

RECEIVED IOWA DEPT. OF PUBLIC HEALTH MAY 1 6 2019

BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

Petition by (Your Name)

for the (addition or removal) of

Generalized Anxiety Disorder

(*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.

PETITION FOR ADDITION or REMOVAL (Circle one)

| Petitioner's Information | | | |
|--------------------------------------------------------------------------------|----------------|---------|-----|
| Name (First, Middle, Last or Name of Organization) |): | | |
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| Telephone Number: | Email Address: | | |
| SY 1124630 | | 1.1 | |
| Is this the person/ organization to whom information about the petition should | | | No |
| be directed? | | X | |

| Representative's Information (If applicable) | | | |
|--------------------------------------------------------------------------------|--------|---------|-----|
| Name (First, Middle, Last): | | | |
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| Mailing Address (including Apartment or Suite #): | | | |
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| Is this the person/ organization to whom information about the petition should | | Yes | No |
| be directed? | Should | | |
| be directed: | | | |

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□ Remove

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| | | fat in the second state of | |
| disease you are seeki patients would be elig | ng to add to or remove from th | lical condition, medical treatment, or debilitating e list of debilitating medical conditions for which abidiol registration card. <i>Please limit to ONE</i> <i>ition.</i> | |
| Recommended Action | | Condition or Disease | |
| X Add | 0 | line d Annieko Direndez | |

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

Generalized Anxiety Disorder

Many people such as myself who struggle with generalized anxiety disorder often turn to CBD for its calming effect as it helps them relax and have a clear state of mind allowing the consumer to carry out simple day to day activities, including going to work, without having to worry about having a mental breakdown in public or having to deal with irrational fears and paranoia, which in turn make it harder to carryout simple day to day activities. The calming effects of CBD would also be highly beneficial to those seeking an alternative medicine as opposed to prescription drugs which have long term effects such as memory impairment, lack of coordination, drowsiness which affect a person's ability to operate heavy machinery or drive a car, and overall impairment of judgment caused by most medications prescribed for anxiety. Also other unpleasant side effects from long term use of anxiety medications can and do lead to liver and kidney damage overtime.



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| 7. Please indicate whether you have attached a brief in support of the | Yes | No |
|------------------------------------------------------------------------|-----|----|
| action urged in the petition. | | |
| | | Х |
| | | |

| f Yes | No |
|-------|-------|
| | |
| | Х |
| | f Yes |

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.

| | 5/16/2019 |
|-----------|-------------------|
| Signature | 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.

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Rev. 03/2018



- 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: medical.cannabidiol@idph.iowa.gov Phone: (515) 281-7996



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

There have been many studies in which people with anxiety disorders have turned to CBD and have had very successful treatment results as compared to taking prescription medications. As I stated most people reported a calmer, clearer state of mind and having been able to carry out simple day to day activities which for some who dont even have access to prescription medications, was an extremely difficult task for them to carry out. Anxiety-related disorders affect a huge segment of our population—40 million adults (18%) in the United States age 18 and older. In response, large pharmaceutical companies have developed numerous drugs to treat anxiety-related disorders, from selective serotonin reuptake inhibitors (SSRIs) like Prozac and Zoloft to tranquilizers (the most popular class being benzodiazepines such as Valium and Xanax). While these drugs can be effective for many patients, some don't respond favorably. Certain patients don't see much improvement, or they can't tolerate the side effects. Moreover, tranquilizers like Valium and Xanax can be highly addictive. In recent years, CBD has generated a tremendous amount of interest among consumers, clinicians, and scientists. Why? Not only does evidence suggest CBD counteract many of THC's adverse effects, but numerous animal studies and accumulating evidence from human experimental, clinical, and epidemiological studies suggest CBD has powerful anti-anxiety properties. Administered acutely (" as needed"), it appears safe, well-tolerated, and may be beneficial to treat a number of anxiety-related disorders, including: Panic disorder, Obsessive Compulsive Disorder (OCD), Social phobia, Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), and mild to moderate Depression

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

Please refer to the link provided below. https://www.depressionalliance.org/cbd-oil-for-anxiety/

https://www.leafly.com/news/health/cbd-for-treating-an xiety



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 | | | |
| Email address | | | |
| Telephone number | | | |
| 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.*