



BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

Angela Kerr _____

Petition by *(Your Name)*

for the **(addition or removal)** of
 include dry leaf or plant form by vaporization to

 approved list of administration methods



(medical condition, medical treatment or debilitating disease) to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial.

Petitioner's Information		
Name (First, Middle, Last or Name of Organization): Angela Kerr, RN		
Home Address (including Apartment or Suite #): 519 Burton		
City: Sioux City	State: IA	Zip Code: 51103
Telephone Number: 712-203-9354	Email Address: angiefromsiouxcity@gmail.com	
Is this the person/ organization to whom information about the petition should be directed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Representative's Information <i>(If applicable)</i>		
Name (First, Middle, Last): 		
Mailing Address (including Apartment or Suite #): 		
City:	State:	Zip Code:
Is this the person/ organization to whom information about the petition should be directed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Telephone Number:		Email Address:	
<p>1. Please provide the name of the specific medical condition, medical treatment, or debilitating disease you are seeking to add to or remove from the list of debilitating medical conditions for which patients would be eligible to receive a medical cannabidiol registration card. <i>Please limit to ONE condition, treatment, or debilitating disease per petition.</i></p>			
Recommended Action		Condition or Disease	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		Dry leaf / Plant form by vaporization	

<p>2. Please provide a brief summary statement that supports the action urged in the petition. <i>Attach additional pages as needed.</i></p>	
<p>I am petitioning the board to expand the form of medical cannabis permitted under the act to include dry leaf or plant form for administration by vaporization.</p> <p>Adding dry leaf and plant form, for administration by vaporization, to the forms permitted under the act will provide patients with greater access to medical cannabis as this form is the least costly. Also, administration by vaporization is an avenue that allows patients to receive the benefit of medical cannabis much faster than other forms of administration, and the patient can better manage the dosage.</p> <p>Patients need access to different strains for different illnesses. For example an HIV patient needs a strain during the day that does not make the patient to sleepy but that controls nausea and increases appetite. Even a strain that would increase energy. Then in the evening need a strain that would help with rest, anxiety and pain. He doesn't need vise versa. Cannabis is a monomedication. It treats several modalities. Patients need access to several different strains to treat every modality. Just like Pharmaceutical medication.</p> <p>Currently the Pharm Iowa oil only contains 2 to 4 different cannabinoids, no flavonoids and no terpenes. And no access to different strains. Whole plant cannabis has 400 different cannabinoids, terpenoids and flavonoids. My doctor recommended that I do not use THC vape oil after reports of hospitalizations and deaths.</p> <p>HF 732 would have allowed 25 grams of cannabis in 90 day. Currently patients pay \$7400 for 25 g of cannabis medication. If dried leaf cannabis is approved patients will paying \$375 for 25 g of cannabis.</p> <p>Patients deserve access to the most medicinal and affordable medication.</p> <p>Without the form of dried leaf cannabis in our current program. Patients with cards are going to jail. They are acquiring bills for bail, court costs, fines and attorney fees. They are losing time at their jobs. And obtaining criminal records. Criminal records that are making them unable to get jobs, housing, into the military, into universities or even adopt babies. These are patients not criminals. It's time for the state of Iowa to make this right.</p>	



3. Please provide a brief summary of any data or scientific evidence supporting the action urged in this petition. *Attach additional pages as needed*

According to Dr. Tod H. Mikuriya, “The usual irritating and toxic breakdown products of burning utilized with smoking are totally avoided with vaporization. Extraction and inhaling cannabinoid essential oils below ignition temperature of both crude and refined cannabis products affords significant mitigation of irritation to the oral cavity, and tracheobronchial tree from pyrolytic breakdown products.

Physician Sue Sisley, founder of the Scottsdale Research Institute, said that processed products such as concentrates are “suboptimal forms” of cannabis. She says that they are not as effective as the natural whole plant. “It’s like the difference between an orange and orange juice,” Sisley said. “Flower gives you the natural entourage effect. There are 400 bioactive molecules in the plant, 130-plus cannabinoids and dozens of terpenes and flavonoids. The theory is that the molecules all work together. Processing into oils and concentrates strips many of them away.

Put simply, medical cannabis in the form of flower is more effective and more affordable. The fact that flower requires less processing than other forms like concentrates means produces can lower costs, as well.

4. Please provide a list of any reference material that supports your petition.

Iowa Ranks Worst in Racial Disparities in Drug Possession Rates
<https://www.aclu-ia.org/en/news/iowa-ranks-worst-racial-disparities-marijuana-arrests>
Taming THC: Potential Cannabis Synergy and Phytocannabinoid-terpenoid Entourage Effects
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165946/>
The Heterogeneity and Complexity of Cannabis Extracts as Antitumor Agents
<https://www.ncbi.nlm.nih.gov/pubmed/31289609/>
Updated Research on Anti-Tumoral Properties of Cannabis
<https://www.rxleaf.com/update-research-anti-tumoral-properties-cannabis/>
Acute Effects of Smoked and Vaporized Cannabis in Healthy Adults Who Infrequently Use Cannabis
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2716990>
Cannabis Vaporization Offers Advantages Over Orally Administered THC
<https://norml.org/library/item/part-2>
The Effectiveness of Self-Directed Medical Cannabis Treatment for Pain
<https://www.sciencedirect.com/science/article/abs/pii/S0965229919308040>
Marijuana Flower Offers More Pain Relief Than Other Cannabis Products, Study Finds
<https://www.marijuanamoment.net/marijuana-flower-offers-more-pain-relief-than-other-cannabis-products-study-finds/>



5. Please provide a list of subject matter experts who are willing to testify in support of this petition (if any). The list of subject matter experts must contain names, background, email addresses, telephone numbers, and mailing addresses. *Attach additional pages if needed.*

Name	(1)	(2)	(3)
	Michelle Servadio Elias		
Background	Cannabis RN CEO Limitless RN LLC		
Email address	LimitlessRN@gmail.com		
Telephone number	564-506-8714		
Mailing address	609 W 3rd St Muscatine, 52761		

6. Please provide the names and addresses of other persons, or a description of any class of person, known by you to be affected by or interested in the proposed action which is the subject of this petition. *Attach additional pages if needed.*

The addition of dry leaf / whole plant by vaporization to the list of approved administration methods is a benefit to, and affects all lowan patients.

Patients whom are also affected directly and can comment to the benefit to the modification proposed are attached separately.

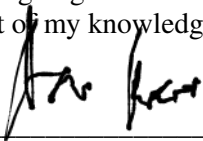


7. Please indicate whether you have attached a brief in support of the action urged in the petition.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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8. Please indicate whether you are asking to make an oral presentation of the contents of the petition at a board meeting following submission of the petition.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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9. Acknowledgement and Signature

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



 Signature

09/29/2019

 Date (mm/dd/yyyy)

- Please fill out each section that is applicable to your petition. Failure to conform to what is required in this petition may result in a denial of consideration by the board.
 - You do not need to fill out sections asking for your representative’s information if you do not have one.
 - For section **2**, please provide a short, essay-like summary of your argument.
 - For section **3**, please provide a short, essay-like summary of the articles and evidence that supports your position (if any).
 - For section **4**, please provide a list of articles that are in support of your position (if any).
 - For section **5**, please provide a list of experts that would be willing to testify in support of your position (if any). In the background section, please provide the reasons why they should be considered experts in the area: education, credentials, field of study, occupation, etc. This section is optional but will greatly aid in helping the board consider your petition.
 - For section **6**, please provide information about groups of people that will be affected if the petition were approved. This could include people suffering from a specific disease, advocacy groups, local government officials, etc.
 - Sections **7** and **8** are optional but may aid the board in considering this petition.
- Please be aware:
 - The board may request that you submit additional information concerning this petition. The board will notify you of the requested materials in the event that more information is needed.
 - The board may also solicit comments from any person on the substance of this petition. The board may also submit this petition for a public comment period where any interested person may comment.
 - The board has six months after you submit this form to either deny or grant the petition. If approved, you will be notified in writing that the board has recommended the addition or removal of the medical condition, treatment, or debilitating disease to the board of medicine. If denied, the board will notify you in writing the reasons for denial.



- If the board denies your petition for failure to conform to the required form, you will be allowed to correct the errors and resubmit for consideration.
- **After you have completed this petition, please make sure that you sign, date it, and email, mail, or hand deliver to:**

**Iowa Department of Public Health
Office of Medical Cannabidiol
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Email: medical.cannabidiol@idph.iowa.gov
Phone: (515) 281-7996**