

## Overview of the Minnesota Medical Cannabis Petition Process

The Commissioner may add or modify a qualifying medical condition for the medical cannabis program based on a public petition, a petition from the medical cannabis therapeutic use task force, or as directed by law. Minnesota Statutes Section 152.27, Subdivision 2(b).

The Office of Medical Cannabis (OMC) established a process in Minnesota Rules Part 4770.4003 through which members of the public may petition the commissioner of health to consider adding new qualifying medical conditions. As part of this process, any member of the public may submit a petition from June 1 through July 31 each year, requesting the addition of a qualifying medical condition.

Generally, when a public petition is received, acceptance criteria are reviewed. For example, a petition is limited to a single proposed qualifying medical condition and if that condition has been formally considered in a prior year, the petition must contain new scientific evidence that was not considered during the earlier proceeding. Minnesota Rules Part 4770.4003, Subparts 2(A) – (D). OMC staff then conduct a review of all peer-reviewed literature related to cannabis as a treatment for the proposed condition, draft an issue brief, and post it on OMC's website. Minnesota Rules Part 4770.4003, Subpart 2(G).

Next, a seven-member independent review panel reviews the petition, the issue brief, and any written comments received by OMC, holds at least one public meeting and takes testimony from interested parties. The review panel then submits a report to the Commissioner by November 1 identifying potential public health benefits and potential public health harms from adding or not adding the proposed condition. Minnesota Rules Part 4770.4003, Subpart 4.

The Commissioner reviews the record, including the review panel's report, and any additional material she feels will benefit her decision. She must communicate her decision by December 1 to the petitioners and public, Minnesota Rules Part 4770.4003, Subpart 5, and must notify legislators on the health and public safety policy committees by January 15. Under Section 152.27, Subdivision 2(b), once the Commissioner has given notice to the legislature by January 15, the change **will be effective** on August 1 of that year **unless the legislature by law provides otherwise** [emphasis added]. Minnesota Statutes Section 152.27, Subdivision 2(b).

**Delivery Methods/Forms.** MDH also has implemented a parallel process by which the public may petition for additional delivery methods. These delivery-method petitions are not reviewed by the Review Panel but public comments are received directly by MDH.

# Medical Conditions Petitioned in Prior Years

The original petitions and the evidence used in prior considerations can be found on our website: [Adding New Medical Conditions – Medical Cannabis Program](https://www.health.state.mn.us/people/cannabis/rulemaking/addconditions.html) (<https://www.health.state.mn.us/people/cannabis/rulemaking/addconditions.html>).

**approved** = approved as a qualifying medical condition

## 2016

- Auto-immune Disease
- Acquired absence of limb
- Arthritis
- Autism
- Depression
- Diabetes
- Ehlers Danlos Syndrome (EDS)
- Insomnia
- Post-traumatic Stress Disorder **approved**
- Schizophrenia

## 2017

- Anxiety
- Autism **approved**
- Corticobasal Degeneration
- Dementia
- Endogenous Cannabinoid Deficiency Syndrome
- Liver Disease
- Nausea
- Obstructive Sleep Apnea **approved**
- Parkinson's Disease
- Peripheral Neuropathy

## 2018

- Alzheimer's Disease **approved**
- Hepatitis C
- Juvenile Rheumatoid Arthritis
- Opioid Use Disorders
- Panic Disorder
- Psoriasis
- Traumatic Brain Injury

## 2019

- Age-Related Macular Degeneration
- Chronic Pain **approved**
- Anxiety
- Insomnia
- Psoriasis
- Multiple conditions
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