



BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

Petition by (Your Name)

for the (addition or removal) of

~~Cortical Basal~~ Corticobasal  
degeneration

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):			
Home Address (including Apartment or Suite #):			
City:		State:	Zip Code:
Telephone Number:		Email Address:	
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: 
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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. *Please limit to ONE condition, treatment, or debilitating disease per petition.*

Recommended Action	Condition or Disease
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<del>Cortical Basal degeneration</del> Cortico Basal

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

Cortico Basal degeneration is a rare type of Parkinsonism affecting people over 50yr of age. IT causes difficulty controlling limbs on one side of Body, Numbers and loss of coordinated movement - apraxia, muscle stiffness, tremors, pain, dystonia, balance & coordination problems, swallowing difficulties slow slurred speech. Since it is related to Parkinsons Disease CBD treatment would help alleviate some of these symptoms

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

The National Institute of Neurological Disorders and Stroke supports and conducts research studies on Cortico Basal degeneration. Normal treatments are ineffective in this problem. Mayo Clinic has done some clinical trials, but most significant use of CBD was done on my own in Oregon. Balance, Tremors and etc were improved.

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

Cortico basal degeneration Care at Mayo Clinic  
Clinical trials in Advanced Research & treatment for Frontal-Temporal degeneration



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	(2)	(3)
Redolpho Savica		
Clinical Neurologist & Researcher		
Savica@Mayo.edu		
507-255-5123		
200 1st St SW Rochester MN 55905		

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.*



7. Please indicate whether you have attached a brief in support of the action urged in the petition.	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" 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

\_\_\_\_\_  
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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Office of Medical CBD  
Iowa Dept. of Public Health



- 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: [iamedcbd@idph.iowa.gov](mailto:iamedcbd@idph.iowa.gov)  
Phone: (515) 281-7996**

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