

Notice to Task Force on Medical Cannabis Therapeutic Research

DATE: December 31, 2015
TO: Sen. D. Scott Dibble and Rep. Pat Garafalo, co-chairs
CC: Rep. Carly Melin and Sen. Michelle Benson, ranking members
FROM: Dr. Ed Ehlinger, M.D., M.S.P.H., Commissioner of Health
SUBJECT: Notice of adding intractable pain as a qualifying medical condition to the medical cannabis patient registry

In accordance with Minnesota Statutes 2015, section 152.27, subdivision 2(b), I am providing formal notice of my decision to add intractable pain, as defined in Minnesota Statutes, section 152.125, subdivision 1, as a qualifying condition for Minnesota's medical cannabis program. This decision complies with Minnesota Laws 2014, Chapter 311, section 20, as amended by Laws 2015, Chapter 74, section 11, which required me to consider adding intractable pain as a qualifying condition and report findings on my determination to this Task Force by January 1, 2016.

This decision was not an easy one. I considered the wide range of views on the issue. I also weighed the need for a public health decision without the benefit of an abundance of solid, scientific evidence about the benefits and risks of medical cannabis. However, given the strong medical focus of Minnesota's medical cannabis program and the compelling testimony of hundreds of Minnesotans, it became clear that the right and compassionate choice was to add intractable pain to the program's list of qualifying conditions. This gives new options for clinicians and new hope for suffering patients.

The Minnesota Department of Health (MDH) Office of Medical Cannabis collected available scientific information and engaged the community through 13 public meetings held around the state and via an online comment portal. In the end, MDH heard from nearly 500 Minnesotans—more than 90 percent of whom supported adding intractable pain as a qualifying condition.

MDH also established an advisory panel composed of clinicians and medical providers to look at the available evidence and deliver recommendations. A divided panel recommended not adding intractable pain as a qualifying condition for the program. These panel recommendations reflect the complex and conflicting views on the topic and a desire to have more clinical evidence regarding the benefits and risks.

As a physician, I share health care providers' concerns and sympathize with their desire for more conclusive information. In the end, I determined that with Minnesota's cautious and well-designed program, we can safely and responsibly give patients and providers the option of treating intractable pain with medical cannabis.

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As part of this approval, I urge health care providers to exercise special scrutiny and care when certifying certain categories of patients as eligible for medical cannabis usage, for whom there is more robust evidence suggesting potential adverse risks. These groups include:

- Infants and children;
- Pregnant women;
- Nursing mothers; and
- Individuals with a personal or family history of psychosis.

I recognize that health care providers need help to learn more about the potential benefits and risks of medical cannabis for treating intractable pain, and have directed the MDH Office of Medical Cannabis to provide additional education and guidance to the patients and the medical community about appropriate medical cannabis use. MDH will also ask providers to share information every six months regarding any positive or negative impacts experienced by patients using medical cannabis to treat intractable pain. MDH will summarize this information and share it with the public.

Lastly, MDH will recommend to the Minnesota Legislature that medical cannabis be added to Minnesota's Prescription Drug Monitoring Program. This will help the state learn more about how cannabis is being used and how it may or may not impact the use of other drugs being used to treat pain.

I would be happy to answer your questions about my decision at the Task Force's next upcoming meeting, currently scheduled for January 12th.

December 31, 2015

Date



Edward Ehlinger, M.D., M.S.P.H.

Commissioner, Minnesota Department of Health