

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, 2019.  
Petitions received outside of these dates will not be reviewed.**

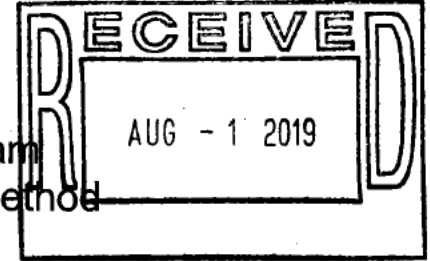
**Petitions must be sent by certified U.S. mail to:**

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/people/cannabis/rulemaking/adddelivery.html>).
- The commissioner does not have authority to add plant material or smoking as delivery methods. Petitions for adding plant material or smoking will be dismissed without being considered.
- 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. Please note: the citizen's review panel will not review delivery method petitions.
- The Commissioner will approve or deny the petition by December 2, 2019.
- 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.



Minnesota Medical Cannabis Program  
Petition to Add an Approved Delivery Method

Section A: Petitioner's Information			
Name (First, Middle, Last): [REDACTED]			
Home Address (including Apartment or Suite #): [REDACTED]			
City: [REDACTED]		State: MN	Zip Code: [REDACTED]
Telephone Number: [REDACTED]		E-mail Address: [REDACTED]	

Section B: Delivery Method You Are Requesting Be Added
Please specify and provide a brief description of the proposed delivery method. Be as precise as possible in describing the delivery method you are requesting be added. <i>Attach additional pages as needed.</i>
Dissolvable oral absorption

**Minnesota Medical Cannabis Program  
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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.*

\* see attached

**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.*

\* see attached

**Minnesota Medical Cannabis Program  
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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**

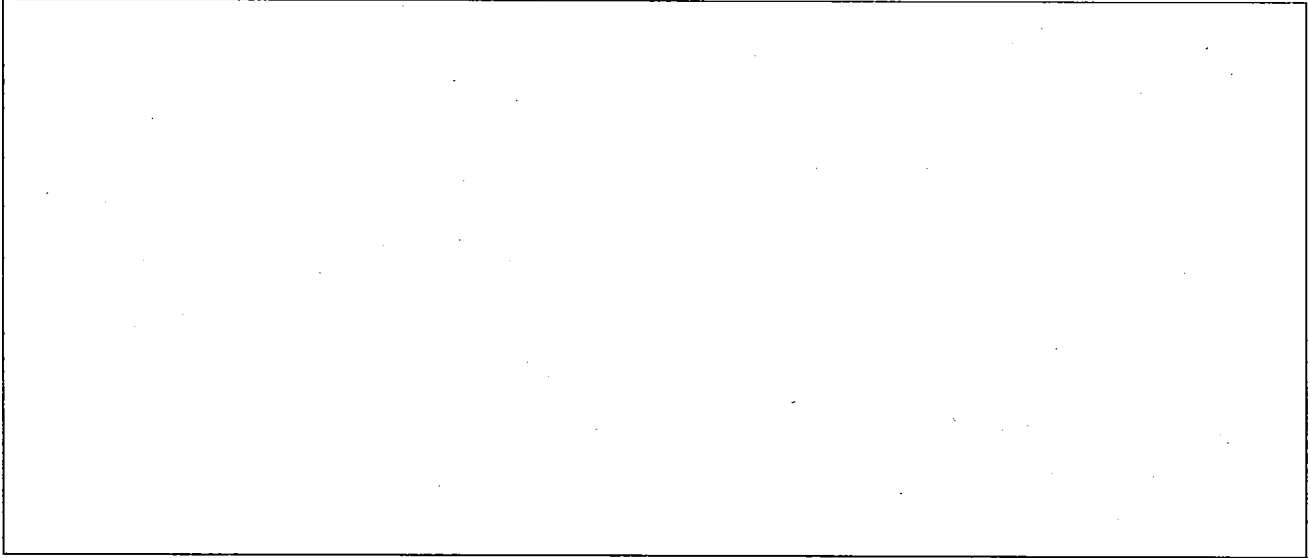
*Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.*

**I certify that the information provided in this petition is true and accurate to the best of my knowledge.**

  
SIGNATURE

07/31/2019  
DATE (mm/dd/yyyy)

Minnesota Medical Cannabis Program  
Petition to Add an Approved Delivery Method



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

**Co-petitioners:**



**Section B: Delivery Method You Are Requesting Be Added**

Delivery method: **Dissolvable oral absorption.**

- The medicinal cannabis will be absorbed into the bloodstream directly through the lining of the mouth or tongue, and spread through the rest of the body.
- Examples of dissolvable orally absorbed products may include lozenges, gums, mints, buccal tablets, sublingual tablets, and other dissolvable tablets.<sup>i</sup>
- Cannabis bioavailability (the absorption of cannabis from the site of administration to the bloodstream)
  - The degree and rate at which cannabis is absorbed into a living system or made available at the site of physiological activity.<sup>ii</sup>
  - Cannabinoids have been shown to have significantly higher bioavailability when delivered via oral absorption than orally delivered (i.e. capsules, etc.) cannabinoids. Oral absorption bypasses the first-pass metabolism, due to the abundant presence of capillaries (blood vessels) below the tongue and in the cheek, allowing cannabis to quickly enter the bloodstream via oral uptake/absorption.
  - On average, CBD and THC have similar bioavailability through oral absorption rates, and have an average bioavailability of between 15-25%.
    - Oral ingestion (i.e. capsules, etc.) bioavailability: 6%
    - Smoked inhalation bioavailability: 18%
    - Vaporized inhalation bioavailability: 40%<sup>iii</sup>

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

- Relief of symptoms from conditions and treatments of conditions currently approved for use of medicinal cannabis in Minnesota.
- Faster absorption of the medicinal cannabis into the bloodstream than other available delivery methods (may be more suitable for patients in pediatrics than vaporization).
- A broader range of delivery methods for patients to choose from, in hopes of finding the best delivery method for the individual.

## Section D: How Current Delivery Methods Are Inadequate

Bioavailability is significantly higher in oral absorption than in oral digestion delivery methods.  
<sup>iv</sup> Currently, Minnesota permits oral absorption liquids, which patients have found difficult to use and inadequate for their needs. Permitting the use of flavored lozenges, gums, and mints, will make the consumption of medical cannabis more bearable for patients who struggle with nausea, behavioral issues, or are just averse to the taste of current products.

Patients provided the following challenges to the use of sublingual spray and oral solution to Sensible Minnesota:

- The sublingual spray caused a lot of saliva to build up with the spray, which forced him to swallow before absorbing enough of the medicine to receive the benefit of oral absorption.
- The sublingual spray was difficult to use due to dexterity and coordination impairments, causing the patient to “spray it everywhere but where it should be sprayed.”
- A product caused a burning sensation when held in the mouth.
- The patient did not receive any effect from the product until several hours after use.
- The product tasted like alcohol.
- The patient’s caregiver has issues getting the patient to take their medical cannabis because of the bad taste.
- Current delivery methods are not safe to administer to a patient who is experiencing a seizure; buccal tablets offer a safer method of delivery for someone experiencing a seizure than current delivery methods of medical cannabis.
- Kids (especially with autism) can’t always understand to hold it there and often they say it burns and don’t like it.
- Persons with autism often have GI issues and the oils used in so many of the current meds don’t help things at all, as most of the current medicine are absorbed in the intestinal tract.
- Current delivery methods are not safe to administer to a patient who is experiencing a seizure; buccal tablets (placed and absorbed in cheek) offer a safer method of delivery for someone experiencing a seizure than current delivery methods of medical cannabis.

Patients in Minnesota need options when it comes to medical cannabis products, and the current products available are inadequate in their variety and insufficient in their delivery. The addition of orally absorbed dissolvable products will improve patient care and experience.

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

### **Self-Reported Effectiveness and Safety of a PEGylated Formulation for the Standardized Buccal Delivery of Cannabis Extracts Running title: Standardized Buccal Delivery of Cannabis**

This observational study was completed in 2016 and again 2018 to investigate the effectiveness of “Trokie®”, as a standardized formulation containing PEGylated cannabis extracts for buccal absorption. PEG means it is a polyethylene glycol hydrophilic polymer coating that is considered the gold standard in engineering a formulation for penetrating mucus surfaces; the use is in place of using ethanol. Whereas, Sativex® is an ethanol-based oromucosal preparation which is associated with detrimental effects of alcohol on the oral mucosa. The PEG grafting technique reduces adhesions to mucosal fibers, allowing for the nanoparticles to quickly diffuse through interstitial fluids enabling sustained mucosal delivery of the end product.

The two observational studies were completed in collaboration with the Palliative Care Corporation (PCC) in California involving patient with a diagnosis of chronic non-cancer pain. There were a total of 49 participants in the study. Adverse event (AE) results were reported for 16 of the 35 (46%) participants who completed the questionnaire. The reported most common AE associated with Trokie® were: dizziness (N=7), bad taste (N=5), and throat irritation/dry mouth (N=4). All of which are commonly related to the organic qualities with the use of cannabis and common to other products containing THC. Despite the not surprising AEs reported, 90% of participants reported being “satisfied” or “very satisfied” with the product. These observations suggest the oral mucosal administration of cannabis may represent an efficacious and safe approach as an alternative administration method for cannabis.<sup>v</sup>

### **Cannabis; Adverse Effects from an Oromucosal Spray**

This study was a small open observational study looking at nine patients with multiple sclerosis who had been using oromucosal cannabis spray over a 4-week period. The purpose was to investigate the oral side-effects of oromucosal cannabis use in this population.

Upon oral examination mucosal lesions were noted. Four out of the nine patients examined were noted to have visible oral mucosal white lesions in the floor of their mouth. Additionally, all nine patients reported a stinging sensation on using the oromucosal cannabis spray.

Although the white lesions observed were almost certainly oromucosal burns since these were resolved with discontinuation of this form of medication. It is assumed that high alcohol concentration of the oromucosal cannabis spray raises concern in relation to chronic oral use.<sup>vi</sup>



**Section F (optional): Letters in Support**

*"My son creates a lot of saliva anyhow so he really struggles with that 30 seconds. And a lot of the time he just doesn't make it and it's wasted money."*

- Anonymous

*"The sublingual friken burns! I choke on capsules, the vape oil sends me into asthma attack and oral solution gives me gastric pain, bloating and diarrhea. Lozenges, gum, would release medicine slower over time. No burning or sore throat from alcohol in sublingual."*

- Anonymous

*"I also agree that the sublingual spray burns terribly! I can't always hold it under my tongue long enough. The burning makes my eyes water."*

*And another issue that I have is that you cannot really use it if you're in a meeting, without drawing attention to yourself! Plus, my husband says my breath always smells like pot after I use it. Again, not appropriate for work! Lozenges would be fantastic to have at work".*

- Anonymous

*"When using the spray, several years ago, from LL I quickly developed mouth blisters and peeling skin from minimal use. The formulations may have changed. It was tangerine. I also never felt like it worked."*

- Anonymous

*"I have been a patient on the registry for 3years it gives quality of life where there was none its saved my life please help others who suffer."*

- 

*"Please consider adding more health issues to the MN cannabis program. We also need more stores around the state. It also needs to be cheaper. I afford the program and I don't qualify for a discount. Thank you."*

- 

*"I am a parent/caregiver of my 19-year-old son who has been on the cannabis program for 2 years for seizures, however my son has profound autism and this is where we have seen most improvement with cannabis therapy. My son functions at a 2-year-old level and is non-verbal. The only option for him to ingest his oils are orally. We give him his oils 3 times a day and each*

*time it is a fight because they taste horrible. It would be nice if it came in a mint or candy that tasted better so he would be more apt to take it willingly. The benefits we have seen since he started cannabis are mostly that he has stopped self-injurious behavior. He would slap himself in the face all day for several years leading up to him starting the program. He hit himself so hard one time we thought he broke his nose. He had been on several pharmaceutical meds such as antipsychotics for 10 years before him taking cannabis. He is no longer on 5 pharmaceutical medications since starting cannabis. This medicine works!! I hope someday soon we can add other and better ways to administer this beautiful plant and I hope one day patients/caregivers could have the ability to grow their own to make their own oils and edibles to save money. I am grateful for the medicine and the current program but it is too expensive. Every penny of my son's SSI money goes to nothing but his monthly cannabis. Please feel free to read my son's story on Lifeline's website. His name is [REDACTED] You may also contact me if you want more input of my son's journey with cannabis and autism. Sincerely, [REDACTED]"*

- [REDACTED]

*"Please stop limiting access to pain relieving substances. If you truly care about people and their health, why would you even consider not letting patients have access to the pain relief they are seeking? Please find a way to help people find the relief they desire. Thank you."*

- [REDACTED]

*"I had bariatric surgery about 7 years post op and I am sensitive to medicines. I really do not take much because of this surgery. I cannot take anything with aspirin such as ibuprofen. I CAN take acetaminophen but don't care to ruin my liver using this. I have nothing else to use for pain. I need something for arthritis type pain and back pain. For headaches and other minor pains. Please consider adding the oral uptake. Using a mint or lozenges for pain would be great. There are many people in this state who would use for Traumatic Brain Injury. We have several pro sports teams in this state and many minor league teams. We have accident victims and other victims who could be on the program with this condition. Thanks for your considerations."*

- [REDACTED]

*"Dear Health Commissioner Malcolm, I write this letter to urge you to consider adding the conditions of Chronic Pain and Traumatic Brain Injury to the list of conditions that qualify for the Minnesota medical cannabis program. Cannabis has shown promise in reducing dependence on opioid painkillers for those with pain issues. It has also shown efficacy in treating side effects of TBI; my father suffered a TBI as the result of a massive stroke 24 years ago. By approving oral uptake as an alternate delivery method of cannabinoids, you will open the market to a group*

*of people who need instant relief and who may not be able to inhale or swallow as easily as other patients utilizing the methods available in Minnesota now. Please consider this."*

[REDACTED]

*"I have been on the MN medical Cannabis program since 2015. It has saved my life I am off all the other meds for pain that cause serious side effects and addiction. I think an oral delivery would be much better than oral currently I vape."*

[REDACTED]

*"I support the new addition of chronic pain and oral uptake to Minnesota's Medical Marijuana Program. As a person who suffers from chronic pain due to degenerative disc disease and arthritis in both hips and lower back, my options are running out to control the pain. Although I regularly exercise through walking, swimming, resistance training and stretching, the pain is constant and never goes away. Because I took too much Aleve to try and control the pain, I developed a gastric ulcer and am now unable to use Naproxen or Ibuprofen anymore. The only option I have for pain relief is opioids, which I refuse to take due to the addictive problems they represent, or Tylenol which, in long-term use, can cause liver problems. Please allow people with chronic pain to at least try to control it through the use of cannabis products which have shown to have very few, if any, side effects and can be safely taken for long periods of time without detrimental effects to other body parts. Thank you."*

[REDACTED]

*"I have dealt with pain going back to 1990. I have 4 surgeries, injections, testing and way too Many pain meds up to 60mg morphine plus several per day. Two months ago, and was allowed By my pain doctor to try CBD gummies. Within 3 days I noticed less pain. Then I started the Mn cannabis program. After two Months, I am No longer taking any morphine. I am down to 3 oxy Max per day. At my visit with my pain doctor last week I was informed that he can't recommend this program to any of his patients. Essentia Health in Duluth, Mn has numerous patients taking narcotics. I feel like it is criminal to keep these meds away from patients in pain. Maybe it won't work for everyone. This program needs to be made available with more locations. I have to drive 1 1/2 hours each way to get refills. Also, I can only get a 30-day supply. This requires me to have someone drive me every month. I won't be able to get transportation to Hibbing this winter. I am hoping Duluth will soon be opening a pharmacy. Duluth is a hub for medical care. Unlike the Hibbing office which appears to be dealing more with individuals that have been using other drugs. (based solely on what I've witnessed. If you want this program to grow, you need to be accessible to more people. This could be accomplished by being on a bus route. I believe in this program. I've heard from too many people saying they can't use it because they have to be drug tested for the COAT program. This needs to change Feel free to contact me if I can be of further assistance. [REDACTED]"*

- [REDACTED]

*"Dear Commissioner Malcolm, in a world where opioid prescriptions are written out in excess - abuse and addiction is rampant. In addition, there are many maladies that involve pain that don't fall into the palliative care sphere. It would be preferred to have something less addictive to treat chronic pain and traumatic brain injury that didn't involve chemicals with long lists of side effects or opioids. I believe that cannabis-based products are a good answer to this issue. As someone who deals with generalized anxiety and depression I take as SSRI to manage this as natural remedies have not been helpful in overcoming them. I'm troubled by the fact that pharmaceuticals are the only option legally available in order to treat or lessen the symptoms. Giving patients more options, especially ones that are potentially less addictive, is the right direction to take. There are also people who have issues swallowing due to myriad of reasons - making pill swallowing or edible delivery of cannabis-based medicine all but impossible. Opening up the methods to include newly developed oral uptake would be beneficial to many. This method also lessens the time needed to deliver the relief to the patient. Please consider supporting the expansion of medical cannabis in these areas. Thank you, [REDACTED]"*

- [REDACTED]

*"I support Sensible Minnesota's petitions for medical cannabis expansion."*

- [REDACTED]

*"Greetings, Commissioner, as a patient who is using Medical Cannabis for several qualifying conditions, I ask you to consider expanding the qualifying conditions, as well as, the oral uptake forms. Medical Cannabis has helped me in so many ways, and I'm certain it can help others. Also, the quicker delivery form of the oral uptake would be a benefit for all who are suffering. Thank you for taking the time to read my letter. I hope one day soon, people will realize the benefits of Cannabis, vs demonizing it as a gateway drug. I'm far too old for that! Sincerely, [REDACTED]"*

- [REDACTED]

*"Dear Commissioner Malcolm- I'm writing in support of Expanding Minnesota's medical marijuana program to include chronic pain, TBI and oral uptake. My partner is on medical marijuana for irretractable pain and over the last 2 years I've seen his life become his again. Prior to this program he was prescribed high doses of opioids and was unable to work or engage in many social aspects of our lives. I was living with a man who had horrible pain with no relief. Since having access to medical marijuana, my partner has reclaimed his life. He's returned to work, is able to get pain relief many times a day and as the ability to engage socially in our lives."*

*This program allows him a quality of life that wasn't available to him otherwise. In addition, I have a brother who has a TBI and chronic pain and I believe expanding medical marijuana to these conditions would benefit thousands of Minnesotans that currently can't find relief. I, too, live with chronic pain due to scleroderma and ceased my pain management program several years ago because the option was opioids or other medications that affected my cognitive abilities. My choices at that time were to quit my job to manage my pain (I couldn't do my job on some of these meds) or deal with the pain and continue to work. I continue to work today, but would benefit from medical marijuana without the horrible side effects that exist with the other medications I've been prescribed in the past. I truly hope Minnesota expands the medical marijuana program to help more people find the relief my partner has and can reclaim portions of their lives that have been severely impacted by their medical conditions. Thank you for your consideration. [REDACTED]"*

*"I suffer the daily challenges of the co-morbid conditions of major depression and chronic migraine disease. Either one of which is entirely debilitating and prevents me from working, the combination makes it impossible. What I do need to see to help with my diseases are oral uptake delivery systems, and chronic pain included in the qualification categories. I have virtually tried everything both western and eastern medicine have to offer, along with homeopathic, physical therapy treatments, and non-medicinal treatments injections, chiropractic's, off-label meds, and basically, I tried everything except wrapping garlic around my wrists. I did opt out of tying that one. We need more trials, more options, more studies using cannabis in addition to other drugs to see how harmonic they are".*

*"I've been using medical marijuana for Ankylosing Spondylitis for two years. The inflammation in my joints causes me to have intractable pain but chronic pain as well. The sciatica is relentless and it's difficult to find a comfortable sleeping position. I use my medical marijuana, Tangerine, before bed. The times I have forgotten to take it, I did not sleep well. It would be more convenient to use a lozenge form of cannabis. I currently use a vape pen. Thank you for considering the petitions for medical marijuana approval for chronic pain, traumatic brain injury and oral uptake form of the medication. It's a medication-why are we making it so difficult."*

*"With regards to Commissioner Malcom, when studies prove this is a safe alternative to other addictive pain management options, I see it can only be in the best interests of patients to have medical cannabis as an option. Personally, it has changed my life. I also think it is a fantastic way to combat opioid addiction. I also appreciate the fact that I can get helpful medication*

*without having to worry about getting caught up in the for-profit prison industrial complex. As a side note, medical cannabis through oral use is helping me quit smoking! Thank you for your consideration. [REDACTED]*”

- [REDACTED]

*“Dear Commissioner, I am a disabled Vietnam veteran. I am a medical cannabis user in MN. I am very pleased with the use of the cannabis to relieve my pain. I very much support the use of medical cannabis for TBI and chronic pain. I would also like to be able to use the medical cannabis as an oral uptake for more easy delivery of the medication. Thank you, [REDACTED]*”

- [REDACTED]

*“Please Help ME get off oral Oxycodone & Methadone-It's killing ME!!!!!! Thank You!”*

- [REDACTED]

*“To whom it may concern, as somebody who works in a large field of those with special needs and disabilities, I have seen the comorbidity rates of my clients and friends with issues, which require them to be in immense pain or trouble to exist through life. Having also family members who do suffer through chronic pain issues, and I use the word "suffer" to demonstrated that they are not able to function or participate in their lives the way that they should be able to, the limitations of certain medications and treatments make it feel as though there are no good choices that will not leave you ragged at the end of it all. With medical marijuana being more open to those with disabilities and other health issues, you allow those patients and people another choice at tackling the issues they go forth with. I have seen the effects of medical marijuana and cannabis for those with Autism spectrum disorder, where many of their behavioral and sensory issues have been lessened and you are able to see more of their personality, than you would have ever seen before. I strongly urge you to look not at the political side that is associated with this cause, but with the humanitarian side, to humanize those who are suffering from pain and have no other outlet other than prescription pain pills and "hoping for the best". I hope you found this short letter worth your time, and I wish you the best counsel on your decisions.”*

- [REDACTED]

*"I suffer from chronic pain and do not like taking pain pills. this would help me a lot"*



*"I fully support an expanded battery of conditions for the usage of medical grade marijuana. There is a tremendous amount of research that supports the use of both THC and CBD to aid in chronic pain, TBI, and for oral administration. The more people that can benefit from the use of medical Marijuana the more that others will see the benefits of the drug."*



**\*\*See additional attached letters of support\*\***

### **Section I: Acknowledgement and Signature**

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

Works cited:

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<sup>i</sup> Using medication: Oral medications. (2017, August 10). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK361020/>

<sup>ii</sup> Bioavailability. (n.d.). Retrieved from <https://www.merriam-webster.com/dictionary/bioavailability>

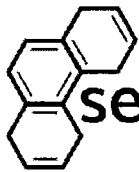
<sup>iii</sup> Understanding the Bioavailability of Medical Cannabis. (2018, September 13). Retrieved from <https://news.medicalmarijuanainc.com/understanding-bioavailability-medical-cannabis/>

<sup>iv</sup> Understanding the Bioavailability of Medical Cannabis. (2018, September 13). Retrieved from <https://news.medicalmarijuanainc.com/understanding-bioavailability-medical-cannabis/>

<sup>v</sup> Crowley, K., Vries, S. T., & Moreno-Sanz, G. (2018). Self-Reported Effectiveness and Safety of Trokie® Lozenges: A Standardized Formulation for the Buccal Delivery of Cannabis Extracts. *Frontiers in Neuroscience*, 12. doi:10.3389/fnins.2018.00564

<sup>vi</sup> Scully, C. (2007). Cannabis; adverse effects from an oromucosal spray. *British Dental Journal*, 203(6). doi:10.1038/bdj.2007.749





sensiblemn

P.O. Box 18741  
Minneapolis, Minnesota 55418  
Sensible policies, safer communities.

July 28, 2019

Commissioner Jan Malcolm  
Minnesota Department of Health  
Office of Medical Cannabis  
PO Box 64882  
St. Paul, MN 55164-0882

Re: Petition to add Dissolvable Oral Uptake as an approved delivery method

Dear Ms. Malcolm:

I write today in support of our petition for dissolvable oral uptake products such as lozenges, gums, mints, buccal tablets, and sublingual tablets. Much of the feedback we have received from patients indicates that the current delivery methods do not meet their needs, and this is one delivery method that could improve the patient experience for many Minnesotans.

Feedback we received via our Facebook patient group indicated that patients have had a difficult time using the current oral uptake liquids due to their consistency and flavor. This is especially difficult for parents who are treating children with autism that may have behaviors as a result of poor tasting medicine that is difficult to take. Most, if not all, other states with medical cannabis products permit the use of these dissolvable products, which have been well-received by their patients.

We encourage you to add dissolvable oral uptake as an approved delivery method for medical cannabis in Minnesota.

Sincerely,

Gunnar Aas  
Vice President, Sensible Minnesota



1021 23<sup>rd</sup> Ave. NE #2  
Minneapolis, Minnesota 55418  
Sensible policies, safer communities.

Commissioner Jan Malcolm  
Minnesota Department of Health

Re: Sensible Minnesota petition for the addition of Dissolvable Oral Uptake delivery

Dear Commissioner Malcolm:

Minnesota's medical cannabis program is struggling. As you are well aware, patients face major hurdles to accessible and affordable medical cannabis. One of the biggest issues we hear is the lack of product diversity for patients. This petition seeks to address that.

Recently, I had the opportunity to speak with the Illinois Department of Public Health, who indicated that "infused products" were more popular than even raw cannabis. The "infused products" include tinctures and other liquid delivery, but they also include dissolvable and edible products. If that is what patients desire, Minnesota needs to make this addition.

When the medical cannabis program was approved, it was done so reluctantly by Governor Dayton. Five years later, Governor Walz has indicated his unwavering support for improving the program to meet patient needs. Based on the feedback Sensible Minnesota received from patients, this additional delivery method would clearly help to meet patient needs for oral uptake medical cannabis that is not in liquid form.

Sincerely,

A handwritten signature in black ink, appearing to read "Maren Schroeder", with a long, sweeping flourish extending to the right.

Maren Schroeder  
Policy Director, Sensible Change Minnesota

Dear Commissioner Malcolm,

I am a 67-year-old woman living with multiple sclerosis. I first registered and obtained medical cannabis in 2015, when it became available for me in Minnesota. I've tried various products, but the only product I've found from the two in-state manufacturers I am able to self-administer is the capsules. These work really well to improve my sleep and decrease spasticity, but they take at least an hour before I feel any effect. I tried the sublingual spray early in my time as a patient, but due to limited dexterity and impaired coordination from my MS, I was unable to use the spray as instructed, spraying it everywhere except for under my tongue, where it was supposed to go.

This was very frustrating for me, as I often need "quick relief," especially during the daytime hours. My daughter bought me some CBD mints, which were very easy to open and worked very well. I was able to simply allow it to dissolve in my mouth and I received almost immediate relief from my pain. Unfortunately, these do not have enough THC in them to be as effective as I need them to be.

If Minnesota were to allow oral dissoluble medical cannabis, such as mints or lozenges, I would be one of the first customers in line to buy them. I know this delivery method works for me, but I need Minnesota to catch-up, so I have access to this needed delivery method.

Sincerely,

A solid black rectangular redaction box covering the signature of the sender.