## STATE OF IOWA BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

PETTION FOR THE ADDITION OF:	)
Posttraumatic Stress Disorder	) ORDER
as a debilitating medical condition for which the medical use of cannabidiol would be medically beneficial	) ) ) )

On May 29, 2018, the Iowa Medical Cannabidiol Board received a combined Petition for Addition of Posttraumatic Stress Disorder and Bipolar Disorder to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial. At a duly noticed meeting on August 3, 2018, the Iowa Medical Cannabidiol Board voted to separate the petition and consider the two conditions individually at its next meeting. At a duly noticed meeting on November 2, 2018, the Iowa Medical Cannabidiol Board considered, pursuant to Iowa Code section 124E.5(3) and Iowa Administrative Code 641—154.65, the Petition to add Post-Traumatic Stress Disorder (PTSD). Board members Dr. Ken Cheyne, Dr. Jill Liesveld, Cpt. Mike McKelvey, Dr. Lonny Miller, Dr. Bob Shreck, Dr. Wendy Zadeh, Dr. Stephen Richards and Dr. Jacqueline Stoken were present at the meeting in person when the Petition was considered. The Petitioner did not appear at the November 2, 2018, meeting. The record includes the Petition and all information presented and discussed at the November 2, 2018, meeting.

The Iowa Medical Cannabidiol Board, after reviewing the record, voted 4-4 to APPROVE the Petition, resulting in a lack of a majority vote to add the condition. Pursuant to

641 IAC 154.65(8), the Board issues the following Findings and Order.

## FINDINGS:

- 1. The Petition to Add PTSD as a debilitating medical condition for which the medical use of medical cannabidiol would be medically beneficial was properly filed in the Office of Medical Cannabidiol within the Iowa Department of Public Health.
- 2. The Iowa Medical Cannabidiol Board has jurisdiction to accept and review the Petition to Add PTSD as a debilitating medical condition for which the medical use of medical cannabidiol would be medically beneficial pursuant to Iowa Code chapter 124E.
- 3. Recommendations of the Iowa Medical Cannabidiol Board regarding the addition of medical conditions to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial shall be made to the Iowa Board of Medicine for consideration, and if approved by the Iowa Board of Medicine, shall be adopted by the Iowa Board of Medicine by rule pursuant to Iowa Code section 124E.5(4).
- 4. Petitioner requested that the Iowa Medical Cannabidiol Board recommend the Addition of PTSD as a debilitating medical condition for which the medical use of medical cannabidiol would be medically beneficial.
- 5. Petitioner was offered an opportunity to present information to the Iowa Medical Cannabidiol Board at its meeting on November 2, 2018.
- 6. PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event. People diagnosed with PTSD have intense,

disturbing thoughts and feelings related to their experience that last long after the

traumatic event has ended.

7. Evidence-based medical literature indicating that the medical use of cannabidiol

would be medically beneficial for patients diagnosed with ADHD is lacking.

8. The Veterans Administration has studied Cannabis for treating PTSD symptoms

on two occasions, most recently in 20171. The conclusion was that evidence of

benefit that exceeds harm is lacking and the recommendation was withholding use

of Cannabis to treat PTSD awaiting further research.

9. Treatment of PTSD symptoms with medical cannabidiol could be considered a

compassionate use of medical cannabidiol.

ORDER:

The Iowa Medical Cannabidiol Board hereby denies the petition for the addition

of PTSD to the list of debilitating medical conditions for which the medical use of

cannabidiol would be medically beneficial.

By: Cpt. Mike McKelvey, Chairperson

March 8, 2019

1 Benefits and Harms of Plant-Based Cannabis for Posttraumatic Stress Disorder: A Systematic Review. Ann Intern Med. 2017 Sep 5;167(5):332-340. Doi: 10.7326/M17-0477. Epub 2017 Aug 15.