



RECEIVED

AUG 23 2018

Office of Medical CBD
Iowa Dept. of Public Health

BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

[Redacted Name]

Petition by (Your Name)

for the (addition) or removal of

Autism

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:	Email Address:
[REDACTED]	[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	Autism

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

Please see attached information.



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

Please see attached information.

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

Please see attached information.



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	Please see		
Email address	attached		
Telephone number	information.		
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.*

Please see attached information.



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.

[Redacted Signature]

[Redacted Date]
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: iamedcbd@idph.iowa.gov
Phone: (515) 281-7996**

A Message from Us as Parents

██████ is an incredibly smart, amazing young girl. Yet, she struggles with so very many things.

Due to her severe sensory processing disorder, she will only eat 5 things:

- Pancakes
- Hot Dogs
- Chicken Nuggets
- Gogurt (from a tube only)
- Fruit Snacks
- Will only drink juice and water.

She will only eat specific brands of these items and they must be cooked in the microwave or she will not eat them. We offer her a plate of our family meals as well as offering new foods at snack time. She has a "no thank you plate" for unwanted items.

Part of the problem we are encountering when trying to administer her medications is because of her sensory disorder. She will not tolerate any taste, texture or anything out of her "normal" slim variety of food/drink.

For the most part, we have been successful at crushing her pill forms of medication to put in her juice without her knowing, however, sometimes it takes her a while to drink her juice/meds, sometimes she will not drink them at all. This last fruit flavored liquid medication completely backfired on us. She refused to take it which resulted in her barely drinking anything for almost three days. We tried the chewable tablet form, but same thing. We then decided to take the "tough" approach and restrained her and made her take them directly by mouth. She immediately swallowed and then made herself gag until she threw them back up. That was enough for us.

It has been three weeks of her being off that medication, and we are still building our trust with her as she thinks we are going to restrain her to force her to take

meds, which only resulted in throwing up and meltdowns.

We have tried multiple medications in several forms via doctors recommendations/prescriptions but so far the majority have all been unsuccessful and/or caused terrible side effects such as nosebleeds, severe physical aggressive behavior towards self and others, agitation, insomnia, sleepiness just to name a few.

CBD oil would be easy to hide in her juice, and if needed to be given directly, the oil would be harder to spit out than watery liquid or pills. We also feel it would help with her meltdowns, anxiety, severe agitation, sensory disorder, sleep disorder and fingers crossed - speech/mixed-receptive language disorder.

As her mother - with epilepsy (grand mal seizures - some being in my sleep) - it is scary to think my child cannot tell me what she feels, needs, wants. Since she doesn't have a voice, we are trying to advocate for her and do what we feel is right for her.

Like CBD, Autism is still being studied. Every child's diagnosis is different. Just because two children are diagnosed with the same thing, does not mean they have the same symptoms or severity. What works for one might not for another.

As autism parents, we tend to have to think outside the box. Do things differently, take different approaches, try and fail, but try and try again. We always help her strive to achieve her best and full potential and we would like to provide her with every single opportunity possible. Which is why this paperwork is sitting in front of you today.

We wouldn't change [REDACTED] for the world - but we would change the world for [REDACTED] - and you can help us make that happen for her.

Please help/allow us to try to try a method that might work for our daughter. We thank you for your time and we appreciate your consideration.

Sincerely,

[REDACTED]

[REDACTED]

To whom it may concern,

I am writing this letter in reference to [REDACTED]

I have known and worked with [REDACTED] for two years. I have worked with her through the schools as a para educator and in her home as her respite provider, so I hope you will take this letter into account when making your decision.

[REDACTED] has always been a talented and intelligent little girl who has been given some crazy struggles so young in her life that she has no control over.

I have seen the doctors prescribe her with many prescriptions of drugs that do not seem to help her struggles. When she does show signs of improvement it's usually for a short time until she is used to the medicines. I have helped her parents try and administer her the medications due to her not liking the taste or feel of the medicine in her mouth. She is very observant and it is getting harder for her parents to hide the medicine in her drinks or food. With [REDACTED] also being non-verbal the struggle of hearing her needs is also a concern.

It must be difficult for you to make a decision like this when you don't actually know the person involved, so I hope you will look at our letters and the countless amount of paperwork that you're receiving and understand that this could be a life changing opportunity for not only [REDACTED] but also [REDACTED]. Thank you for your consideration.

Sincerely,

[REDACTED]

Some of [REDACTED] Behaviors Include:

- Repeatedly head bangs into floor
- Makes herself gag until she throws up her medication if given directly
- doesn't understand traffic or paying attention - often tries to run in public - even as school, making it almost to the street before being caught
- Headbutts objects & people
- Hits self in chest repeatedly
- Hits others & self
- Physically pushes others around
- Kicks walls/doors
- Removing pictures/decor from walls
- Peels & chews on/eats anything plastic, stickers, paper, cardboard etc.
- Removes pillows and cushions from couches and furniture
- Strips beds of bedding and pillows
- Takes mattress and boxspring off bed frame
- Ripped the seam of her boxspring open and tore apart the

insides

- destroys others property (chewed holes in dad's sleep apnea hose)
- constantly on-the-go even with adhd meds.
- destroys and cup with rubber tips or straws
- shrieks and screams during meltdown - that can last up to 2-3 hours during a bad meltdown.
- peels apart books and bindings
- holds a grudge once trust is broken
- climbs wardrobes, bookshelves, anything she can
- no fear of getting hurt
- throws objects
- pulls hair, pinches, attempted biting