



Medical Cannabis Program Update

JULY 2018

Minnesota's medical cannabis program began distributing medical cannabis to registered patients on July 1, 2015. This update reports information collected from July 1, 2015 through June 30, 2018. The data for this update, unless otherwise noted, come from the medical cannabis patient registry system, a secure, web-based application system. This document is updated quarterly.

Cannabis Manufacturers

The Minnesota Department of Health (MDH) registered two medical cannabis manufacturers on December 1, 2014. They are responsible for the cultivation, production, and distribution of medical cannabis in the state. The manufacturers are Minnesota Medical Solutions, LLC and LeafLine Labs, LLC.

Minnesota Medical Solutions operates distribution facilities, or Cannabis Patient Centers (CPCs), in Minneapolis, Rochester, Moorhead, and Bloomington.

LeafLine Labs operates CPCs in Eagan, St. Cloud, Hibbing, and St. Paul.

Figure 1 displays the total number of patient visits to a CPC that resulted in medical cannabis purchases between July 1, 2015 and June 30, 2018. Each visit may have resulted in the purchase of multiple products and variable quantities; additionally, patients may have made several purchase visits during this time period. Only the number of total CPC visits is reflected in this figure.

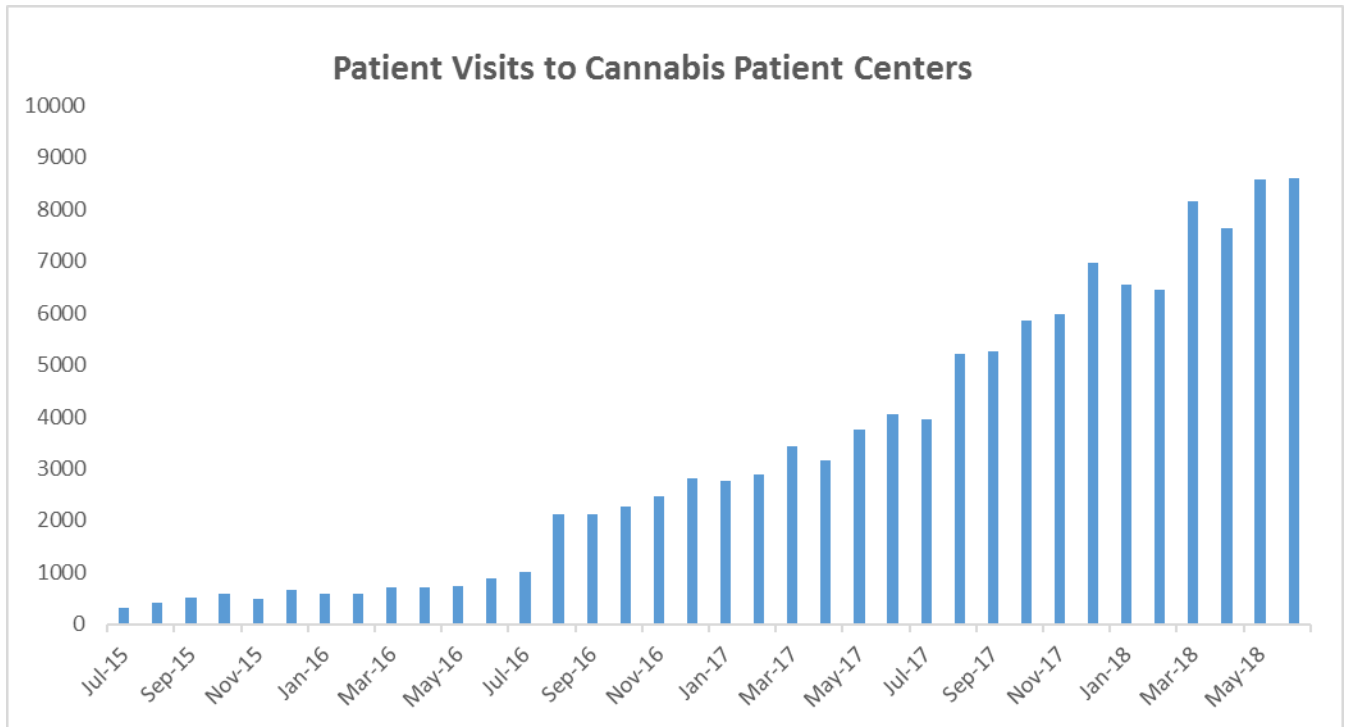


Figure 1. Total number of patient visits to a Cannabis Patient Center which resulted in purchase of medical cannabis products, by month.

Patients

Qualifying patients must be enrolled in the medical cannabis patient registry to be eligible to legally purchase and possess medical cannabis. As part of the application process, a patient’s qualifying medical condition must be certified by a health care practitioner; this qualifying medical condition and the patient must be re-evaluated and re-certified by a health care practitioner every year.

Figure 2 displays the weekly number of patients enrolled and in active status in the registry. As of June 30, 2018, there were 10,738 patients actively enrolled in the patient registry, an increase of 4,554 above the 6,184 who were enrolled on June 29, 2017.

MN MEDICAL CANNABIS PROGRAM UPDATE, JULY 2018

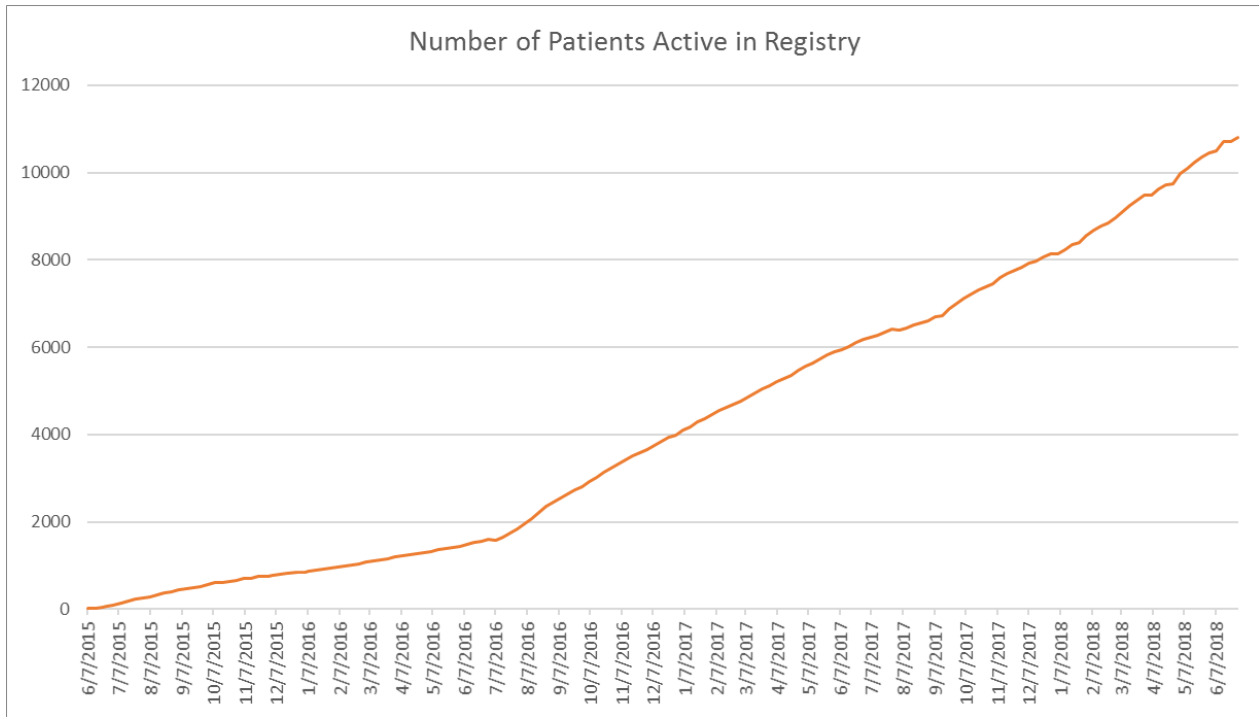


Figure 2. Weekly number of patients enrolled and in active status in registry.

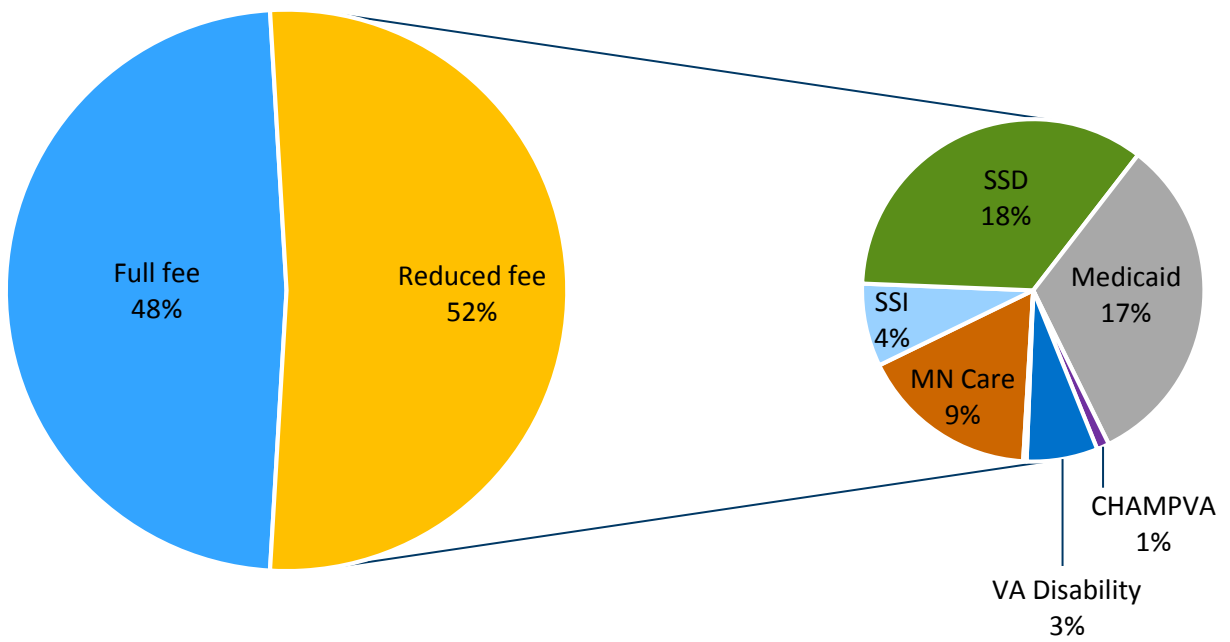


Figure 3. Breakdown of active patients by fee type (reduced vs. full fee) and types of government assistance for reduced fees, as of June 30, 2018.

Patients must pay an enrollment fee before they are eligible to legally purchase and possess medical cannabis. Minnesota Statutes, Section 152.35 sets the annual patient enrollment fee at \$200; patients who receive government assistance, such as Minnesota Care (MN Care), Social Security Disability (SSD), Supplemental Security Income (SSI), Medicaid/Medical Assistance (MA) and CHAMPVA, qualify for a reduced fee of \$50. Figure 3 shows that 52 percent of registered patients qualified for the reduced enrollment fee, as of June 30, 2018.

The racial/ethnic distribution of active patients in the registry generally reflects the state’s demographics, as can be seen in Table 1.

Table 1: Active Patient Race and Ethnicity Compared to Overall State Demographics, as of June 30, 2018

Race/Ethnicity	Medical Cannabis Registry	2015 Census Bureau Estimates*
American Indian	293 (2.7%)	1.1%
Asian	121 (1.1%)	4.8%
Black	546 (5.1%)	5.8%
Hawaiian/Pacific Is.	10 (0.1%)	< 0.1%
White	9399 (87.5%)	81%
Hispanic	253 (2.4%)	5.2%
Other/Two or more	212 (2.0%)	2.1%

*<http://mn.gov/admin/demography/data-by-topic/age-race-ethnicity/>

The qualifying medical conditions are: Cancer or its treatment (must be accompanied by severe or chronic pain, nausea , or severe wasting); Glaucoma; HIV/AIDS; Tourette Syndrome; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s Disease); Seizures, including those characteristic of epilepsy; Severe and persistent muscle spasms, including those characteristic of multiple sclerosis; Terminal Illness with life-expectancy of less than 1 year (must be accompanied by severe or chronic pain, nausea , or severe wasting); and, Crohn’s Disease was extended to Inflammatory Bowel Disease (including Crohn’s Disease) effective July 1, 2016. The Commissioner of Health added Intractable Pain, effective August 1, 2016, and Post-Traumatic Stress Syndrome (PTSD), effective August 1, 2017, as qualifying medical conditions. The Commissioner has also added Autism Spectrum Disorder and Obstructive Sleep Apnea as qualifying medical conditions, to be effective August 1, 2018.

Table 2 shows the number of active patients in the patient registry who have been certified as having that qualifying medical condition. As of June 30, 2018, the three most frequently

certified qualifying medical conditions are (1) intractable pain, (2) severe and persistent muscle spasms, including those characteristic of multiple sclerosis, and (3) PTSD.

Table 2: Count (%) of Active Patients by Condition,* as of June 30, 2018

Qualifying Condition	Patients Certified: N (%)
Glaucoma	87 (1%)
HIV/AIDS	92 (1%)
Tourette Syndrome	97 (1%)
ALS	28 (<1%)
Seizures	503 (5%)
Severe and Persistent Muscle Spasms	1,585 (15%)
Inflammatory Bowel Disease, Including Crohn's Disease	362 (3%)
Cancer	1,006 (9%)
Terminal Illness	132 (1%)
Intractable Pain	7,092 (66%)
Post-Traumatic Stress Disorder	1,674 (16%)
Total	10,738

*Patients certified total more than 100% because 12.6% of the 10,738 patients are currently certified for more than one condition; this table counts each certified condition.

Figure 4 displays the number of active patients by age and gender. The average age of registered patients is 49.4 years; however, the average age varies by qualifying medical condition.

MN MEDICAL CANNABIS PROGRAM UPDATE, JULY 2018

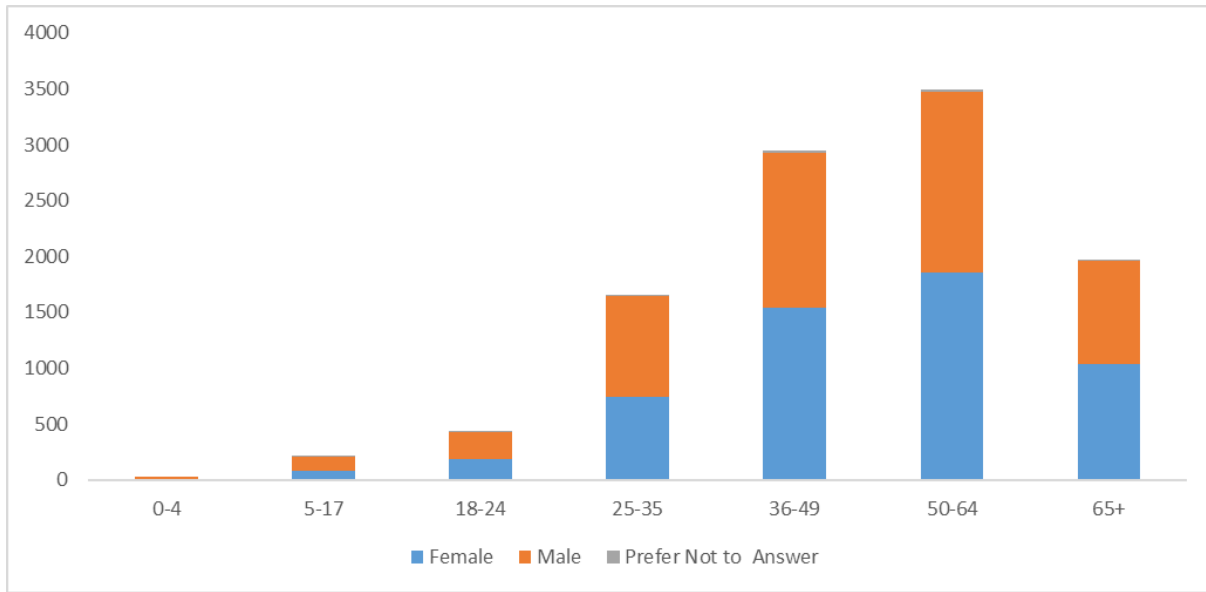


Figure 4. Breakdown of active patients by age and gender, as of June 30, 2018.

Table 3 demonstrates the breakdown of active, condition-specific patient counts by age. Patients certified as having Tourette syndrome have the lowest average age of 24.7 years; patients with cancer have the highest average age of 58.2 years.

Table 3: Breakdown of Active Patients by Age Group and Qualifying Medical Condition, as of June 30, 2018

Age (y)	All Conditions	Glaucoma	HIV/AIDS	Tourette Syndrome	ALS	Seizures	Muscle Spasms	Inflammatory Bowel Disease	Cancer	Terminal Illness	Intractable Pain	Post-Traumatic Stress Disorder
0-4	25 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	18 (4%)	2 (<1%)	0 (0%)	5 (1%)	2 (2%)	1 (<1%)	0 (0%)
5-17	204 (2%)	0 (0%)	0 (0%)	36 (37%)	0 (0%)	102 (20%)	13 (1%)	6 (2%)	4 (<1%)	4 (3%)	26 (<1%)	30 (2%)
18-24	435 (4%)	2 (2%)	2 (2%)	18 (19%)	0 (0%)	84 (17%)	58 (4%)	23 (6%)	19 (2%)	5 (4%)	176 (3%)	126 (8%)
25-35	1659 (15%)	5 (6%)	21 (23%)	24 (25%)	2 (7%)	109 (22%)	264 (17%)	105 (29%)	43 (4%)	11 (8%)	895 (13%)	536 (32%)
36-49	2953 (28%)	20 (23%)	34 (37%)	13 (13%)	5 (18%)	125 (25%)	496 (32%)	118 (33%)	159 (16%)	14 (11%)	2010 (28%)	578 (35%)
50-64	3494 (33%)	33 (38%)	34 (37%)	5 (5%)	16 (57%)	46 (9%)	547 (35%)	84 (23%)	241 (42%)	49 (37%)	2259 (36%)	310 (19%)

MN MEDICAL CANNABIS PROGRAM UPDATE, JULY 2018

65+	1968 (18%)	27 (31%)	1 (1%)	1 (1%)	5 (18%)	19 (4%)	205 (13%)	26 (7%)	352 (35%)	47 (36%)	1425 (20%)	94 (6%)
Mean Age (SD)	49.4 (16.4)	55.5 (12.8)	44.4 (10.4)	24.7 (13.9)	55.9 (12.1)	30.6 (17.0)	48.1 (14.5)	42.1 (14.2)	58.2 (14.4)	56.6 (19.2)	51.9 (15.2)	40.4 (13.2)

Table 4 indicates the majority of enrolled patients come from or near the Minneapolis-St. Paul metropolitan area. Only 11.4 percent of enrolled patients come from the northern tier (defined as the Duluth, Brainerd, Bemidji, Detroit Lakes, and East Grand Forks zip code regions listed in Table 4). Seventy-one percent of enrolled patients come from the Minneapolis-St. Paul metropolitan area.

Table 4. Approved and active patients, by Zip code region, as of June 30, 2018

Region	ZIP Codes	Active Patients
St Paul	55000-55199	3,247
Minneapolis	55300-55599	4,402
Duluth	55600-55899	521
Rochester	55900-55999	499
Mankato	56000-56199	395
Willmar	56200-56299	310
St Cloud	56300-56399	660
Brainerd	56400-56499	259
Detroit Lakes	56500-56599	248
Bemidji	56600-56699	115
E Grand Forks	56700-56799	80

Caregivers

Patients who require extra help can use their registry account to invite caregivers to assist them in picking up medical cannabis from a cannabis patient center or in administering the medical cannabis. There are two different groups of caregivers in the Minnesota medical cannabis program: designated caregivers and parents or legal guardians acting as caregivers. All caregivers must be enrolled in the patient registry system. A patient’s parent or legal guardian may act as caregiver and be entered in the registry without having to qualify as a designated caregiver. A patient may have both registered designated caregivers and registered parents or legal guardians acting as caregivers.

The law permits a patient to have a registered designated caregiver only if the patient’s health care practitioner certifies that the patient suffers from a developmental or physical disability

that prevents the patient from either self-administering the medication or acquiring the medication from a CPC. Registered designated caregivers must pass a criminal background check.

Table 5 displays the number of patients with registered designated caregivers or registered parents/legal guardians, by qualifying medical condition, as of June 30, 2018.

Table 5: Active Designated Caregivers and/or Registered Parents/Legal Guardians by Condition, * as of June 30, 2018

Qualifying Condition	Total Patients	Patient with Registered Caregivers: N (%)	Patients with Registered PLGs: N (%)	Patients with Caregiver and/or PLG: N (%)
Glaucoma	87	7 (8%)	1 (1%)	8 (9%)
HIV/AIDS	92	1 (1%)	0 (0%)	1 (1%)
Tourette Syndrome	97	3 (3%)	55 (56%)	55 (57%)
ALS	28	11 (39%)	0 (0%)	11 (39%)
Seizures	503	52 (10%)	247 (49%)	271 (54%)
Muscle Spasms	1585	204 (13%)	49 (3%)	248 (16%)
Inflammatory Bowel Disease, Including Crohn's Disease	362	19 (5%)	14 (4%)	32 (9%)
Cancer	1006	188 (19%)	29 (3%)	215 (21%)
Terminal Illness	132	42 (32%)	13 (10%)	54 (41%)
Intractable Pain	7092	476 (7%)	96 (1%)	567 (8%)
Post-Traumatic Stress Disorder	1674	40 (2%)	40 (2%)	80 (5%)
All Conditions	10738	833 (8%)	495 (5%)	1288 (12%)

*A designated caregiver is limited to caring for one patient at a time, unless the patients live at the same address.

Health Care Practitioners

Health care practitioners who can certify a patient’s qualifying medical condition are Minnesota licensed physicians, physician assistants, and advanced practice registered nurses (APRNs). The health care practitioner must be enrolled in the medical cannabis registry before certifying a patient’s qualifying medical condition.

As can be seen in Figure 5, the number of health care practitioners registering with the program continues to increase.

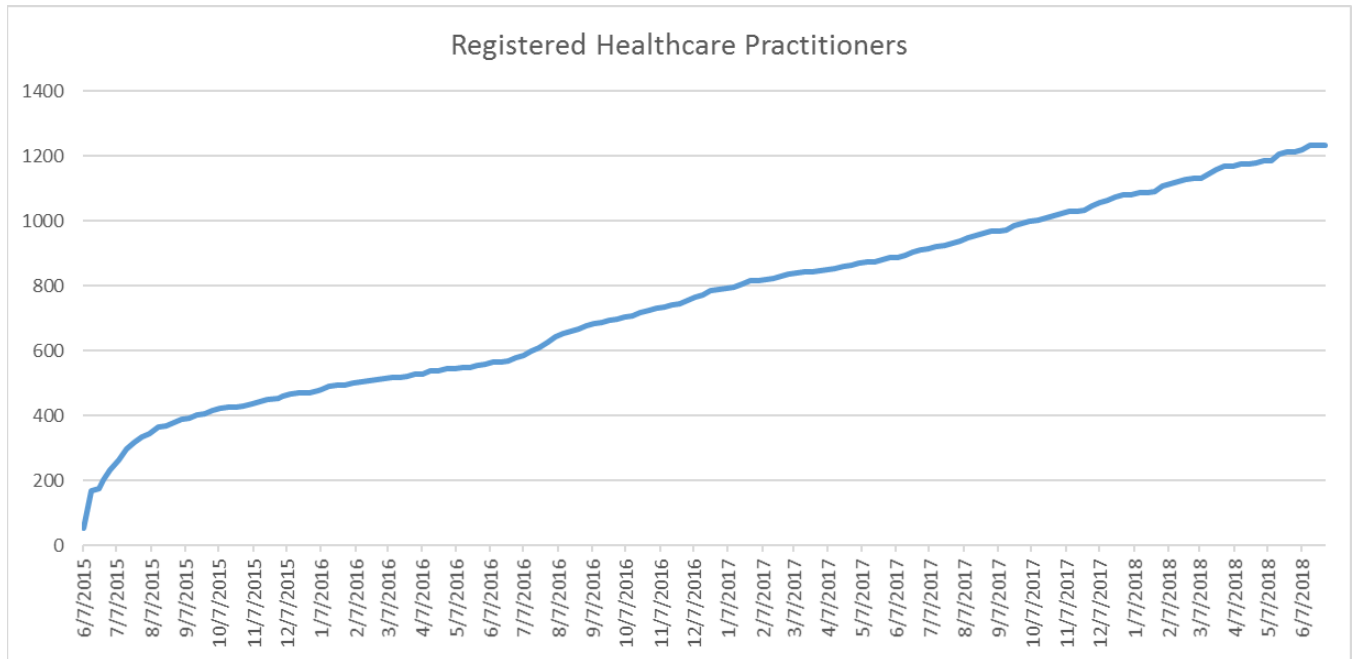


Figure 5. Count of registered health care practitioners actively in the patient registry since the program start.

Table 6 shows that as of June 30, 2018, there were 1,234 health care practitioners approved in the registry system. Of the 1,234 registered practitioners, 952 are physicians, 79 are physician assistants, and 203 are APRNs. One year ago, there were 910 registered health care practitioners, 730 of whom were physicians (80%), 79 of whom were physician assistants (6%), and 203 of whom were APRNs (14%).

Table 6: Breakdown of Registered Health Care Practitioners by Type, as of June 30, 2018

Healthcare Practitioner Type	N (%)
Physician	952 (77%)
Physician Assistant	79 (6%)
Advanced Practice RN	203 (16%)
Total	1,234

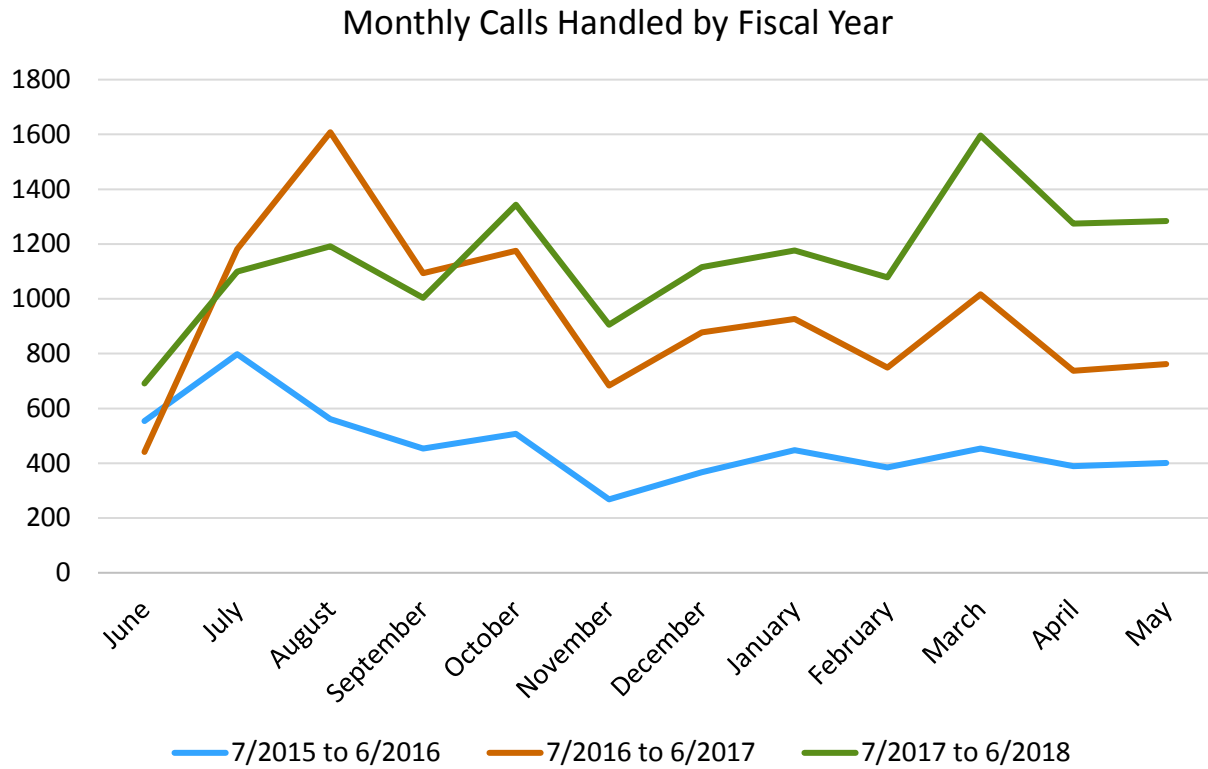


Figure 6. Number of monthly calls handled by OMC staff since program start.

Activity in the program increased beginning July 1, 2016, when Intractable Pain became a qualifying medical condition. Phone calls received by OMC increased beginning in June 2016 and the highest call volume week for the program came the first week of August 2016 with 474 calls received. With one exception, each quarter’s call volume has been greater than the call volume for that quarter in the previous year. The quarter with the highest call volume overall is the just completed quarter.

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July 12, 2018

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