



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

## **INSTRUCTIONS FOR COMPLETING THE MEDICAL MARIHUANA REVIEW PANEL PETITION**

Michigan citizens, may submit a petition to the Michigan Medical Marihuana Review Panel (Review Panel) requesting that a particular medical condition or treatment be included in the list of debilitating medical conditions under the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430 (MMMA).

Persons making such a request must use this petition form. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a new petition form must be submitted.

Completed petition forms can be mailed to:

Medical Marihuana Review Panel  
Attn: Colleen Curtis  
Legal Division  
Bureau of Medical Marihuana Regulation  
Department of Licensing and Regulatory Affairs  
P.O. Box 30205  
Lansing, MI 48909

Alternatively, the completed petition form can be sent electronically to the following email address: [LARA-BMMR-Legal@michigan.gov](mailto:LARA-BMMR-Legal@michigan.gov). Please place "Medical Marihuana Review Panel" in the subject line.

A form will be deemed incomplete if it does not meet the requirements under Rule 33 and those prescribed in the department's form and returned as incomplete for failure to do one or more of the following:

- Specifically state the particular medical condition or treatment to be added to the list. Broad categories (such as mental illness) or any that contradict the MMMA (such as conditions resulting in hospitalization or all hospice patients) will be rejected. Rule 33(1).
- Provide a summary of the evidence that the use of marihuana will provide palliative or therapeutic benefit for that medical condition or a treatment of that medical condition. Rule 33(1)(a).
- Include articles published in peer-reviewed scientific journals reporting the results of research on the effects of marihuana on the medical condition or treatment of



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the medical condition **and** supporting why the medical condition or treatment should be added to the list of debilitating medical conditions under section 3(b) of the MMMA, MCL 333.26423(b). Rule 33(1)(b).

- Other: MMMA, Administrative Rules 333.101 to .133 or both.

The department will only consider a petition that meets the requirements noted above.

Upon receipt of a petition considered complete, the department will do all of the following:

- Give notice of a public hearing not less than 10 days before the date of the hearing.
- Hold a public hearing regarding the petition.
- Accept comments on the petition for a period of 5 business days beginning on the date of the public hearing.
- After the public hearing, the department will forward the petition and any public comments made during and after the hearing to the review panel for discussion, and to vote on a recommendation to give to the department Director.
- A final decision by the department Director will be made within 180 days from the date the petition was received.

### **Final Decision**

The approval or denial of a petition shall be considered a final department action subject to judicial review under the MMMA. If the petition is approved, the department will develop a policy that allows the new medical condition to be used as a qualifier for a registry identification card until such time as the Michigan Administrative Rule R 333.101 is amended to include the medical condition identified on this petition as a qualifying medical condition.

The review panel and the department will rely on the content of the complete petition, along with any supporting documentation that is attached, and public comments to reach a decision. The review panel and the department is under no obligation to conduct its own research regarding any submitted petition. The petitioner must provide evidence in item #3 of the petition in order for the petition to be considered.



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### MEDICAL MARIHUANA REVIEW PANEL PETITION

Please complete the entire petition. If you attach supporting documentation to this petition, you must reference these documents in the text of this petition. Any petitions that are not fully or properly completed will be returned to the petitioner as incomplete. If you need additional space to answer items (1-3) please attach any additional sheets of paper and properly number them to correspond with items (1-3).

#### Petitioner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Individual submitting the petition on behalf of the petitioner (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_



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**FORM:**

1. *Specifically state the particular medical condition or treatment to be added to the list. Broad categories (such as mental illness) or any that contradict the Medical Marihuana Act (such as conditions resulting in hospitalization or all hospice patients) will be rejected. Rule 33(1).*

**Medical condition proposed:**

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2. *Provide a summary of the evidence that the use of marihuana will provide palliative or therapeutic benefit for that medical condition or a treatment of that medical condition. Rule 33(1)(a).*

**Provide a summary of the evidence attached in section 3 (please attach additional pages if more space is required):**

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3. *Include articles published in peer-reviewed scientific journals reporting the results of research on the effects of marihuana on the medical condition or treatment of the medical condition **and** supporting why the medical condition or treatment should be added to the list of debilitating medical conditions under section 3(b) of the act, MCL 333.26423(b). Rule 33(1)(b).*

a. **Attach articles published in peer-reviewed scientific journals reporting the results of research on the effects of marihuana on the medical condition or treatment of the medical condition:**

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b. **Provide justification supporting why the medical condition or treatment should be added to the list of qualifying debilitating medical conditions under section 3(b) of the MMMA.**

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*I attest under the penalty of perjury that the information provided in this petition is true and that the attached documents are authentic.*

**Petitioner Signature:** \_\_\_\_\_