



Medical Cannabis Program Update

JANUARY 2019

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 December 31, 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 December 31, 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. This figure reflects only the number of CPC visits.

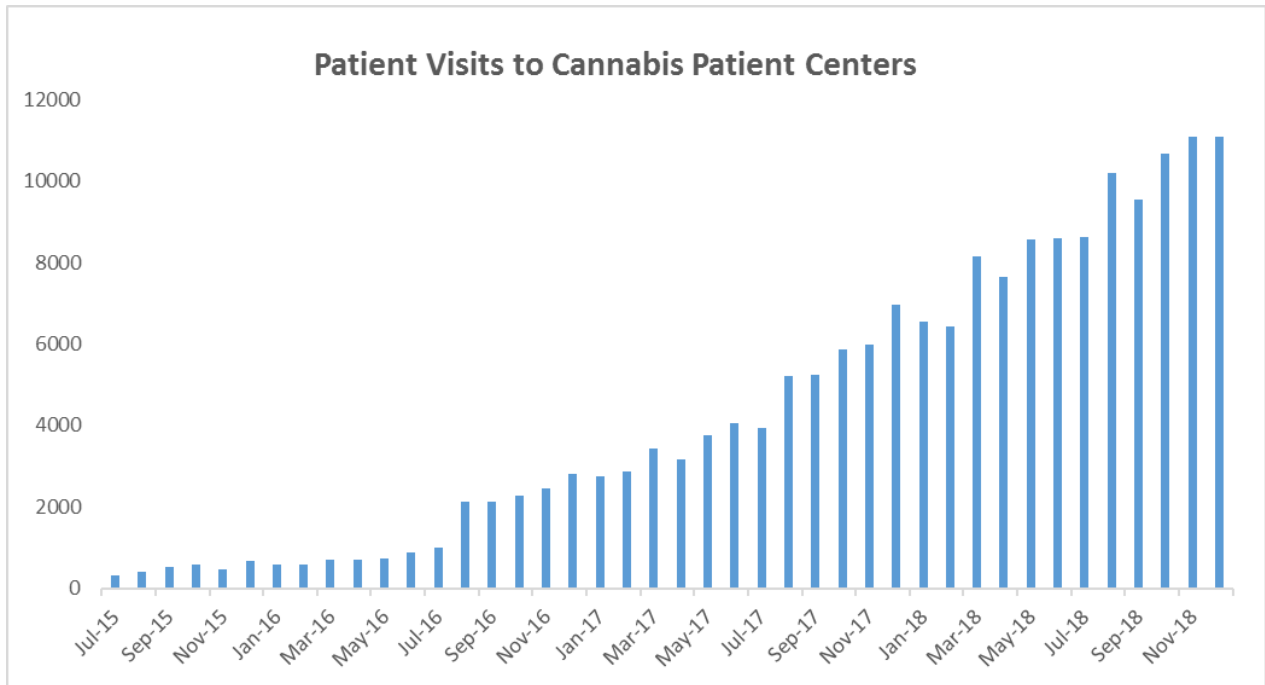


Figure 1. Total number of patient visits to a Cannabis Patient Center that resulted in purchase of medical cannabis products, by month.

Patients

Qualifying patients enroll in the medical cannabis patient registry to be eligible to legally purchase and possess medical cannabis. As part of the application process, a health care practitioner must certify a patient’s qualifying medical condition; 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 (meaning the patient is currently approved and able to purchase medical cannabis) in the registry. As of December 31, 2018, there were 14,481 patients actively enrolled in the patient registry, 6,352 more than the 8,129 who were enrolled on December 28, 2017.

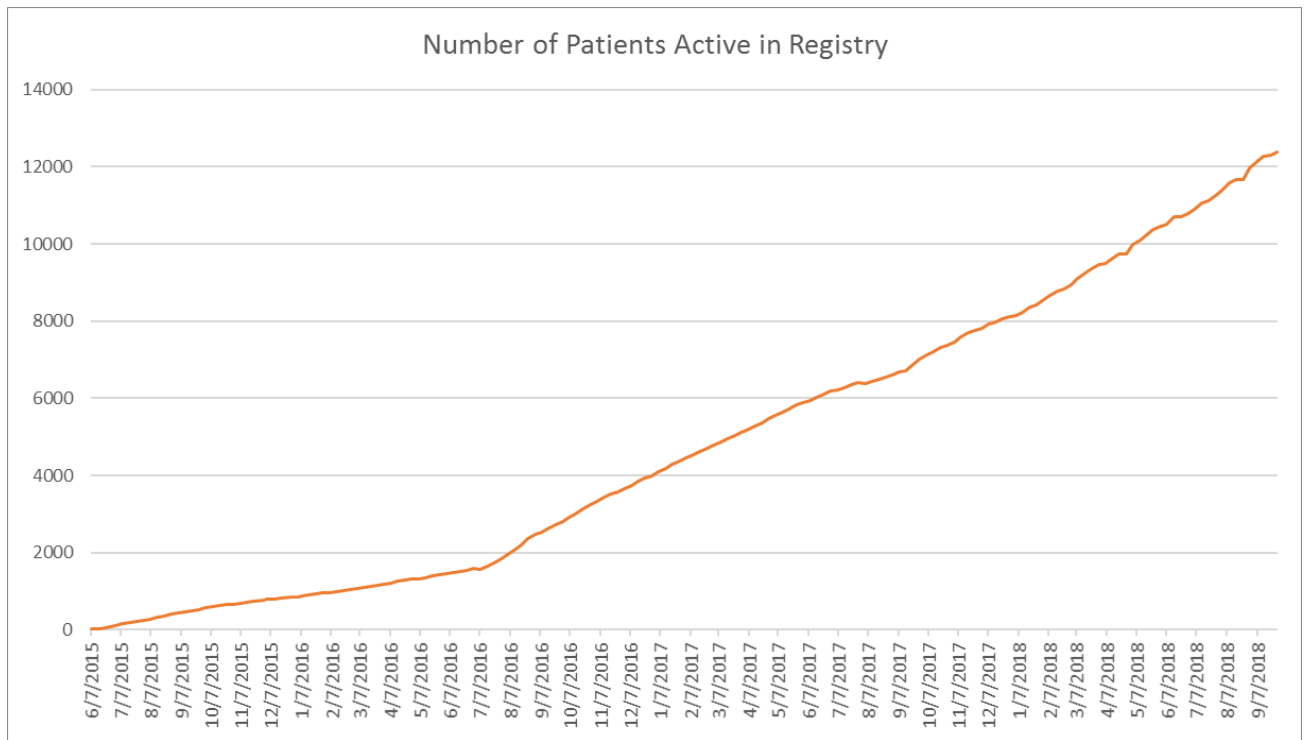


Figure 2. Weekly number of patients enrolled and in active status in registry.

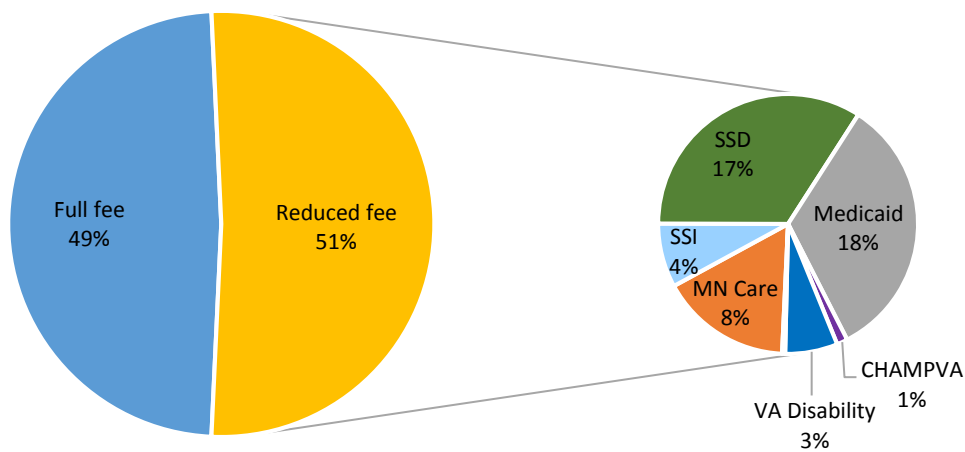


Figure 3. Breakdown of active patients by fee type (reduced vs. full fee) and types of government assistance for reduced fees, as of December 31, 2018.

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 medical 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 51 percent of patients registered as of December 31, 2018 qualified for the reduced enrollment fee.

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 December 31, 2018

Race/Ethnicity	Medical Cannabis Registry	2015 Census Bureau Estimates*
American Indian	384 (2.7%)	1.1%
Asian	168 (1.2%)	4.8%
Black	731 (5.0%)	5.8%
Hawaiian/Pacific Is.	23 (0.2%)	< 0.1%
White	12,767 (88.2%)	81%
Hispanic	366 (2.5%)	5.2%
Other/Two or more	300 (2.1%)	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, Post-Traumatic Stress Disorder (PTSD), effective August 1, 2017, and Autism Spectrum Disorder and Obstructive Sleep Apnea, effective August 1, 2018, as qualifying medical conditions. The Commissioner has also conditionally added Alzheimer’s disease as a qualifying medical condition, to be effective August 1, 2019.

Table 2 shows the number of active patients in the patient registry who have been certified as having that qualifying medical condition. As of December 31, 2018, the three most frequently certified qualifying medical conditions are (1) intractable pain, (2) PTSD, and (3) severe and persistent muscle spasms, including those characteristic of multiple sclerosis.

Table 2: Count (%) of Active Patients by Condition, * as of December 31, 2018

MN MEDICAL CANNABIS PROGRAM UPDATE, JANUARY 2019

Qualifying Condition	Patients Certified: N (%)
Glaucoma	110 (1%)
HIV/AIDS	98 (1%)
Tourette Syndrome	122 (1%)
ALS	32 (<1%)
Seizures	616 (4%)
Severe and Persistent Muscle Spasms	1,826 (13%)
Inflammatory Bowel Disease, Including Crohn's Disease	447 (3%)
Cancer	1,300 (9%)
Terminal Illness	137 (1%)
Intractable Pain	9,267 (64%)
Post-Traumatic Stress Disorder	2,323 (16%)
Autism Spectrum Disorder	357 (2%)
Obstructive Sleep Apnea	441 (3%)
Total	14,481

**Patients certified total more than 100% because 14.4% of the 14,481 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 49.1 years; however, the average age varies by qualifying medical condition.

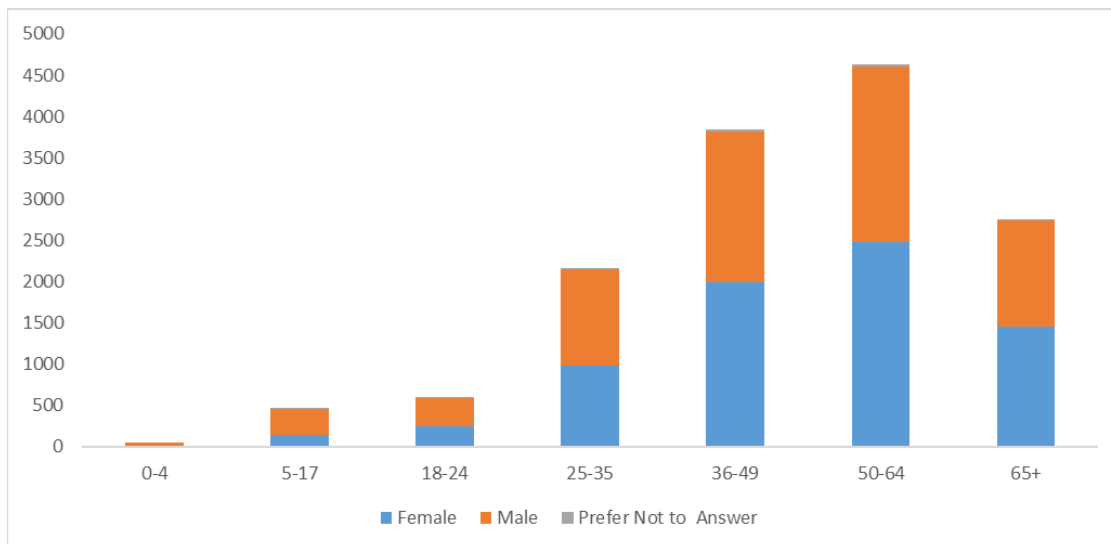


Figure 4. Breakdown of active patients by age and gender, as of December 31, 2018.

Table 3 demonstrates the breakdown of active, condition-specific patient counts by age. Patients certified as having Autism Spectrum Disorder have the lowest average age of 16.2 years; patients with terminal illness have the highest average age of 59.4 years.

Table 3: Breakdown of Active Patients by Age Group and Qualifying Medical Condition, as of December 31, 2018

Age (y)	0-4	5-17	18-24	25-35	36-49	50-64	65+	Mean Age (SD)
All Conditions	43 (<1%)	456 (3%)	596 (4%)	2167 (15%)	3841 (27%)	4633 (32%)	2745 (19%)	49.1 (17.0)
Glaucoma	0 (0%)	1 (1%)	2 (2%)	8 (7%)	21 (19%)	41 (37%)	37 (34%)	55.9 (13.8)
HIV/AIDS	0 (0%)	0 (0%)	3 (3%)	20 (20%)	36 (37%)	37 (38%)	2 (2%)	45.1 (11.1)
Tourette Syndrome	0 (0%)	39 (32%)	24 (20%)	30 (25%)	18 (15%)	6 (5%)	5 (4%)	26.6 (15.5)
ALS	0 (0%)	0 (0%)	0 (0%)	2 (6%)	5 (16%)	17 (53%)	8 (25%)	57.0 (11.5)
Seizures	22 (4%)	133 (22%)	100 (16%)	136 (22%)	140 (23%)	57 (9%)	28 (5%)	30.5 (17.4)
Muscle Spasms	1 (<1%)	15 (1%)	61 (3%)	278 (15%)	574 (31%)	650 (36%)	247 (14%)	48.8 (14.5)
Inflammatory Bowel Disease, Including Crohn's Disease	0 (0%)	5 (1%)	29 (7%)	122 (27%)	145 (32%)	111 (25%)	35 (8%)	43.0 (14.1)
Cancer	8 (1%)	18 (1%)	20 (2%)	60 (5%)	186 (14%)	520 (40%)	488 (38%)	58.3 (15.1)
Terminal Illness	2 (2%)	4 (3%)	0 (2%)	6 (4%)	15 (11%)	58 (42%)	50 (38%)	59.4 (17.6)
Intractable Pain	0 (0%)	32 (<1%)	204 (2%)	1148 (12%)	2515 (27%)	3396 (37%)	1972 (21%)	52.5 (15.2)
PTSD	0 (0%)	39 (2%)	168 (7%)	742 (32%)	816 (35%)	432 (19%)	126 (5%)	40.5 (13.1)
Autism Spectrum Disorder	13 (4%)	211 (59%)	79 (22%)	37 (10%)	13 (4%)	3 (1%)	1 (1%)	16.2 (9.9)
Obstructive Sleep Apnea	0 (0%)	0 (0%)	47 (11%)	47 (11%)	162 (37%)	163 (37%)	65 (15%)	50.1 (12.4)

Table 4 indicates the majority of enrolled patients come from or near the Minneapolis-St. Paul ZIP code regions. Only twelve 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 ZIP code regions.

Table 4. Active patients, by Zip codes region, as of December 31, 2018

Region	ZIP Codes	Active Patients
St Paul	55000-55199	4,423
Minneapolis	55300-55599	5,927
Duluth	55600-55899	767
Rochester	55900-55999	640
Mankato	56000-56199	492
Willmar	56200-56299	372
St Cloud	56300-56399	886
Brainerd	56400-56499	389
Detroit Lakes	56500-56599	307
Bemidji	56600-56699	174
E Grand Forks	56700-56799	101

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 December 31, 2018.

Table 5: Designated Caregivers and/or Registered Parents/Legal Guardians by Condition, * as of December 31, 2018

MN MEDICAL CANNABIS PROGRAM UPDATE, JANUARY 2019

Qualifying Condition	Total Patients	Patient with Registered Caregivers: N (%)	Patients with Registered PLGs: N (%)	Patients with Caregiver and/or PLG: N (%)
Glaucoma	110	9 (8%)	2 (2%)	11 (10%)
HIV/AIDS	98	1 (1%)	0 (0%)	1 (1%)
Tourette Syndrome	122	6 (5%)	62 (51%)	64 (52%)
ALS	32	16 (50%)	0 (0%)	16 (50%)
Seizures	616	58 (9%)	304 (49%)	335 (54%)
Severe and Persistent Muscle Spasms	1,826	234 (13%)	62 (3%)	290 (16%)
Inflammatory Bowel Disease, Including Crohn's Disease	447	20 (5%)	12 (3%)	32 (7%)
Cancer	1,300	251 (19%)	46 (3%)	295 (23%)
Terminal Illness	137	44 (32%)	12 (9%)	54 (39%)
Intractable Pain	9,267	648 (7%)	116 (1%)	761 (8%)
Post-Traumatic Stress Disorder	2,323	70 (3%)	72 (3%)	140 (6%)
Autism Spectrum Disorder	357	9 (3%)	298 (68%)	305 (69%)
Obstructive Sleep Apnea	441	17 (4%)	3 (1%)	12 (3%)
Total	14,481	1,101 (8%)	882 (6%)	1,935 (13%)

*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 register in the medical cannabis program 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.

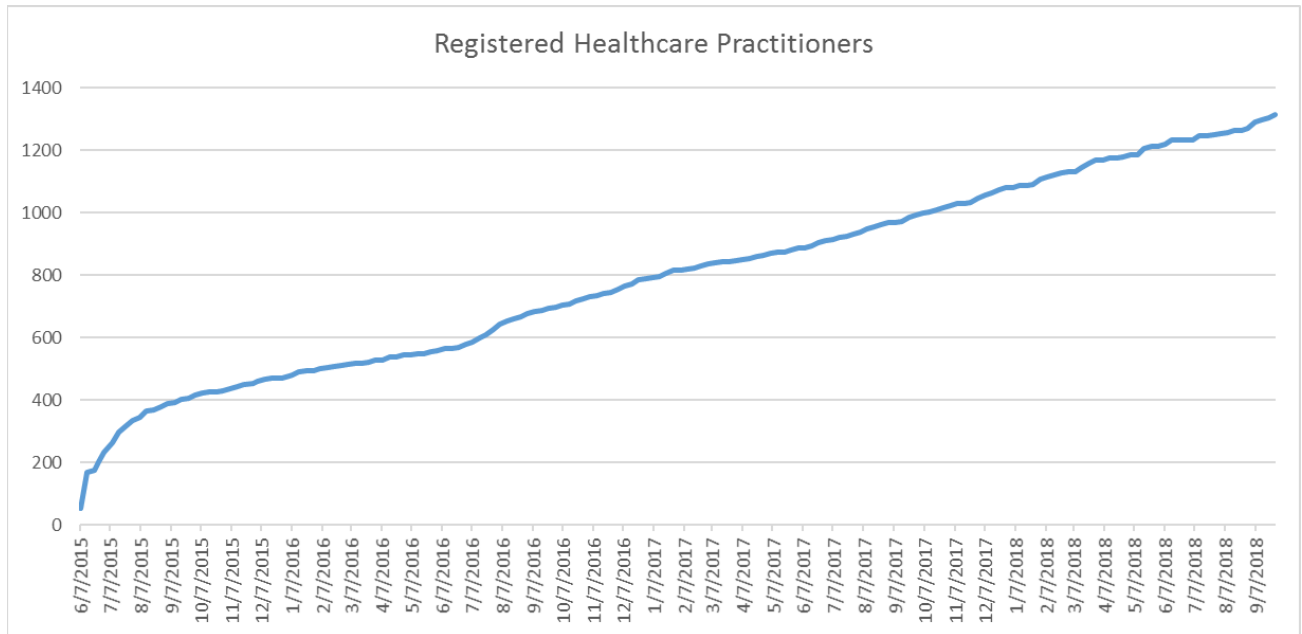


Figure 5. Cumulative count of health care practitioners registered with the program.

Table 6 shows that as of December 31, 2018, there were 1,415 health care practitioners approved in the registry system. Of the 1,415 registered practitioners, 1,061 are physicians, 104 are physician assistants, and 250 are APRNs. One year ago, there were 1,081 registered health care practitioners, 845 of whom were physicians (78%), 67 of whom were physician assistants (6%), and 169 of whom were APRNs (16%).

Table 6: Breakdown of Registered Health Care Practitioners by Type, as of December 31, 2018

Healthcare Practitioner Type	N (%)
Physician	1061 (75%)
Physician Assistant	104 (7%)
Advanced Practice RN	250 (18%)
Total	1,415

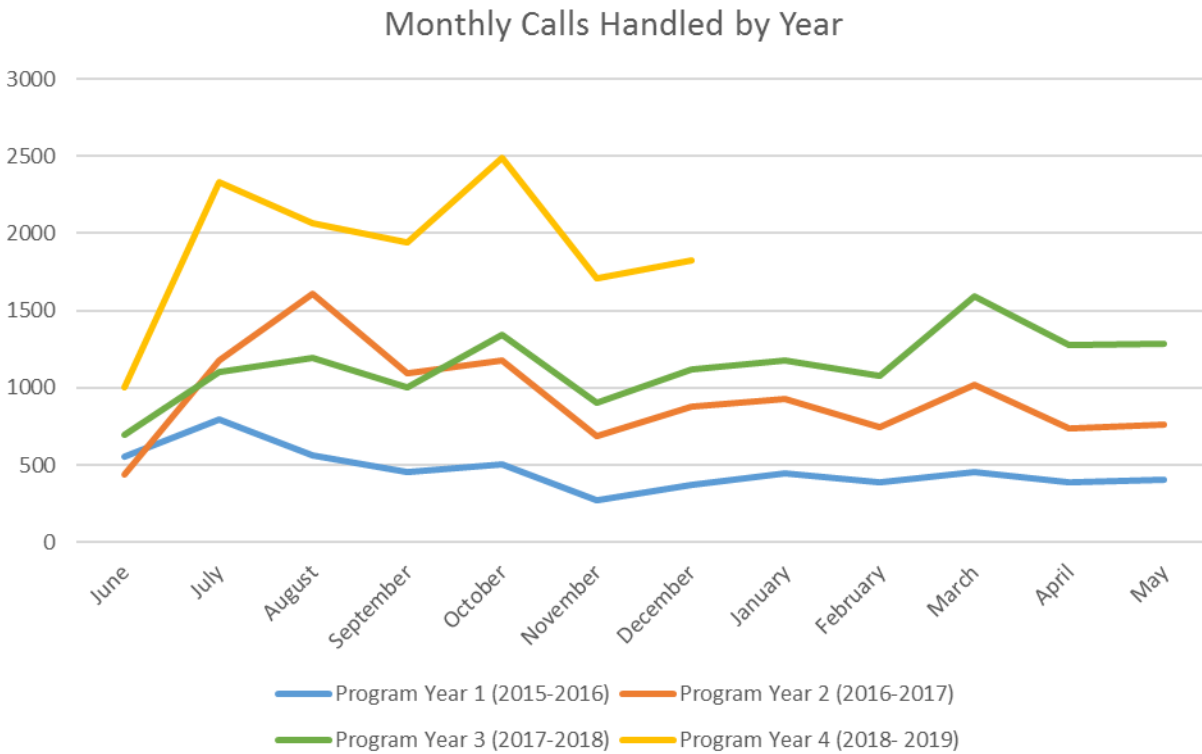


Figure 6. Number of monthly calls handled by OMC staff since program start.

Activity in the program increased beginning July 1, 2016, when Intractable Pain became a qualifying medical condition. Phone calls received by OMC’s support center show a marked increase beginning in June 2016 and they have continued to increase. Twenty-four of the twenty-five busiest weeks, as measured by the number of incoming calls, have occurred in the most recent two quarters (July 1, 2018 through December 31, 2018).

Minnesota Department of Health
 Office of Medical Cannabis
 PO Box 64882
 St. Paul, MN 55164-0882
 651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

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