

Requests to Add a Debilitating Medical Condition or Treatment

ADHS accepts petitions to add to the list of debilitating medical conditions twice a year: every January and July. Although these dates vary, they are posted 30 days prior to the acceptance period on our website: <http://www.azdhs.gov/medicalmarijuana/debilitating/>.

Upon submittal, ADHS will notify the requester within 30 days that the request was received. An initial review will be conducted to determine if the information provided in the request provides evidence that:

- The specified medical condition or treatment of the medical condition impairs the ability of the individual to accomplish activities of daily living, and
- Marijuana usage provides a therapeutic or palliative benefit to an individual suffering from the medical condition or treatment of the medical condition.

If the information provided meets the requirements above, ADHS will schedule a public hearing to discuss the request and provide a date for the hearing. If the information provided does not meet the requirements above, ADHS will notify the requester with reasons and provide for a process for requesting judicial review.

During the review process, ADHS will partner with the University of Arizona, Colleges of Public Health and Medicines (University) to review the requests. The University will be able to provide ADHS valuable support, including further research of each condition or treatment and summary reports with recommendations by accessing its extensive public health and medical expertise.

Within 180 days after the original request submission, ADHS will either add the medical condition to the list of debilitating medical conditions or provide written notice to the requester of ADHS' decision to deny the request. The written notice will include specific reasons for the denial and the process for requesting judicial review.

ADHS will accept the request via U.S. mail only. Each request **must** include the following components:

- The completed submittal cover sheet that includes:
 - The entity's name, mailing address, name of contact individual, telephone number, and email address
 - The name of the medical condition the entity is requesting be added
- A description of the symptoms and other physiological effects experienced by an individual suffering from the medical condition or a treatment of the medical condition that may impair the ability of the individual to accomplish activities of daily living
- The availability of conventional medical treatments to provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition
- A summary of the evidence that the use of marijuana will provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition; and
- Articles, published in peer-reviewed, scientific journals, reporting the results of research on the effects of marijuana on the medical condition or a treatment of the medical condition supporting why the medical condition should be added. *The full article must be submitted (no abstracts).*

Submit requests via U.S. mail to:

ADHS
P.O. Box 19000
Phoenix, AZ 85005

**Requests to Add a Debilitating Medical Condition or Treatment
Submittal Cover Sheet**

Date	
Entity Name	
Entity Mailing Address	
Contact Name & Title	
Contact Phone Number	
Contact Email Address	
Name of Medical Condition Requesting to be Added	