DEPARTMENT OF HEALTH

Medical Cannabis Program Update

JULY 2019

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 July 7, 2019. 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.

Under legislation effective on July 1, 2019, each manufacturer will be required to open four more CPCs. Those locations are still to be determined.

Figure 1 displays the total number of patient visits to a CPC that resulted in medical cannabis purchases between July 1, 2015 and July 7, 2019. 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.

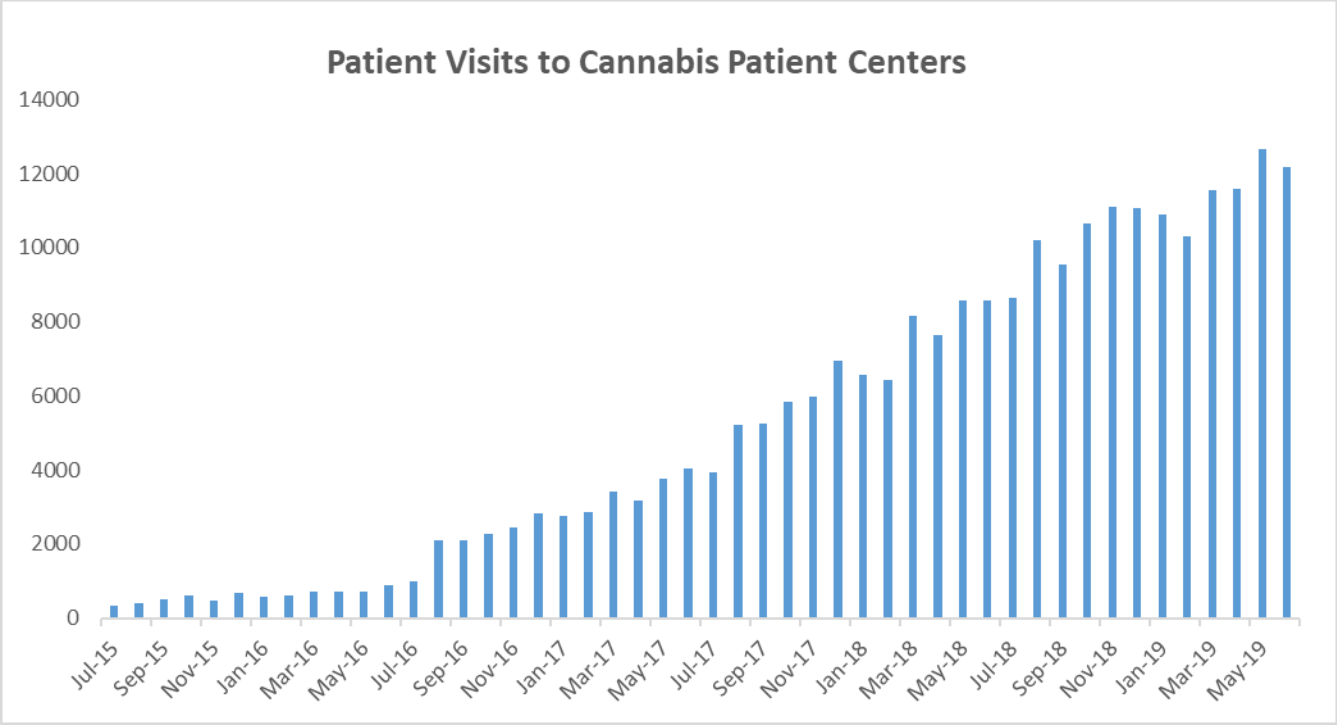

Figure 1. Total number of patient visits to a Cannabis Patient Center that resulted in purchase of medical cannabis products, by month.

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 July 7, 2019, there were 17,202 patients actively enrolled in the patient registry, an increase of 58% (or 6,318) above the 10,884 who were enrolled on July 5, 2018.

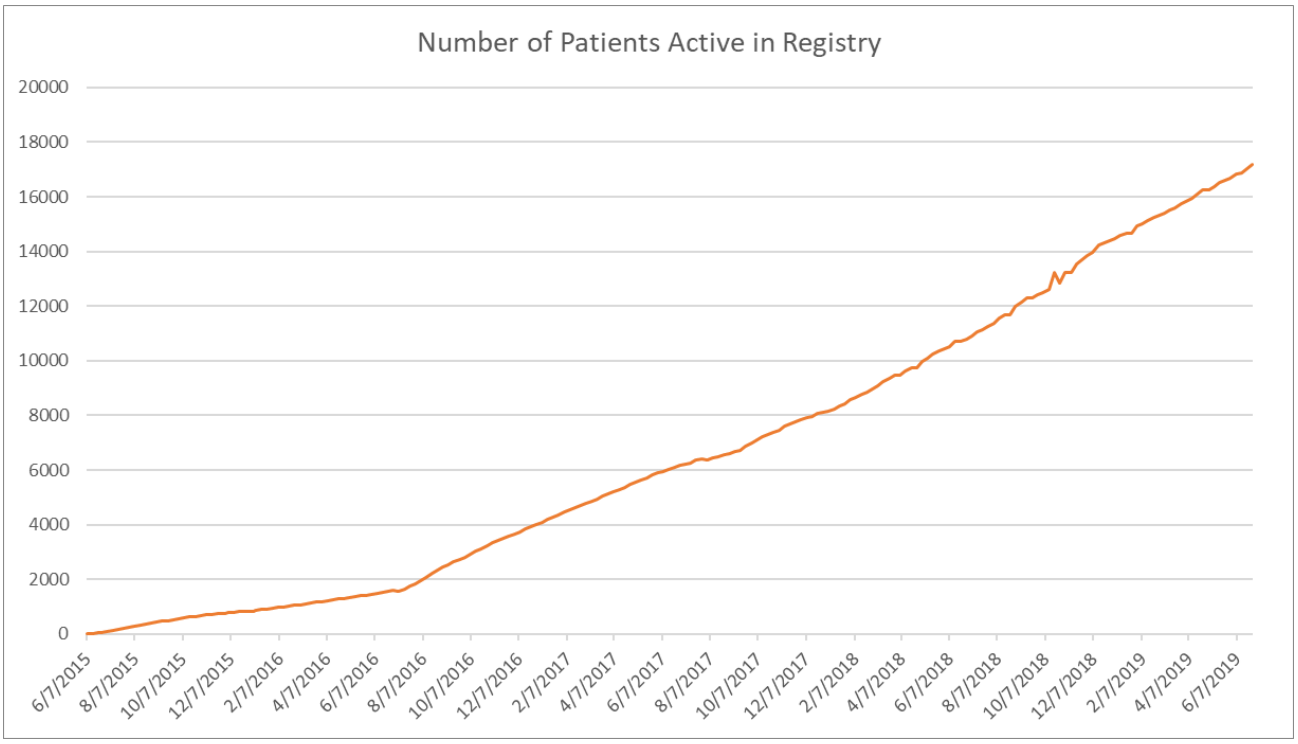

Figure 2. Weekly number of patients enrolled and in active status in registry.

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 medical 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 52 percent of patients registered as of July 1, 2019 qualified for the reduced enrollment fee.

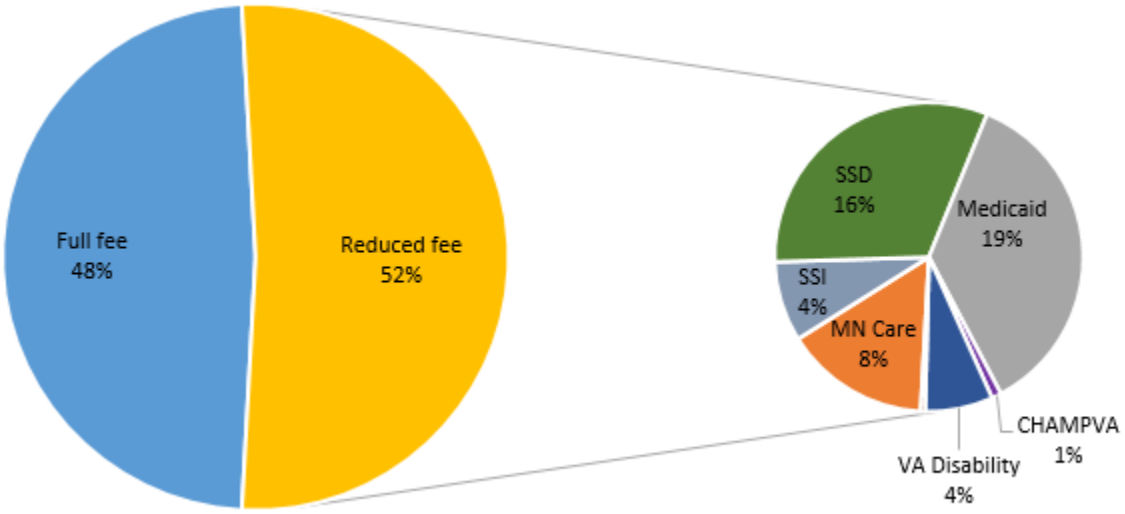

Figure 3. Breakdown of active patients by fee type (reduced vs. full fee) and types of government assistance for reduced fees, as of July 1, 2019.

The medical conditions that qualify a patient for the medical cannabis program 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.

The Commissioner of Health has added the following qualifying medical conditions:

- Intractable Pain, effective August 1, 2016;
- Post-Traumatic Stress Syndrome (PTSD), effective August 1, 2017;
- Autism Spectrum Disorder, effective August 1, 2018; and
- Obstructive Sleep Apnea, effective August 1, 2018.

The Commissioner has also added Alzheimer's Disease as a qualifying condition, effective August 1, 2019.

Table 1 shows the number of active patients in the patient registry who have been certified as having that qualifying medical condition. As of July 7, 2019, the three most frequently certified

qualifying medical conditions are (1) intractable pain, (2) PTSD, and (3) severe and persistent muscle spasms, including those characteristic of multiple sclerosis.

Table 1: Count (%) of Active Patients by Condition as of July 7, 2019*

Qualifying Condition	Patients Certified: N (%)
Glaucoma	115 (1%)
HIV/AIDS	106 (1%)
Tourette Syndrome	112 (1%)
ALS	35 (<1%)
Seizures	642 (4%)
Severe and Persistent Muscle Spasms	1,946 (11%)
Inflammatory Bowel Disease, Including Crohn's Disease	505 (3%)
Cancer	1,404 (9%)
Terminal Illness	136 (1%)
Intractable Pain	10,929 (64%)
Post-Traumatic Stress Disorder	3059 (18%)
Autism Spectrum Disorder	581 (3%)
Obstructive Sleep Apnea	801 (5%)
Total	17,202

**Patients certified total more than 100% because 14.4% of the 17,202 patients are currently certified for more than one condition; this table counts each certified condition.*

Figure 4 displays the number of active patients by age and gender. The average age of registered patients is 48.8 years; however, the average age varies by qualifying medical condition.

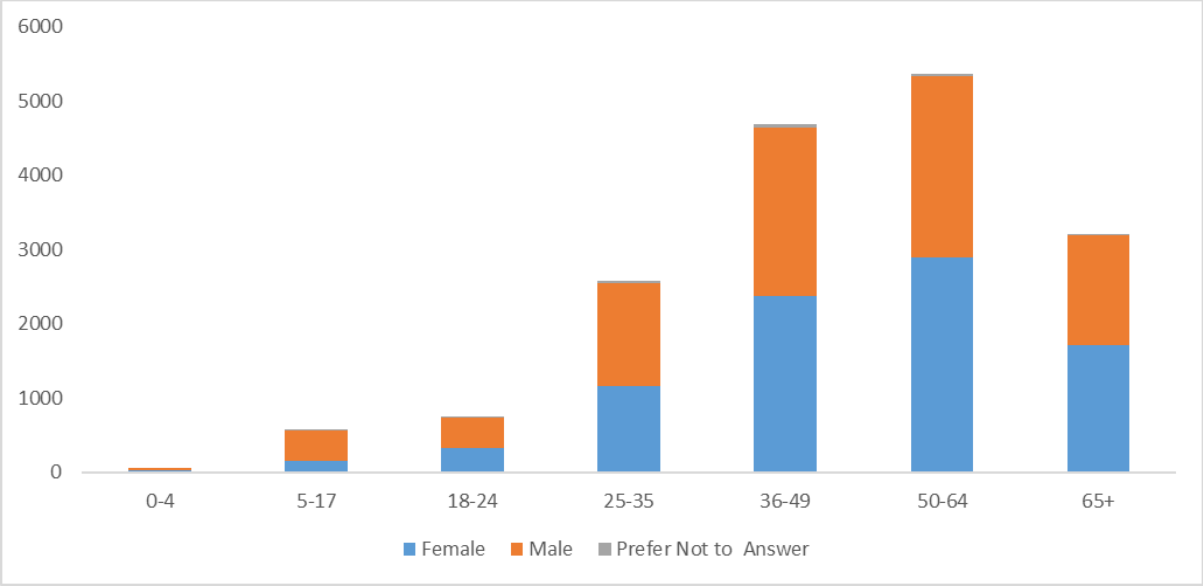

Figure 4. Breakdown of active patients by age and gender, as of July 7, 2019.

Table 2 demonstrates the breakdown of active, condition-specific patient counts by age. Patients certified as having Autism Spectrum Disorder have the lowest average age of 17.3 years; patients with terminal illness have the highest average age of 59.4 years.

Table 2: Breakdown of Active Patients by Age Group and Qualifying Medical Condition, as of July 7, 2019

Age (y)	0-4	5-17	18-24	25-35	36-49	50-64	65+	Mean Age (SD)
All Conditions	53 (<1%)	567 (3%)	751 (4%)	2574 (15%)	4688 (27%)	5362 (31%)	3207 (19%)	48.8 (17.1)
Glaucoma	-	2 (2%)	1 (1%)	7 (6%)	20 (17%)	41 (36%)	44 (38%)	56.9 (14.2)
HIV/AIDS	-	-	6 (6%)	22 (21%)	39 (37%)	38 (36%)	1 (1%)	43.7 (11.5)
Tourette Syndrome	-	35 (31%)	18 (16%)	28 (25%)	19 (17%)	6 (5%)	6 (5%)	28.3 (16.5)
ALS	-	-	-	1 (3%)	6 (17%)	18 (51%)	10 (29%)	58.1 (11.1)
Seizures	25 (4%)	132 (21%)	95 (15%)	148 (23%)	151 (24%)	63 (10%)	28 (4%)	31.0 (17.3)
Muscle Spasms	-	17 (1%)	67 (3%)	292 (15%)	604 (31%)	687 (35%)	279 (14%)	48.8 (14.5)]
Inflammatory Bowel Disease, Including Crohn's Disease	-	4 (1%)	34 (7%)	128 (25%)	177 (35%)	125 (25%)	37 (7%)	43.1 (13.9)

Age (y)	0-4	5-17	18-24	25-35	36-49	50-64	65+	Mean Age (SD)
Cancer	8 (1%)	19 (1%)	25 (2%)	75 (5%)	218 (16%)	526 (38%)	533 (38%)	57.9 (15.6)
Terminal Illness	-	6 (4%)	4 (3%)	5 (4%)	18 (13%)	49 (36%)	54 (40%)	59.4 (18.4)
Intractable Pain	2 (<1%)	28 (<1%)	266 (2%)	1317 (12%)	3046 (28%)	3937 (36%)	2333 (21%)	52.3 (15.1)
PTSD	1 (<1%)	47 (2%)	244 (8%)	956 (31%)	1059 (35%)	579 (19%)	173 (6%)	40.3 (13.3)
Autism Spectrum Disorder	19 (3%)	333 (57%)	125 (22%)	61 (11%)	33 (6%)	7 (1%)	3 (1%)	17.3 (10.8)
Obstructive Sleep Apnea	-	1 (<1%)	6 (1%)	83 (10%)	284 (35%)	305 (38%)	122 (15%)	50.7 (12.2)

Table 3 indicates the majority of enrolled patients come from or near the Minneapolis-St. Paul metropolitan area. Only thirteen 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). Eleven percent come from Southern Minnesota (defined as the Rochester, Mankato, Willmar postal codes). Seventy-one percent of enrolled patients come from the Minneapolis-St. Paul metropolitan area. The remaining six percent come from the St. Cloud region.

Table 3. Approved and active patients, by Zip code region as of July 7, 2019

Region	ZIP Codes	Active Patients
St Paul	55000-55199	5175
Minneapolis	55300-55599	6990
Duluth	55600-55899	960
Rochester	55900-55999	752
Mankato	56000-56199	620
Willmar	56200-56299	442
St Cloud	56300-56399	1029
Brainerd	56400-56499	500
Detroit Lakes	56500-56599	386
Bemidji	56600-56699	220
E Grand Forks	56700-56799	125

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, legal guardians, or spouses acting as caregivers. All caregivers must be enrolled in the patient registry system. A patient's parent, legal guardian, or spouse 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, legal guardians, or spouse acting as caregivers.

The law permits a patient to have a registered designated caregiver only if the patient's health care practitioner certifies that the patient requires assistance in administering medical cannabis or obtaining medical cannabis from a CPC. Registered designated caregivers must pass a criminal background check.

Table 4 displays the number of patients with registered designated caregivers or registered parents/legal guardians/spouses, by qualifying medical condition, as of July 7, 2019. Prior to July 1, 2019, a patient's spouse was required to qualify as a designated caregiver in order to register in the program. Under legislation which became effective July 1, 2019, a patient's spouse is no longer required to register as a designated caregiver. Therefore, the majority of caregivers who are spouses of patients are registered as designated caregivers rather than parents/legal guardians/spouses and are represented in the middle column of Table 4.

Table 4: Active Designated Caregivers and/or Registered Parents/Legal Guardians/Spouses (PLGS) by Condition* as of July 7, 2019

Qualifying Condition	Total Patients	Patient with Registered Caregivers: N (%)	Patients with Registered PLGS: N (%)	Patients with Caregiver and/or PLGS: N (%)
Glaucoma	115	9 (8%)	3 (3%)	12 (10%)
HIV/AIDS	106	0 (0%)	0 (0%)	0 (0%)
Tourette Syndrome	112	5 (5%)	53 (47%)	55 (49%)
ALS	35	17 (49%)	1 (3%)	18 (51%)
Seizures	642	60 (9%)	304 (47%)	339 (53%)
Severe and Persistent Muscle Spasms	1,946	267 (14%)	79 (4%)	339 (17%)
Inflammatory Bowel Disease, Including Crohn's Disease	505	22 (4%)	14 (3%)	36 (7%)

Qualifying Condition	Total Patients	Patient with Registered Caregivers: N (%)	Patients with Registered PLGS: N (%)	Patients with Caregiver and/or PLGS: N (%)
Cancer	1,404	291 (21%)	61 (4%)	349 (25%)
Terminal Illness	136	43 (32%)	12 (9%)	52 (38%)
Intractable Pain	10,929	871 (8%)	174 (2%)	1,042 (10%)
Post-Traumatic Stress Disorder	3,059	97 (3%)	99 (3%)	194 (6%)
Autism Spectrum Disorder	581	31 (5%)	485 (83%)	493 (85%)
Obstructive Sleep Apnea	801	26 (3%)	5 (<1%)	31 (4%)
Total	17,202	1,378 (8%)	1,134 (7%)	2,454 (14%)

*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.

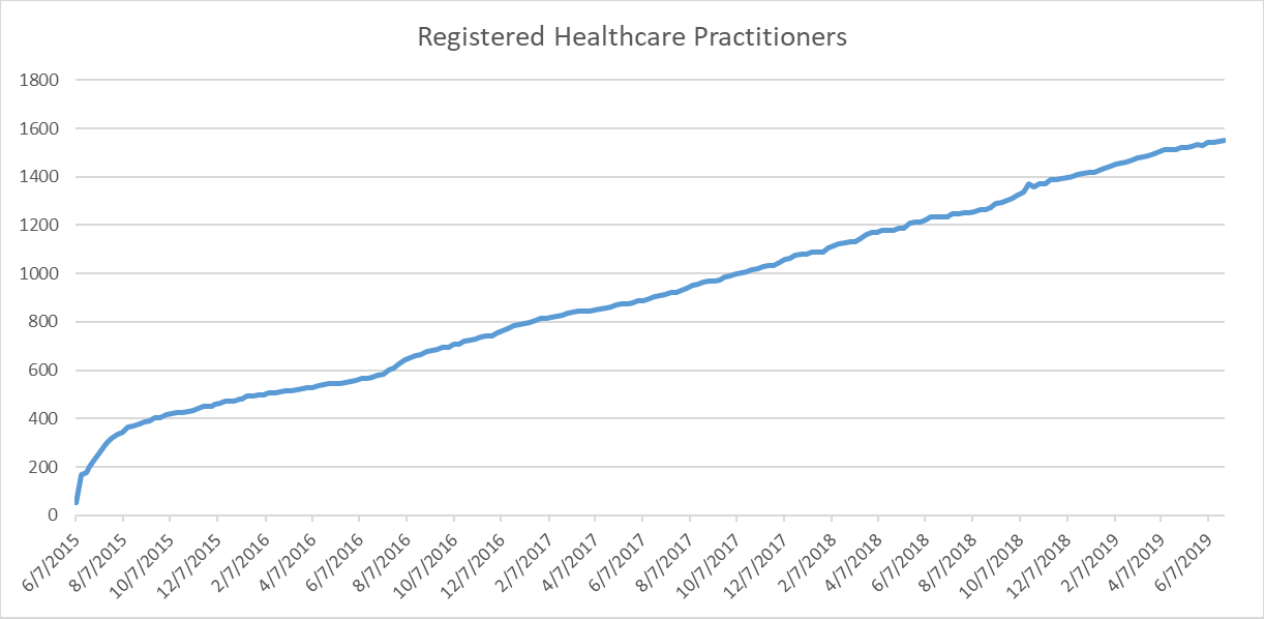

Figure 5. Count of registered health care practitioners actively in the patient registry since the program start.

Table 5 shows that as of July 7, 2019, there were 1,560 health care practitioners approved in the registry system. Of the 1,560 registered practitioners, 1150 are physicians, 119 are physician assistants, and 291 are APRNs. One year ago, there were 1,234 registered health care practitioners, 952 of whom were physicians (77%), 76 of whom were physician assistants (6%), and 203 of whom were APRNs (16%).

Table 5: *Breakdown of Registered Health Care Practitioners by Type, as of July 7, 2019*

Healthcare Practitioner Type	N (%)
Physician	1150 (74%)
Physician Assistant	119 (8%)
Advanced Practice RN	291 (19%)
Total	1,560

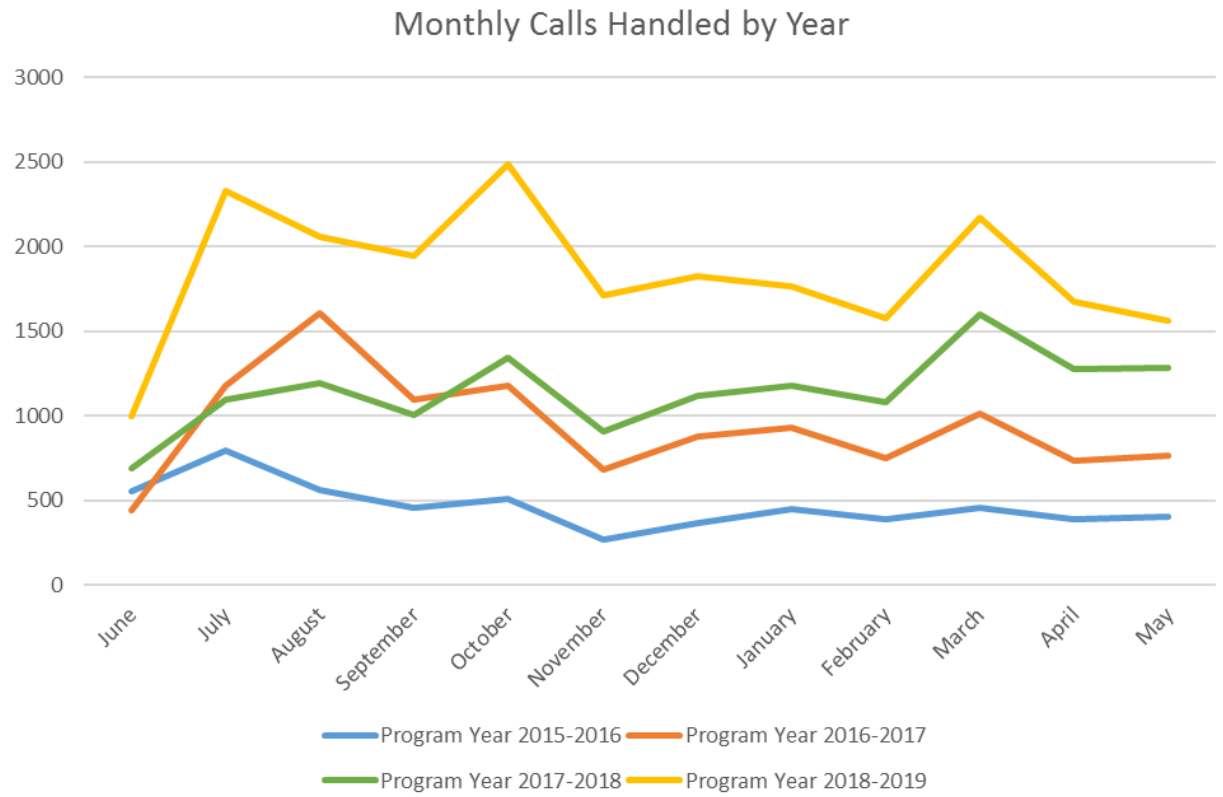

Figure 6. Number of monthly calls handled by OMC staff since program start.

Activity in the program markedly increased beginning July 1, 2016, when Intractable Pain became a qualifying medical condition. Phone calls received by OMC increased beginning in June 2016. With one exception, each quarter's call volume has been greater than the call volume for that quarter in the previous year. Eleven of the thirteen highest call-volume months occurred in fiscal year 2019 (ending June 30, 2019).

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