

## Minnesota Medical Cannabis Program Petition to Add an Approved Delivery Method

### *Making your Petition*

- Any person may petition the Minnesota Department of Health ("the department" or "MDH") to add an approved delivery method 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.
- If you are petitioning for the addition of a delivery method 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 therapeutic benefits. Please refer to our website to see which delivery methods were reviewed in prior years (<http://www.health.state.mn.us/topics/cannabis/rulemaking/adddelivery.html>).
- Each petition is limited to ONE proposed delivery method. If you want to request more than one delivery method be added, you must submit multiple petitions.
- If a petition does not meet the standards for submission, it will be dismissed without being considered.

### *Petition review process*

- If the petition is accepted for consideration, MDH will post notice of review of the petition on its medical cannabis website and allow public comment and input on the petition for at least 30 days. MDH staff will also provide information about the proposed delivery method and a review of the current literature regarding its effectiveness.
- The Commissioner will approve or deny the petition by December 1 of the year the petition is accepted for consideration.
- You may withdraw your petition any time before it is posted on the website for public comment by submitting a written statement to the Department stating that you wish to withdraw it.



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**Section C: Anticipated Benefits from the Proposed Delivery Method**

Describe the anticipated benefits from the proposed delivery method and why it is better than currently approved delivery methods. Identify patient populations that do not benefit from current delivery methods

*Attach additional pages if needed.*

**Section D: How Current Delivery Methods Are Inadequate**

Provide information regarding the extent to which the currently approved delivery methods are unable to meet the needs of patients enrolled in the medical cannabis program. *Attach additional pages if needed.*



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### Section E (optional): Scientific Evidence of Support for the Delivery Method

It will strengthen your petition to include evidence generally accepted by the medical community and other experts that addresses the effectiveness of the proposed medical cannabis delivery method and discusses its potential risks and benefits. 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 F (optional): Letters in Support

Attach letters of support from persons knowledgeable about the use of the delivery method with medical cannabis.

**I have attached letters of support.** *(check box if you have attached letters of support)*

### Section I: 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)

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*To obtain this information in a different format, call:  
(651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.*