

2021 Qualifying Condition

Upon petition, the State Medical Board of Ohio has the authority to approve and designate conditions or diseases as qualifying medical conditions for treatment with medical marijuana. For the calendar year of 2021, the board will accept petitions for consideration between November 1, 2021 and December 31, 2021.

The following conditions are already part of the program: AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cachexia, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, Huntington's disease, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spasticity, spinal cord disease or injury, terminal illness, Tourette syndrome, traumatic brain injury, and ulcerative colitis.

The board's Medical Marijuana Committee determined that arthritis, migraines (chronic), and complex regional pain syndrome were already covered by the existing qualifying condition of pain that is either chronic or intractable. You do not need to submit a petition for one of these three conditions. Click [here](#) to read the board's position statement.

The petition will not be considered if:

- Received after December 31, 2021
- It seeks to add a broad category of diseases or conditions
- The condition that has been previously reviewed by the board and rejected unless new scientific research that supports the request is offered

If you are petitioning for a previously considered condition:

- Do not resubmit documents which have already been reviewed by the board
- Only new scientific research should be submitted for previously rejected petitions
- A catalogue of submitted research and documents can be found [here](#)

Most information submitted as part of a petition is public record and may be posted on the Medical Board's website at med.ohio.gov. This includes the submitter's name provided contact information, and responses.

Instructions:

- All sections below are required to be completed per Ohio Administrative Code 4731-32. All text boxes are required. Applicants may type "see attached" or "previously submitted" in the required fields.
- If you would like for the Medical Board to consider multiple conditions, please complete a separate submission for each one.
- Please refrain from providing personal medical information as all submissions are subject to public record requests.

First Name *	Last Name *	Email *
tami	barber	vaperush@yahoo.com
Address *	City *	State
5935 jackman rd	toledo	OHIO
Zip Code *	County *	Specific Disease or Condition *
43613	LUCAS	bi polar, anxiety, depression, sleep disorder

1) Information from experts who specialize in the disease or condition *

see above

Please do not include any links in the text field. All materials submitted for review must be attached in the format of a Microsoft Word document or PDF

Question 1 Attachments ?

File Name

Size

Links will not be reviewed

2) Relevant medical or scientific evidence pertaining to the disease or condition *

see above

Please do not include any links in the text field. All materials submitted for review must be attached in the format of a Microsoft Word document or PDF

Question 2 Attachments

File Name	Size
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3) Consideration of whether conventional medical therapies are insufficient to treat or alleviate the disease or condition *

see above

Please do not include any links in the text field. All materials submitted for review must be attached in the format of a Microsoft Word document or PDF

Question 3 Attachments

File Name	Size
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4) Evidence supporting the use of medical marijuana to treat or alleviate the disease or condition, including journal articles, peer-reviewed studies, and other types of medical or scientific documentation *

see above

Please do not include any links in the text field. All materials submitted for review must be attached in the format of a Microsoft Word document or PDF

Question 4 Attachments

File Name	Size
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5) Letters of support provided by physicians with knowledge of the disease or condition. This may include a letter provided by the physician treating the petitioner, if applicable. *

see above

Please do not include any links in the text field. All materials submitted for review must be attached in the format of a Microsoft Word document or PDF

Question 5 Attachments

File Name	Size
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