



APR 29 2019

Office of Director

BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

Petition by (your Name)

for the (addition or removal) of
PTSD, ocd, anxiety,

Skizofrenia Boderline personality

Skizoeffective disorder

Rape Trauma, Social phobia

(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.

PETITION FOR
ADDITION or REMOVAL
(Circle one)

Petitioner's Information			
Name (First, Middle, Last or Name of Organization):			
Home Address (including Apartment or Suite #):			
City:		State: Ia.	Zip Code:
Telephone Number:		Email Address:	
Is this the person/ organization to whom information about the petition should be directed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

The state of Iowa Congress and weed law makers and myself. X

Representative's Information (If applicable)			
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:
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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	I suffer from PTSD, social phobia, anxiety, ocd, blpd, I'm a rape victim and I am a recovering meth addict who don't eat or

drink enough. I have severely debilitating chronic mental health

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

Medical marijuana not only calms me down keeps me at ease patient and not on edge but it helps me eat it helps me function and live a normal daily life helps me be a part of society and it helps me not be so paranoid my borderline personality disorder causes many many defects in my daily life my PTSD causes me to always panic when certain things go wrong marijuana is the only medication out of 382 medications I've been on since I was 5 years old that has been consistently helpful and every situation I've ever been on does a sativa and there's an indica and an equal blend does me amazingly well too much of one it's not well enough to much of the other makes me lazy and fall asleep I believe an even balance what do anybody a great deal of help CBDs in these marijuana has a great medical features that help with pain which would help with my chronic migraines my back pains and my growing pains and I feel that the state of Iowa should look into expanding medical marijuana interviews uses because there are many people suffering and they don't need to this would also bring a very big rise of revenue into the state and bring us out of a poverty level in many of our counties.



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

There are hundreds of research groups around the world that have studied medical marijuana if you look at Colorado California Virginia and all the other states that are following in suit you will see that there is many studies out there I can't even begin to tell you the benefits abyss amazing medication the hemp could be used for rope and clothing the oils could be used for cooking and for bathing and for medication and if we were used it right to oils could be used in manufacturing instead of the oils that we use out of the Earth

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

The University of Iowa Johns Hopkins University and blank children's Hospital all support this decision



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)
	Dr chaurta joshi.	Elvira Elek.	Gary A. Zarkin
Background	Pintical and uof i.	Rti international	rti internationa
Email address	Unknown.	Ukn.	Unk
Telephone number	3193561851.	+1 (919) 541-6000.	919 541 6000
Mailing address	200 Hawkins Dr 1 city ia 52242	300 bt. East Cornwallis Road 12194	Post Office Box Research Triangle Park, NC 27709-2194

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.*

Every person in the state of Iowa that suffers with bipolar disorder schizophrenia PTSD anxiety and any other mood disorder that could it be easily rendered with a mood mellowing mood-stabilizing CBD THC medication with medical marijuana



7. Please indicate whether you have attached a brief in support of the action urged in the petition.	Yes X <input 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 type="checkbox"/> X	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

(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**