

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):

Home Address (including Apartment or Suite #):

City:

State:

Zip Code:

Telephone Number:

E-mail Address:

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.*



Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

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.*

[Empty text area for Section C]

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.*

[Empty text area for Section D]

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.*

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

It will strengthen your petition to include 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)

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

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

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.*