



BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

RECEIVED

NOV 16 2018

Office of Medical CBD
Iowa Dept. of Public Health

[Redacted]
Petition by (Your Name)

for the (addition or removal) of
Terminal diagnosis - Pulmonary
Hypertension / Right Heart Failure

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PETITION FOR
(Circle one)

(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): <u>[Redacted]</u>		
Home Address (including Apartment or Suite #): <u>[Redacted]</u>		
City: <u>[Redacted]</u>	State: <u>[Redacted]</u>	Zip Code: <u>[Redacted]</u>
Telephone Number: <u>[Redacted]</u>	Email Address: <u>[Redacted]</u>	
Is this the person/ organization to whom information about the petition should be directed?	Yes	No NO

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

Telephone Number:



Email Address:



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. *Please limit to ONE condition, treatment, or debilitating disease per petition.*

Recommended Action	Condition or Disease
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Terminal diagnosis - Pulmonary Hypertension / Right Heart Failure

2. Please provide a brief summary statement that supports the action urged in the petition. *Attach additional pages as needed.*

Was diagnosed in April 2018 with emphysema. This led to hospitalization and further diagnosis of pulmonary hypertension with edema and right heart failure. Transferred to Mayo clinic where they said condition was chronic and terminal. They placed me on heart and lung transplant, but since May I was discharged from Mayo and returned home. I have elected not to do transplant due to low risk of success and quality of life concerns. Currently on Palliative with Unity Point Hospital in Fort Dodge, IA. Life expectancy is 1-2 years. I currently suffer body pain daily, tremors, nausea, severe migraines, and other side effects. Palliative team suggested I apply for medical marijuana card online.



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

Chronic terminal illness.

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

A full medical record can be provided. Or contact doctors listed to verify my condition and prognosis is accurate.



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) Robert P. Frantz, M.D. Mayo Clinic	(2) Unity Point Palliative Team	(3)
Background	Hospital	Hospital	
Email address	transplant-rst@mayo.edu		
Telephone number	1- 866-227-1569	(515) 574-8519	
Mailing address	1216 Second Street SW Rochester, Minnesota 55902	UnityPoint Health - Fort Dodge 802 Kenyon Road Fort Dodge, IA 50501	

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.*

7. Please indicate whether you have attached a brief in support of the action urged in the petition.	Yes	No NO
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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	No NO
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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

9/24/18

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: iamedcbd@idph.iowa.gov
Phone: (515) 281-7996**