

Medical Cannabis Program Update

OCTOBER 2017

Minnesota's medical cannabis program began distributing medical cannabis to registered patients on July 1, 2015. This update reports information collected from July 1, 2015 through September 30, 2017. The data for this update, unless otherwise noted, come from the medical cannabis patient registry system, a secure, web-based application system. This document is updated quarterly.

Cannabis Manufacturers

The Minnesota Department of Health (MDH) registered two medical cannabis manufacturers on December 1, 2014. They are responsible for the cultivation, production, and distribution of medical cannabis in the state. The manufacturers are Minnesota Medical Solutions, LLC and LeafLine Labs, LLC.

Minnesota Medical Solutions operates distribution facilities, or Cannabis Patient Centers (CPCs), in Minneapolis, Rochester, Moorhead, and Bloomington.

LeafLine Labs operates CPCs in Eagan, St. Cloud, Hibbing, and St. Paul.

Figure 1 displays the total number of patient visits to a CPC that resulted in medical cannabis purchases between July 1, 2015 and September 30, 2017. Each visit may have resulted in the purchase of multiple products and variable quantities; additionally, patients may have made several purchase visits during this time period. Only the number of total CPC visits is reflected in this figure.

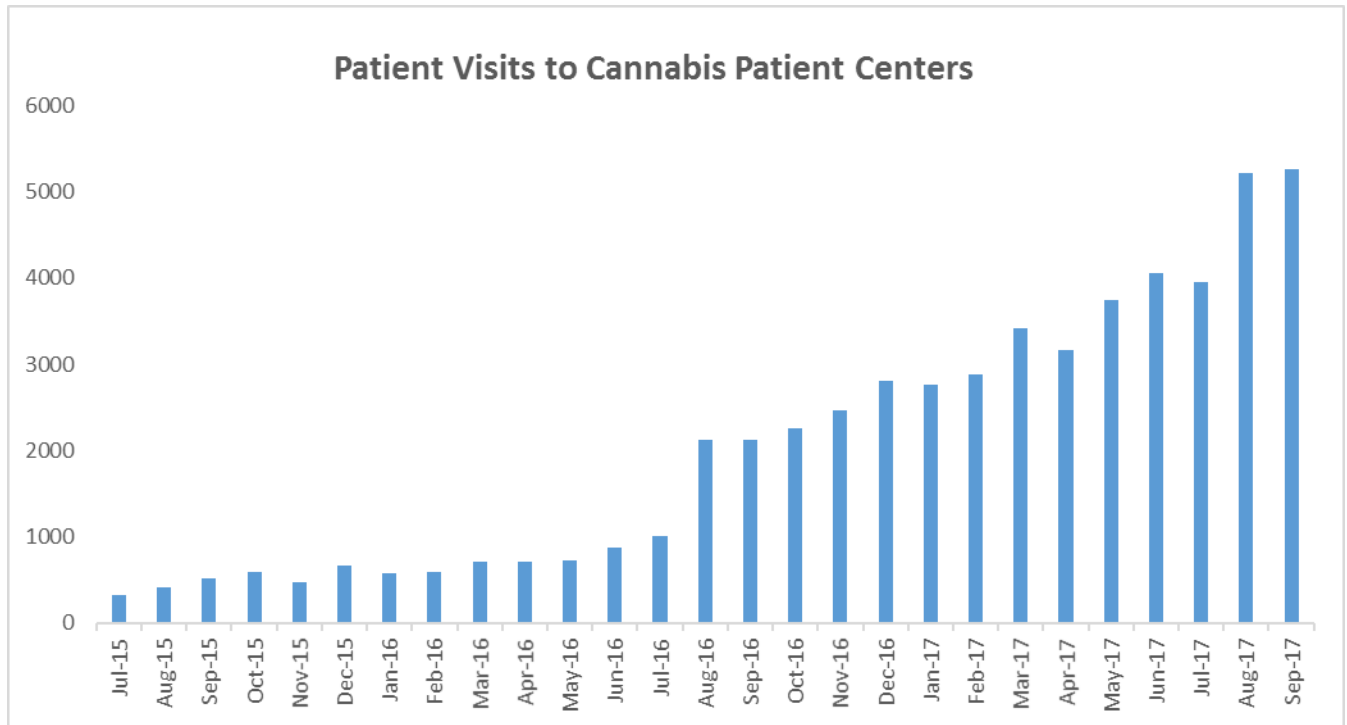


Figure 1. Total number of patient visits to a Cannabis Patient Center which resulted in purchase of medical cannabis products, by month.

Patients

Qualifying patients must be enrolled in the medical cannabis patient registry to be eligible to legally purchase and possess medical cannabis. As part of the application process, a patient’s qualifying medical condition must be certified by a health care practitioner; this qualifying medical condition and the patient must be re-evaluated and re-certified by a health care practitioner every year.

Figure 2 displays the weekly number of patients enrolled and in active status in the registry. As of September 28, 2017, there were 7,022 patients actively enrolled in the patient registry, an increase of 4,216 from the 2,806 enrolled on September 29, 2016.

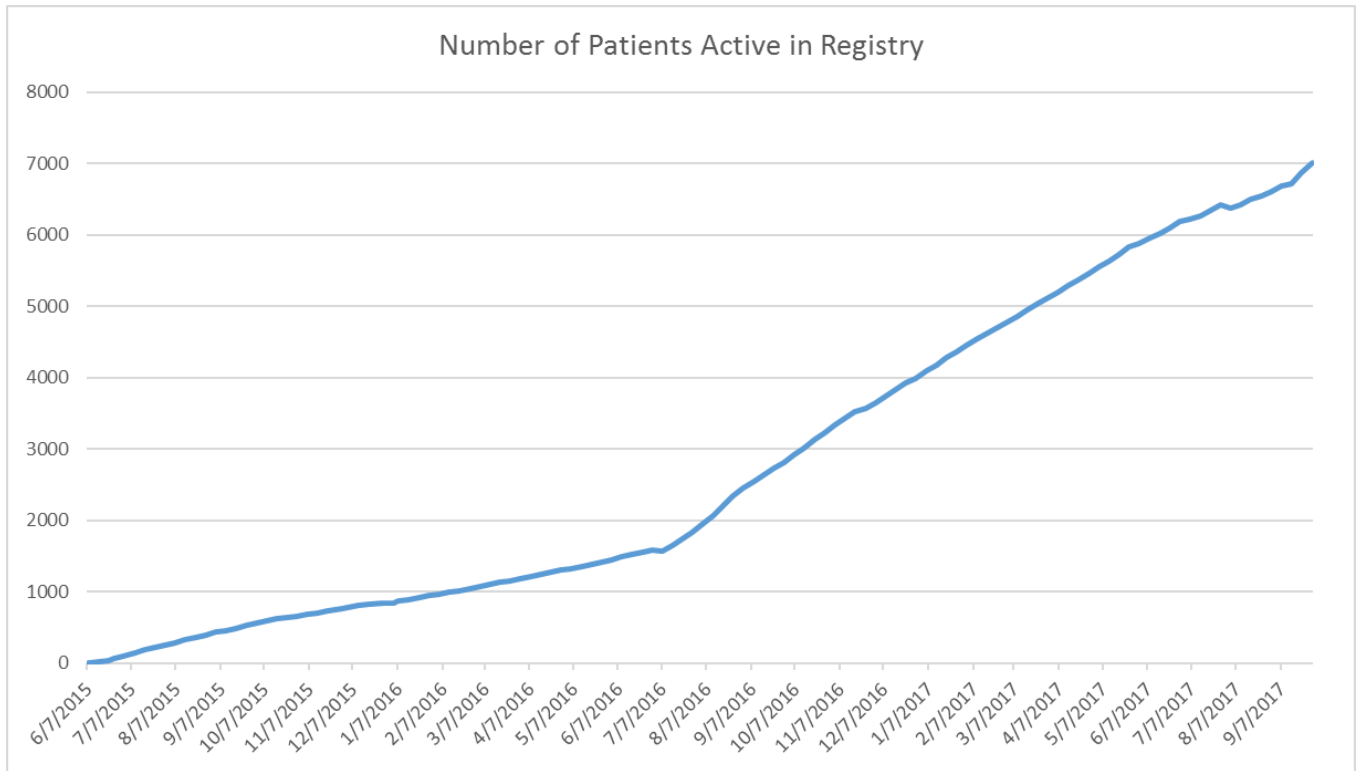


Figure 2. Weekly number of patients enrolled and in active status in registry.

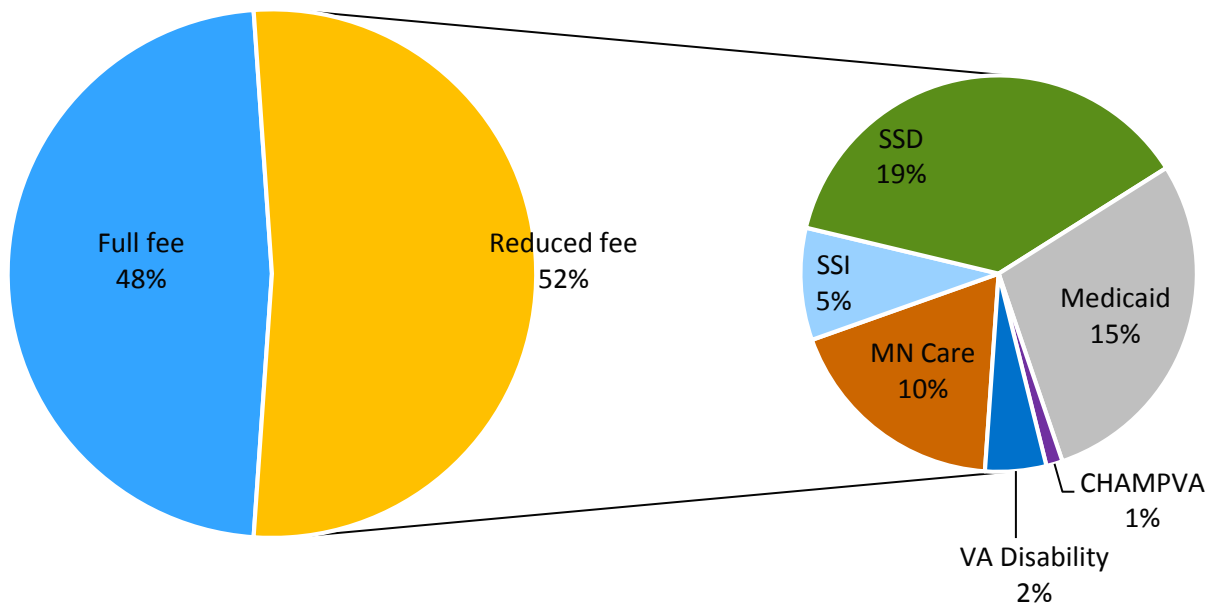


Figure 3. Breakdown of active patients by fee type (reduced vs. full fee) and types of government assistance for reduced fees.

Patients must pay an enrollment fee before they are eligible to legally purchase and possess medical cannabis. Minnesota Statutes section 152.35 sets the annual patient enrollment fee at \$200; patients who receive government assistance, such as Minnesota Care (MN Care), Social Security Disability (SSD), Supplemental Security Income (SSI), Medicaid/Medical Assistance (MA) and CHAMPVA, qualify for a reduced fee of \$50. Figure 3 shows that approximately 52 percent of registered patients have qualified for the reduced enrollment fee, the same percentage as last quarter.

The racial/ethnic distribution of active patients in the registry generally reflects the state’s demographics, as can be seen in Table 1.

Table 1: Active Patient Race and Ethnicity Compared to Overall State Demographics

Race/Ethnicity	Medical Cannabis Registry	2014 Census Bureau Estimates*
American Indian	180 (2.6%)	1.9%
Asian	79 (1.1%)	5.0%
Black	322 (4.6%)	6.5%
Hawaiian	5 (0.1%)	0.1%
White	6013 (85.6%)	87.5%
Hispanic	146 (2.0%)	4.9%
Other	111 (1.6%)	1.7%
Unknown	137 (2.0%)	

*<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

The qualifying medical conditions are: Cancer or its treatment (must be accompanied by severe or chronic pain, nausea, or severe wasting); Glaucoma; HIV/AIDS; Tourette Syndrome; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s Disease); Seizures, including those characteristic of epilepsy; Severe and persistent muscle spasms, including those characteristic of multiple sclerosis; Terminal Illness with life-expectancy of less than 1 year (must be accompanied by severe or chronic pain, nausea, or severe wasting); and, Crohn’s Disease was extended to Inflammatory Bowel Disease (including Crohn’s Disease) effective July 1, 2016. Intractable Pain was added as a qualifying medical condition by the commissioner of health, effective August 1, 2016. Post-Traumatic Stress Syndrome (PTSD) was added as a qualifying condition by the commissioner of health effective August 1, 2017.

Table 2 shows the number of active patients in the patient registry who have been certified as having that qualifying medical condition. The three most frequently certified qualifying conditions are (1) intractable pain, (2) severe and persistent muscle spasms, including those

characteristic of multiple sclerosis, and (3) cancer or its treatment, accompanied by severe or chronic pain, nausea, or severe wasting.

Table 2: Count (%) of Active Patients by Condition*

Qualifying Condition	Patients Certified: N (%)
Glaucoma	58 (1%)
HIV/AIDS	70 (1%)
Tourette Syndrome	68 (1%)
ALS	18 (<1%)
Seizures	409 (6%)
Muscle Spasms	1097 (16%)
Inflammatory Bowel Disease, Including Crohn's Disease	267 (4%)
Cancer	782 (11%)
Terminal Illness	97 (1%)
Intractable Pain	4692 (67%)
Post-Traumatic Stress Disorder	363 (5%)
Total	7022

*Patients certified total more than 100% because 11.2% of the 7022 patients are currently certified for more than one condition; in this table each certified condition is counted.

Figure 4 displays the number of active patients by age and gender. The average age of registered patients is 49.6 years; however, the average age varies by qualifying medical condition.

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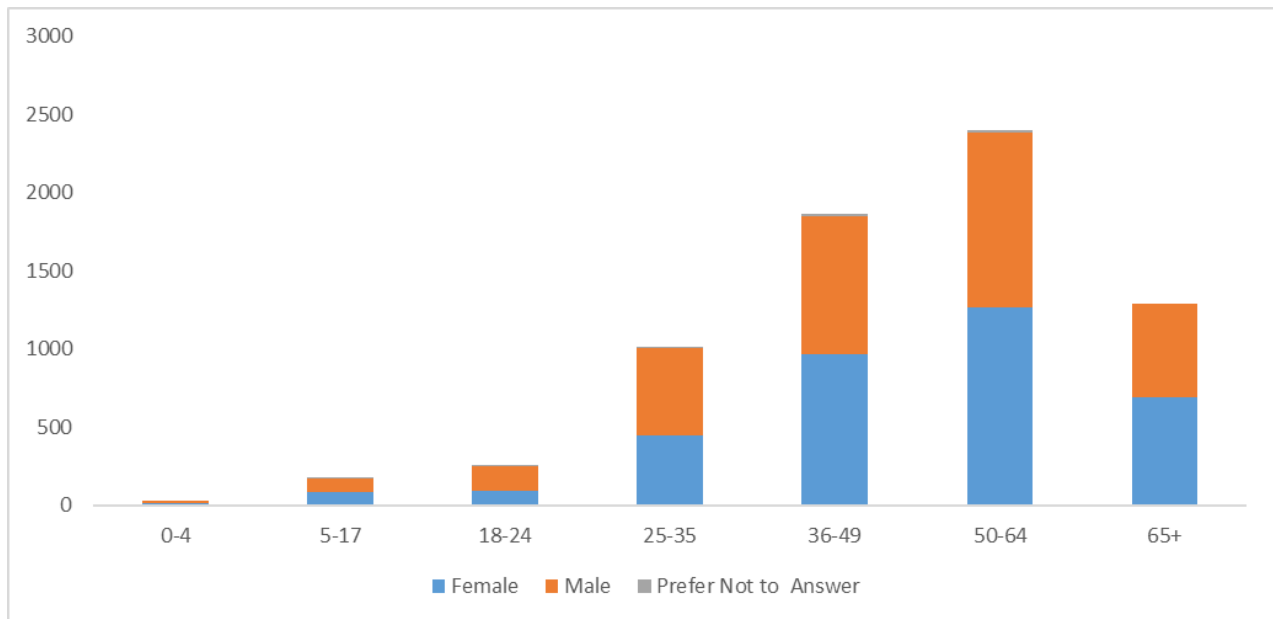


Figure 4. Breakdown of active patients by age and gender.

Table 3 demonstrates the breakdown of active, condition-specific patient counts by age. Patients certified as having Tourette syndrome have the lowest average age of 23.3 years; patients with ALS have the highest average age of 59.7 years.

Table 3: Breakdown of Active Patients by Age Group and Qualifying Medical Condition

Age (y)	All Conditions	Glaucoma	HIV/AIDS	Tourette Syndrome	ALS	Seizures	Muscle Spasms	Inflammatory Bowel Disease	Cancer	Terminal Illness	Intractable Pain	Post-Traumatic Stress Disorder
0-4	33 (<1%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	26 (6%)	1 (0%)	0 (0%)	5 (1%)	0 (0%)	1 (0%)	0 (0%)
5-17	172 (2%)	1 (2%)	0 (0%)	31 (46%)	0 (0%)	100 (24%)	12 (1%)	3 (1%)	10 (1%)	5 (5%)	24 (1%)	5 (1%)
18-24	252 (4%)	1 (2%)	2 (3%)	7 (10%)	0 (0%)	58 (14%)	34 (3%)	23 (9%)	10 (1%)	3 (3%)	122 (3%)	25 (7%)
25-35	1013 (14%)	6 (10%)	16 (23%)	15 (22%)	1 (6%)	88 (22%)	173 (16%)	77 (29%)	54 (7%)	9 (9%)	602 (13%)	123 (34%)
36-49	1862 (27%)	8 (14%)	21 (30%)	13 (19%)	4 (22%)	94 (23%)	353 (32%)	80 (30%)	126 (16%)	19 (20%)	1298 (28%)	112 (31%)
50-64	2398 (34%)	21 (36%)	27 (39%)	1 (1%)	7 (39%)	30 (7%)	380 (35%)	61 (23%)	317 (41%)	27 (28%)	1741 (37%)	73 (20%)
65+	1292 (18%)	21 (36%)	4 (6%)	0 (0%)	6 (33%)	13 (3%)	144 (13%)	23 (9%)	260 (33%)	34 (35%)	904 (19%)	25 (7%)
Mean Age (SD)	49.6 (16.6)	56.0 (16.4)	44.9 (12.3)	23.3 (12.9)	59.7 (16.0)	27.9 (19.4)	48.3 (14.5)	42.5 (14.9)	57.1 (15.4)	55.8 (20.0)	51.6 (15.2)	41.2 (13.7)

Table 4 indicates the majority of enrolled patients come from or near the Minneapolis-St. Paul metropolitan area. Only 10.5 percent of enrolled patients come from the northern tier (defined as the Duluth, Brainerd, Bemidji, Detroit Lakes, and East Grand Forks zip code regions listed in Table 4).

Table 4. Approved and active patients, by zip code region

Region	ZIP Codes	Active Patients
St Paul	55000-55199	2148
Minneapolis	55300-55599	2838
Duluth	55600-55899	286
Rochester	55900-55999	348
Mankato	56000-56199	248
Willmar	56200-56299	218
St Cloud	56300-56399	480
Brainerd	56400-56499	167
Detroit Lakes	56500-56599	175
Bemidji	56600-56699	76
E Grand Forks	56700-56799	36

Caregivers

Patients who require extra help can use their registry account to invite caregivers to assist them in picking up medical cannabis from a cannabis patient center or in administering the medical cannabis. There are two different groups of caregivers in the Minnesota medical cannabis program: designated caregivers and parents or legal guardians acting as caregivers. All caregivers must be enrolled in the patient registry system. A patient’s parent or legal guardian may act as caregiver and be entered in the registry without having to qualify as a designated caregiver. A patient may have both registered designated caregivers and registered parents or legal guardians acting as caregivers.

The law permits patient to have a registered designated caregiver only if the patient’s health care practitioner certifies that the patient suffers from a developmental or physical disability that prevents the patient from either self-administering the medication or acquiring the medication from a distribution facility. Registered designated caregivers must pass a criminal background check.

Table 5 displays the number of patients with registered designated caregivers or registered parents/legal guardians, by qualifying medical condition, as of September 30, 2017.

Table 5: Active Designated Caregivers and/or Registered Parents/Legal Guardians by Condition*

Qualifying Condition	Total Patients	Patient with Caregivers: N (%)	Patients with PLGs: N (%)	Patients with Caregiver and/or PLG: N(%)
Glaucoma	58	2 (3%)	2 (3%)	4 (7%)
HIV/AIDS	70	1 (1%)	0 (0%)	1 (1%)
Tourette Syndrome	68	3 (4%)	41 (60%)	41 (60%)
ALS	18	8 (44%)	1 (6%)	9 (50%)
Seizures	409	37 (9%)	231 (56%)	153 (61%)
Muscle Spasms	1097	138 (13%)	34 (3%)	170 (15%)
Inflammatory Bowel Disease, Including Crohn's Disease	267	12 (4%)	10 (4%)	21 (8%)
Cancer	782	121 (15%)	26 (3%)	147 (19%)
Terminal Illness	97	30 (30%)	11 (11%)	40 (41%)
Intractable Pain	4692	290 (6%)	75 (2%)	363 (8%)
Post-Traumatic Stress Disorder	363	5 (1%)	7 (2%)	12 (3%)
All Conditions	7022	537 (8%)	400 (6%)	911 (13%)

*A designated caregiver is limited to caring for one patient at a time, unless the patients live at the same address.

Health Care Practitioners

Health care practitioners who can certify a patient’s qualifying medical condition are Minnesota licensed physicians, physician assistants, and advanced practice registered nurses (APRNs). The health care practitioner must be enrolled in the medical cannabis registry before certifying a patient’s qualifying medical condition.

As can be seen in Figure 5, the number of health care practitioners registering with the program continues to increase.

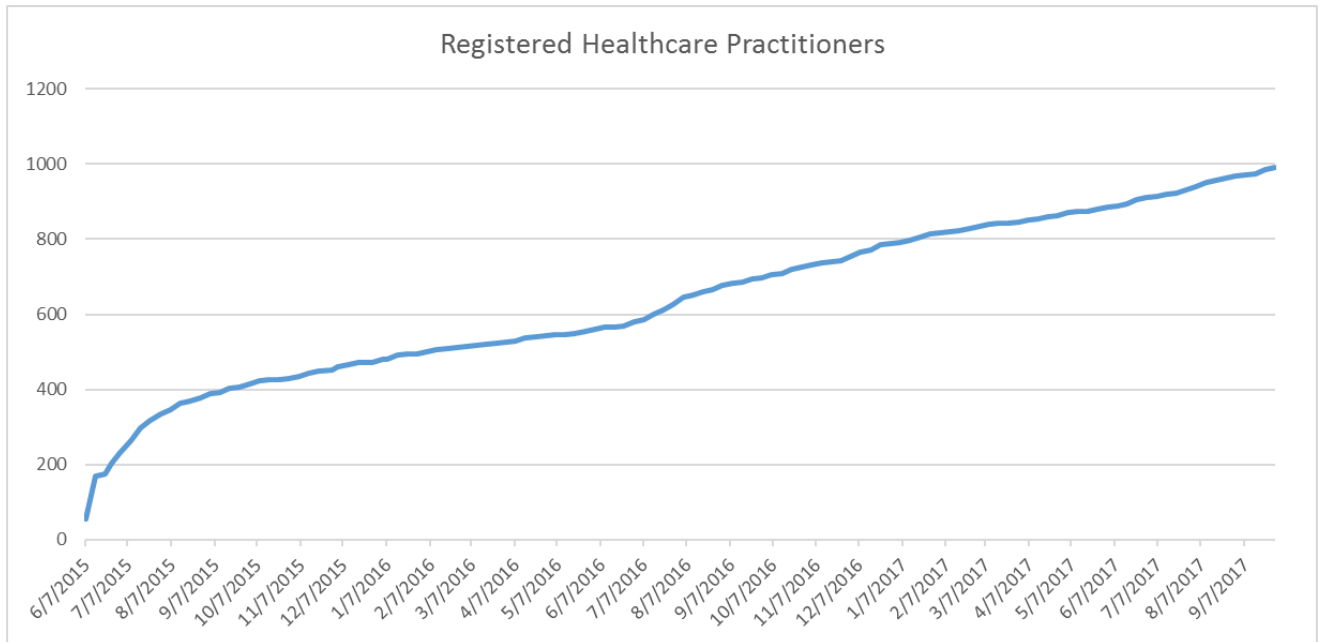


Figure 5. Count of registered health care practitioners actively in the patient registry since the program start.

Table 6 shows that as of September 30, 2017, 994 health care practitioners are approved in the registry system), and 781 are physicians, 60 are physician assistants, and 153 are APRNs.

Table 6: Breakdown of Registered Health Care Practitioners by Type

Healthcare Practitioner Type	N (%)
Physician	781 (79%)
Physician Assistant	60 (6%)
Advance Practice RN	153 (15%)
Total	994

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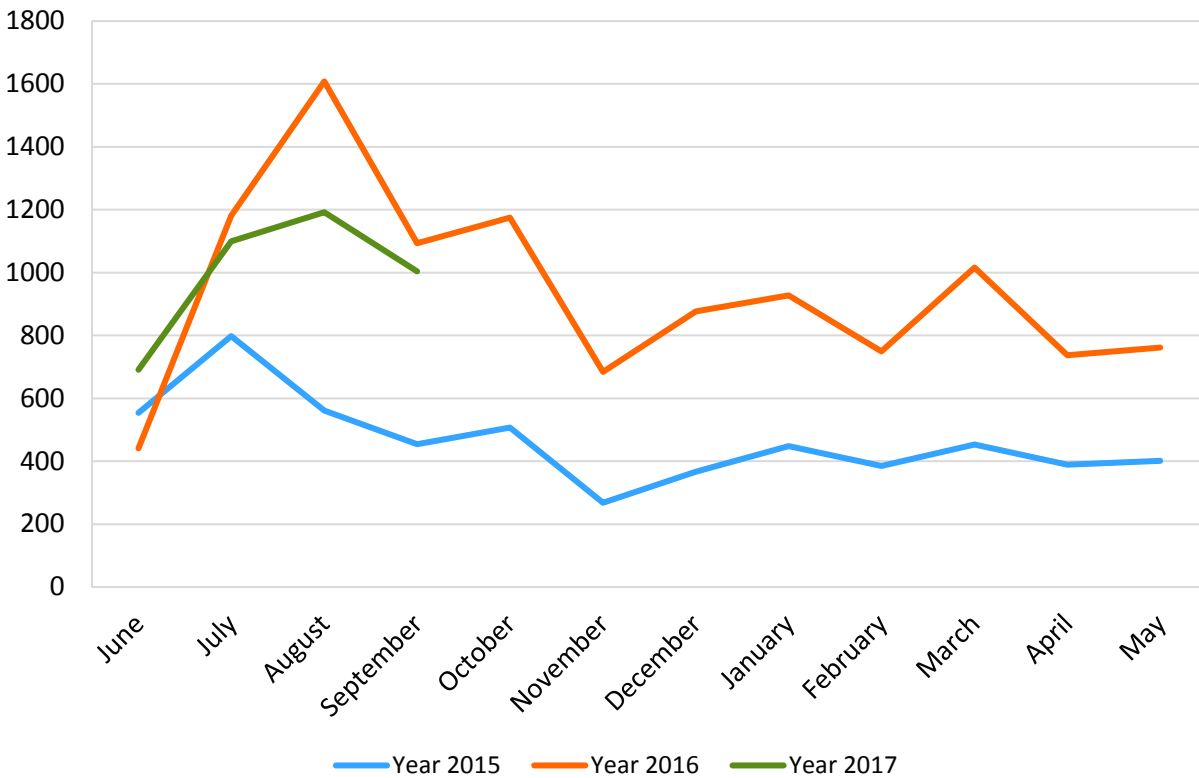


Figure 6. Number of monthly calls handled since program start.

Activity in the program increased beginning July 1, 2016, when patients with Intractable Pain became eligible to have their medical condition certified to be eligible for the program. Phone calls received by OMC increased beginning in June 2016 and the highest call volume week for the program came the first week of August 2016 with 474 calls received. OMC support center staff handled 253 calls per week (where they spoke with a caller) during the third quarter of 2017. More calls were received during the months of July, August, and September of 2017 than in the same period in 2015, but not as many were received as during the peak coinciding with the addition of Intractable Pain as a qualifying medical condition.

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