**Instructions**

Medical Cannabis Registry

PETITION TO ADD A DEBILITATING MEDICAL CONDITION IN 2019

1. ALL items on the form MUST be completed.

2. Petitions and any supporting documents may be submitted as follows:

a. Email to: medicalmari[juana@doh.hawaii.gov](mailto:juana@doh.hawaii.gov) before the close of business (4:30PM) on **Wednesday, February 20, 2019.** Please use the subject line: Petition to Add New Condition.Note that the DOH will not make public any information that is protected pursuant to Chapter 92F,HRS,the Uniform Information Practices Act.

b. Postal mail to: 4348 Waialae Avenue, #648, Honolulu, Hawaii 96816.Mailed petitions must be received by **Wednesday, February 20, 2019.**

c. Hand delivered to: Kinau Hale at 1250 Punchbowl Street, Honolulu, Hawaii 96813 before the close of business (4:30PM) on **Wednesday, February 20, 2019**.Hand delivered petitions must be left with the security guard and addressed to the MedicaI Cannabis Registry Program **ATTN: Petition to Add New Condition.**

3. For best results, complete and thorough petitions that include substantiated and reputable research have the best chance of succeeding. DOH recommends that you do the following for items #2- #8 on the petition form:

a. Please cite research, published evidence, or findings using the standard American Medical Association (AMA) format for each piece of research, published evidence, or findings that you reference in your submittal or at a minimum the following:

Author's Name;Title of Article;Name of Publication;Date of Publication;Volume/Section/Chapter/Page/Line as applicable;and URL (if applicable).

b. Please attach a PDF copy of the cited material to your submittal. These documents will NOT be returned.

c. Please be sure to indicate the specific section, page(s), lines, etc., of the attachment that you want reviewed/considered as evidence.

4. To view a list of current conditions click here: Current Debilitating Medical Conditions

**Petitioner**

Name

I am a Physician/APRN

Potentially qualifying patient (a person who has been diagnosed with the medical condition for which the petition is being made)

Street Address

City

State      , Zip Code

Email

I prefer the following and give my consent for all notifications about my petition to be by:

Mailing address

Email address

Both mailing and email addresses

If I have indicated communication via email,and if for any reason email communication is not successful (i.e. email provided bounces or is kicked back to DOH),than I further understand that communication will be by regular U.S.postal service to the mailing address that I have provided.I also take full responsibility for any inaccurate email or U.S.postal mail address provided.

**Petitioner Content**

(1) State the specific medical condition or its treatment for which the petition is being made.

(2) State the reason(s) why the medical condition or its treatment should be added to the list of qualifying debilitating medical conditions for which medical cannabis may be used. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as outlined in the instructions.

(3) Describe the **extent to which** the medical condition is generally accepted by the medical community as a valid, existing medical condition. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific Iines, page, section. Please use standard AMA format as outlined in the instructions.

(4) Describe the symptoms and other physiological or psychological effects experienced by an individual suffering from the medical condition or its treatment and **the extent to which** these symptoms and physiological or psychological effects are debilitating. Note:"Debilitating" generally means impairing the ability of a person to accomplish activities of daily living. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as outlined in the instructions.

(5) If one or more treatments for the medical condition, rather than the condition itself, are alleged to be the cause of a person's suffering, describe **the extent to which** the treatments causing suffering are generally accepted by the medical community as valid treatments for the medical condition. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as outlined in the instructions.

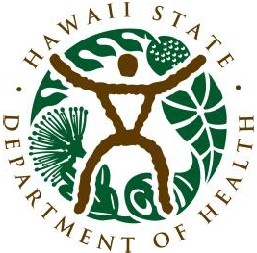
(6) Describe the availability of conventional medical therapies other than those that cause suffering to alleviate symptoms caused by the medical condition or its treatment. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as outlined in the instructions.

State of Hawaii

Department of Health

4348 Waialea Avenue #648

Honolulu,HI 96816



(7) Describe **the extent to which** evidence supports a finding that the use of cannabis alleviates symptoms caused by the medical condition or its treatment. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as

outlined in the instructions.

(8) Provide any information, studies, or research reports regarding any beneficial or adverse effects from the use of cannabis in patients with the medical condition. For best results, please cite research, published evidence, or scientific findings AND attach a PDF copy to your submittal. Indicate specific lines, page, section. Please use standard AMA format as outlined in the instructions.

(9) Attach letters of support from physicians or other licensed health care professionals knowledgeable about the medical condition.

You **MUST** provide a Number and Name for each Attachment referenced above and provide a list of these attachments here. This way we can ensure that your petition was submitted with all of the applicable attachments: