



# Arkansas Department of Health

## Petition to Add a Debilitating Medical Condition



Complete each section of this petition. Attach supportive documents. Attachments must include a title page which identifies the specific section to which it corresponds (section A, B, C...). Incomplete petitions will be returned. **Petitions must be sent by U.S. mail to:** Arkansas Department of Health 4815 West Markham Slot 50 Little Rock, AR 72205. For questions: toll free 1-833-214-8619 or 501-682-4982

<b>Petitioner Information</b>	First	Middle	Last
	Home Address (including Apartment or Suite#)		
	City:	State:	Zip Code:
	Phone:	Email Address:	
<b>A</b>	Name the medical condition, medical treatment or disease. Provide the ICD-10 code(s).		
<b>B</b>	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.		
<b>C</b>	Describe conventional medical therapies, to alleviate suffering caused by the condition or the treatment thereof.		
<b>D</b>	Describe proposed benefits from the medical use of cannabis, for the named medical condition or disease.		
<b>E</b>	Provide evidence generally accepted by the medical community and other experts, that the use of medical cannabis alleviates suffering caused by the named condition or disease. Supporting evidence includes full text peer reviewed journal articles and/or complete medical studies.		
<b>F</b>	Attach letters of support for the use of medical cannabis from physicians and or other licensed health care providers knowledgeable about the named condition or disease. This may include a letter from the physician with whom the petitioner has a bona-fide physician patient relationship. And any additional medical testimonial or scientific documentation.		
<b>I attest the information provided in this petition is true and that the attached documents are authentic.</b>			
Signature		Date (mm/dd/yyyy)	



# Arkansas Department of Health Petition to Add a Debilitating Medical Condition



## Instructions for the Petition to Add a Debilitating Medical Condition Form

Complete each section of this Petition and attach all supportive documents. All attachments must include a title referencing the Section letter to which it responds. Any Petition that is not fully or properly completed will be returned for corrections.

- Each petition is limited to a single medical condition or disease.
- Each petition must include:
  - The specific name and brief description of the proposed debilitating medical condition or disease, including any applicable ICD-10 diagnostic codes.
  - 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 marijuana specific to the proposed debilitating medical condition or disease.
  - Evidence generally accepted by the medical community and other experts that the use of medical marijuana alleviates suffering caused by the debilitating medical disease and/or treatment.
  - Letters of support for the use of medical marijuana from physicians and/or other licensed health care professionals 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.

Upon review of the petition, the program will determine whether the petition meets the standard for submission. If it does not, the Department will notify the petitioner who may correct any deficiencies and resubmit the petition.

If the petition meets all requirements, it will be referred for a public hearing. Petitioners will be notified in advance of the date, time and location of the public hearing, and will be allowed to offer verbal or written comments, as will other members of the public.

### **Petitions must be sent by U.S. mail to:**

Arkansas Department of Health  
Medical Marijuana Section  
4815 West Markham Slot 50  
Little Rock, AR 72205