



RECEIVED

SEP 10 2019

Office of Medical CBD
Iowa Dept. of Public Health

BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

The Village Community
Petition by (Your Name)

for the (addition or removal) of

Intellectual Disability (ID) with
Aggression and/or Self-injury



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): <p style="text-align: center;">The Village Community</p>			
Home Address (including Apartment or Suite #): <p style="text-align: center;">P.O. Box 5284</p>			
City: <p style="text-align: center;">Coralville</p>	State: <p style="text-align: center;">IA</p>	Zip Code: <p style="text-align: center;">52241</p>	
Telephone Number: <p style="text-align: center;">319-855-3287</p>	Email Address: <p style="text-align: center;">tvc@thevillagecommunity.org</p>		
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:	
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		Intellectual Disability (ID) with Aggression and/or Self-injury	

2. Please provide a brief summary statement that supports the action urged in the petition. <i>Attach additional pages as needed.</i>
See attached.



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

See attached.

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

See attached.



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)
	Mary Roberts	Ann Brownsberger	Marc Hines
Background	Behavioral Health Consultant; Parent of two young adults with ID; Co-founder and President, The Village Community	Parent of young adult with ID; Co-founder and Executive Director, The Village Community	Program Manager; Educator; Community Provider
Email address	tvc@thevillagecommunity.org	tvc@thevillagecommunity.org	marc.anthony.hines@gmail.com
Telephone number	319-855-3287	319-530-0417	712-490-4737
Mailing address	P.O. Box 5284 Coralville, IA. 52241	P.O. Box 5284 Coralville, IA. 52241	

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.*

See attached.



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 checked="" type="checkbox"/>	No <input 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.


Signature

9/5/2019
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: medical.cannabidiol@idph.iowa.gov
Phone: (515) 281-7996**

Attachments

Section 2 - Summary Statement:

The Village Community is a 501c3 disability advocacy and service organization located in Johnson County with the mission of supporting individuals with developmental and intellectual disabilities so that they can maintain good health, quality of life and increased independence.

All of our program participants have a diagnosis of intellectual disability and often struggle to be appropriately social and functionally communicate. Their inherent challenges with self-regulation often lead to negative behaviors that include significant aggression against themselves and others. For many of these individuals, traditional medications have been ineffective at reducing or eliminating these behaviors. Other times, despite their effectiveness, the medications have been discontinued due to the adverse side effects experienced by the individual. In some instances, individuals have required out of home placement in either a hospital or institutional setting so that the individual can be sufficiently sedated, restrained, or isolated leading to increased trauma and stress to the individual and their family and caregivers. If it were not for the challenging behaviors these individuals could more functionally, appropriately, and successfully participate in their daily lives.

We strongly feel individuals with intellectual disability who engage in aggression and/or self-injury could potentially receive therapeutic benefit from access to medical cannabidiol, much like those with autism who exhibit similar behaviors.

Section 5 - Subject Matter Experts:

1. Mary Roberts

Background: Behavioral Health Consultant; Parent of two young adults with ASD/ID; Co-founder and President, The Village Community; Co-founder, FAACT (Families and Autism Advocates for Cannabis Treatment); Autism Society of Iowa, Board of Directors; Olmstead Taskforce member.

2. Ann Brownsberger

Background: Parent of young adult with Intellectual Disability; Co-founder and Executive Director, The Village Community.

3. Marc Hines

Background: Program Manager; Educator; Community Provider; Co-founder, FAACT (Families and Autism Advocates for Cannabis Treatment).

Section 6 - Other Affected and Interested Parties:

Please see enclosed "Letters of Support" from community stakeholders.



Iowa's Olmstead Consumer Task Force

9/13/19

To the Iowa Medical Cannabidiol Board,

The Olmstead Consumer Taskforce is a statewide advocacy group charged by Executive Order to monitor Iowa's response to the 1999 Supreme Court's Olmstead Decision, shifting focus and resources from institutions to home and community-based settings.

Our activities support the full inclusion of people with disabilities in housing, employment, transportation, healthcare, and other areas. We work with consumers and families, state agencies, providers, and others to ensure that legislation, changes in administrative rule, and other public policies and programs promote the full inclusion of individuals with disabilities in all aspects of life in the community.

Our Board supports community initiatives and the recent Iowa Cannabidiol Board's recommendation to broaden cannabidiol access to individuals with autism across the lifespan. We feel expanding that coverage to include individuals with Intellectual Disability with aggression and/or self-injury is warranted and would be of potential benefit to many across the state.

One of the Iowa Olmstead Taskforce's primary strategic priorities is to ensure choice to our citizens with disabilities. Having the option to access a safe, therapeutic product to help maintain an individual's ability to remain in a community-based setting certainly falls within our purview and we advocate for access.

Many individuals with intellectual disability experience significant incidences of aggression and self-injury, due to overstimulation, pain of unknown etiology, inability to self-regulate, and many other reasons. At this point, families are left with the choice of harmful psychotropic medications carrying aberrant immediate and long-term side effects, hospitalizations, out-of-home placements, and other adverse options.

There is also an increasing rate of "medical refugee" families. Those choosing to leave the state (their *home*) to move to an area they can access a broader range of care options, including medical cannabis, for their affected loved one.

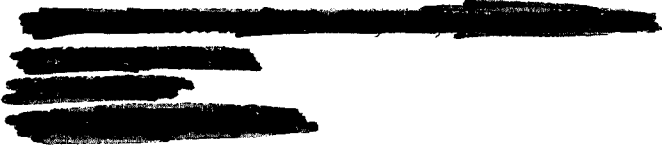
We as a state can do better. The OCTF respectfully recommends that you strongly consider approving Intellectual Disability with aggression and/or self-injury to the list of qualifying conditions for the Iowa Medical Cannabidiol program.

Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Dawn E. Francis". The signature is fluid and cursive, written over a light-colored background.

Dawn E. Francis
Chair
Iowa Olmstead Consumer Task Force



September 3, 2019

Iowa Department of Public Health
Office of Medical Cannabidiol
Lucas State Office Building
321 E. 12th St.
Des Moines, IA. 50319

Dear Members of the Medical Cannabidiol Board:

I am writing to support the petition by The Village Community to add Intellectual Disability with Aggression and/or Self-injury to the list of qualifying conditions that are approved for treatment with medical cannabis. Given the difficulties in treating intellectual and developmental disorders with physically aggressive behaviors, I believe this to be a very appropriate request.

By way of introduction, I am a board-certified obstetrician gynecologist currently practicing in Webster City, Iowa. I am also the parent of an 18-year-old son with autism and, as such, have served on the board of the Autism Society of Iowa for 15 years and am a Past President of the organization. I currently serve on the University of Iowa Autism Center Advisory Council, among other autism-related advocacy roles. Partly because of my son's condition, I completed a two-year highly rigorous fellowship in integrative medicine through the University of Arizona and remain one of the only (if not the only) fellowship-trained and board-certified physicians in integrative medicine in the state of Iowa. Integrative medicine combines conventional medicine with *evidence-based* complementary and alternative treatment modalities. I believe my medical training and personal experience offers a me a uniquely qualified perspective in this discussion.

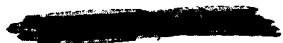
In my training and ongoing continuing education, I have studied and worked with a number of physicians who are pioneers in the realm of medical cannabis use. These include Donald Abrams, MD, renowned Integrative Oncologist at UCSF who presents on the topic and has written extensively on the use of medical cannabis, and Danielle Gordon, MD, who works and speaks internationally on the subject of medical cannabis, among other leaders in the field. In preparation for this letter, I spoke with Dr. Gordon. While we all acknowledge that research is in its infancy, I found it helpful to hear from Dr. Gordon that she belongs to a closed group of researchers and clinicians where many are reporting significant successes in using cannabidiol (CBD) oil for reducing problem behaviors in this population. As an aside, she went on to say that these doctors are also finding that adding a small percentage of tetrahydrocannabinol (THC)

can offer additional benefit and that preliminary research is finding that these individuals seem to have protection from the neurological side effects of THC.

I am thrilled that the Iowa Cannabidiol Board is entertaining discussion on this topic. I believe that medical cannabis is a highly viable option for the treatment of challenging behaviors, and that it will offer an avenue of hope for parents and caregivers of these individuals. If further conversation is felt warranted, I would be happy to bridge conversation between the above physicians and the Board. They are happy to assist in this matter.

Thank you for your consideration of this very important topic.

Sincerely,

A thick, black horizontal bar redacting the signature of the sender.A thick, black horizontal bar redacting a line of text, likely a phone number or address.A thick, black horizontal bar redacting a line of text, likely a phone number or address.

September 3, 2019



I am writing on behalf of The Village Community to express our support of adding intellectual disability with aggression and/or self-injury as a qualify condition for Iowa's Cannabis program.

The Village Community is a non-profit organization located in Johnson County with the mission of supporting individuals with developmental and intellectual disabilities so that they can maintain good health, quality of life and increased independence. All of our program participants have a diagnosis of intellectual disability and struggle to be appropriately social and functionally communicate. Their inability to self-regulate often leads to challenging behaviors that includes aggression against themselves and others. For many of these individuals, traditional medications have been ineffective at reducing or eliminating these behaviors. Other times, despite their effectiveness, the medications have been discontinued due to the adverse side effects experienced by the individual. In some instances, individuals have required out of home placement in either a hospital or institutional setting so that the individual can be sufficiently sedated, restrained, or isolated leading to increased trauma and stress to the individual and their family and caregivers. If it were not for the challenging behaviors these individuals could more functionally, appropriately, and successfully participate in their daily lives.

In other states where access to cannabis is less limited, people with intellectual disabilities have seen improvement in attention and functional communication and therefore a reduction in challenging behaviors, most importantly those behaviors that cause harm to self and others. It seems only right and fair that citizens of Iowa be given the same access to medical care as is afforded citizens of other states. The use of cannabis can potentially improve the effectiveness of other proven approaches such as ABA, CBT, and positive behavior supports, because the individual will be better able to focus and attend to the instruction and less agitated by external stimuli. Since the side effects of cannabis use are minimal to non-existent, the individual's medical and educational teams will have fewer variables to consider when evaluating overall program effectiveness.

In closing, it is my hope that the members of the Iowa Medical Cannabidiol Board will vote in favor of adding intellectual disability with aggression and/or self-injury to the list of qualifying conditions therefore giving the opportunity for improved quality of life to the citizens of our state who suffer from these debilitating symptoms.

Regards,

Ann Brownsberger
Executive Director, The Village Community

The Village Community
5305 Herbert Hoover Highway
West Branch, Iowa 52358-9543

tvc@thevillagecommunity.org
www.thevillagecommunity.org

Iowa Medical Cannabidiol Board
Iowa Department of Public Health
Lucas State Office Building
321 E. 12th St.
Des Moines, IA. 50319

Dear Iowa Medical Cannabidiol Board

My name is Marc Hines. I have spent the last 13 years of my life working with people with intellectual (ID) and developmental disabilities across the state of Iowa in schools, day programs, supported community living homes, and hospitals. I've worked with children as young as 3 and adults as old as 85. For the entirety of my career, I've focused on people with significant behavior and mental health needs—specifically people who engage in severe self-injury, aggression, and property destruction.

The road to stability for these individuals is paved with misdiagnoses, pain, rotating casts of caretakers, and ever-changing medication regimens. Individuals with ID are exposed to antipsychotics, mood stabilizers, and stimulants early and often. They become adults with decades of exposure to side effects—weight gain, cognitive slowing, tardive dyskinesia, and cumulative effects on livers and kidneys.

A growing body of anecdotal evidence shows that cannabis can be an effective treatment for challenging behavior, especially aggression and self-injury. I've seen firsthand what cannabis can do. I've listened to parents talk about their life-changing experiences: the vast improvements, the elimination of toxic interventions, and the shrieks turned to smiles.

Cannabis is not the answer for everyone, but it might be the answer for some—one with far fewer deleterious effects on a patient's body. People with intellectual disabilities who exhibit aggression or self-injurious behaviors deserve a chance to find out if it's their answer.

In advocacy,
Marc Hines

Ned Szumski
2061 Kountry Ln. SE #2
Iowa City, IA 52240
(319) 321-0456

September 10, 2019

TO THE IOWA Medical Cannabidiol Board

A Letter In Support of the Approval of CBD Treatment for Individuals with Intellectual Disability

I write to encourage the board to approve cannabidiol (CBD) as a treatment for behavioral and mental-health symptoms in individuals with Intellectual Disability (ID).

For 19 years, I've provided/overseen supported community living (SCL) services for individuals with disabilities. I have worked with more people with ID than I could possibly count. I teach classes within my company—one includes a primer for understanding and helping meet the needs of people with ID; another teaches how to prevent behavior crises and/or respond when they occur.

Life is disproportionately and perpetually stressful for many individuals with ID. Many are constantly exposed to a barrage of amplified input they can't readily process. Many have demands placed on them by caretakers that frustrate their abilities and patience. Many often might feel like they're snorkeling through a mire of life events—frequently surprised, confounded, and battered by what they encounter; and never achieving much sense of control.

All of these stressors and more, for so many people I've known, have a way of piling up and contributing to crisis behavior that can quickly bring on a lifetime of labels, ostracism, contemptuous treatment—and even, sadly, abuse.

Psychotropic polypharmacy is not just common, it's pretty much the rule. Anxiolytics are probably the most common. Some take anti-depressants, or even antipsychotics or mood stabilizers. A troubling number of them take a combination of several drugs across categories, as physicians struggle to find ways to help patients cope. The willingness to add another new drug treatment always outstrips the will to discontinue one that isn't working well enough to justify the side effects. None of them is ever especially effective.

While there does need to be more research on the benefits of CBD (and other cannabis treatments) for individuals with ID, early research has been quite promising in significantly reducing anxiety and challenging behavior. The side effects of CBD are all but negligible when compared the side effects of almost any category of psychotropic drug (antipsychotics in particular, as you are no doubt aware).

I hope you will agree there is scarcely any downside to adding CBD as a far more benign—and more effective—tool in a box full of blunt instruments.

Sincerely,



Ned Szumski

9/3/19

To Whom It May Concern,

My name is Tom Braverman and I have been an at-risk and special education teacher for over 30 years. The students I have worked with range from those with significant intellectual disabilities, autism spectrum disorders, learning disabilities, behavioral disabilities and some have been non-verbal and sight impaired. I have also been a direct care professional working with this same population, as well as a job coach for people with barriers to employment. At the same time I have served on boards of organizations dedicated to providing services to people with disabilities. I do this because I believe it is important to serve as an advocate for those who are often unable to advocate for themselves. Currently I serve as the board president for Eastern Iowa's largest supporting living, day habilitation and supported employment organization who serves people with intellectual, behavioral and physical disabilities. I am also the faculty sponsor of our high schools chapter of Best Buddies International, an organization dedicated to improving the lives of people with intellectual disabilities by providing socially inclusive opportunities where they interact with their non-disabled peers.

As a lifetime resident of Iowa City, Iowa (428 S. Summit St.) I have witnessed a large influx of people with intellectual disabilities, physical and behavioral disabilities to our community who are in search of the necessary supports that they require in order to live as independently as possible. Most often, their towns or cities do not have agencies or trained personnel who can provide the services they need. As Iowa City becomes a destination for this population, a myriad of agencies have come into existence in our area, and as board president of one of those agencies I am committed to making it more consumer friendly and to making it an agency that is able to provide for the needs of all people, regardless of how energy intensive and costly those supports are. At the same time I am an advocate for the hundreds of people who we employ so that they can earn a living wage doing work that is often physically and psychologically taxing. Iowa has the lowest unemployment rate in the nation and we need to make sure we are justly compensating our employees and that we are making the many settings in which they work as safe and inviting as we possibly can.

With shrinking funding streams available for our most vulnerable population, it is imperative that we seek out new, economically feasible and innovative methods for addressing the needs of the people we serve. With that being said, some of my students and people served by the agency I am president of regularly display behaviors of concern, and despite ABA and traditional pharmacological approaches designed to address those behaviors, they persist. We therefore need to be open to trying new approaches including those involving products derived from marijuana in an effort to help people reduce or extinguish behaviors which serve as barriers to healthy and productive lives.

Sincerely,
Tom Braverman

Iowa Medical Cannabidiol Board
Des Moines, IA.

September 3, 2019

Dear Members of the Board,

I am writing today to request that the Iowa Medical Cannabidiol Board strongly consider the attached petition to add Intellectual Disability with aggression and/or self-injury to the list of qualifying conditions.

As an Executive Board member and co-founder of The Village Community in Iowa City, I regularly witness the difficulties faced by parents of children with this diagnosis. As our organization serves young, by the time these families are seeking our services, they have literally “tried everything.” Some of these families have endured years (even decades) of the stress which accompanies guardianship responsibilities for an individual with an intellectual disability. There is often self-harm or otherwise injurious or unsafe behavior, which puts the individual – as well as their family members and support providers – at risk.

And yet, with what instruments do we equip these families to keep themselves, their loved ones, educators, and care providers safe? A long list of “approved” pharmaceuticals that illicit serious side effects. And many of those side effects will eventually preclude the individual’s ability to continue a medication.

Take, for example, antipsychotics – routinely prescribed for individuals with intellectual disability who exhibit severe mental health disturbances (unable to be treated with less-harmful medications). For most patients, antipsychotics are a drug of last resort, due to significant and harmful side effects. Many individuals must eventually discontinue these meds due to adverse effects, such as rapid or uncontrolled weight gain (eventually causing secondary high blood pressure/cholesterol, sleep apnea, heart disease, or diabetes). In addition, antipsychotics may induce tardive dyskinesia, which can become yet another permanent debilitating condition.

As parents/guardians, we are faced with an impossible choice: do I treat my child’s severe and debilitating mental health issues at the expense of their physical health and longevity? In other words, “Do I want my child to live a physically unhealthy (and potentially shortened) life in order to relieve a bit of their mental anguish? Or do I forgo the physically unhealthy pharmaceutical so that my child may live a longer, albeit tortured, life?” Please note: there is presently no such thing as a “long and happy life” for our kids who suffer serious mental health issues that are not alleviated by currently-available, low-side-effect drugs.

However – you have the enviable power to change this outlook. With its low side-effect profile and potentially high efficacy, Cannabidiol could be an answered prayer to many Iowa families. I respectfully ask that you seriously consider the inclusion of intellectual disability with aggression and/or self-injury as a qualifying condition. No doubt, the Board does not arrive at these decisions lightly. Whatever drawbacks there may be (I cannot think of any for a population that is currently over-medicated on harmful pharmaceuticals), they are far outweighed by the benefits of this important inclusion.

Respectfully,

Brenda Kurtz
3442 Donegal Court
Iowa City, IA 52246

Iowa Medical Cannabidiol Board
Iowa Department of Public Health
321 E. 12th St.
Des Moines, IA. 50319

September 3, 2019

Dear Iowa Medical Cannabidiol Board Members,

This letter supports the inclusion of individuals with intellectual disability in the Iowa Medical Cannabidiol Board recommendations of qualifying conditions. Over the past forty-four years, I have worked as a special education teacher and consultant in Michigan, Wisconsin, and Iowa supporting students with intellectual and developmental disabilities. These disorders can sometimes result in significant self-injurious behavior to the individual and physical aggression to family members and support staff. As a result, individuals and their families are unable to access the support services needed, and at times, may be at a safety risk.

Despite significant investment in best practice strategies for working with individuals with intellectual disabilities, there are times when anxiety and overstimulation become too much for both our adults and children. At these times, behavior interventions and accommodation supports simply can't relieve the pain that these people are experiencing. Parents, caregivers, teachers, and support staff are unable to keep these individuals safe or keep others safe. Medical intervention is the only option and the availability of cannabis would relieve these significant symptoms without the use of increasingly toxic and dulling medical drugs.

Individuals with intellectual disabilities deserve the chance to access cannabis to relieve significant symptoms of distress, self-injury and aggression. Please consider including these patients in the Iowa Medical Cannabidiol Board recommendations of qualifying conditions. It would save lives.

Thank you,

Deb Scott-Miller
1820 Rochester Court
Iowa City, Iowa 52245

Iowa Cannabidiol Board
Lucas State Office Building
321 E. 12th Street
Des Moines, IA. 50309

9/3/19

To the Iowa Cannabidiol Board,

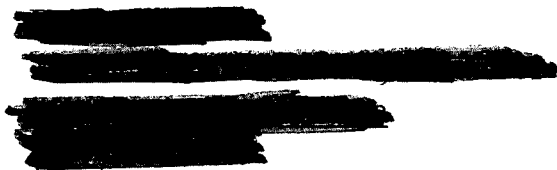
I am the parent of two adults with significant autism and intellectual disability and am writing this letter asking you to include intellectual disability with aggression and/or self-injury as a qualifying condition for the Iowa Cannabidiol Program.

Intellectual disability is not a condition that improves with age, so as my children and their friends have grown to adults some of the medications that used to help them with their anxiety and self injury are no longer effective at a safe dose. Working with our doctors we have tried multiple combination of psychiatric medications over many years to help but each come with their own set of complicating and detrimental side effects.

I have visited with many individuals who have family members with intellectual and developmental disabilities who are "cannabis refugees" (moved their family to a state where the medication is legally accessible). While visiting, I witnessed first hand the calming effects of cannabis on both behavior (aggression and self-injury) and rigidity. I was astounded when the parents told me that not only were they being treated effectively with cannabinoids, but they were also free of harmful side effects.

Please include intellectual disability with aggression and/or self-injury as a qualifying condition, this could be a life changing medication for many individuals across the state.

Thank you for your consideration,

A large blacked-out redaction covering the signature and name of the sender.

Cannabidiol Board
321 E. 12th Street
Des Moines, IA.
50319

September 10, 2019

Dear Medical Cannabidiol Board,

I am writing this letter in support of the inclusion of intellectual disability as a qualifying condition by the Iowa Medical Cannabidiol Board. Over the last 15 years since meeting her, I have witnessed my sister-in-law (and Iowa resident) devote her life to the care of her two children with ASD/ID. She has more love and patience for her children than anyone I have ever known. Entirely new ways of learning and communication were created by her to help them grow and get the most out of life despite their challenges.

While the successes are numerous, I have also witnessed the helpless feeling when her child has outbursts of frustration that can result in harm to themselves or those caring for them. Many times, it is unknown what the trigger is, and the behavior can spiral downward lasting days or weeks. I cannot even begin to imagine watching your child be this distraught and not being able to help them. When all non-medical interventions have been exhausted, current caregivers are left with benzodiazepines to sedate their children.

As a registered nurse, I know first-hand how addictive these medications can be. Chronic use of these drugs has many adverse effects. Many of these drugs also take away the child's personality the parents know and love. A safer option with fewer side effects is available with medical cannabis. It is only fair that individuals with intellectual disabilities and their caregivers have every tool available to manage these complex conditions. Please consider adding intellectual disability with aggression or self-injury as a qualifying condition for the use of medical cannabis.

Jason Matiyow
255 Hidden Pond Lane
North Barrington, IL
60010 773-851-7977

Iowa Medical Cannabidiol Board
Iowa Department of Public Health
Lucas State Office Building
321 E. 12th St.
Des Moines, IA. 50319

September 3, 2019

Dear Medical Cannabidiol Board,

I am writing to support the inclusion of individuals with intellectual disability with aggression and/or self-injury in the Iowa Medical Cannabidiol Board's recommendations of qualifying conditions. Of my six children, two have autism with other developmental disabilities. As a result, I am personally ingrained in the lives of many individuals with intellectual and developmental disabilities and see how profoundly beneficial the availability of medical cannabis would be on their quality of life.

Medical cannabis would be a safe, natural, effective alternative to many of the toxic drugs currently being prescribed, most of which carry a hefty burden of dangerous side effects that can further complicate an already complicated neurological situation. Many individuals with ID/DD can experience tremendous levels of anxiety and extreme overstimulation placing them into a mental state that has the potential to be dangerous for themselves and their caregivers.

Please consider including individuals with intellectual disability in the Iowa Medical Cannabidiol Program, as doing so will give these remarkable people an opportunity at a better and a safer quality of life.

Thank you for your time and consideration,

A block of text is completely redacted with thick black horizontal bars, obscuring the name and any identifying information of the sender.