



State of Illinois

Illinois Department of Public Health

ANNUAL PROGRESS REPORT

Compassionate Use of Medical Cannabis Pilot Program Act

July 1, 2014 through June 30, 2015

As required by PA 098-0122

Compassionate Use of Medical Cannabis Pilot Program Act
Annual Report to the General Assembly
July 1, 2014 through June 30, 2015

On August 1, 2013, former Governor Pat Quinn signed the Compassionate Use of Medical Cannabis Pilot Program Act (“Act”), Public Act 98-0122, into law, which allows an individual who is diagnosed with a debilitating medical condition to register with the state in order to obtain cannabis (marijuana) for medical use. The Act became effective on January 1, 2014 for a period of four years.

PA 98-0122 has dual purposes: first, to provide Illinois residents who may receive therapeutic or palliative effects from medical cannabis with an avenue to obtain the product, and second, to protect patients with debilitating medical conditions, as well as their physicians and providers, from criminal and civil liability if the patients engage in the medical use of cannabis. PA 98-0122 defines “medical use” as the acquisition; administration; delivery; possession; transfer; transportation; or use of cannabis to treat or alleviate a registered qualifying patient’s debilitating medical condition or symptoms associated with the patient’s qualifying condition.

Three Illinois agencies oversee the process for providing and obtaining medical cannabis. The agencies are:

1. The Department of Public Health (IDPH) will establish and maintain a confidential registry of qualifying patients authorized to engage in the medical use of cannabis and their caregivers; distribute educational material about health risks associated with abuse of cannabis and prescription medications; adopt rules to administer the patient and caregiver registration programs; and adopt rules to establish food handling requirements for cannabis-infused products for consumption.
2. The Department of Agriculture (DoA) will enforce the Act’s provisions on the registration and oversight of cultivation centers.
3. The Department of Financial and Professional Regulation (DFPR) will enforce the Act’s provisions relating to registration and oversight of dispensing organizations.

Additionally, the Office of the Secretary of State, the Illinois State Police, and the Department of Revenue each have ancillary roles for program implementation.

In July 2014, IDPH adopted administrative rules for the Compassionate Use of Medical Cannabis Patient Registry [77 Ill. Adm. Code 946]. These rules were amended by emergency rulemaking in 2015 to address the provisions of PA 98-775, which expanded the eligible qualifying patient population to persons under 18 years of age and added seizure disorders (including those characteristic of epilepsy) to the list of debilitating conditions for the program.

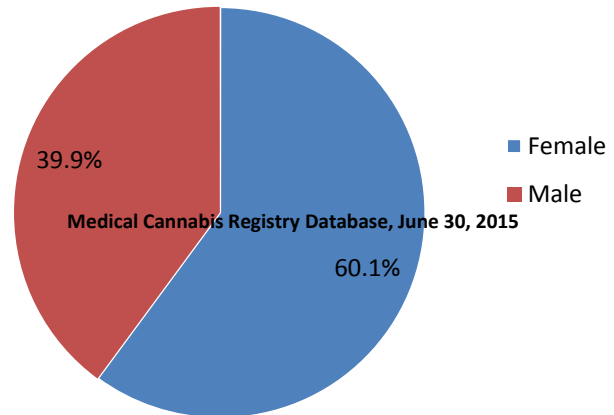
Number of Applications Filed

Almost 22,600 persons with debilitating conditions have logged onto the Illinois Medical Cannabis Pilot Program patient registry application website since IDPH began accepting applications on September 2, 2014. By June 30, 2015, approximately 3,300 people completed an application and submitted payment. IDPH issued more than 2,600 approval letters to register qualifying patients, including nine persons under age 18. During this time period, 475 qualifying patients were denied a medical cannabis registration identification card. These applicants were denied primarily because they did not respond to multiple attempts to correct deficiencies in their application and/or their fingerprint background check reported excluded criminal offenses.

During the time period of this report, most of the qualifying patient applications were submitted by persons between 51 and 60 years of age (32.1%). Persons aged 61 to 70 years of age (19.9%) and persons between 41 and 50 years old (19.7%) comprised the next largest group of applicants.

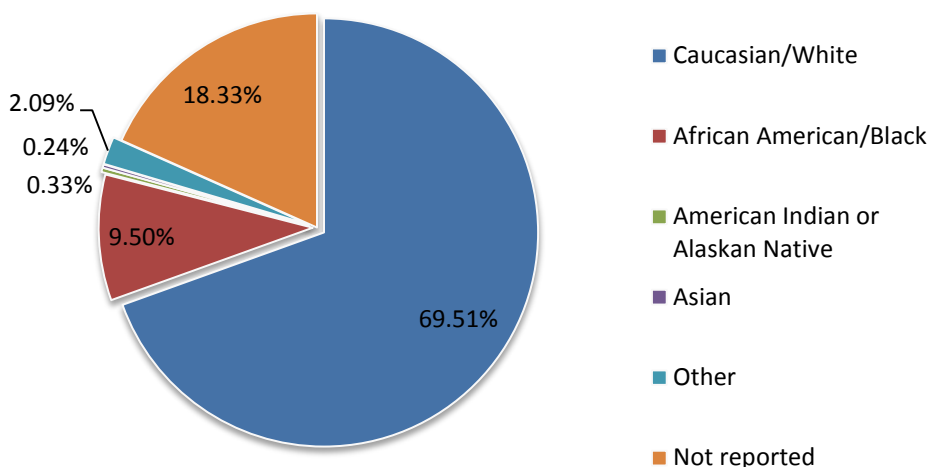
Qualifying Patient Applications, by Gender

Medical Cannabis Registry Database, June 30, 2015



Qualifying Patient Applications, by Race

Medical Cannabis Registry Database, June 30, 2015



More females (60.1%) applied for a medical cannabis registration identification card than males (39.9%). Caucasian/white qualifying patients (69.5%) were more likely to apply for the Medical Cannabis Registry Program than persons of other races. Qualifying patients were not required to indicate their racial heritage on the Application

for a Registration Identification Card and more than 17 percent of applications did not select a race. The table below provides the number of qualifying patient applicants by county of residence for the period of September 2, 2014 through June 30, 2015.

The Medical Cannabis Registry Program received applications from qualifying patients residing in Illinois. More applicants from Cook County (1,180) applied for the registry program than from other counties.

**Qualifying Patient Applications by County of Residence
September 2, 2014 through June 30, 2015**

County of Residence	Number of Qualifying Patient Applications	County of Residence	Number of Qualifying Patient Applications	County of Residence	Number of Qualifying Patient Applications
Cook	1,180	Union	22	Gallatin	8
Will	193	Vermillion	18	Iroquois	8
DuPage	186	Adams	16	McDonough	8
Lake	173	Lee	15	Fayette	7
Kane	115	Boone	14	Livingston	7
McHenry	91	Effingham	12	Macoupin	7
St. Clair	89	Macon	12	Richland	7
Madison	77	Massac	12	Woodford	7
Peoria	51	Jo Daviess	11	Douglas	6
Tazewell	48	Johnson	11	Knox	6
Williamson	48	Wayne	11	Logan	6
Sangamon	47	White	11	Perry	6
Franklin	43	Coles	10	Washington	6
Rock Island	36	Henry	10	Bond	5
DeKalb	34	Whiteside	10	Bureau	5
Jackson	34	Jefferson	9	Carroll	5
Winnebago	33	Monroe	9	Clinton	5
Kankakee	31	Montgomery	9	Crawford	5
McLean	31	Morgan	9	Cumberland	5
Champaign	30	Ogle	9	Marshall	5
Grundy	29	Randolph	9	Mercer	5
LaSalle	27	Saline	9	Stephenson	5
Kendall	26	Dewitt	8	Wabash	5
Marion	22	Fulton	8		

Note: Data for counties with fewer than 5 applicants are not reported due to the small number of applications.

Debilitating Conditions

Qualifying patients may be certified for a medical cannabis registry identification card under one of the following 39 conditions, specified by the Act:

Acquired Immunodeficiency Syndrome (AIDS); Agitation of Alzheimer's disease; Amyotrophic Lateral Sclerosis (ALS); Arnold-Chiari malformation and Syringomelia; Cachexia/wasting syndrome; Cancer; Causalgia; Chronic Inflammatory Demyelinating Polyneuropathy; Crohn's disease; CRPS (Complex Regional Pain Syndromes Type II); Dystonia; Fibromyalgia (severe); Fibrous dysplasia; Glaucoma; Hepatitis C; Human Immunodeficiency Virus (HIV); Hydrocephalus; Interstitial Cystitis; Lupus; Multiple Sclerosis; Muscular dystrophy; Myasthenia Gravis; Myoclonus; Nail-patella syndrome; Neurofibromatosis; Parkinson's disease; Post-concussion syndrome; RSD (Complex Regional Pain Syndromes Type I); Residual limb pain; Rheumatoid arthritis (RA); Seizures, including those characteristic of epilepsy; Sjogren's syndrome; Spinal cord disease (including but not limited to arachnoiditis); Spinal cord injury: damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; Spinocerebellar Ataxia (SCA); Tourette's syndrome; and Traumatic brain injury (TBI).

An individual diagnosed with one or more of those conditions is eligible to apply for a medical cannabis registry identification card. The qualifying patient must obtain a written certification from a physician indicating medical cannabis would provide a therapeutic or palliative benefit for the individual. Effective January 1, 2015, the Act was amended to include eligibility for children under age 18. They may be certified for any of the debilitating conditions, but require a physician certification and a reviewing physician certification to apply for the program.

A total of 23 states, the District of Columbia, and Guam operate programs allowing individuals to obtain and use cannabis for medicinal purposes. Each state has a different set of debilitating conditions which may qualify patients to register with the medical cannabis program. Most states have the ability to add additional debilitating conditions subject to approval by the administering agency. The number of debilitating conditions ranges from five diseases/conditions in Maryland to 39 in Illinois. The most common debilitating conditions across all states are: cancer, HIV/AIDS, ALS (Lou Gehrig's disease), Multiple Sclerosis, Glaucoma, and medical conditions which cause cachexia or severe nausea.

Many states (18 of 23) allow applications for "chronic pain" or a similar condition for which no underlying disease or medical conditions is identified. Unlike those states, Illinois does not have a general chronic pain category for which no underlying disease or medical condition is identified. In Colorado, "chronic pain" accounts for 93 percent of all reported debilitating conditions by patient applicants. In Arizona, 72 percent of patients apply under the "chronic pain" category. Additionally, two states, California and Massachusetts allow physicians to recommend medical cannabis for other conditions based on their professional judgment.

Nine patients under age 18 were certified for the debilitating conditions of seizure disorders and Dystonia. From September 2, 2014 through June 30, 2015, qualifying patients who applied for a

medical cannabis registration identification card were certified for the following debilitating conditions in Illinois.

**Qualifying Patient Applications by Debilitating Condition
September 2, 2014 through June 30, 2015**

Qualifying Debilitating Condition	Qualifying Patient Applications
Severe fibromyalgia	437
Cancer	435
Spinal cord injury	377
Multiple Sclerosis	332
Spinal cord disease/Arachnoiditis	225
Traumatic Brain Injury/Post-concussion Syndrome	192
Rheumatoid arthritis	181
CRPS (Complex Regional Pain Syndromes Type II)	172
HIV/AIDS	139
Crohn's disease	135
Glaucoma	132
Hepatitis C	116
Cachexia/wasting syndrome	104
Residual limb pain	102
Reflex Sympathetic Dystrophy (Complex Regional Pain Syndrome Type I)	76
Seizure Disorders (including those characteristic of Epilepsy)	72
Causalgia	44
Lupus	43
Chronic Inflammatory Demyelinating Polyneuropathy	39
Sjogren's Syndrome	28
Arnold-Chiari malformation	28
Parkinson's disease	27
Dystonia	25
Tourette's syndrome	21
Interstitial cystitis	20
Muscular Dystrophy	16
Myoclonus	13
Myasthenia Gravis	8
Alzheimer's Disease	7
Syringomyelia	7
Hydrocephalus	6
Neurofibromatosis	6
Fibrous dysplasia	5
Tarlov cysts	5
Spinocerebellar Ataxia	4
Amyotrophic Lateral sclerosis (ALS)	4

* Some individuals may have more than one debilitating condition

Addition of Debilitating Conditions

The Compassionate Use of Medical Cannabis Registry Code (77 Ill. Adm. Code 946) requires IDPH to convene two open petition periods, in January and July, annually. IDPH will accept petitions from any resident requesting the addition of a new debilitating medical condition or disease to the list of approved debilitating medical conditions. Upon review of materials submitted, IDPH determines whether the petition meets the standards for submission. If the petition is accepted, IDPH will refer the petition documents to the Medical Cannabis Advisory Board (MCAB) for review. MCAB shall convene a public hearing to review all petitions accepted by the Department. MCAB members review the petition and any technical evidence provided and hear public comments, supporting or opposing the condition, before they make a recommendation to the IDPH Director.

Upon final determination, MCAB submits a written report of findings to the Director, recommending either the approval or denial of the petitioner's request. Upon review of MCAB's recommendations, the Director will render a final decision regarding the addition of the proposed debilitating medical conditions or diseases. In May 2015, the Medical Cannabis Advisory Board heard 22 petitions for 14 debilitating conditions. The debilitating conditions reviewed by the Board included:

- Anorexia Nervosa
- Anxiety
- Chronic Post-Operative Pain
- Diabetes
- Ehlers-Danlos Syndrome
- Essential Thrombocythemia with a JAK 2 Mutation
- Irritable Bowel Syndrome
- Migraine
- Neuropathy
- Osteoarthritis
- Polycystic Kidney Disease
- Post-traumatic Stress Disorder
- Neuro-Behcet's Auto Immune Disease
- Superior Canal Dehiscence Syndrome

After careful deliberation, the Board recommended the addition of 11 of 14 petitions for diseases/conditions to be added to those already included in the program under the *Compassionate Use of Medical Cannabis Pilot Program Act* [410 ILCS 130]. The Board recommended against adding:

- Anxiety
- Diabetes
- Essential Thrombocythemia with a JAK 2 mutation

The Act and rules require the Director of IDPH to “approve or deny a petition within 180 days.” Once a decision is made to add new debilitating conditions, IDPH must promulgate rules to add the new debilitating conditions to the program.

Physician Certification

The Illinois Compassionate Use of Medical Cannabis Pilot Program requires physicians to be gatekeepers for access to medical cannabis. A physician may be a doctor of medicine or osteopathy licensed under the Medical Practice Act of 1987 to practice medicine and must have a current controlled substances license under Article II of the Illinois Controlled Substances Act. No other licensed professional (including dentists) may recommend a qualifying patient for medical cannabis use.

The first step in the application process is for the applicant to consult with their physician to discuss whether the use of medical cannabis would have a therapeutic or palliative benefit on the patient's debilitating condition. The physician may then complete the Physician Certification document attesting the patient has a confirmed diagnosis of one or more of the debilitating medical conditions defined in the Compassionate Use of Medical Cannabis Pilot Program Act. Additionally, the physician must certify they have:

- Established a bona-fide physician-patient relationship with the qualifying patient applicant;
- Conducted an in-person physical examination of the qualifying patient within the last 90 calendar days;
- Completed an assessment of the qualifying patient's medical history, including the review of medical records from other treating physicians within the previous 12 months; and
- Explained the potential risks and benefits of the medical use of cannabis to the qualifying patient.

Between September 2, 2014 and June 30, 2015, 1,175 physicians, licensed in Illinois, submitted patient certifications for qualifying patients seeking to participate in the medical cannabis program. Ninety-nine percent of physicians certified between one and 24 qualifying patients. Three physicians certified between 50 and 65 patients, two physicians provided written certification for over 100 patients, with one certifying 101 qualifying patients and the other certifying 998 qualifying patients.

Marijuana is listed in schedule I of the Controlled Substances Act (CSA), the most restrictive schedule. The Drug Enforcement Administration (DEA), which administers the CSA, continues to support that placement and the Food and Drug Administration (FDA) concurred because marijuana met the three criteria for placement in Schedule I under 21 U.S.C. 812(b)(1) (e.g., marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision). IDPH has been informed that some physicians believe they are completing a prescription for medical cannabis when they complete the Physician Certification document. Because cannabis is a Schedule I drug, physicians cannot prescribe it. The Compassionate Use of Medical Cannabis Pilot Program Act requires only a certification from a licensed physician attesting the qualifying patient has a debilitating condition as specified in the Act. The Medical Cannabis Registry Program does not require a prescription for medical cannabis.

Cultivation Centers and Medical Cannabis Dispensaries

The departments of Agriculture and Financial and Professional Regulation developed administrative rules and accepted applications for cultivation centers and medical cannabis dispensaries. After reviewing 214 medical cannabis dispensary applications, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (“Division”) selected 56 proposed dispensing organizations to advance to the dispensary registration stage. As of June 30, no dispensing organizations in Illinois had fully complied with the registration requirements mandated by the Division. As of June 30, 2015, the Illinois Department of Agriculture, Bureau of Medicinal Plants, issued registrations to 18 cultivation centers; three available permits are pending. There were no applications for District 15 (Tollways).