

# Medical Cannabis Program Update

OCTOBER 2018

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, 2018. 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.

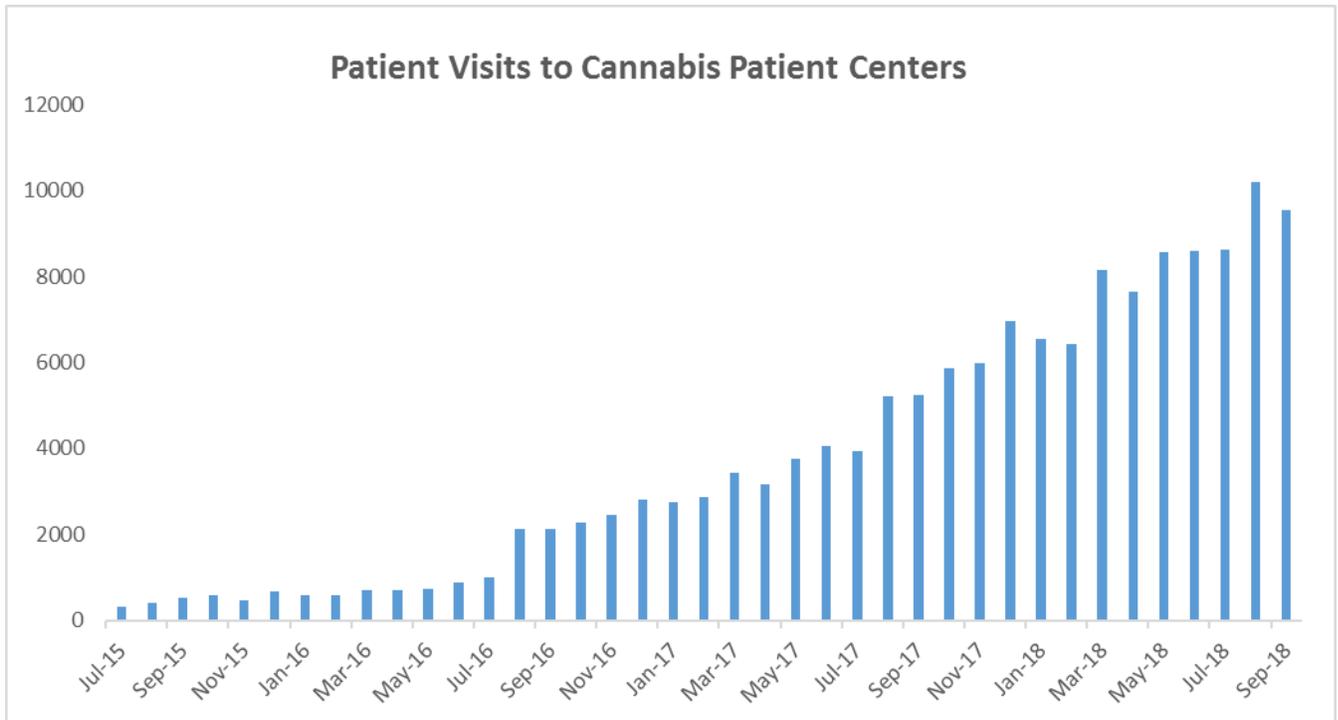
## Cannabis Manufacturers

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, 2018. 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.

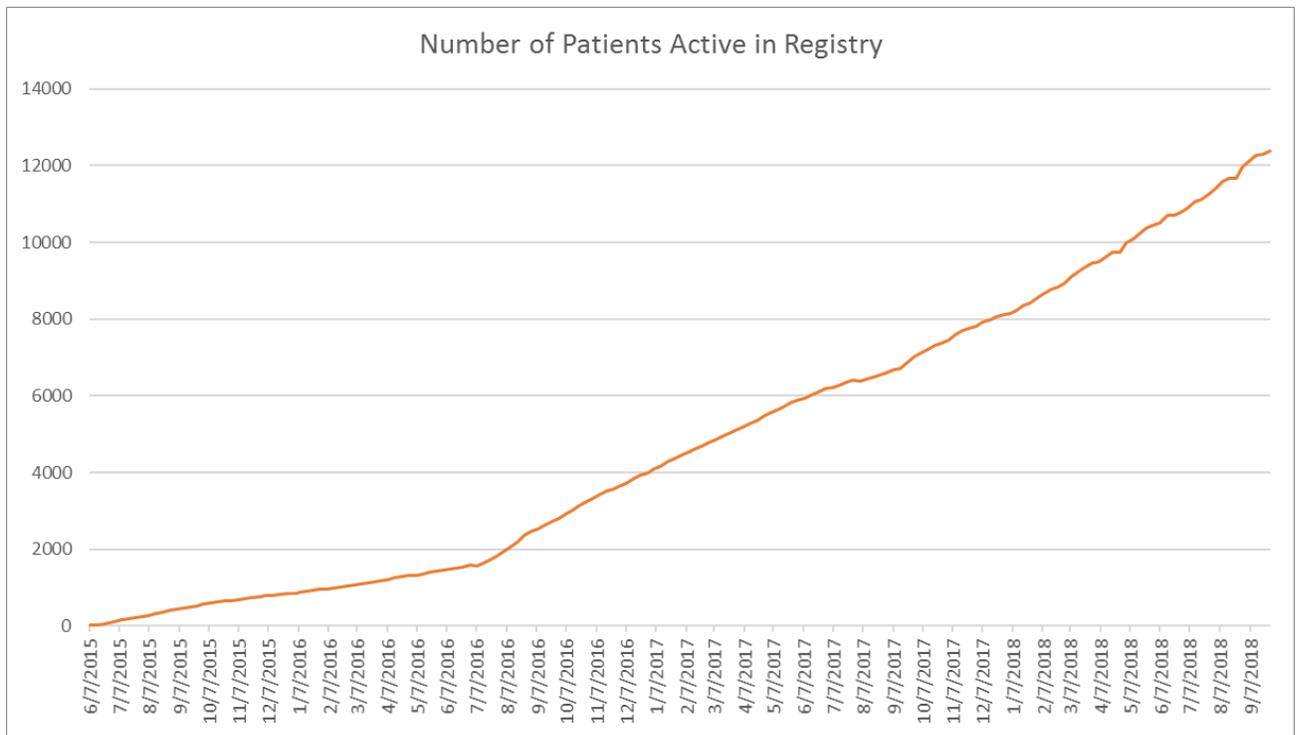


**Figure 1. Total number of patient visits to a Cannabis Patient Center which resulted in purchase of medical cannabis products, by month.**

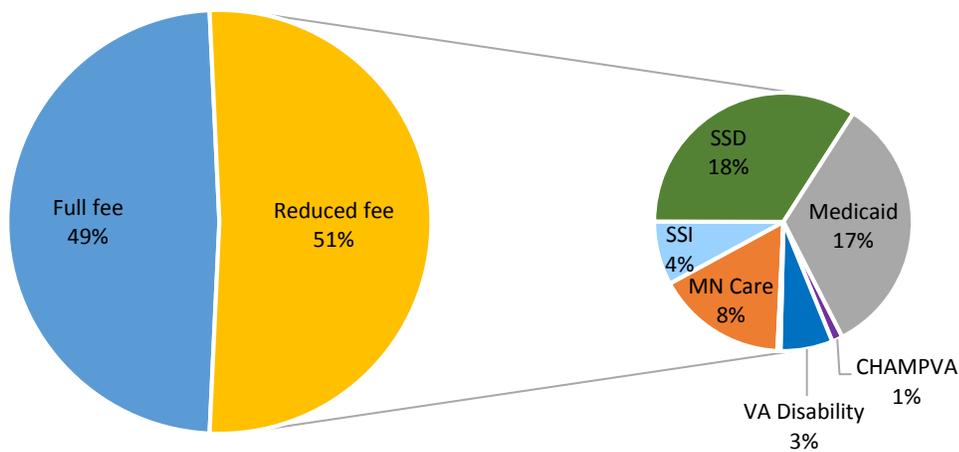
## Patients

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 30, 2018, there were 12,207 patients actively enrolled in the patient registry, 5,200 more than the 7,007 who were enrolled on September 28, 2017.



**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, as of September 30, 2018.**

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 51 percent of patients registered as of September 30, 2018 qualified for the reduced enrollment fee.

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, as of September 30, 2018**

Race/Ethnicity	Medical Cannabis Registry	2015 Census Bureau Estimates*
American Indian	340 (2.8%)	1.1%
Asian	130 (1.1%)	4.8%
Black	638 (5.2%)	5.8%
Hawaiian/Pacific Is.	15 (0.1%)	< 0.1%
White	10,725 (87.5%)	81%
Hispanic	307 (2.5%)	5.2%
Other/Two or more	249 (2.0%)	2.1%

\*<http://mn.gov/admin/demography/data-by-topic/age-race-ethnicity/>

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. The Commissioner of Health added Intractable Pain, effective August 1, 2016, and Post-Traumatic Stress Syndrome (PTSD), effective August 1, 2017, as qualifying medical conditions. The Commissioner has also added Autism Spectrum Disorder and Obstructive Sleep Apnea as qualifying medical conditions, effective August 1, 2018.

Table 2 shows the number of active patients in the patient registry who have been certified as having that qualifying medical condition. As of September 30, 2018, 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.

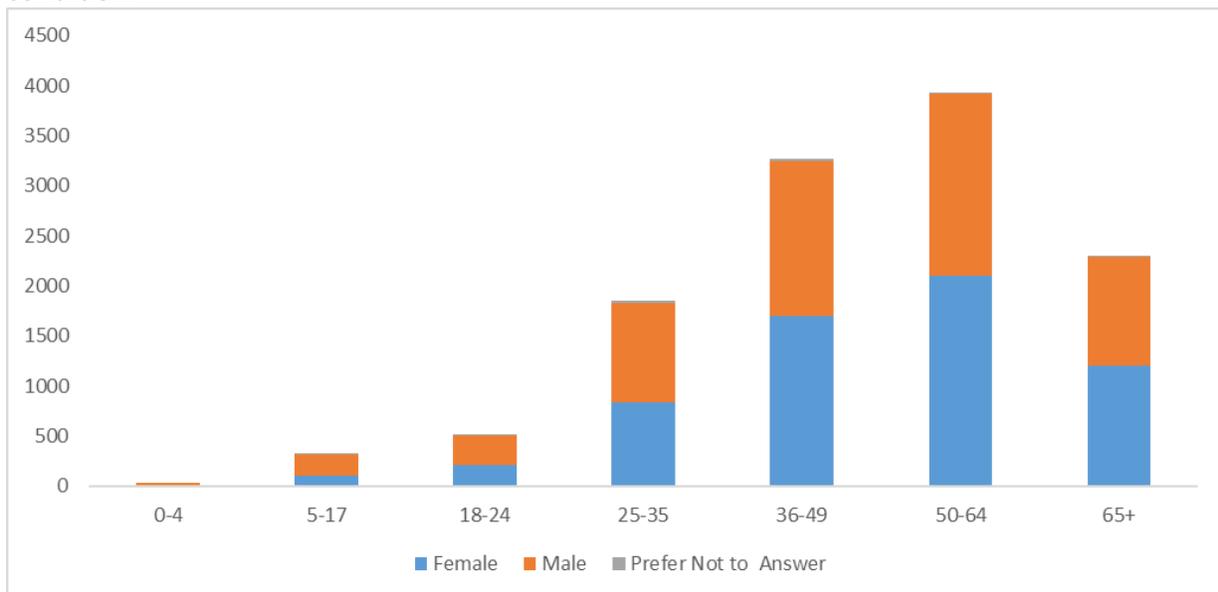
**Table 2: Count (%) of Active Patients by Condition, \* as of September 30, 2018**

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Qualifying Condition	Patients Certified: N (%)
Glaucoma	98 (1%)
HIV/AIDS	87 (1%)
Tourette Syndrome	104 (1%)
ALS	30 (<1%)
Seizures	537 (4%)
Severe and Persistent Muscle Spasms	1,643 (13%)
Inflammatory Bowel Disease, Including Crohn's Disease	380 (3%)
Cancer	1,125 (9%)
Terminal Illness	137 (1%)
Intractable Pain	7,917 (65%)
Post-Traumatic Stress Disorder	1,905 (16%)
Autism Spectrum Disorder	175 (1%)
Obstructive Sleep Apnea	221 (2%)
Total	12,207

*\*Patients certified total more than 100% because 14.3% of the 12,207 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 49.3 years; however, the average age varies by qualifying medical condition.



**Figure 4. Breakdown of active patients by age and gender, as of September 30, 2018.**

Table 3 demonstrates the breakdown of active, condition-specific patient counts by age. Patients certified as having Autism Spectrum Disorder have the lowest average age of 16.5 years; patients with cancer have the highest average age of 58.3 years.

**Table 3: Breakdown of Active Patients by Age Group and Qualifying Medical Condition, as of September 30, 2018**

Age (y)	0-4	5-17	18-24	25-35	36-49	50-64	65+	Mean Age (SD)
All Conditions	31 (<1%)	314 (3%)	512 (4%)	1852 (15%)	3266 (27%)	3932 (32%)	2300 (19%)	49.3 (16.8)
Glaucoma	0 (0%)	0 (0%)	2 (2%)	7 (7%)	17 (17%)	36 (37%)	36 (37%)	57.2 (13.6)
HIV/AIDS	0 (0%)	0 (0%)	4 (5%)	19 (22%)	29 (33%)	34 (39%)	1 (1%)	44.6 (11.3)
Tourette Syndrome	0 (0%)	34 (33%)	21 (20%)	28 (27%)	12 (12%)	6 (6%)	3 (3%)	26.0 (15.0)
ALS	0 (0%)	0 (0%)	0 (0%)	2 (7%)	4 (13%)	18 (60%)	6 (20%)	56.8 (11.3)
Seizures	20 (4%)	107 (20%)	92 (17%)	117 (22%)	123 (23%)	52 (10%)	26 (5%)	30.9 (17.4)
Muscle Spasms	1 (<1%)	15 (1%)	56 (3%)	258 (16%)	499 (30%)	585 (36%)	229 (14%)	48.8 (14.6)
Inflammatory Bowel Disease, Including Crohn's Disease	0 (0%)	6 (2%)	22 (6%)	114 (30%)	126 (33%)	89 (23%)	23 (6%)	41.9 (13.7)
Cancer	8 (1%)	10 (1%)	17 (2%)	50 (4%)	171 (15%)	459 (41%)	410 (36%)	58.3 (14.8)
Terminal Illness	2 (2%)	4 (3%)	3 (2%)	10 (7%)	12 (9%)	60 (44%)	46 (34%)	57.5 (17.8)
Intractable Pain	0 (0%)	30 (<1%)	191 (2%)	984 (12%)	2196 (28%)	2866 (36%)	1650 (21%)	52.3 (15.3)
PTSD	0 (0%)	32 (2%)	147 (8%)	597 (31%)	664 (35%)	358 (19%)	107 (6%)	40.5 (13.3)
Autism Spectrum Disorder	0 (0%)	103 (59%)	42 (24%)	18 (10%)	7 (4%)	1 (1%)	1 (1%)	16.5 (9.9)
Obstructive Sleep Apnea	0 (0%)	0 (0%)	1 (<1%)	28 (13%)	80 (36%)	81 (37%)	31 (14%)	49.8 (12.7)

Table 4 indicates the majority of enrolled patients come from or near the Minneapolis-St. Paul metropolitan area. Only twelve 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). Seventy-two percent of enrolled patients come from the Minneapolis-St. Paul metropolitan area.

**Table 4. Approved and active patients, by Zip code region, as of September 30, 2018**

Region	ZIP Codes	Active Patients
St Paul	55000-55199	3,760
Minneapolis	55300-55599	4,970
Duluth	55600-55899	631
Rochester	55900-55999	551
Mankato	56000-56199	430
Willmar	56200-56299	326
St Cloud	56300-56399	743
Brainerd	56400-56499	309
Detroit Lakes	56500-56599	254
Bemidji	56600-56699	146
E Grand Forks	56700-56799	84

## 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 a 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 CPC. 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, 2018.

**Table 5: Active Designated Caregivers and/or Registered Parents/Legal Guardians by Condition,\* as of September 30, 2018**

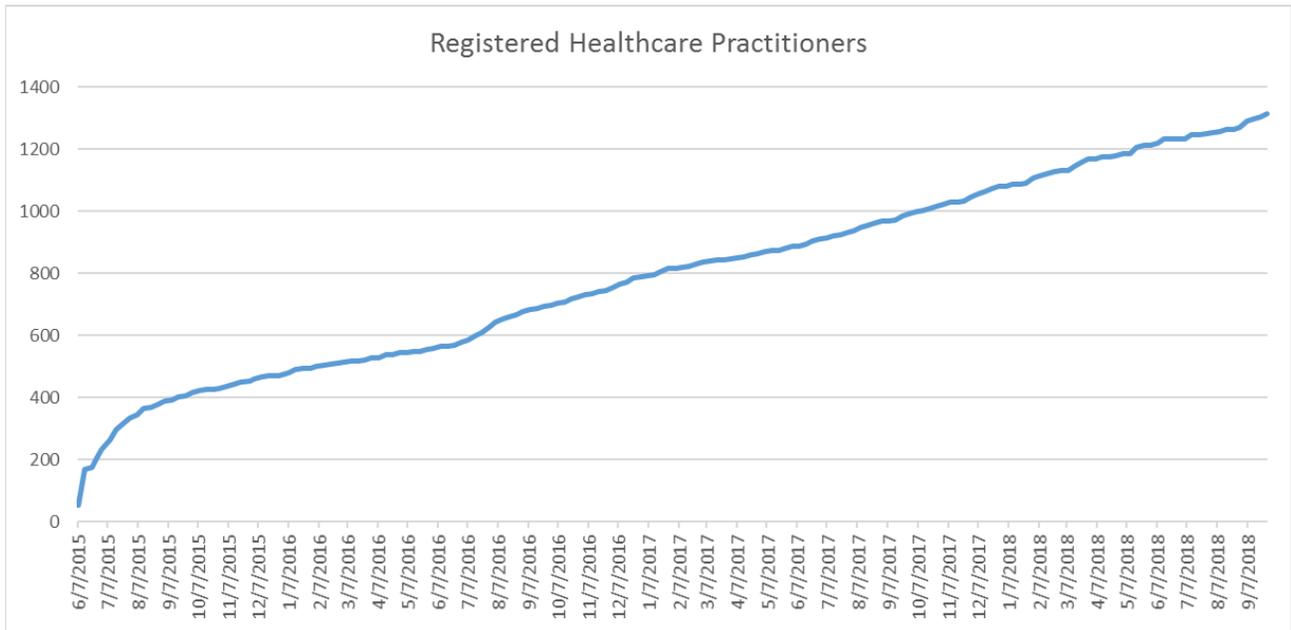
Qualifying Condition	Total Patients	Patient with Registered Caregivers: N (%)	Patients with Registered PLGs: N (%)	Patients with Caregiver and/or PLG: N (%)
Glaucoma	98	9 (9%)	1 (1%)	10 (10%)
HIV/AIDS	87	1 (1%)	0 (0%)	1 (1%)
Tourette Syndrome	104	5 (5%)	57 (55%)	58 (56%)
ALS	30	13 (43%)	1 (3%)	14 (47%)
Seizures	237	52 (10%)	259 (48%)	287 (53%)
Severe and Persistent Muscle Spasms	1,643	213 (13%)	60 (4%)	269 (16%)
Inflammatory Bowel Disease, Including Crohn's Disease	380	17 (5%)	15 (4%)	31 (8%)
Cancer	1,125	217 (19%)	36 (3%)	251 (22%)
Terminal Illness	137	48 (35%)	11 (8%)	58 (42%)
Intractable Pain	7,917	538 (7%)	107 (1%)	641 (8%)
Post-Traumatic Stress Disorder	1,905	52 (7%)	51 (3%)	103 (5%)
Autism Spectrum Disorder	221	3 (2%)	149 (85%)	150 (86%)
Obstructive Sleep Apnea	175	4 (2%)	1 (<1%)	5 (2%)
Total	12,207	935 (8%)	675 (6%)	1,572 (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.

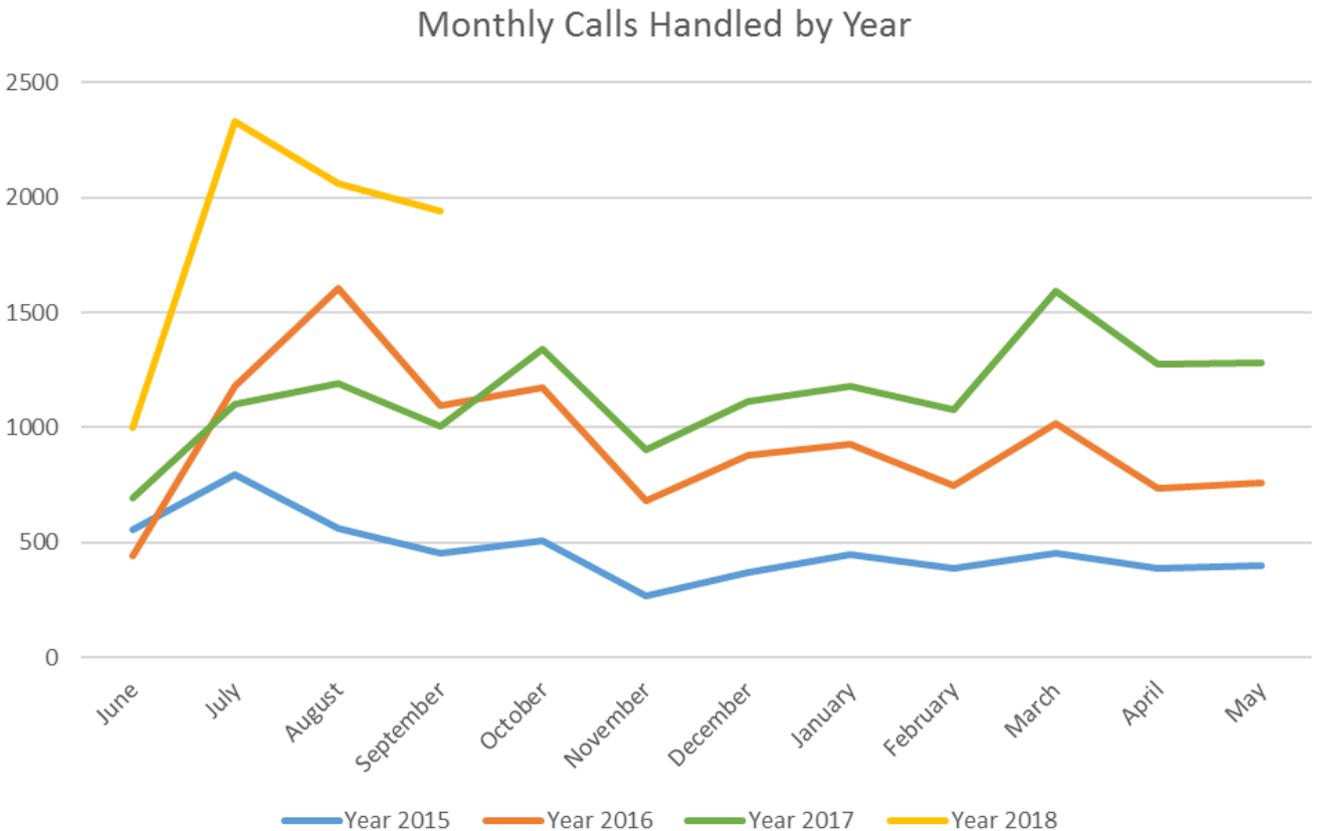


**Figure 5. Count of registered health care practitioners actively in the patient registry since the program start.**

Table 6 shows that as of September 30, 2018, there were 1,313 health care practitioners approved in the registry system. Of the 1,313 registered practitioners, 1000 are physicians, 87 are physician assistants, and 226 are APRNs. One year ago, there were 994 registered health care practitioners, 781 of whom were physicians (79%), 60 of whom were physician assistants (6%), and 153 of whom were APRNs (15%).

**Table 6: Breakdown of Registered Health Care Practitioners by Type, as of September 30, 2018**

Healthcare Practitioner Type	N (%)
Physician	1000 (76%)
Physician Assistant	87 (7%)
Advanced Practice RN	226 (17%)
Total	1,313



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

Activity in the program increased beginning July 1, 2016, when Intractable Pain became a qualifying medical condition. Phone calls received by OMC increased beginning in June 2016. The ten highest call volume weeks for the programs call center, as measured by incoming calls, have all been in this quarter (July 1, 2018 through September 30, 2018). The busiest week was in mid-August 2018 with 553 calls received. With one exception, each quarter’s call volume has been greater than the call volume for that quarter in the previous year.

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October 10, 2018

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