



BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

[Redacted Name]

Petition by (Your Name)

for the (addition or removal) of

Addition

Generalized Anxiety Disorder



PETITION FOR
ADDITION or REMOVAL
(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): [Redacted]		
Home Address (including Apartment or Suite #): [Redacted]		
City: [Redacted]	State: IA	Zip Code: [Redacted]
Telephone Number: [Redacted]	Email Address: [Redacted]	
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 (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: [REDACTED]		Email Address: [REDACTED]
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>		
Recommended Action	Condition or Disease	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Generalized Anxiety Disorder	

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

My names [REDACTED], I am a Farmer, Husband, and soon to be Father. Im urging you today to admit Generalized Anxiety Disorder to the list of condtions. I have Struggled for many years with depression and Anxiety, the older i get the stronger and stronger the anxiety gets. 2 years ago it got to the point i had to be put on medication. it has since spiraled with upping medications, adding medications etc etc. when the actual answer to help me get through a night without sweating, shaking, grinding my teeth, is Cannabis. i know that, because that is what i use currently to get through the night.. Please, i am a law abiding, tax paying citizen, i want medicated in a way i know works the best and without fearing jail time.



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

Rich evidence has shown that cannabis products exert a broad gamut of effects on emotional regulation. The main psychoactive ingredient of hemp, Δ 9-tetrahydrocannabinol (THC), and its synthetic cannabinoid analogs have been reported to attenuate anxiety and fear-related behaviors in humans and experimental animals. The heterogeneity of cannabis-induced psychological outcomes reflects a complex network of molecular interactions between the key neurobiological substrates of anxiety and fear and the endogenous cannabinoid system, mainly consisting of the arachidonic acid derivatives anandamide and 2-arachidonoylglycerol (2-AG) and two receptors, respectively termed CB1 and CB2. The high degree of interindividual variability in the responses to cannabis is contributed by a wide spectrum of factors, including genetic and environmental determinants, as well as differences in the relative concentrations of THC and other alkaloids (such as cannabidiol) within the plant itself. The present article reviews the currently available knowledge on the herbal, synthetic and endogenous cannabinoids with respect to the modulation of anxiety responses, and highlights the challenges that should be overcome to harness the therapeutic potential of some of these compounds, all the while limiting the side effects associated with cannabis consumption

Source: US National Library of Medicine

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

Cannabidiol (CBD), a Cannabis sativa constituent, is a pharmacologically broad-spectrum drug that in recent years has drawn increasing interest as a treatment for a range of neuropsychiatric disorders. The purpose of the current review is to determine CBD's potential as a treatment for anxiety-related disorders, by assessing evidence from preclinical, human experimental, clinical, and epidemiological studies. We found that existing preclinical evidence strongly supports CBD as a treatment for generalized anxiety disorder, panic disorder, social anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder when administered acutely; however, few studies have investigated chronic CBD dosing. Likewise, evidence from human studies supports an anxiolytic role of CBD, but is currently limited to acute dosing, also with few studies in clinical populations. Overall, current evidence indicates CBD has considerable potential as a treatment for multiple anxiety disorders, with need for further study of chronic and therapeutic effects in relevant clinical populations.

-From US National Library of Medicine

Article #2: WEBPAGE REFERENCE: <https://adai.uw.edu/pubs/pdf/2017mj anxiety.pdf>



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)
Background			
Email address			
Telephone number			
Mailing address			

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 <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 type="checkbox"/>	No <input checked="" 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.

03/04/2020

Signature

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**