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a). History. Original Rule entitled "Patient Application" adopted. F. Apr. 23, 1981; eff. May 13, 1981.**

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**The work of this ministry to represent the need for cannabis extracts as medicine is published on the Georgia Composite Medical Board website. See line 13. in January Meeting Minutes:**

**http://www.files.georgia.gov/GCMB/Files/Jan11mins.pdf**

**13. Right Revered Gregory Karl Davis requested the October 2010 and the November minutes be amended. Dr. Summers motioned to correct the October minutes with correct title of his office Right Reverend Gregory Karl Davis, and change medical marijuana language to reflect the language to read Controlled Substances Therapeutic Research Act. The November minutes are to stand as approved. Dr. Retterbush seconded the motion and it carried unanimously**

**See line 23. in September '11 Meeting Minutes:**

**http://www.files.georgia.gov/GCMB/Files/September%202010%20minutes.pdf**

**23. Reviewed an article entitled "Marijuana Eases Chronic Pain, Researchers Say." For information only**

**See line 18. in October '10 [amended] Meeting Minutes:**

**http://www.files.georgia.gov/GCMB/Files/OCT10MINamendFEB11.pdf**

**18. Regarding a letter from Right Reverend Gregory Karl Davis concerning Controlled Substances Therapeutic Research Act. Advise no funds have been appropriated**

**See line 7. in November '10 Meeting Minutes:**

**http://www.files.georgia.gov/GCMB/Files/1110Mins.pdf**

**7. Regarding a question concerning medical marijuana. The board members asked questions. (Senior Assistant Attorney General) Janet Wray presented an article for the board published by the National Association of the Board of Pharmacy monitoring the issue of medical marijuana and the Iowa Board of Pharmacy. The Board advised we are waiting for funding**

**See line 9. in December '10 Meeting Minutes:**

**http://www.files.georgia.gov/GCMB/Files/DEC10amendFEB11.pdf**

**9. The article "Information on Medical Marijuana from National Association of Boards of Pharmacy". For information only.**

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**In the upcoming April '11 Meeting Minutes: Question before the Board, "Right Reverend Gregory Karl Davis requests to know the amount of funding required for the Controlled Substance Therapeutic Research Act (2010) O.C.G.A. 43-34-120 the Georgia Composite Medical Board is waiting to receive to enable the Program for a calendar year."**