

# Medical Cannabis New Condition Review Panel

OFFICE OF MEDICAL CANNABIS  
MINNESOTA DEPARTMENT OF HEALTH  
THURSDAY, SEPTEMBER 22, 2016, 1:00 TO 5:00 P.M.  
(OR EARLIER DEPENDING ON PUBLIC TESTIMONY)  
179 ROBIE STREET EAST, SAINT PAUL, MN 55107

## Meeting Notes

### Activities

1. Welcome, agenda review – Charlie Peterson
  - a. Panel member introductions
    - i. Heather Tidd (Chair)
    - ii. Mikel Bofenkamp
    - iii. Elizabeth Melton
    - iv. Andrea Hillerud
    - v. George Komoridis
    - vi. Susan Sencer
2. Process overview for public comment on Qualifying Conditions – Charlie Peterson
  - a. Comments being heard on the following conditions:
    - i. Insomnia
    - ii. Treatment-resistant Depression
    - iii. Arthritis
    - iv. Ehlers Danlos Syndrome
    - v. Post-Traumatic Stress Disorder (PTSD)
3. Qualifying Conditions Public Comment – by condition:
  - a. Insomnia: There are many studies on Insomnia where some show cannabis helps with longer sleep and helps with longer REM, yet some do not. Studies are also showing inconsistency of indication that cannabis can help insomnia. Other medications, like Belsomra and Ambien, are not prescribed for long-term use and may have greater side effects.
    - i. There were four members of the public who testified for Insomnia.
  - b. Treatment-resistant depression: Is when a patient is resistant to two or more treatments. Depression is not one type of problem with one set of symptoms. There is situational depression, depression from traumatic experience, and personality based depression. Current options that patients have are therapy, medication, and electroconvulsive Therapy (ECT). Cannabis is shown to have positive effects. However, there are concerns with cannabis being considered a depressant.
    - i. There were four members of the public who testified for treatment-resistant depression.
  - c. Arthritis: There are many different forms of arthritis. Osteo, which is aging and wearing away, and rheumatoid, which is faulty immune system. Cannabinoids have been shown to be anti-inflammatory, reduce both anxiety and depression.

- i. There were four members of the public who testified for arthritis.
  - d. Ehlers Danlos Syndrome: Joint hypermobility and joint dislocations create severe joint pain in patients. While there are no studies on cannabis and Ehlers Danlos Syndrome, the cannabis could relieve the joint pain in the patients.
    - i. There were six members of the public who testified for Ehlers Dalos Syndrome.
  - e. Post-Traumatic Stress Disorder (PTSD): It was found that there is not one form of PTSD. There are differences between individuals who suffered one significant trauma (i.e. auto accident) and those who suffered multiple traumas over a period of time (i.e. war zone combat duty). In this panel members' observation, the most central and basic part of this complex disorder is a disturbance of the survival system and its primary emotion, fear. In this panel members' experience, his PTSD patients usually turn to cannabis for a reduction of their psychic pains to help them with sleep disorders.
    - i. There were seven members of the public who testified for Post-Traumatic Stress Disorder (PTSD).
- 4. Next Steps
  - a. The deadline for written public comment has been extended to the end of September. Please send all written public comment to [health.cannabis.addmedicalcondition@state.mn.us](mailto:health.cannabis.addmedicalcondition@state.mn.us)
  - b. An October meeting is being considered for the panel members to meet and discuss what they have heard from the public and read from the issue briefs.