



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### INSTRUCTIONS

Illinois residents may petition the Illinois Department of Public Health (“Department”) 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 twice annually, from January 1 through January 31 and from July 1 through July 31. Petitions must be postmarked no later than January 31 or July 31 as appropriate. Petitions received outside of these dates 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, and/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 from 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 and/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 and/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 include:
  - The original petition with an original signature
  - Two (2) paper copies
  - An electronic copy (CD/DVD or flash drive)

Petitions must be sent by certified U.S. mail to:

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



## Illinois Medical Cannabis Pilot Program **Petition to Add a Debilitating Medical Condition**

Upon review of the petition, the Department will determine whether:

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

If the petition is accepted, the Department will refer the petition documents to the Medical Cannabis Advisory Board ("Advisory Board") for review.

The Advisory Board has a minimum of 30 days to review the petitions before convening a public hearing to review all eligible petitions. The Department shall provide notice of the public hearing on its website.

After the public hearing, the Advisory Board will provide the Department Director a written report of findings and a recommendation either for the approval or denial of the petitioner's request. The Department will approve or deny a petition within 180 days after its submission during the biannual petition period.

The petitioner may withdraw his or her petition by submitting a written statement to the Department indicating withdrawal, at any time prior to the date of the public hearing.



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### 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 (###-###-####)	E-mail 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.



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### Symptoms of the medical condition and/or its treatments

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



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### 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.*



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### Proposed benefits from 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.*



## Illinois Medical Cannabis Pilot Program Petition to Add a Debilitating Medical Condition

### **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)