

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, 2020, and July 31, 2020. 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

Or by email to:

Health.Cannabis.AddMedicalCondition@state.mn.us

Instructions

- Complete each section of this petition and attach all supporting documents. Clearly indicate which section of the petition an attachment is for.
- This is a fillable PDF. Save the PDF to your computer before typing in the form fields. Otherwise, print the form and complete it by hand.
- 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. The MDH website has the petitions and review material for each petitioned medical condition reviewed in prior years. See [Adding New Medical Conditions - Medical Cannabis Program](http://www.health.state.mn.us/people/cannabis/rulemaking/addconditions.html) (<http://www.health.state.mn.us/people/cannabis/rulemaking/addconditions.html>). Petitions that do not include new scientific evidence or research to support your petition or describe substantially different symptoms will not be 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.

MINNESOTA MEDICAL CANNABIS PROGRAM PETITION TO ADD
A QUALIFYING MEDICAL CONDITION

- You may withdraw your petition any time before the Review Panel's first public meeting of the year by submitting a written statement to MDH stating that you want to withdraw it.

Petition Review Process

- An appointed citizens Review Panel will meet to review all eligible petitions and supporting documentation.
- MDH will post notice of the public meetings of the Review Panel on its medical cannabis website.
- After the public meeting and by Nov. 2, 2020, the Review Panel will provide the Commissioner of Health a written report of findings.
- The Commissioner will approve or deny the petition by Dec. 1, 2020.

Petition starts on next page.

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
health.cannabis@state.mn.us
www.health.state.mn.us

05/04/20

To obtain this information in a different format, call: 651-201-5598.

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 Street Number)

[REDACTED]

City

Saint Paul

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.***

Sickle Cell disease (SCD) causes poorly controlled chronic pain and affects about 500 individuals in Minnesota with 30 babies born each year with SCD. SCD primarily affects African Americans and is caused by a genetic mutation in which red blood cells take a sickle shape, leading to pain. SCD is lifelong and can reduce life expectancy by 30 years, with pain intensifying as patients age. Frequency of hospital admissions for pain is a strong predictor of premature death.

Diagnostic codes: Sickle-cell/Hb-C diseases with crisis, unspecified (D57.219) and Sickle-cell thalassemia with crisis (D57.41).

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.***

The hallmark of SCD is chronic pain which affects an individual's ability to attend school or work. SCD patients who suffer from pain have difficulty working due to frequent emergency room visits and hospitalizations. For children and adolescents, frequent hospital or clinic visits for pain management can mean less time spent in school and with friends and family, leading to behavioral and mood complications.

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.***

Unfortunately, the current standard of care for chronic pain management in SCD patients is opioid medications. There remains a fear of opioid tolerance or dependence by both patients and providers.

Results from a study of trends in opioid use among 219 adult SCD patients indicate that most patients utilized short acting opioids when experiencing pain. This suggests that most SCD patients utilize opioids for chronic pain control. A minority of individuals did not utilize analgesics and instead relied on alternative therapies for pain management. This may indicate that SCD patients are not aware of alternative therapies or do not have access to them. There is also a lack of education among providers regarding the availability of alternative therapies.

SCD pain control is opioid based and side effects include tolerance and dependence. The estimated prevalence of opioid addiction in the SCD population is 10%. National data indicates that SCD patients with opioid dependence had longer hospital admissions and higher associated costs than non-opioid dependent SCD peers.

MINNESOTA MEDICAL CANNABIS PROGRAM PETITION TO ADD
A QUALIFYING MEDICAL CONDITION

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.**

The high rate of poorly treated chronic pain among SCD patients in Minnesota must be addressed. With improved access to alternative pain control treatments, patients will have more pain free days. SCD is not an uncommon condition and affects many in Minnesota. The repercussions of poorly treated SCD chronic pain are numerous and must be prevented with better pain control strategies.

There is established evidence that medical marijuana has a role in chronic pain relief. SCD mouse models have confirmed the anti-pain effects of cannabinoids. Additionally, in a study of 50 adult SCD patients who were certified to obtain medical marijuana in the state of Connecticut, a statistically significant decrease was seen in hospital admissions for pain in the six months following medical marijuana use. Researchers discovered that patients with more severe types of SCD were more likely to apply for and obtain certification for medical marijuana than those with milder types. This indicates that current pain control measures are inadequate for the cohort of SCD patients who experience the most severe and debilitating pain.

Expanding access to a form of treatment that will improve pain outcomes and increase quality of life is ethical. In a 2018 survey of 62 Minnesotan providers, a majority of providers (76%) believed that medical cannabis was a legitimate medical therapy. Furthermore, since medical marijuana is only available to those over 18 years old, adding SCD to the list of qualifying conditions will not put children at risk. Additionally, inaccessibility to medical marijuana may force SCD patients to seek out marijuana via illegal or unregulated ways. This places patients at risk of violating local drug laws. Depending on the amount of marijuana in possession, patients can be subjected to fines or jail sentences. Patients who access medical marijuana via legal means may qualify for reduced fees to help afford medical marijuana.

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

Strengthen your petition by including 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.


SIGNATURE

07/13/20
DATE (mm/dd/yyyy)

Attached Articles

Boehnke, K. et al., "Medical Cannabis Use Is Associated With Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients With Chronic Pain" *The Journal of Pain*, Vol 17, No 6 (June), 2016: pp 739-744

Available online at www.jpain.org and www.sciencedirect.com

Ferdjallah, A., Poorly Controlled Chronic Pain Among Sickle Cell Patients in Minnesota, unpublished policy proposal, June 5, 2020, School of Public Health, University of Minnesota, Minneapolis, MN

Field, J., Five lessons learned about long-term pain management in adults with sickle cell disease, LESSONS LEARNED FROM QUALITY IMPROVEMENT INITIATIVES IN SICKLE CELL DISEASE, *American Society of Hematology*

Vincent, L., Cannabinoid receptor-specific mechanisms to alleviate pain in sickle cell anemia via inhibition of mast cell activation and neurogenic inflammation, *Haematologica* 2016 Volume 101(5):566-577