IDPH
Illinois Department of Public Health

Cannabis as Medicine: What Every Clinician Should Know

Catherine Counard, MD, MPH
Preventive Medicine Medical Advisor
IDPH Medical Services Division

Leslie Mendoza Temple, MD, ABOIM
Owen L. Coon Chair of Integrative Medicine
Medical Director, Endeavor Health Integrative Medicine
Clinical Professor of Family Medicine
University of Chicago Pritzker School of Medicine
Chair, IDPH Medical Cannabis Advisory Board

Janette Candido, BS, MBA, PhD (c)
Chief, Division of Medical Cannabis
IDPH Office of Health Promotion

IDPH Fast PHACTs
January 15, 2026

CME Accreditation Statement

The Illinois Department of Public Health, Medical Services Division is authorized to offer formal Continuing Medical Education (CME) programs to Illinois physicians licensed under (225 ILCS 60/) the Medical Practice Act of 1987. The formal programs must comply with the criteria in subsection (c)(3) of 68 Illinois Administrative Code, Section 1285.110, and all other criteria in this Section.

Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records if requested by the Illinois Department of Financial and Professional Regulation. Additional professions attending webinars should confirm that the CME credit is applicable through their licensing organization.

Financial Disclosures

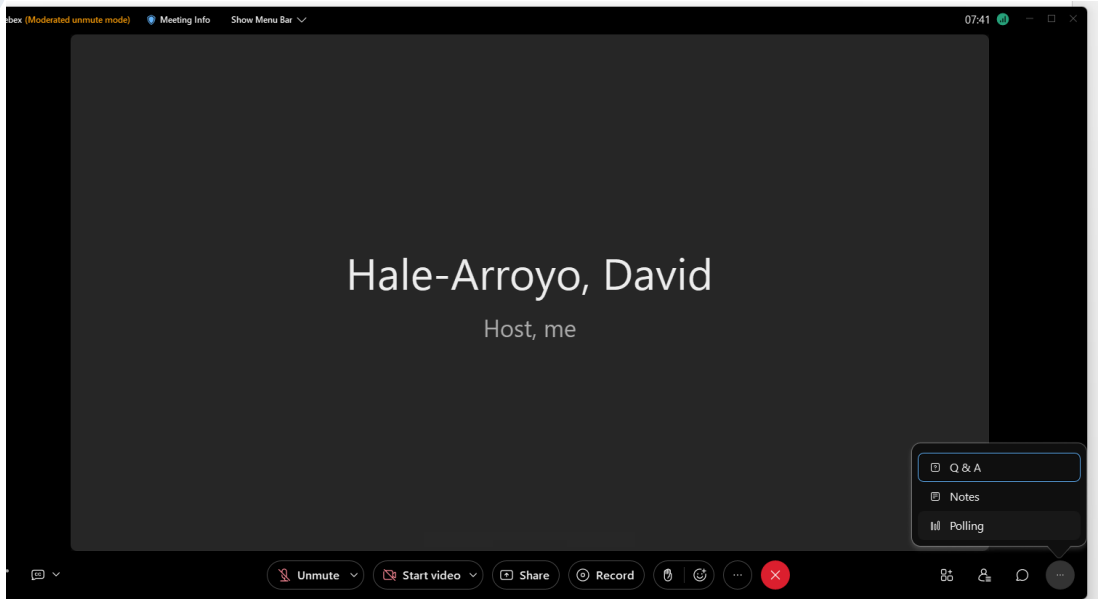
Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
Catherine Counard, MD, MPH	Presenter	No	N/A
Leslie Mendoza Temple, MD, ABOIM	Presenter	No	N/A
Eva-Janette Candido, BS, MBA, PhD	Presenter	No	N/A
David Hale-Arroyo	Staff	No	N/A

IDPH
Illinois Department of Public Health

Housekeeping:

Webinar sessions are recorded and shared with all participants.

Questions during the Webinar should be entered into the Q&A option where the presentation team will provide responses. To access the Q&A function in Webex, select the three (…) on the right-hand bottom of the Webex screen and then click on the Q&A option (first option) to open the Q&A window:



A post webinar survey is available to attendees for seven days after the session. Those who attend the webinar and complete the survey are eligible to receive a certificate of participation or continuing medical education credit as appropriate.

IDPH
Illinois Department of Public Health

IDPH
Illinois Department of Public Health

Evaluating the Scientific Evidence

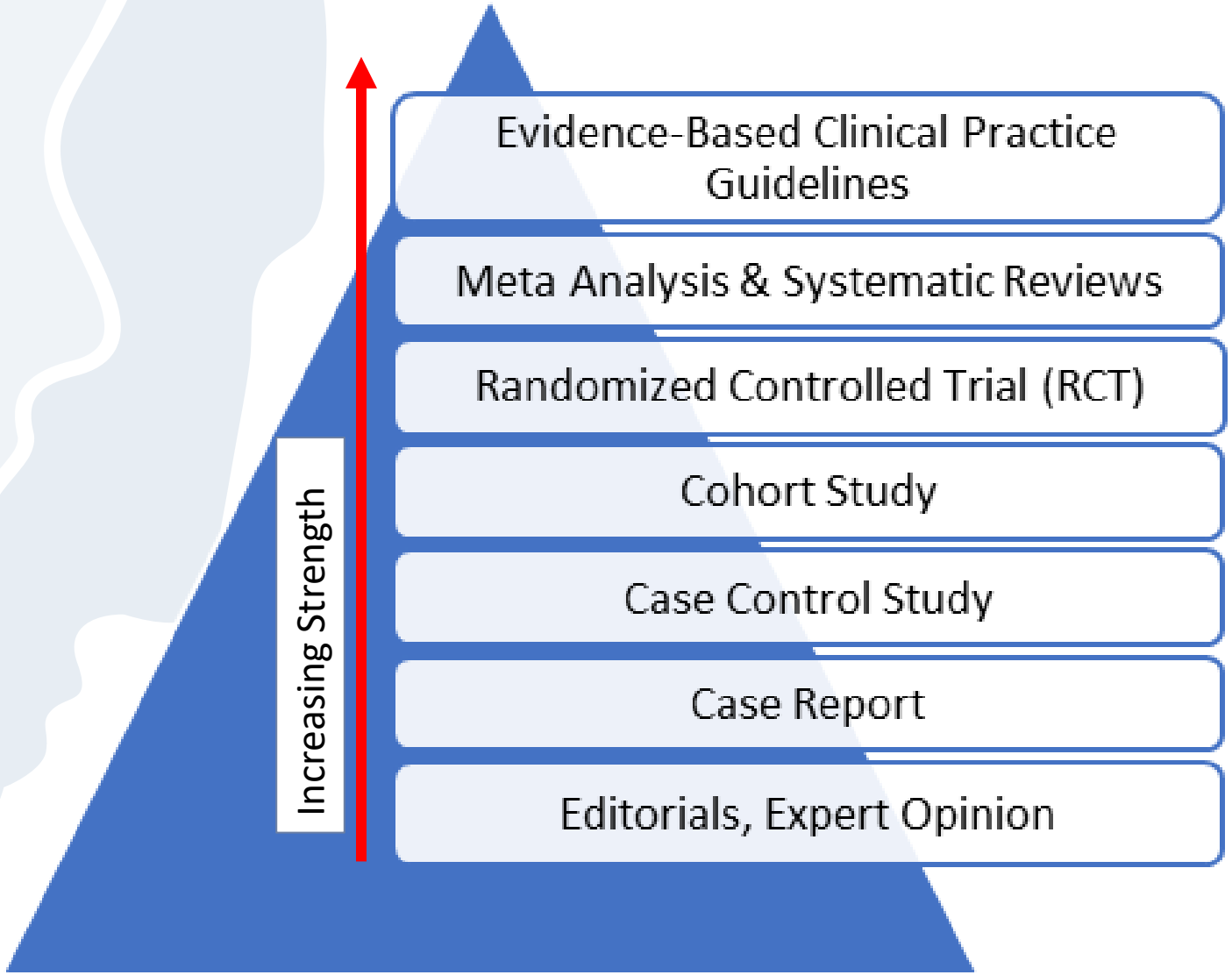
Catherine A. Counard, MD, MPH
Preventive Medicine Medical Advisor

01.15.26

A word about “bias”

- Bias is any process that produces results or conclusions that differ from the truth.
- Bias can occur at any phase of research, including study design or data collection, as well as in the process of data analysis and publication.
- As some degree of bias is nearly always present in a published study, it is important to consider how bias might influence a study's conclusions.

Hierarchy of Clinical Evidence



The strength of clinical evidence is often represented as a pyramid, with the strongest evidence at the top.

The hierarchy is based on the likelihood of bias in the evidence.

IDPH
Illinois Department of Public Health

Identifying Reputable Journals

- **Trusted databases** such as PubMed and the Directory of Open Access Journals – DOA , have stringent review processes to ensure the published articles and journals listed are credible.

- **Compliance with ethical standards** – publishers and journals that explicitly state compliance with the Principles of Transparency and Best Practice in Scholarly Publishing, developed by the Committee on Publication and Ethics (COPE) have committed to scholarly excellence and meeting ethical criteria.

Identifying Reputable Journals

- Peer-reviewed journals are preferred.
- **Journal Impact Factor**: often used as a proxy for excellence, the number of times a journals articles are cited by other scientists.
- Very generally, a JIF should be greater than 1 at minimum (~70% of journals), while 3 or higher is considered good (top 25%), and greater than 10 is excellent (top 2% of journals).

IDPH
Illinois Department of Public Health

Considerations about Open Access

- **Low quality open access journals**.
  - Publish articles solely after receiving a fee from the author or their institution.
  - Provide superficial peer review or editing, resulting in poor quality and often inaccurate research being published.

- **Some of the hallmarks of poor-quality open access journals include**:
  - Research covers many unrelated disciplines.
  - Publisher is not easy to identify.
  - Journal contact uses a non-professional email (Yahoo, Gmail, etc.).
  - Published articles or the journal website contain grammar or spelling errors, or images are of poor resolution or distorted.
  - No editorial board is named, or academic/institutional affiliations cannot be verified.

Authors, Affiliations, Sources of Support

- It can be helpful to look up authors to see if they have relevant expertise.
- Helps establish validity of the research and identify potential sources of bias (funding).
- Major academic centers typically have protocols in place to ensure research is conducted ethically, and the results are valid.

Evaluating the Study

Date of publication

- Older studies may no longer be relevant.

Comparison Group

- Typically, not treated but receiving usual care.

Number of people included in the study

- Small studies (less than 100 people) may not be able to statistically show a difference exists between intervention (treatment) and comparison (no treatment) groups**.**

Outcomes

- Including benefits, harms, limitations of the study.

Conclusions

- Do the conclusions follow logically from the results?

Caveats

- The results of any one study should be considered in the context of the findings from other similar studies.
- Because cannabis research has been highly restricted, clinical studies for conditions being considered for inclusion in the IDPH Medical Cannabis Patient Program may not exist.
- The lived experience and preferences of people with debilitating conditions must also be considered.

Questions?

CONTACT US:

 @IDPH

 @illinoisdph

 @IDPH.Illinois

 @il-department-of-public-health

 @IDPH

 “This is Public Health” podcast

 dph.illinois.gov

Cannabis as Medicine: What Every Clinician Should Know

Leslie Mendoza Temple, MD
Owen L. Coon Endowed Chair of Integrative Medicine
Medical Director, Integrative Medicine Program
Endeavor Health
Clinical Professor of Family Medicine
University of Chicago Pritzker School of Medicine
Chair, Medical Cannabis Advisory Board
Illinois Department of Public Health

Illinois Department of Public Health

January 15, 2026

Endeavor Health

No disclosures

Endeavor Health

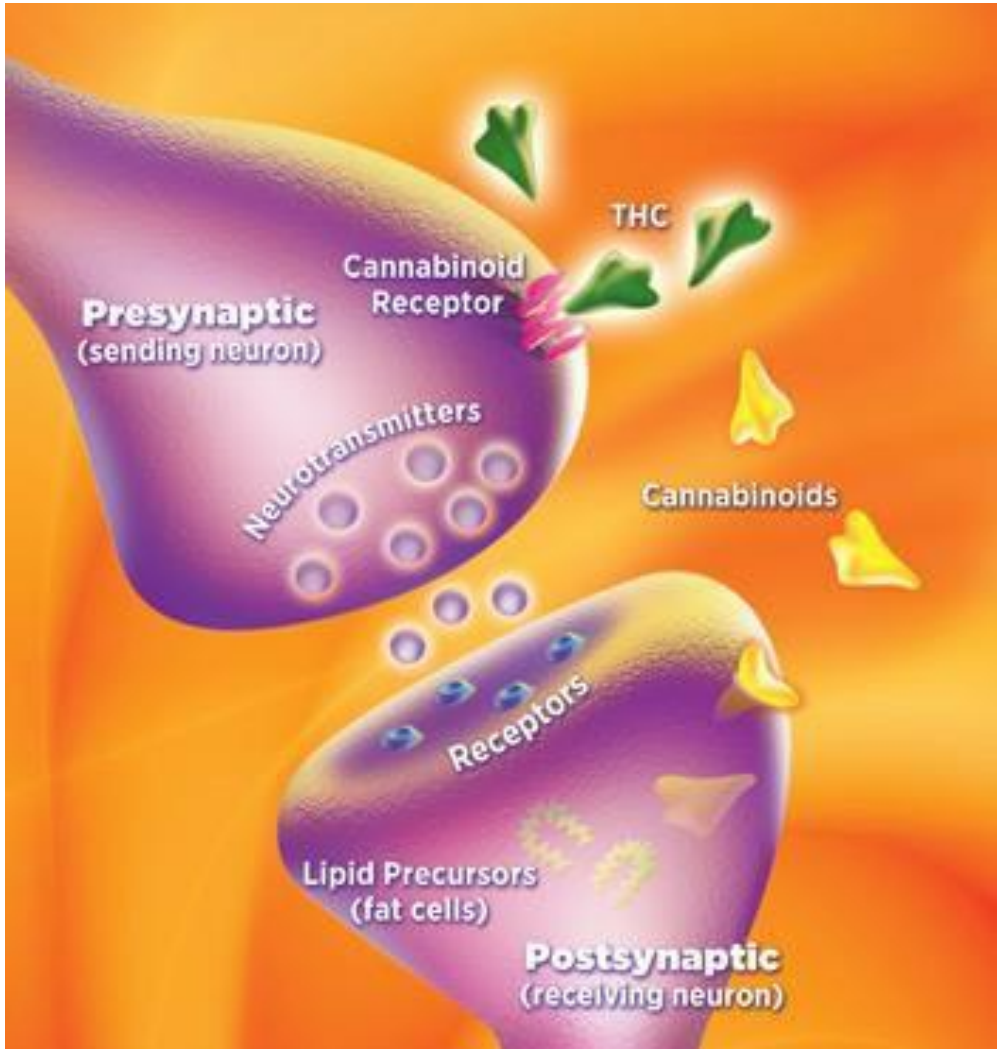
Learning Objectives

- Evaluate the evidence behind the therapeutic use of cannabinoids for pain and other conditions in case-based format.
- Compare patient success and pitfall cases regarding cardiovascular risk, cannabis hyperemesis syndrome and cannabis use disorder.
- Identify challenges and ways to overcome problems with medical cannabis supply chain and uncertainties on how to advise patients.
- Summarize regulatory updates (federal and state) regarding Cannabis.

Endeavor Health

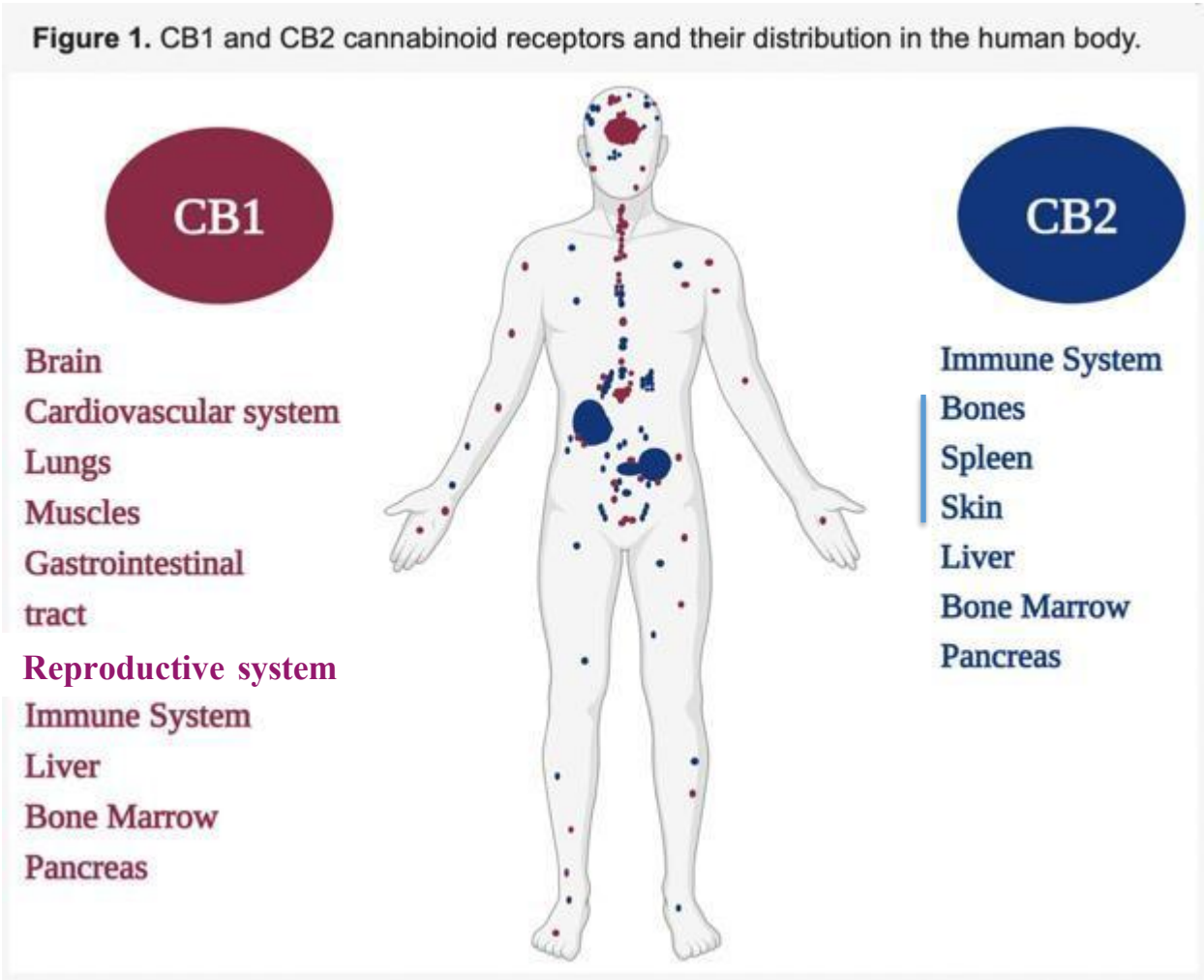
Endogenous endocannabinoid system

Relax
Eat
Sleep
Protect
Forget



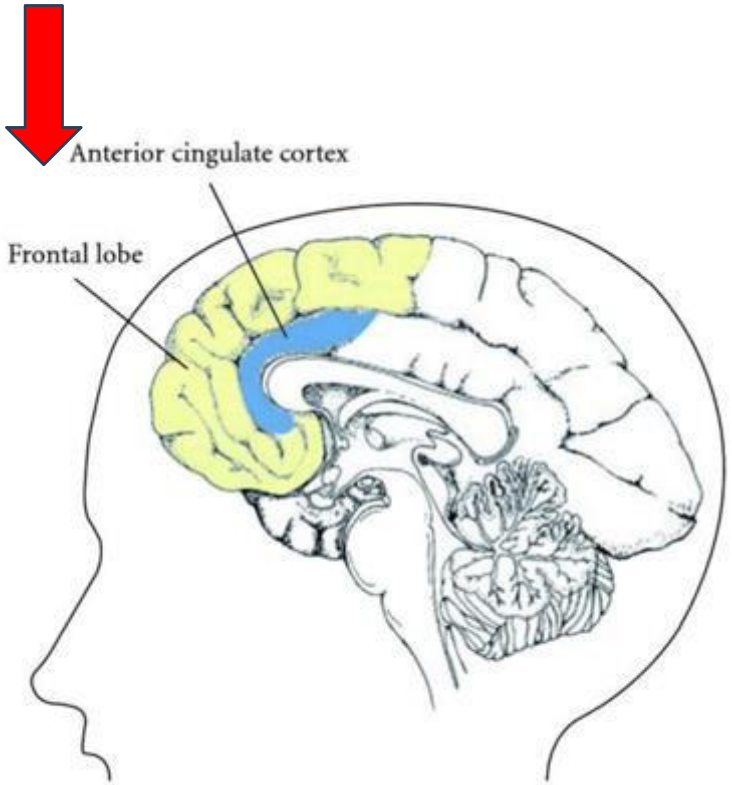
Di Marzo V (1998) Biochimica et Biophysica Acta - Lipids and Lipid Metabolism 1392: 153–175.

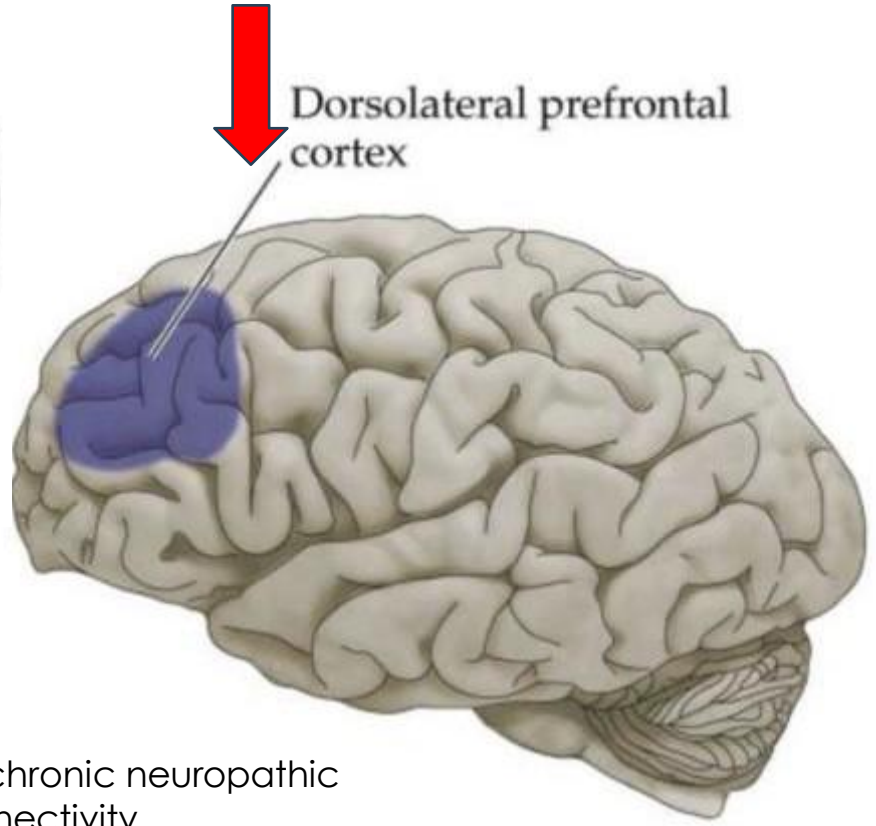
The Endocannabinoid (ECS) System



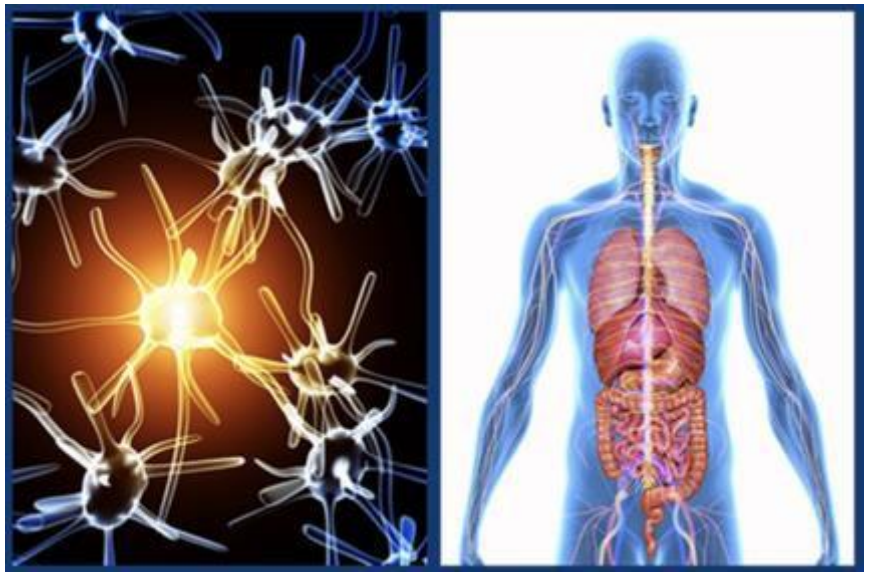
Rezende B, Alencar AKN, de Bem GF, Fontes-Dantas FL, Montes GC. Endocannabinoid System: Chemical Characteristics and Biological Activity. *Pharmaceuticals*. 2023; 16(2):148.

How does cannabis work on pain & the brain?

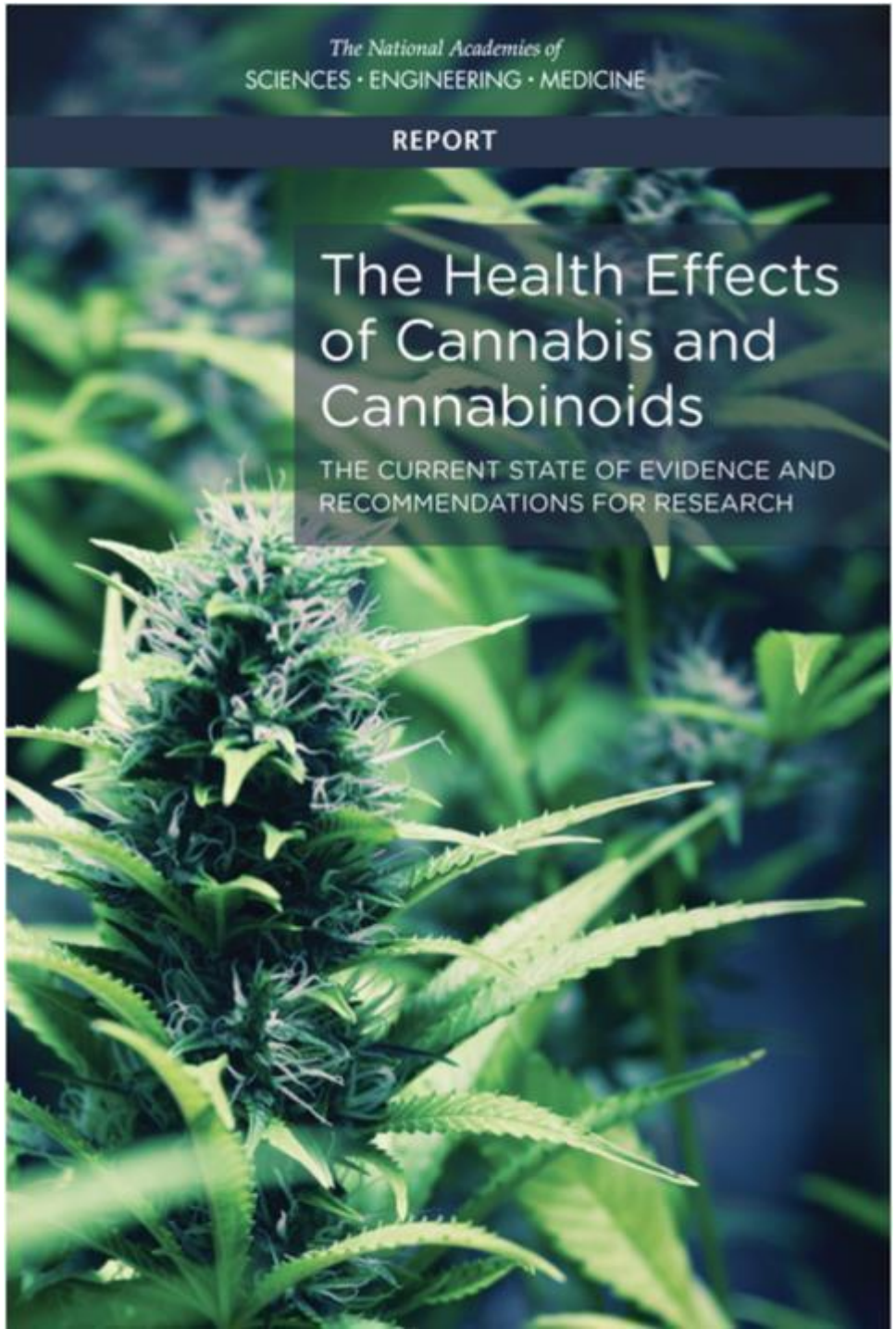




Promotes parasympathetic activity



Weizman L et al. Cannabis analgesia in chronic neuropathic pain is associated with altered brain connectivity
J Neurology, October 2, 2018, 91 (14) e1285-e1294

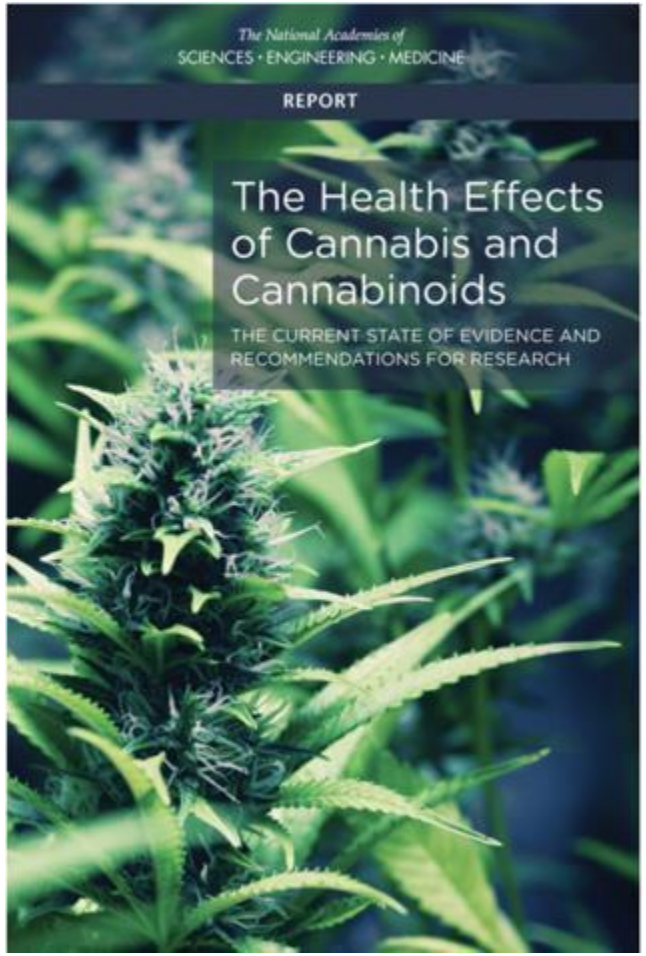


A neatly packaged evidence base…. as of 2017

Available free online:

https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state

Conclusive evidence for cannabinoids: Chronic pain, chemo-induced nausea/vomiting, MS spasticity

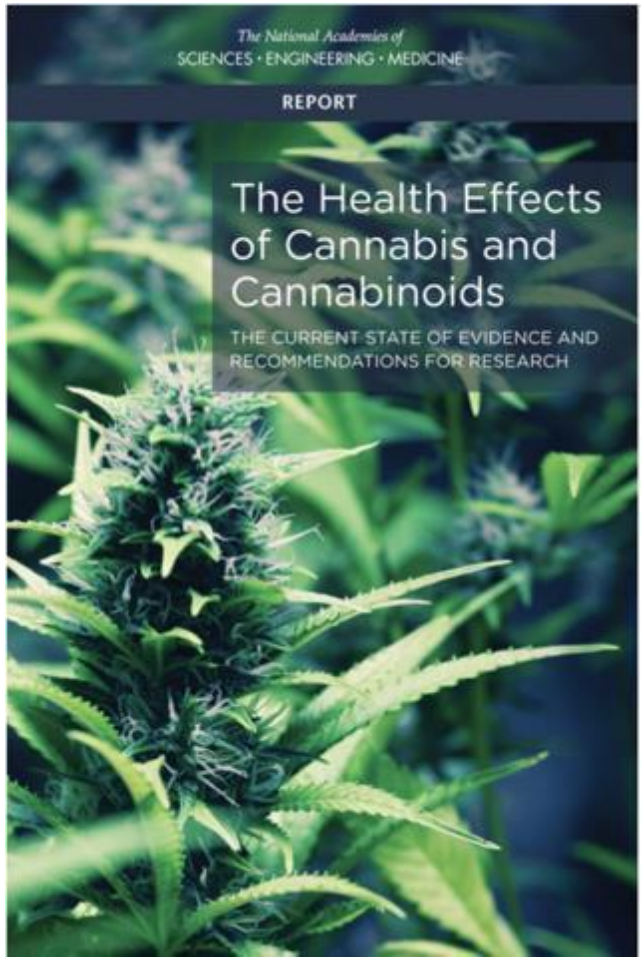


There is conclusive or substantial evidence that cannabis or cannabinoids are effective:

- For the treatment of chronic pain in adults (cannabis) (4-1)
- As antiemetics in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids) (4-3)
- For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids) (4-7a)

https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state

Moderate evidence behind the therapeutic use of cannabinoids: Sleep

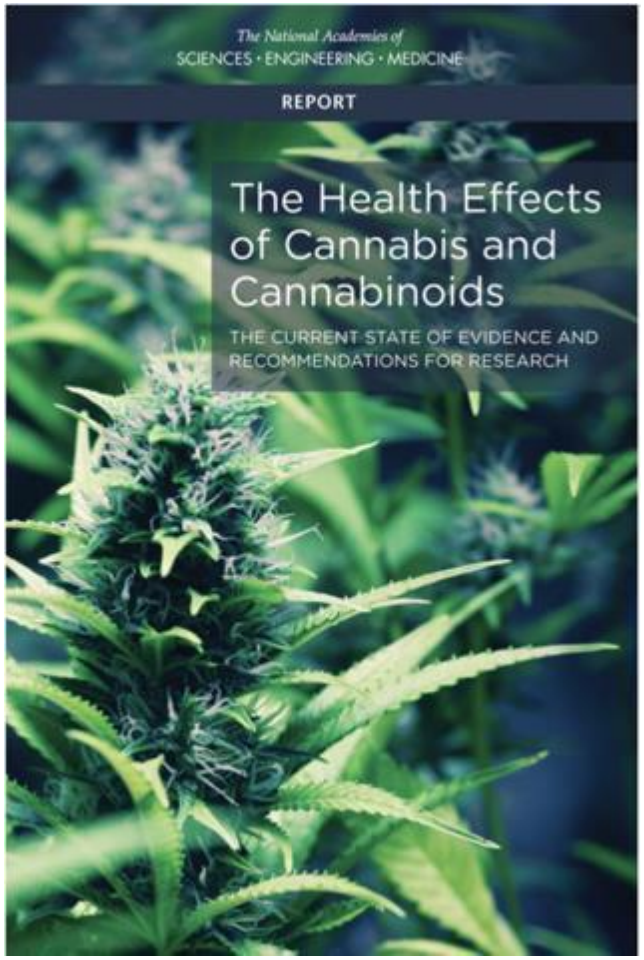


There is moderate evidence that cannabis or cannabinoids are effective for:

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis (cannabinoids, primarily nabiximols) (4-19)

https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state

Limited evidence behind the therapeutic use of cannabinoids



There is limited evidence that cannabis or cannabinoids are effective for:

- Increasing appetite and decreasing weight loss associated with HIV/AIDS (cannabis and oral cannabinoids) (4-4a)
- Improving clinician-measured multiple sclerosis spasticity symptoms (oral cannabinoids) (4-7a)
- Improving symptoms of Tourette syndrome (THC capsules) (4-8)
- Improving anxiety symptoms, as assessed by a public speaking test, in individuals with social anxiety disorders (cannabidiol) (4-17)
- Improving symptoms of posttraumatic stress disorder (nabilone; a single, small fair-quality trial) (4-20)

Updates since the 2017 NAS Work

Endeavor Health

Conflicting Evidence

- "Evidence from randomized clinical trials **does not support the use** of cannabis or cannabinoids for most conditions for which it is promoted, such as acute pain and insomnia."

Hsu M, Shah A, Jordan A, Gold MS, Hill KP. Therapeutic Use of Cannabis and Cannabinoids: A Review. *JAMA*. Published online November 26, 2025.

JAMA

Endeavor Health

5 RCTs for Fibromyalgia & Neuropathic Pain

Between 1/2000 – 8/2024

- Compared to placebo, cannabinoids provided significant relief from chronic pain (33% vs 15%) as measured by the visual analog scale.
- Minimal to no side effects were recorded, further highlighting the potential benefits of cannabinoids.

Medlineplus.gov

Reechaye D, Perrine ALA, Jahajeeah Y, Dookhee F, Robinson J, Banerjee I. Cannabinoids as a Natural Alternative for the Management of Neuropathic Pain: A Systematic Review of Randomized Placebo-Controlled Trials. Cureus. 2024 Sep 23;16(9)

Translating research to clinical practice: Dosing

Weizman et al 2018, Israel	THC oil sublingual vs. placebo	**0.2 mg/kg THC sublingual oil (14 mg THC for 70 kg person)**	Neuropathic pain improved
Xu et al. 2020, USA	Topical CBD oil vs. placebo	**250 mg CBD per 3 fl oz Applied 4x/day to skin**	Neuropathic pain improved
Almog et al. 2020, Israel	THC inhaler vs. placebo	**0.5 mg THC vs. 1.0 mg THC vs. placebo inhaler**	Neuropathic pain improved
Weizman et al. 2024, Israel	THC oil sublingual vs. placebo hemp oil	**0.2 mg/kg THC sublingual oil (14 mg THC for 70 kg person)**	Neuropathic pain improved
Chaves et al. 2020, Brazil	THC/CBD vs. placebo	**3.3 mg THC / 0.08 mg CBD oral vs. placebo olive oil**	Fibromyalgia pain improved

Reechaye D, Perrine ALA, Jahajeeah Y, Dookhee F, Robinson J, Banerjee I. Cannabinoids as a Natural Alternative for the Management of Neuropathic Pain: A Systematic Review of Randomized Placebo-Controlled Trials. Cureus. 2024 Sep 23;16(9)

Case 1: The senior patient with neuropathy and spinal stenosis pain

75 year old South Asian Indian man
PMH: Atrial fibrillation, depression, diabetes, lumbar spinal stenosis, burning neuropathy in feet.

Medications: 4-5 **hydrocodone**/acetaminophen, **gabapentin**, **fluoxetine**, **diltiazem**, **warfarin**, lisinopril, aspirin, metformin, and vit B12 daily. Medications make him constipated, sleepy and foggy-brained.

Procedures: 4 epidurals in 7 years; several rounds of physical therapy, and declined surgical intervention.

Acupuncture, chiropractic care and massage are intermittent due to finances/transportation limits and provide temporary relief, but it's not enough.

Image: www.howardcountymd.gov/COA

Case 1: The senior patient with neuropathy and spinal stenosis pain

- Any drug interactions of concern?
- What cannabis regimen would you advise?

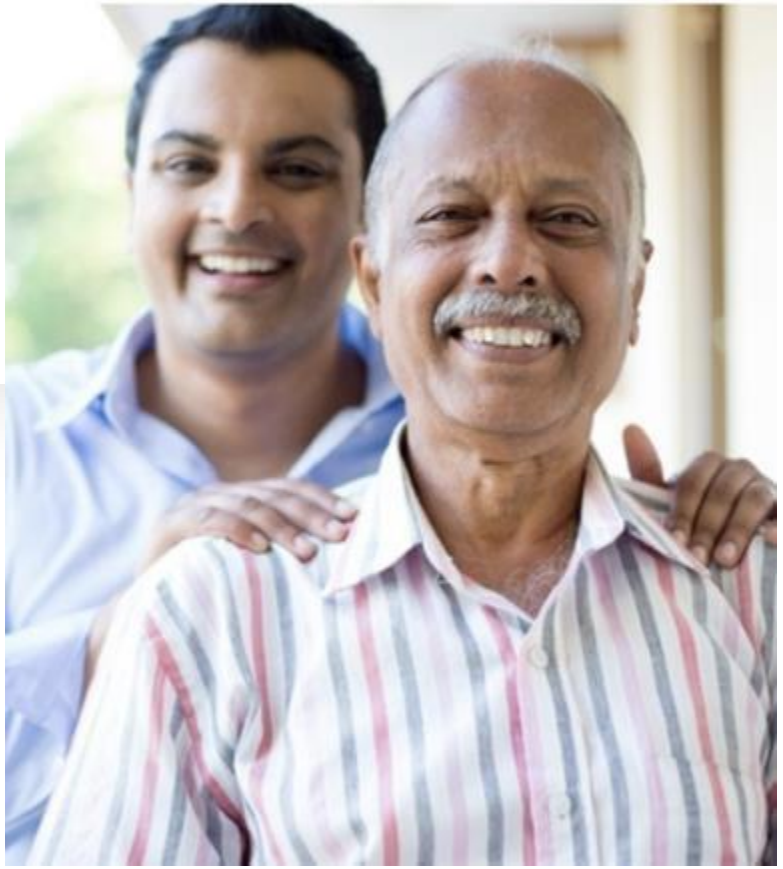


Image: www.howardcountymd.gov/COA

Endeavor Health

What drug interactions are of concern?

- **Fluoxetine** inhibits CBD metabolism via CYP2C19 →
  Increased CBD side effects
- **Diltiazem** inhibits THC + CBD metabolism via CYP3A4 →
  Increased THC + CBD side effects
- CBD inhibits **warfarin** metabolism via CYP2C9 →
  Increased INR
- **Hydrocodone**/acetaminophen plus **gabapentin** →
  Additive CNS depressant effects

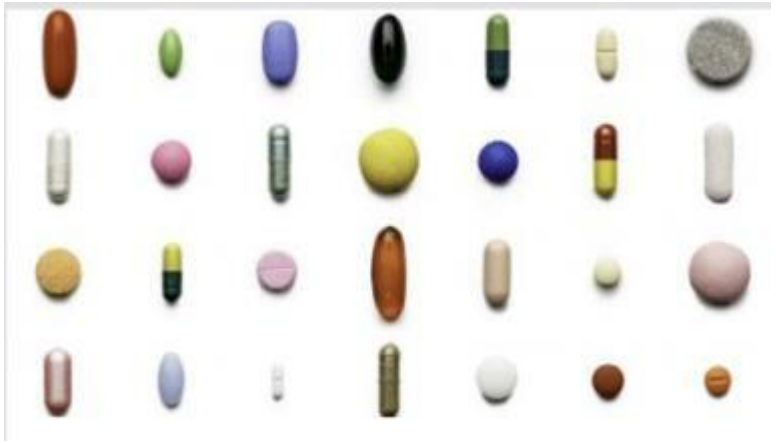


Image: www.fda.gov

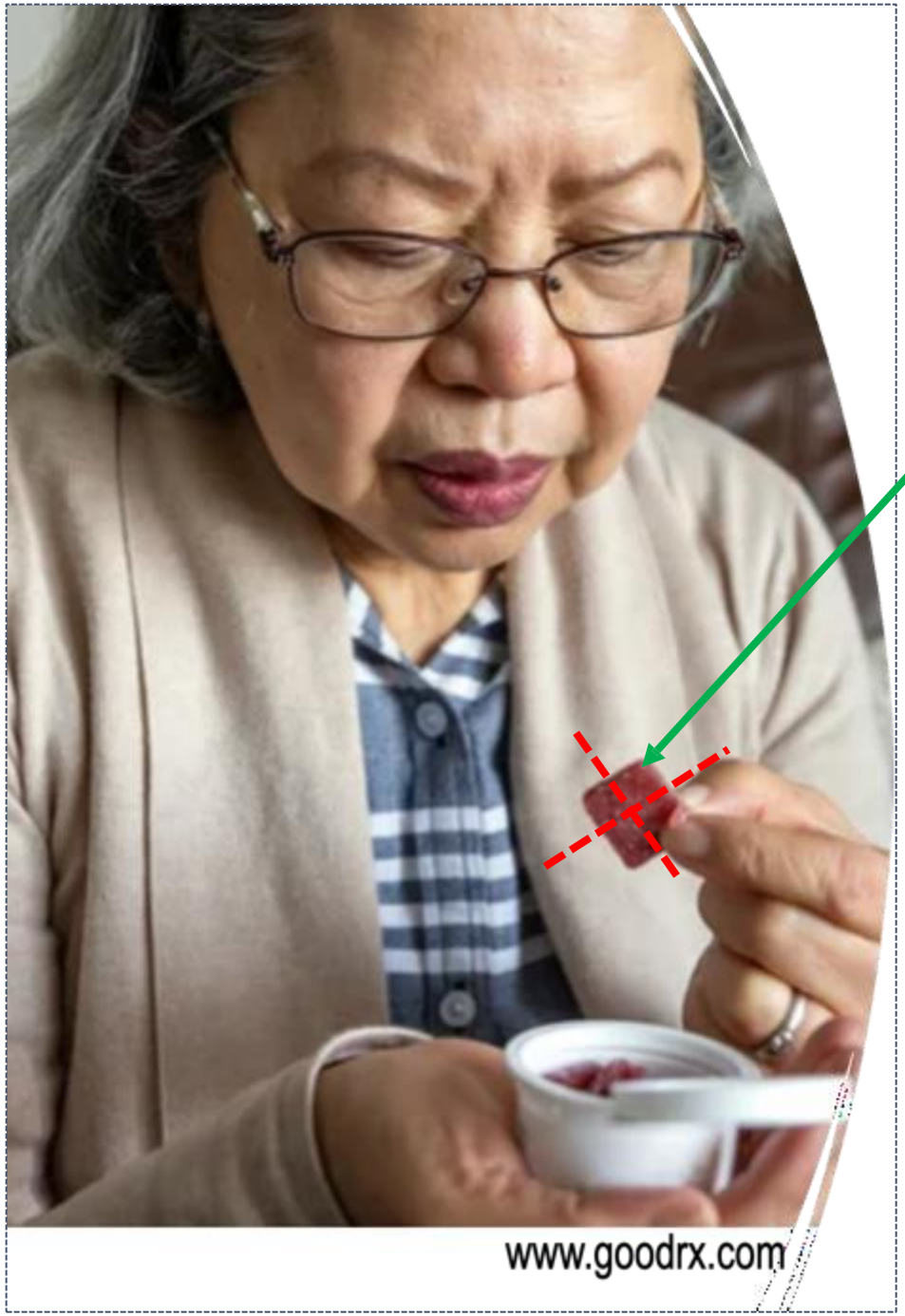
Up to Date, Inc. Accessed January 5, 2024. http://www.uptodate.com.

Suggested starting cannabis regimen:

1.25-2.5 mg THC with any amount of CBD combination, ie 1/8-1/4th of a typical edible at bedtime.

Thin layer of CBD hemp or CBD/THC 1:1 cream on painful body parts daily or more often.

Endeavor Health



Take home point

- When starting a cannabis edible, never consume a whole piece if cannabis-naïve or inexperienced.
- Edible THC tinctures, edibles or capsules should start at 2.5 mg THC or lower, titrated up in increments of 2.5 mg every 24 hours (preferably in the evening) to the desired, tolerable effect.

Endeavor Health

When in doubt…

Topicals are nearly always worth a try.

Case 2: The chronic cannabis user who gets an infection

48y woman using medical cannabis nightly, and occasionally in the afternoons for chronic low back pain and insomnia. Tolerating cannabis well.

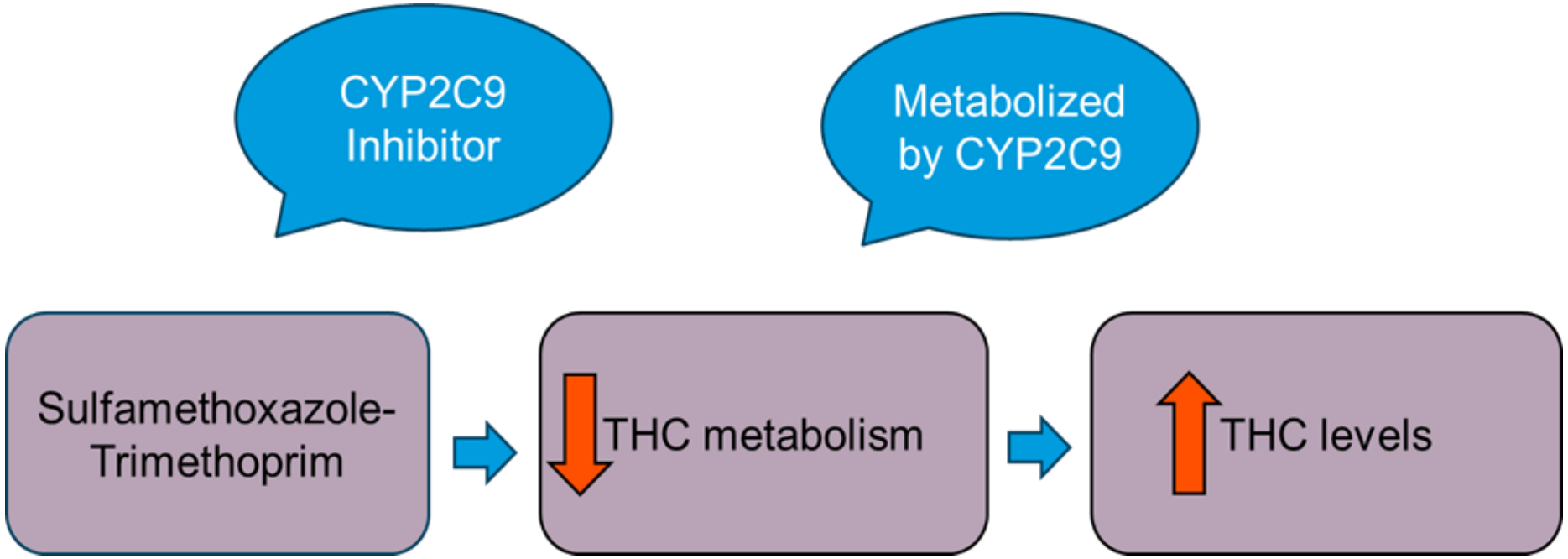
Diagnosed with uncomplicated UTI.

Started on sulfamethoxazole-trimethoprim DS 1 tab twice daily x 7 days. Has tolerated antibiotic without side effects in the past.

Dizziness ensues after 3 days of treatment while also using cannabis as usual.

Endeavor Health

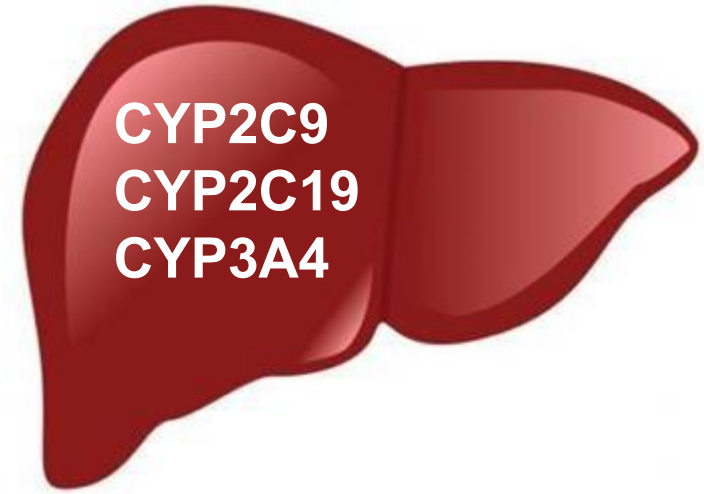
Mechanism



Up to Date, Inc. Accessed January 5, 2024. http://www.uptodate.com.

Slide courtesy of Jessica Wright, PharmD, Mayo

Examples of Inhibitors as they relate to Cannabis



CYP2C9 inhibitors

- Sulfamethoxazole
- Fluconazole
- Miconazole

CYP2C19 inhibitors

- Omeprazole
- Esomeprazole
- Fluoxetine
- Fluconazole
- Fluvoxamine
- Ketoconazole

CYP3A4 inhibitors

- Diltiazem
- Verapamil
- Fluconazole
- Ketoconazole
- Nirmatrelvir / ritonavir

Up to Date, Inc. Accessed January 5, 2024. http://www.uptodate.com.

Slide courtesy of Jessica Wright, PharmD, Mayo

Safety

Endeavor Health

Pitfalls: cardiovascular risk, cannabis hyperemesis syndrome and cannabis use disorder

The New York Times 10/5/2024

As America's Marijuana Use Grows, So Do the Harms

The drug, legal in much of the country, is widely seen as nonaddictive and safe. For some users, these assumptions are dangerously wrong.

Kevin Serna for The New York Times

"Why don't more doctors know about it? Why didn't anyone ever mention it to me?"

Jennifer Macaluso suffered terrible health effects using cannabis for migraine headaches.

Cannabis Hyperemesis Syndrome

Episodic vomiting after prolonged excessive cannabis use with symptom onset >6 months, which is relieved by sustained cessation of cannabis. Other treatments:

- Hot water hydrotherapy
- Topical capsaicin- TID
- Benzodiazepines
- Droperidol
- Haloperidol
- Propranolol
- Aprepitant

Senderovich H, Patel P, Jimenez Lopez B, Waicus S. A Systematic Review on Cannabis Hyperemesis Syndrome and Its Management Options. Med Princ Pract. 2022;31(1):29-38. doi: 10.1159/000520417. Epub 2021 Nov 1. PMID: 34724666; PMCID: PMC8995641.

Cannabis Overuse Syndrome

Clinically significant impairment or distress in 12 months, manifested by at least 2 of the following:

- Cannabis is taken in larger amounts or used over a longer period than intended
- Persistent desire to cut down with unsuccessful attempts
- Excessive time spent acquiring cannabis, using cannabis, or recovering from its effects
- Cravings for cannabis use
- Recurrent use resulting in neglect of social obligations
- Continued use despite social or interpersonal problems
- Important social, occupational, or recreational activities foregone to be able to use cannabis
- Continued use despite physical harm
- Continued use despite physical or psychological problems associated with cannabis use
- Tolerance
- Withdrawal symptoms when not using cannabis

Hasin DS, O'Brien CP, Auriacombe M, Borges G, Bucholz K, Budney A, Compton WM, Crowley T, Ling W, Petry NM, Schuckit M, Grant BF. DSM-5 criteria for substance use disorders: recommendations and rationale. Am J Psychiatry. 2013 Aug;170(8):834-51.

Case 3: The patient who smokes cannabis daily because edibles “don’t work”

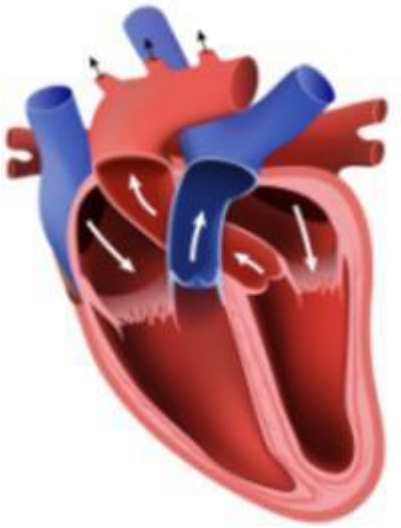
52y man with fibromyalgia and PTSD insists that smoking joints are the only dosage form that works for his symptoms (pain, anxiety).

He often feels queasy.

“Edibles don’t work.”

Endeavor Health

Regarding heart disease & cannabis



www.nia.nih.gov

Association of Cannabis Use With Cardiovascular Outcomes Among US Adults

Abra M. Jeffers, Stanton Glantz, Amy L. Byers and Salomeh Keyhani

Originally published 28 Feb 2024. Journal of the American Heart Association. 2024.

n=434,104, age 18-74y adults, mean=45.4 yrs
4% used daily; 7.1% avg 5 days/month
60% white, 11.6% black, 19.3% Hispanic, 8.9% Other;
51.1% women

Smoking cannabis = 73.8% of users in study

Endeavor Health

Association of Cannabis Use With Cardiovascular Outcomes Among US Adults

Jeffers AM, et al. Journal of the American Heart Association, Feb 2024

"Cannabis use has a strong independent effect in the general population and a strong association with cardiovascular outcomes independent of the effects of using tobacco cigarettes or e-cigarettes."

A limitation of the study: no mention of the need to compare smoked cannabis vs. edibles/topical cannabis.

Edibles: Be wary of accidental ingestion- especially for kids

Some experts say cannabis product packaging may appear similar to other snacks, which can confuse kids.
skodonnell via Getty Images

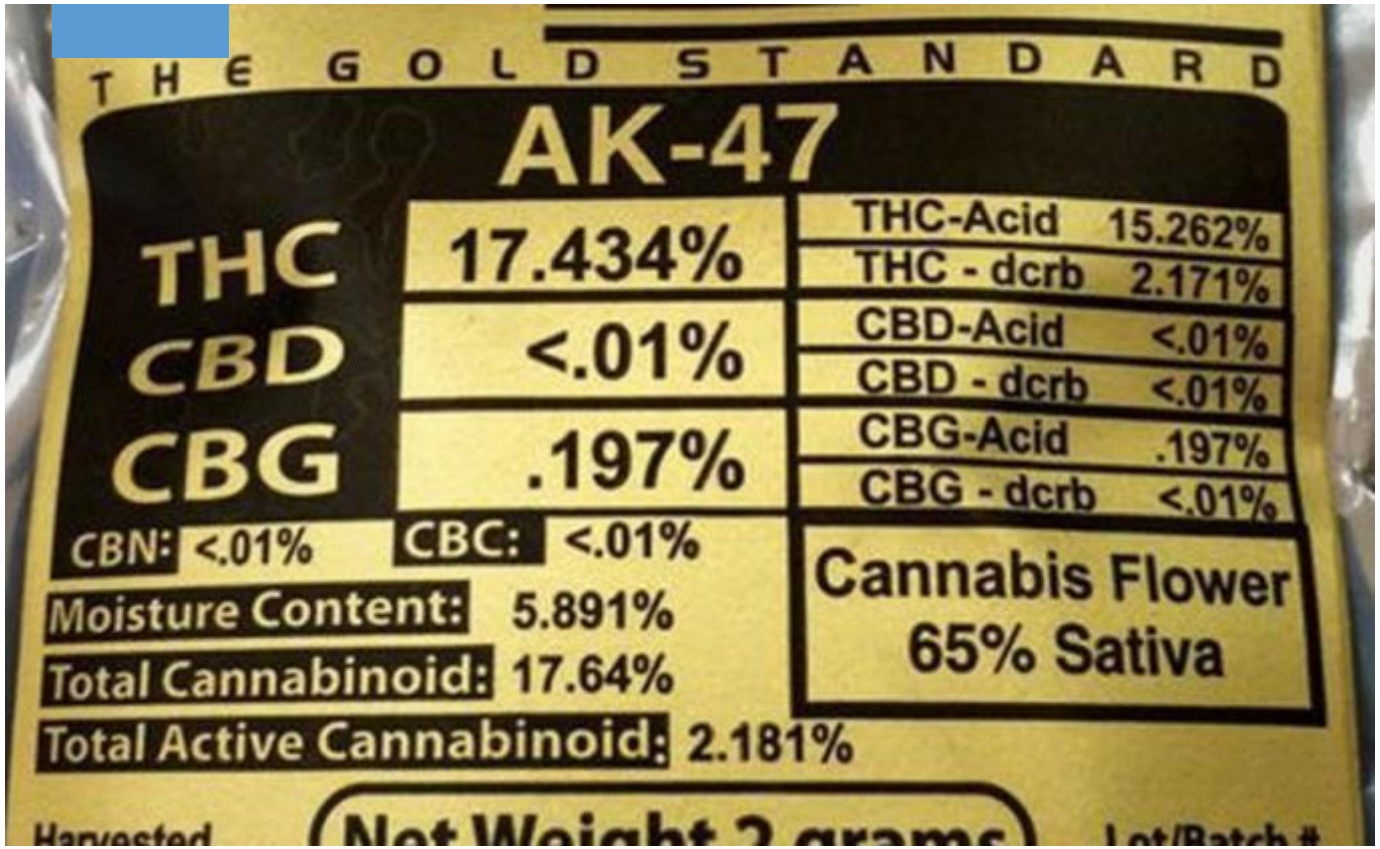
Endeavor Health

Consumer challenges:

Product label interpretation

Supply chain

Labels today vary significantly with inadequate information



Endeavor Health

Product labeling

International Intoxicating Cannabis Product Symbol (IICPS)

David Nathan, MD
Doctors for Drug Policy Reform

FIGURE 5 *Sections of a sample UCIL.*

CANNABIS INFORMATION
Product form:
Inhaled extract
Product weight:
0.5g (0.018 oz)
Total THC in product: **350mg**
SCAN FOR MORE INFO →

← QR code

← Product and serving information

CANNABINOID PROFILE

Total THC	**70.1%**
THCA	2.3%
Total CBD	**4.4%**
CBDA	1.4%

Other cannabinoids:
CBN 0.1%, CBG 0.05%

Terpenes & flavonoids:
Limonene 0.2%, β-Pinene 0.2%

← THC and CBD measurements (required)

← Other cannabinoid, terpene and flavonoid measurements (optional)

INACTIVE INGREDIENTS: PEG 400, coconut oil.

← Ingredients/ Inactive ingredients

WARNINGS: Keep out of reach of children and pets. This product may be addictive. The potency of some cannabis extracts requires cautious inhalation to avoid overconsumption. Do not drive or operate machinery while intoxicated. This product may pose significant health risks to pregnant or breastfeeding women, minors, and people with psychiatric disorders.

← Health warnings

Lot **SFTDN-287002** Exp **04/18/23**

← Lot number and expiration date

Medical cannabis supply chain challenges and general uncertainties on how to advise patients

Low THC products seem to becoming rarer in Illinois as the recreational customer is the target. Is this happening in Michigan?

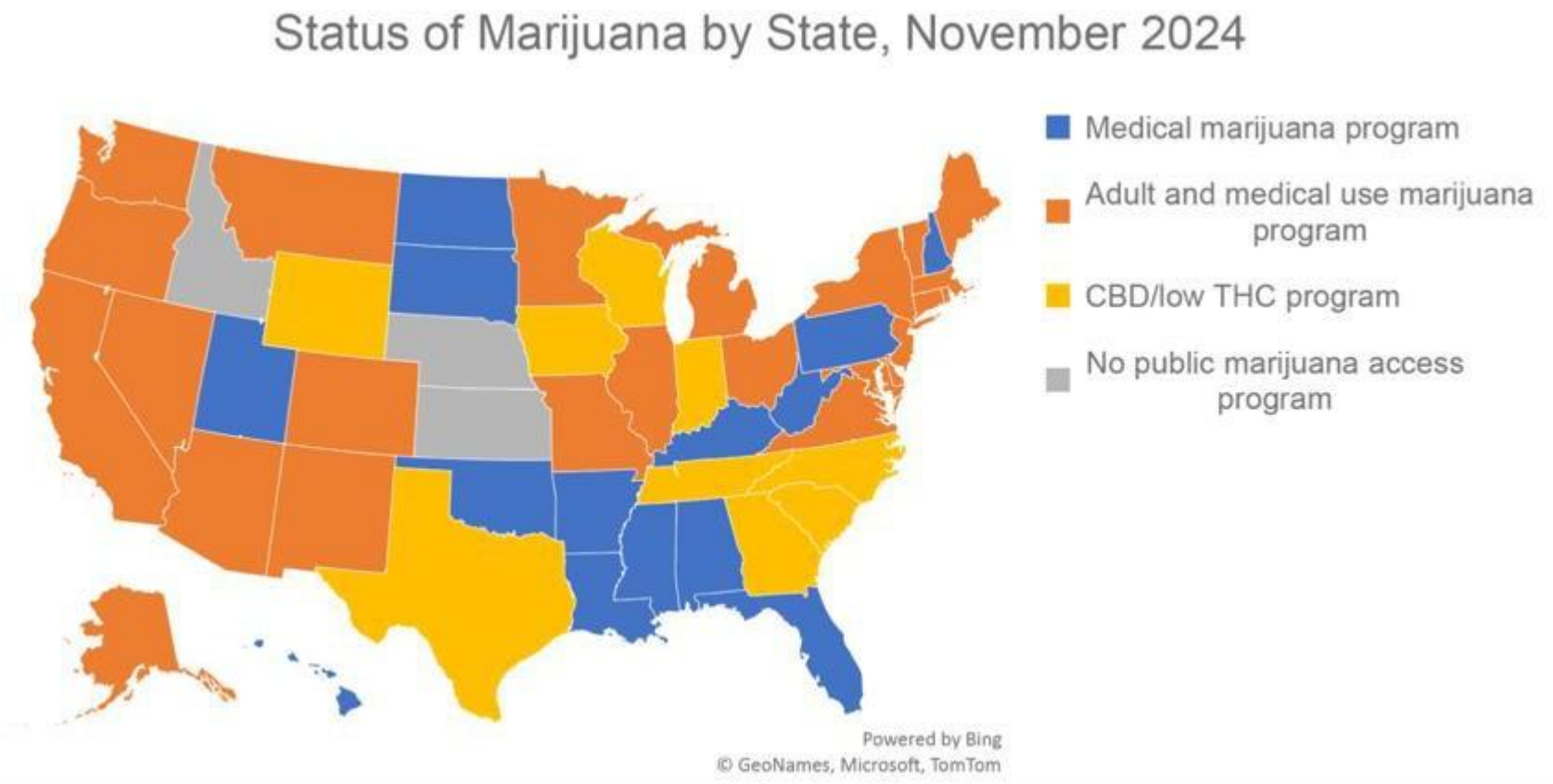
High THC tinctures and edibles abound in dispensaries. This does not work for majority of my patients who need high CBD products.

Solution: DIY!
Dilute the tinctures with CBD hemp oil to change the CBD:THC ratio to 20:1 more or less. Take 1 drop pure THC oil and mix with 20 drops pure CBD hemp oil for a 20:1 CBD:THC ratio. Dilute or intensify THC as needed.

Regulatory updates

“74% of Americans live in a state where marijuana is legal for either recreational or medical use.”

- Pew Research Center 2025



https://klrd.gov/2024/12/18/medical-marijuana-update-2025/

Endeavor Health

Proposal to change Cannabis to Schedule 3: What does this mean?

Sec. 2. Rescheduling Medical Marijuana and Improving Access to Cannabidiol Products. (a) The Attorney General shall take all necessary steps to complete the rulemaking process related to rescheduling marijuana to Schedule III of the CSA in the most expeditious manner in accordance with Federal law, including 21 U.S.C. 811.

The WHITE HOUSE

Quiz question

1. What cannabinoid compound of the Cannabis sativa plant is known to be intoxicating?

A. Cannabidiol (CBD)

B. Cannabigerol (CBG)

C. Delta-9 Tetrahydrocannabinol acid (THCa)

D. Delta-9 Tetrahydrocannabinol (THC)

E. Limonene

Answer: D. Delta-9 THC

Quiz question

2. What would be the best CBD:THC ratio of tincture to recommend to a cannabis-naive patient for pain management if these were the only choices available at the dispensary?

A. 20:1 CBD:THC

B. 1:20 CBD:THC

C. 1:1 CBD:THC

D. 5:1 CBD:THC

E. THC-predominant

Answer: A: 20:1 CBD:THC

Endeavor Health

Quiz question

3. Which route of cannabis intake has the slowest onset and longest duration of action?

A. Suppository (vaginal or rectal)

B. Edible (gummy, infused chocolate, brownie, cookie, mint, capsule)

C. Tincture

D. Smoking/combustion

E. Vaporization of flower or oil

Answer: B: Edible

Endeavor Health

Thank you

Endeavor Health Integrative Medicine Team
Glenview, IL www.northshore.org/integrative
Since 1999

Endeavor Health

IDPH
Illinois Department of Public Health

MEDICAL CANNABIS PATIENT PROGRAM

Janette Candido
Chief, Division of Medical Cannabis

01/15/2026

Objectives

To provide an overview of the IDPH Medical Cannabis Programs
To introduce the new IDPH Medical Cannabis Patient Registry System
To discuss common issues encountered by health care providers

Cannabis in Illinois

Divided into 16 different agencies.
3 Primary Cannabis Regulating Agencies:
Department of Financial and Professional Regulation: Regulates the dispensaries
Department of Agriculture: Regulates the cultivation sites
Department of Public Health: Regulates the patient program

Quick Statistics

381,621 approved applications since inception (9/2/2014 – 6/30/2025)

Approximately 121,680 patients at the end of FY24

Over 15,841 caregivers at the end of FY24

21 medical cannabis cultivation centers

55 medical cannabis dispensaries

Medical VS Recreational Cannabis

Medical patients do not pay the 20-40% taxes on products purchased at the dispensaries
Medical and recreational users have access to two different menus
Not all products can legally be sold on the recreational menu
Medical patients are permitted to grow up to five plants in their home

QUALIFYING CONDITIONS

Autism	Insterstitial cystitis	Seizures (including those characteristic of Epilepsy)
Agitation of Alzheimer's disease	Irritable bowel syndrome	Severe fibromyalgia
HIV/AIDS	Lupus	Sjogren's syndrome
Amyotropic lateral sclerosis (ALS)	Migraines	Spinal cord disease (including but not limited to arachnoiditis)
Anorexia nervosa	Multiple sclerosis	Spinal cord injury -damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
Arnold-Chiari malformation	Muscular dystrophy	Spinocerebellar ataxia
Cancer	Myasthenia gravis	Superior canal dehiscence syndrome
Cachexia/wasting syndrome	Myoclonus	Syringomyelia
Causalgia	Nail-patella syndrome	Tarlov cysts
Chronic inflammatory demyelinating polyneuropathy	Neuro-Bechet's autoimmune disease	Tourette syndrome
Chronic pain	Neurofibromatosis	Traumatic brain injury
Crohn's disease	Neuropathy	Ulcerative colitis
CRPS (complex regional pain syndrome Type II)	Osteoarthritis	**ENDOMETRIOSIS**
Dystonia	Parkinson's disease	**OVARIAN CYTS**
Ehler-Danlos syndrome	Polycystic kidney disease (PKD)	**UTERINE FIBROIDS**
Fibrous dysplasia	Post-Concussion Syndrome	**FEMALE ORGASMIC DISORDER (FOD)**
Glaucoma	Post-Traumatic Stress Disorder (PTSD)	
Hepatitis C	Reflex sympathetic dystrophy	
Hydrocephalus	Residua limb pain	
Hydromyelia	Rheumatoid arthritis	

REQUIREMENTS: HCP

Currently licensed and in good standing in Illinois as an MD, PA, NP
Current valid Illinois Controlled Substance License
Has a bonafide HCP-patient relationship
Registered to use the state's Illinois partner system for Medical Cannabis.

TYPES OF QUALIFYING PATIENTS

ADULT
MINOR
VETERAN
TERMINAL
OPIOID ALTERNATIVE

REGISTRATION AND SET UP

Two-step process

- Registration with the authenticator
  - https://illinois.seczettaportal.com/medical_cannabis/
- Set up in IDPH system
  - https://ilpartner.illinois.gov/

System integrations: IDFPR, SOS, Treasurer's office, Seed-to-sale system

ISSUES: Registration/Set-up

Wrong link
Not registering with Okta first
Different email from previous system
Name does not match IDFPR data
Link expiration
Using DEA number

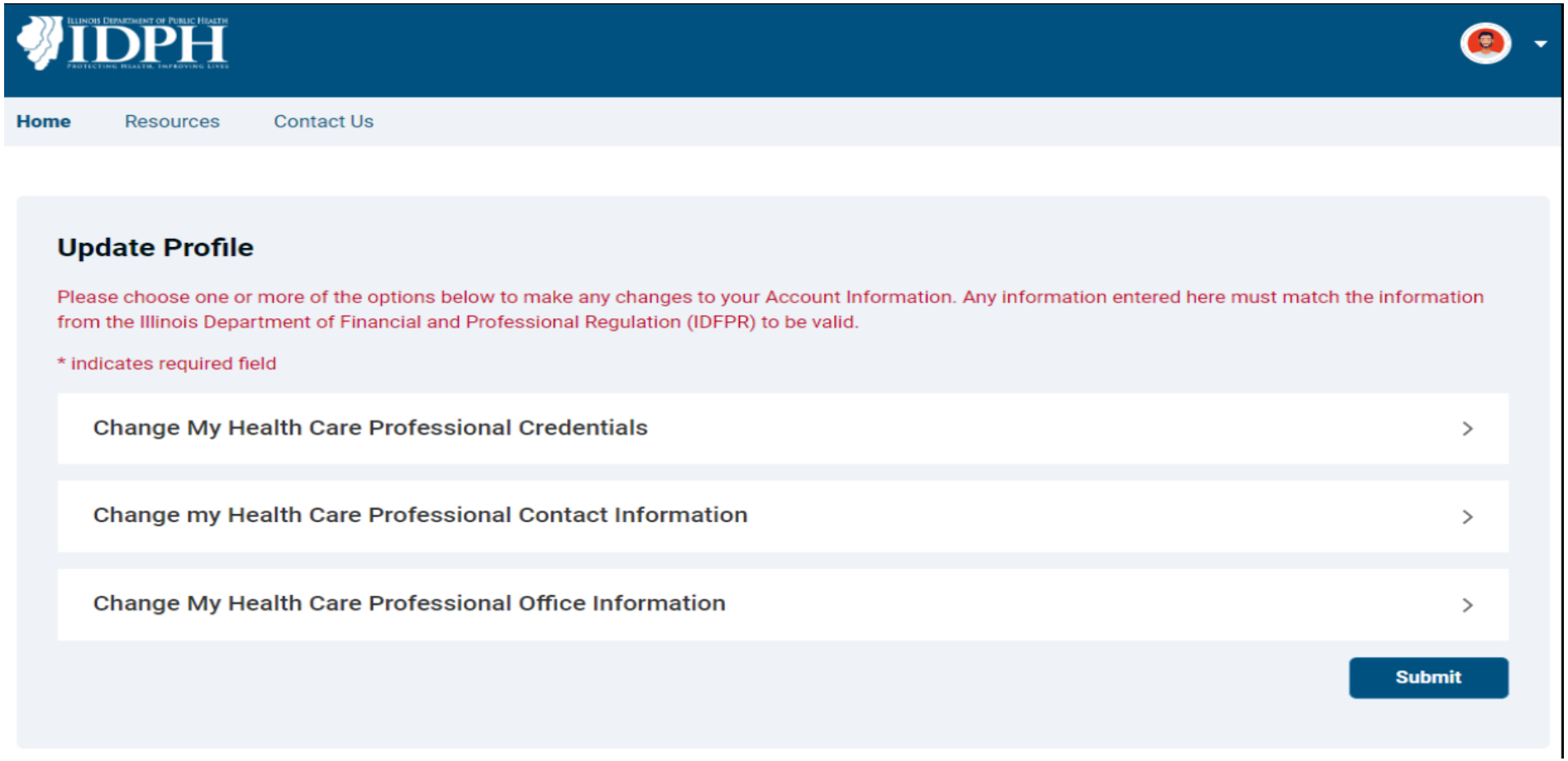
CERTIFICATIONS AND WAIVERS

- Adults
  - Initial/Renewal
  - Extensions DO NOT need new certifications
  - Lifelong designation
  - Terminal designation
- Minors
  - Recommending HCP
  - Reviewing HCP
- OAPP
- Waivers

ISSUES: Certifications

Mismatched information
Wrong terminal designation
Revocation vs cancellation vs amendment
Minor diagnoses do not match
Minor has two of the same HCP certification
Type of certification do not match
Inadequate justification for waiver amount requested

UPDATING INFORMATION



IDPH
Illinois Department of Public Health

Division of Medical Cannabis

Questions?

E-mail: DPH.MedicalCannabis@illinois.gov
Phone: 855-636-3688

Next to come in the FAST PHACTs series

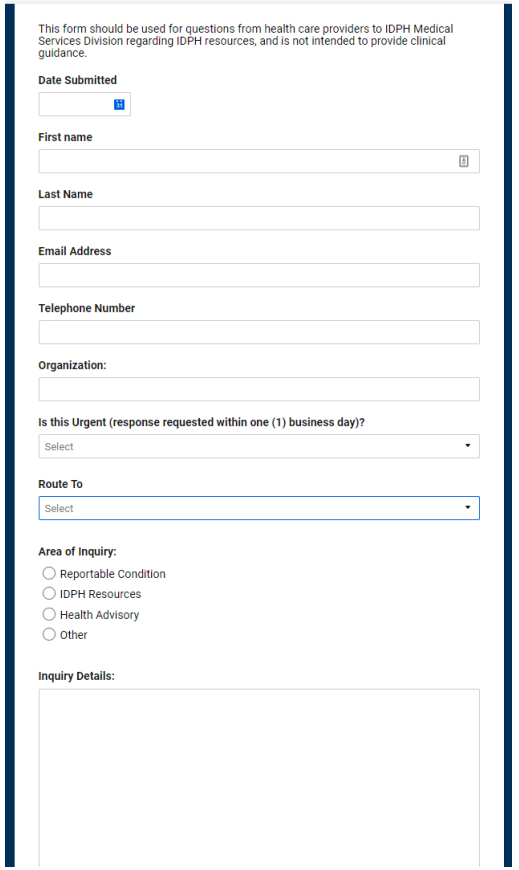
- February 19, 2026: Colliding Voices, Challenging Choices: Exploring Practice Implications of Diverse Vaccine Guidance Landscape
- March 19, 2026: To be determined
- April 19, 2026: Chronic Diseases - Public Health Resources and Tools for Clinicians

Register Here

IDPH
Illinois Department of Public Health

Reach out to us!

QR Code for Contacting IDPH Medical Services Team



This form should be used for questions from health care providers to IDPH Medical Services Division regarding IDPH resources, and is not intended to provide clinical guidance.

Date Submitted

First name

Last Name

Email Address

Telephone Number

Organization:

Is this Urgent (response requested within one (1) business day)?

Select

Route To

Select

Area of Inquiry:

- Reportable Condition
- IDPH Resources
- Health Advisory
- Other

Inquiry Details:

Contact IDPH Medical Services Division

Weblink:
https://app.smartsheet.com/b/form/2ae48352ac624f95b63197b722830963

State of Illinois Rapid Electronic Notification System (SIREN)

SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. This system provides rapid communication, alerting and confirmation between state and local agencies, public and private partners, target disciplines and authorized individuals in support of state and local emergency preparedness and response.

To sign up for Siren at https://www.siren.illinois.gov/ or through this QR Code:

Up to one credit hour of CME credit is available. For those wishing to obtain CME credit, complete the evaluation survey and quiz at the end of this webinar utilizing the following weblink and/or QR code before December 29, 2025.

https://forms.office.com/g/3JGEA5JZhm

Cannabis as Medicine: What Every Clinician Should Know

CME Available for live attendance ONLY.
For questions contact David Hale-Arroyo at David.hale-arroyo@illinois.gov

IDPH
Illinois Department of Public Health