

# Minnesota Medical Cannabis Program Petition to Add a Qualifying Medical Condition

## Making your petition

- Any person may petition the Minnesota Department of Health ("the department" or "MDH") to add a qualifying medical condition to those listed in subdivision 14 of Minnesota Statutes section 152.22.

**Petitions are accepted only between June 1 and July 31, each year.  
Petitions received outside of these dates will not be reviewed.**

**Petitions must be sent by certified U.S. mail to:**

Minnesota Department of Health  
Office of Medical Cannabis  
P.O. Box 64882  
St. Paul, MN 55164-0882

- You must mail the original copy of the petition with an original signature.
- Complete each section of this petition and attach all supporting documents. Clearly indicate which section of the petition an attachment is for.
- Each petition is limited to one proposed qualifying medical condition.
- If a petition does not meet the standards for submission, it will be dismissed without being considered.
- If the petition is accepted for consideration, MDH will send the petition documents to the Medical Cannabis Review Panel ("Review Panel"). MDH staff will also provide information to the Review Panel about the proposed qualifying condition, its prevalence, and the effectiveness of current treatments.

## Petition review process

- The Review Panel meets at least once a year to review all eligible petitions.
- MDH will post notice of the public hearing on its medical cannabis website.
- After the public meeting and by November 1, the Review Panel will provide the Commissioner of Health its written report of findings.
- The Commissioner will approve or deny the petition by December 1 of the year the petition is accepted for consideration.

- You may withdraw the petition before the Review Panel's first public meeting of the year by submitting a written statement to the Department stating that you wish to withdraw it.

**Section A: Petitioner's Information**

Name (First, Middle, Last): [REDACTED]		
Home Address (including Apartment or Suite #): [REDACTED]		
City: [REDACTED]	State: MN	Zip Code: [REDACTED]
Telephone Number: [REDACTED]	Email Address: [REDACTED]	

**Section B: Medical Condition You Are Requesting Be Added**

Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. **Optional:** Include diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s), if you know them. *Attach additional pages as needed.*

Arthritis. This is a rheumatic disease characteristic of severe and debilitating pain of joints in the hands, neck, lower back, knees, or hips. Joint weakness, stiffness, and inflammation is also common. Most commonly diagnosed as Rheumatoid arthritis and Osteoarthritis.

**Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment**

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life. *Attach additional pages if needed.*

Arthritis causes the cartilage to wear away at a joint. This can cause the patient to experience severe pain, loss of mobility, and loss to complete daily functions. The joints will be inflamed and the patient might experience deformity of hands and feet. Common arthritic medications can have a variety of uncomfortable side effects, such as heart burn, digestive issues, and mental impairment.

**Section D. Availability of conventional medical therapies**

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment. *Attach additional pages if needed.*

Immunosuppressive drugs can be used to control the symptoms and development of Rheumatoid Arthritis. Another common treatment is joint surgery to remove diseased tissues. However, this is an invasive procedure that can endanger an elderly patient and cause more pain during recovery. The diseased tissue can also grow back, so this is not a permanent treatment. Both of these treatments can endanger an elderly patient with underlying conditions.

**Section E: Anticipated benefits from Medical Cannabis**

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition. *Attach additional pages if needed.*

Medical cannabis will decrease pain and inflammation in arthritic patients. They could gain more mobility and have an overall improved quality of life, without uncomfortable side effects such as digestive issues and heartburn. Cannabis treatment is beneficial to elderly patients that may have other diseases as well.

**Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment**

It will strengthen your petition to include evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

**I have attached relevant articles.** *(check box if you have attached scientific articles or studies)*

**Section G (optional): Letters in Support of Adding the Medical Condition**

Attach letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional.

**I have attached letters of support.** *(check box if you have attached letters of support)*

**Section H: Acknowledgement and Signature**

*Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this Petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.*

**I certify that the information provided in this petition is true and accurate to the best of my knowledge.**

S 

07/11/2016  
DATE (mm/dd/yyyy)

*To obtain this information in a different format, call:  
(651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.*

# Section F