


Add Neurocognitive Disorder due to Corticobasal Degeneration to Minnesota Cannabis Medical Program

July 2017

OVERVIEW

Corticobasal Syndrome is a neurological disorder that involves the motor system and cognitive brain use. It begins as a movement disorder showing one sided and moves into unbalance movement and problems with tone and slowness. Eventually the patient is in a wheelchair unable to care for themselves.

Key Features

1. Alien hand syndrome (no control over movement including eating, bathing & walking)
2. Apraxia (no control over tongue for speech)
3. Acalculia (unable to compute easy equations like 2+2)
4. Visual-spatial impairment (has trouble with nonverbal cues, body language and walking)

Treatment

There is no Treatment!

Evidence of Medical Marijuana as a Treatment for Corticobasal Disease

CBD Oil 1:1 Sublingual Drops Given throughout the day have proven results of improvement in symptoms. There is promising research for the treatment of Corticobasal disease according to the Movement Disorder Center and Department of Neurology at the University of Colorado.

Conclusion:

When a family member is diagnosed with a life debilitating and ultimately life threatening disease it is devastating for everyone. Then when the medical community tells you that there is no cure, no treatment and no hope for quality of life, it is even more devastating. Then the hope of CBD oil and Medical Marijuana come along and spirits are lifted at the idea of relief. Relief from the discomfort of not being able to walk, or dress yourself, or bathe or eat. Please consider corticobasal degeneration as this is our ONLY HOPE.

Thank you For your Consideration!

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 will be accepted only between June 1 and July 31, 2017.
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 your petition includes more than one medical condition, it will be dismissed.
- If you are petitioning for the addition of a medical condition that was considered but not approved in a prior year's petition process, you **must include** new scientific evidence or research to support your petition or describe substantially different symptoms. Please refer to our website to see which medical conditions were reviewed in prior years (<http://www.health.state.mn.us/topics/cannabis/rulemaking/addconditions.html>).
- 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.
- You may withdraw your petition any time before the Review Panel's first public meeting of the year by submitting a written statement to the Department stating that you want to withdraw it.

Petition review process

- An appointed citizens Review Panel will meet to review all eligible petitions.
- MDH will post notice of the public meetings of the Review Panel 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.

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

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]		E-mail 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. <i>Attach additional pages as needed.</i>
Neurocognitive Disorder due to Corticobasal Degeneration. G23.9 Degeneration of basal ganglia CBD CBGD



Addendum by [REDACTED] DO on July 12, 2017 12:42:53 CDT

From: [REDACTED] DO

To: [REDACTED]

Sent: 07/12/2017 12:42:53 CDT

Subject: RE: Patient Update

[REDACTED] report is in the portal to read. This is her diagnosis....DIAGNOSES:
Neurocognitive disorder due to cortical basal degeneration. [REDACTED] put in the
referral for neurology and the neurology dept is reviewing this and will call you to set up
the appt. If you do not hear back by the beginning of next week then let me know.

Thanks

[REDACTED]

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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.*

Symptoms of Cortical Basal Degeneration include slow movement, balance, unable to perform daily tasks like bathing, dressing, eating and/or walking.

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.*

There is no cure. No treatments other than physical therapy which offers little to no help.

Due to Copyright issues, Section F has been redacted. They will be considered by the panel members during the review process.

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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.



7/26/2017
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.