

Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition

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: 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.*

please see attached

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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.*

please see attached

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.*

please see attached

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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.*

please see attached

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)*

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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.



07/18/2017

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.*

Section B: Medical Condition You Are Requesting Be Added

Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. There is often nothing about how people with ASD look that sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The thinking, learning, and problem solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives, some need less. A diagnosis of ASD now includes several conditions that used to be diagnosed separately ; Autistic Disorder, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS), and Asperger Syndrome. These conditions are now all called Autism Spectrum Disorders. Diagnosing ASD can be difficult to diagnose since there is no medical test, like a blood test, to diagnose the disorders.

Autism Spectrum Disorder, ICD-10-CM Diagnosis Code F84.0

Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment

ASD is diagnosed by looking at a child's development and behavior.. Children can usually be reliably diagnosed by the time they reach age two. However, many do not receive a proper diagnosis until a much older age. Older children and adolescents are generally evaluated when a parent, teacher or health professional has concerns based on seeing the child socialize, communicate, and play. Diagnosing adults with ASD is even more difficult. People with ASD often have symptoms or aspects of other conditions such as learning disabilities, Attention Deficit Hyperactive Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Anxiety, Depression, and Tourette's Syndrome. The three main components of ASD are social, emotional, and communication skills. Not every person with ASD will have the same symptoms. Because it is a "spectrum" disorder symptoms, strengths, and difficulties vary dramatically on a case to case basis. Symptoms may change, improve, or worsen over time. A person with ASD might:

- React unusual to the way certain things smell, taste, or feel(over or under sensitivity)
- Exhibit repetitive behaviors/tics
- Repeat words or phrases over and over (Echolalia)
- Have trouble adapting to changes in routine
- Have trouble understanding other people's feelings

- Find it difficult to express their own feelings
- Not look at things another person points to
- Avoid eye contact
- Not respond to their name/appear to be deaf
- Have delayed speech and language skills, may not speak at all
- Avoid or dislike physical contact
- Not play "pretend" games
- Have no understanding of boundaries/personal space
- Have obsessive interests
- Not respond to comfort when upset
- Not use gestures (waving, pointing)
- Line up toys or other objects
- Have zero interest in toys
- Have no interest in other children
- Be hyperactive
- Be aggressive
- Engage in self injurious behaviors
- Experience abnormal eating and/or sleeping habits
- Be impulsive (act without thinking)
- Have meltdowns (different from tantrums)
- Have a difficult time understanding group interactions
- Speak too loud or too quietly
- Have a hard time making and maintaining friendships
- Prefer to be alone
- Give unrelated answers to questions
- Get upset by minor changes
- Have no to low social skills
- Demonstrate no safety or danger awareness
- Experience extreme anxiety
- Have unusual phobias
- Not be able to focus, short attention span

Section D: Availability Of Conventional Medical Therapies

Risperdal and Abilify are the only two FDA-approved medications to treat symptoms of ASD.

According to the FDA Risperdal is an Atypical Antipsychotic. It is approved to treat Schizophrenia (ages 13 and older),and Bipolar Disorder (ages 10 and older.)It is also used in the treatment of Post Traumatic Stress Disorder (PTSD.) It may also be

prescribed for the treatment of irritability associated with ASD, including symptoms of aggression towards others deliberate self-injuriousness, temper tantrums, and quickly changing moods. The safety and effectiveness of Risperdal in patients less than 5 years of age with ASD have not been established.

While it is prescribed with the intent to lessen certain symptoms of ASD, it has also been shown to cause side effects which are similar to symptoms of ASD. Risperdal may cause difficulty speaking, memory problems, aggressive behavior, difficulty swallowing, vision changes, restlessness, tic-like or twitching movements, anxiety, and sleep problems. Unusual drowsiness or sleepiness, diarrhea, weight gain, dry mouth, constipation, and nausea are common side effects. While less common Risperdal may also cause sudden weakness or numbness of the body, stopping of menstrual bleeding, decreased increased in intercourse, chest pain, back pain, vomiting, and sneezing. While rare it is also possible those taking Risperdal may experience loss of appetite, confusion, muscle cramps, increased thirst, inappropriate erection, and unusual body movements or facial expressions. Recently the makers of Risperdal have faced a growing number of lawsuits claiming that the drug caused young boys to develop gynecomastia, a condition which causes them to grow breasts. A number of plaintiffs in these lawsuits have been awarded settlements to compensate them for their physical, emotional, and financial suffering.

Abilify is also an Atypical Antipsychotic used to treat Schizophrenia, Bipolar Disorder, Tourette's Syndrome, and irritability associated with ASD. Common side effects include dizziness, lightheadedness, excess saliva, weight gain, sleepiness, constipation, trouble sleeping, and feeling the urge to move constantly. Abilify may also cause suicidal thoughts or behaviors, seizures, and decreased blood pressure. According to the FDA rare but serious impulse-control problems, such as pathological gambling, compulsive eating, compulsive shopping, and compulsive sexual behavior have been reported in patients treated with this medication. These uncontrollable and excessive behaviors may result in harm to the patient and others if left unrecognized. These uncontrollable urges were reported to have stopped when the dose was reduced or the medicine was discontinued.

Section E: Anticipated Benefits From Medical Cannabis

Because ASD is not a qualifying condition in the state of Minnesota those with the diagnosis must also have another qualifying condition (Seizures, Tourette's Syndrome,, Post Traumatic Stress Disorder) in order to be certified for the use of medical cannabis. Because ASD is often times a comorbid disorder with Tourette's Syndrome and it is very common for those with ASD to also have seizures or experience symptoms that

are also associated with PTSD it makes absolutely zero sense for ASD not to be added as a qualifying condition. Medical cannabis has been shown to help with numerous symptoms/behaviors associated with ASD. Persons using medical cannabis have been shown to have less anxiety, decreased repetitive behaviors/tics, increased appetite, and better sleep patterns. Self injurious behaviors decrease. As well as property destruction and aggression towards others. It also helps with hyperactivity and impulsivity. Medical cannabis has dramatically less side effects compared to the two drugs mentioned above that are approved for ASD, and there are no serious complications that have been reported.

My son, who was diagnosed with ASD at age three, was also diagnosed with Tourette's Syndrome last fall. Since then he has been receiving medical cannabis through the state of Minnesota. He no longer engages in self injurious behaviors. He is able to communicate his wants and needs with simple words and an Ipad. He can label common objects and familiar people. He looks at us when we speak and responds when we say his name or ask him a question. He plays and shares with his younger brothers. His repetitive behaviors/tics are decreasing, and he is doing amazing in therapy. People have noticed a dramatic difference in the way he behaves and have encouraged us to keep doing what we are doing because it is definitely working. My son is happy now and much more calm. After over five years we have finally found something that works. While I am beyond excited that we were given the chance to experience all the possibilities this medication has to offer, sadly not everybody has that choice. I also have a five year old son who was recently diagnosed with ASD, and I am terrified of the day, which I feel will be very soon, when they try to "medicate" him. I would feel much more confident and hopeful giving him medical cannabis. As of right now that is not an option.

Due to Copyright issues, Section F has been redacted. They will be considered by the panel members during the review process.

July 25th, 2017

To Whom It May Concern,

On August 17, 2015, [REDACTED] began Applied Behavior Analysis (ABA) at Partners in Excellence (Partners) a center-based autism therapy clinic in North St. Paul. Since starting treatment at Partners, one of the main areas of focus has been the reduction of challenging behaviors. During his time in our care, [REDACTED] has engaged in a variety of challenging behaviors, including refusal to comply with directions, flopping on the floor, yelling or crying, aggression toward others or self, and property destruction. Behavior therapists utilize proactive measures while working with [REDACTED] as a way of preventing challenging behaviors and encouraging appropriate replacement behaviors. The frequency and duration of [REDACTED] challenging behaviors are recorded daily.

As a result of the safety risks associated with [REDACTED] aggression and property destruction, and due to previous attempts to utilize positive behavioral intervention approaches which had been implemented and failed, or constituted in a less than desirable outcome in the reduction of the problem behavior; the treatment team began implementing Behavior Reduction Plan (BRP) on December 5, 2016. The purpose of [REDACTED] BRP was to significantly decrease and/or eliminate the frequency of [REDACTED] property destruction and aggression, to increase his appropriate social interactions, and to provide [REDACTED] with positive reinforcement when he engages in appropriate behavior.

Due to continued difficulties with challenging behaviors during a similar timeline, [REDACTED] mother, [REDACTED] sought medical consultation. Following a less than a desirable outcome with the trial of several medications including; Prozac, Guanfacine, Hydroxycine, and Abilify, in December of 2016, [REDACTED] was prescribed Cannabis Oil. However as a result of his rigidity and resistance to taking the medication orally, [REDACTED] did not consistently take his Cannabis oil until January 2017.

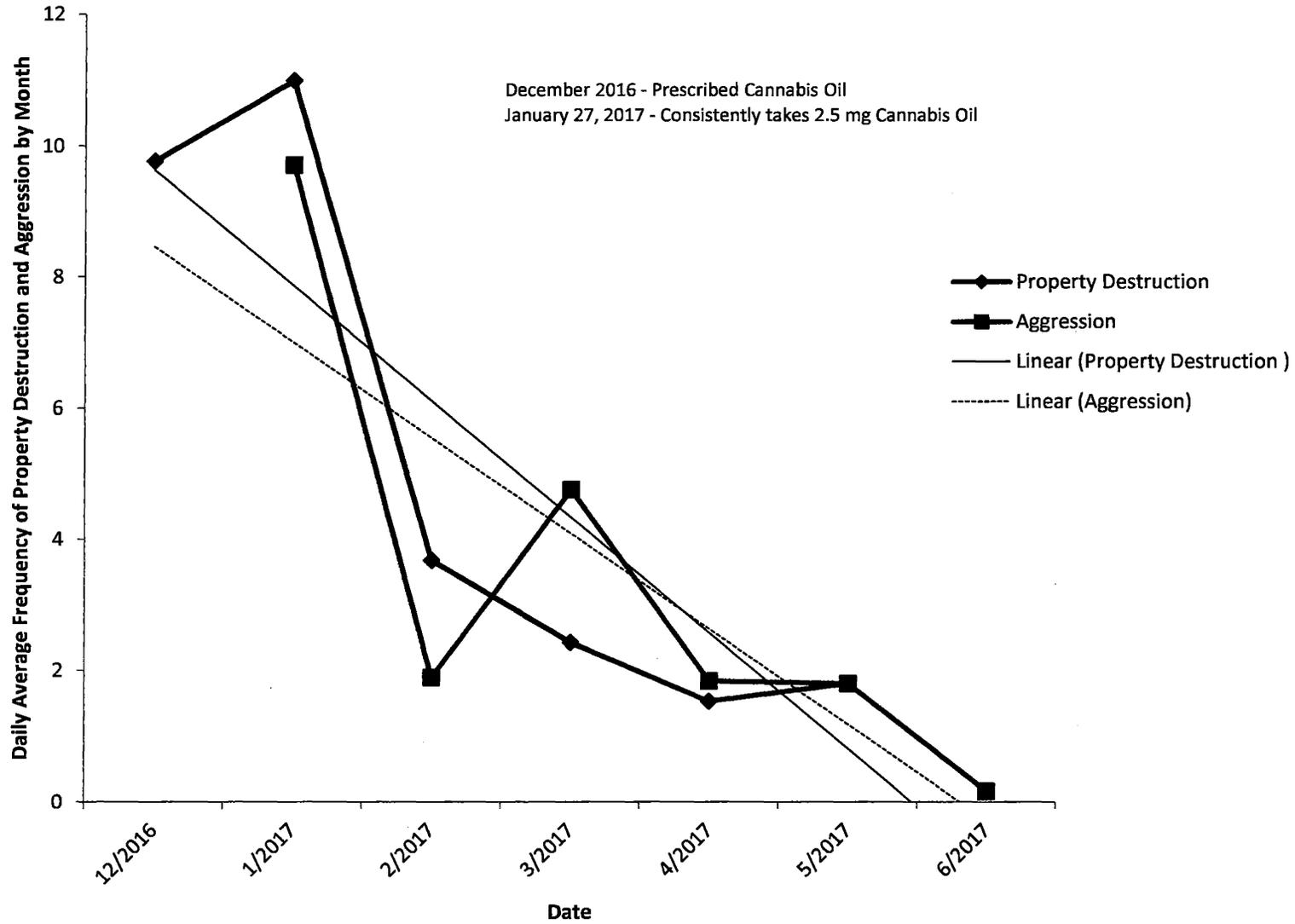
On January 27, 2017, [REDACTED] reported that [REDACTED] began consistently taking 2.5 mg of Cannabis Oil daily and that the family had discontinued administering Abilify. The graphs attached to this letter provide data to support a reduction in the frequency of property destruction and aggression directed to self and others following January 27, 2017. This data provide support in the improvement of [REDACTED] behaviors after the consistent introduction of Cannabis Oil. However, part of the complexity with the factors in this case is the fact that there were multiple interventions (e.g., behavioral intervention, augmentative communication, and the administration of Cannabis) implemented around the same timeline which pose threats to the correlation in the data between use of Cannabis Oil and the reduction of [REDACTED] aggression and property destruction. Although the data does not provide direct support for a causal relationship between the use of Cannabis Oil and the reduction of challenging behaviors, this information does provide additional evidence for areas that should be the focus of future research in carefully controlled settings. Additionally, the social validity (the family's positive perspective) of the family's observations of the decrease in intensity in [REDACTED] behaviors, and the continued low rate of property destruction and aggression during treatment, provide additional support in use of Cannabis Oil for [REDACTED] unique set of behavioral symptoms under the direction of [REDACTED] medical professionals.

Thank you for your consideration,

[REDACTED]

Daily Average Property Destruction and Aggression Toward Others by Month

December 2016 - Prescribed Cannabis Oil
January 27, 2017 - Consistently takes 2.5 mg Cannabis Oil



Daily Average Property Destruction and Aggression Toward Others by Week

