



Illinois Compassionate Use of Medical Cannabis Program Petition to Add a Debilitating Medical Condition

INSTRUCTIONS

Illinois residents may petition the Illinois Department of Public Health to add debilitating medical conditions or diseases to those listed in subsection (h) of Section 10 of the Compassionate Use of Medical Cannabis Pilot Program Act [410 ILCS 130].

- Each petition is limited to a single medical condition or disease.
- Petitions are accepted annually, from January 1 through January 31. Petitions must be postmarked no later than January 31. Petitions received after this date will not be reviewed and will be returned.
- Each petition must include:
 - The specific name and brief description of the proposed debilitating medical condition or disease, including any applicable ICD-9 or ICD-10 diagnostic code(s).
 - The extent to which the debilitating medical condition or disease itself, or the treatments, cause severe suffering and impair a person's daily life.
 - A description of the conventional medical therapies, other than those that cause suffering, available to alleviate the suffering caused by the proposed debilitating medical condition or disease.
 - A description of the proposed benefits of the medical use of cannabis specific to the proposed debilitating medical condition or disease.
 - Evidence generally accepted by the medical community and other experts that the use of medical cannabis alleviates suffering caused by the debilitating medical disease or treatment (this includes but is not limited to full-text peer-reviewed published journals or other completed medical studies).
 - Letters of support for the use of medical cannabis from physicians or other licensed health care providers knowledgeable about the condition or disease, including, if applicable, a letter from the physician with whom the petitioner has a bona fide physician-patient relationship along with any medical, testimonial, or scientific documentation.
- Each petition submission must be sent via certified U.S. Postal Service mail AND via email.

The paper petition sent via mail must include:

- The original petition with an original signature
- Two (2) paper copies

Mail to: Illinois Department of Public Health
Division of Medical Cannabis
535 W. Jefferson St.
Springfield, IL 62761-0001

An electronic copy of the petition submission must be emailed to: dph.medicalcannabis@illinois.gov



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Upon review of the petition, IDPH will determine whether:

- The petition does not meet the standards for submission, and if so, the petition will be denied. IDPH will notify the petitioner, who may correct any deficiencies and resubmit the petition during the next open period; or
- if the petition meets the submission standards, IDPH will accept it for further review.

Upon reviewing accepted petitions, the IDPH director shall render a final decision regarding the acceptance or denial of the proposed debilitating medical conditions or diseases.

The petitioner may withdraw their petition by submitting a written statement to IDPH indicating withdrawal at any time before the date of the public hearing.



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PETITION

Date of Submission _____
(mm/dd/yyyy)

PETITIONER'S INFORMATION

Name (First, Middle, Last)		
Organization (if applicable)		
Mailing Address (including Apartment or Suite #)		
City	State IL	ZIP Code
Telephone Number (###-###-####)	Email Address	

Proposed medical condition

Provide the specific name and a brief description of the proposed debilitating medical condition or disease. Broad categories of conditions are not acceptable. You may only propose a single, specific medical condition or disease, and must include any applicable diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s) in this section.



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Symptoms of the medical condition and/or its treatments

Describe the extent to which the debilitating medical condition or disease and/or the treatments cause severe suffering and impair a person's daily life. *Attach additional pages if needed.*



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Availability of conventional medical therapies

Describe conventional medical therapies, other than those that cause suffering, available to alleviate the suffering caused by the proposed debilitating medical condition or disease and/or its treatment. *Attach additional pages if needed.*



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Proposed benefits of medical cannabis

Describe the proposed benefits from the medical use of cannabis-specific to the proposed debilitating medical condition or disease. *Attach additional pages if needed.*



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Evidence supporting the use of medical cannabis

Attach evidence generally accepted by the medical community and other experts that the use of medical cannabis alleviates suffering caused by the medical disease and/or treatment.

This includes but is not limited to full text, peer-reviewed published journals, or other completed medical studies.

Do not send article abstracts or links to online articles.

Letters of support

Attach letters of support for the use of medical cannabis from physicians or other licensed health care providers knowledgeable about the condition or disease, including, if feasible, a letter from a physician with whom the petitioner has a bona fide physician-patient relationship along with any additional medical, testimonial, or scientific documentation.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

SIGNATURE

DATE (mm/dd/yyyy)