2022 ANNUAL CANNABIS REPORT

Medical Cannabis Division

Office of Health Promotion

Illinois Department of Public Health







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SUMMARY

The Medical Cannabis and Opioid Alternative programs, overseen by the Department of Public Health, assist our most vulnerable citizens suffering debilitating medical conditions to receive support and access to cannabis for medical use and pain relief.

The Illinois Department of Public Health (IDPH) oversees and implements the Medical Cannabis Patient Program (MCPP) and Opioid Alternative Patient Program ("OAPP") through its Division of Medical Cannabis ("Division"). The MCPP and OAPP programs register patients with debilitating medical conditions to receive support and to access cannabis for medical use by applying for a patient registry ID card.

During fiscal year 2021-22, IDPH performed public outreach and networking with others in the industry. This afforded the opportunity to develop critical relationships and contacts that led to inquiries to MCPP for participation community events, such as at libraries, to provide assistance in navigating medical cannabis. In the process of outreach with public libraries, an inter-agency agreement (IAA) was created to promote further collaboration and to assist prospective patients. These efforts align with IDPH's effort to achieve a streamlined and complete online application. The Division has been able to reduce patient and provider inquiry response times and provide additional application assistance to the patient population through increased staffing.

FY 2022 ACCOMPLISHMENTS

AUGUST 2021

Onboarded new medical cannabis staff to assist in processing applications in a timely manner.

OCTOBER 2021

Implemented lifelong designation for veterans.

DECEMBER 2021

New England Cannabis Convention (NECANN)
- Chicago. Staff provided an educational booth, attended seminars presented by cannabis industry experts.

FEBRUARY 2022

Medical Cannabis Certification Operations (hybrid work setting) due to weather and seasonal staff illness.

APRIL 2022

Onboarded additional employees to assist in direct communication with providers, patients, and caregivers navigating the Medical Cannabis Patient Program.

JUNE 2022

Participated in presentation to community members on medical cannabis at a local library. Presentation covered medical cannabis services and navigation.

JULY 2021

HB 1443 allowed medical cannabis patients full access to dispensaries of their choosing.

SEPTEMBER 2021

IAHSE Training Conference (10/21) - Chicago. Provided a booth of educational information and conversation on the Medical Cannabis Patient Program and Opioid Alternative Program.

NOVEMBER 2021

Senior Health Fair Attendance hosted by Sen. Dan McConchie, Sen. Don DeWitte and Sen. Craig Wilcox-McHenry County College. Provided a booth of educational material and information to the attending Senior population

JANUARY 2022

Medical Cannabis Certification Operations (hybrid work setting) due to weather and seasonal staff illness.

MARCH 2022

Participated in presentation to community members on medical cannabis at a local library. Presentation covered medical cannabis services and navigation.

MAY 2022

Participated in presentation to community members on medical cannabis at a local library. Presentation covered medical cannabis services and navigation.

FY 2023 GOALS

Summary

A brief description of the Division of Medical Cannabis goals and essential projects are described below for FY 2023 and their relevance to advancing cannabis program priorities.

IDPH FY 2023 Goals

- 1. Continue certifying qualified medical cannabis patients for treatment use by evaluating the current online application to determine availability of increased efficiencies and patient service.
- 2. Provide education to constituents on services provided by the Medical Cannabis Patient Program.
- 3. Engage with sister agencies to inform the continuing work of IDPH on medical cannabis.

IDPH FY 2023 Essential Projects

- 1. Medical cannabis certification of providers and patients by evaluation of the online application system.
- 2. Engagement of local health department (LHD) partnerships for referral to the Medical Cannabis Patient Program.
- 3. Participation in outreach, community, and industry activities throughout the fiscal year to increase engagement and understanding of the Medical Cannabis Patient Program.

IDPH FY 2023 Metrics

Medical cannabis inquiry response time will be within 48 hours. All applications are done online with 100% patient engagement.



48 hours inquiry response time



100% applications online



+100%
patient
engagement

KEY DATA POINTS

Overview of the Medical Cannabis Patient Program and Opioid Alternative Pilot Program

1. Number of applications and renewals filed for registry identification cards/registrations.

- IDPH has approved 221,098 applications for qualifying patients (including 991 persons under 18 years of age), since it began accepting applications for the Medical Cannabis Patient Program on September 2, 2014.
- The number of active patients in the MCPP program as of June 30, 2022, is 135,649.
- For the current fiscal year (July 1, 2021 to June 30, 2022), 5,624 active patients are currently registered.

2. Number of qualifying patients and designated caregivers served by each dispensary for 2022.

• On July 15, 2021, Governor JB Pritzker signed HB 1443, which removed the requirement of a medical cannabis patient and/or caregiver to select a single dispensary.

3. Nature of debilitating medical conditions of the qualifying patients.

- The top five debilitating medical conditions from qualifying patients (90,891) for FY 2022 (Table 1) are:
 - Chronic pain (25,604)
 - Post-traumatic stress disorder (15,413)
 - Migraines (7,470)
 - Osteoarthritis (7,004)
 - Severe fibromyalgia (4,814)

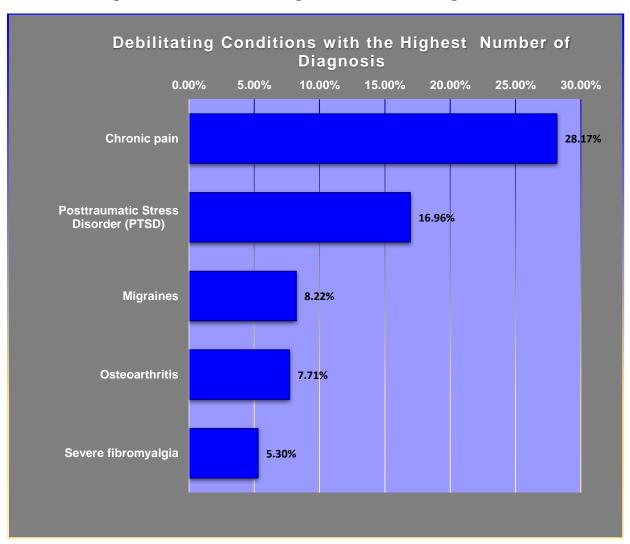
Table 1: Debilitating medical conditions of the qualifying patients-2022

Nature of the debilitating medical conditions of the qualifying patient-MCPP-2022	Percentage	Number
Chronic pain	28.17%	25,604
Post-traumatic stress disorder (PTSD)	16.96%	15,413
Migraines	8.22%	7,470
Osteoarthritis	7.71%	7,004
Severe fibromyalgia	5.30%	4,814

Cancer Spinal cord disease – arachnoiditis Neuropathy Irritable bowel syndrome Rheumatoid arthritis	5.29% 3.90% 3.20% 3.09% 2.48% 2.10% 1.65%	4,804 3,546 2,908 2,805 2,252
Neuropathy Irritable bowel syndrome	3.20% 3.09% 2.48% 2.10%	2,908 2,805 2,252
Irritable bowel syndrome	3.09% 2.48% 2.10%	2,805 2,252
·	2.48% 2.10%	2,252
Phoumatoid arthritic	2.10%	
Mileumatolu artiintis		
Traumatic brain injury and post-concussion syndrome	1.65%	1,905
Seizures (including those characteristic of epilepsy)		1,504
Multiple sclerosis	1.43%	1,300
Crohn's disease	1.16%	1,056
Spinal cord injury	1.06%	965
Glaucoma	0.85%	776
CRPS (Complex Regional Pain Syndromes Type II)	0.84%	759
Lupus	0.61%	550
Positive status for human immunodeficiency virus (HIV)	0.54%	492
Causalgia	0.47%	430
Residual limb pain	0.46%	419
Autism	0.42%	378
Reflex sympathetic dystrophy syndrome (Complex Regional	0.41%	377
Pain Syndromes Type I)		
Hepatitis C	0.37%	335
Ulcerative colitis	0.34%	305
Parkinson's	0.32%	290
Sjogren's syndrome	0.29%	268
Dystonia	0.29%	263
Ehlers-Danlos syndrome (EDS)	0.23%	207
Chronic inflammatory demyelinating polyneuropathy	0.22%	204
Anorexia nervosa	0.22%	204
Acquired immunodeficiency syndrome (AIDS)	0.22%	198
Cachexia/wasting syndrome	0.21%	194
Tourette's syndrome	0.21%	187
Arnold-Chiari malformation and syringomyelia	0.15%	138
Myoclonus	0.09%	84
Agitation of Alzheimer's disease	0.08%	76
Muscular dystrophy	0.07%	64
Myasthenia gravis	0.06%	58
Neurofibromatosis	0.05%	46
Hydrocephalus	0.05%	42
Amyotrophic lateral sclerosis (ALS)	0.04%	34
Polycystic kidney disease (PKD)	0.04%	33
		32
		29
Syringomyelia Fibrous dysplasia	0.04%	32

Tarlov cysts	0.03%	27
Spinocerebellar ataxia (SCA)	0.02%	21
Neuro-Behcet's autoimmune disease	0.02%	10
Others	0.01%	5
Hydromyelia	0.003%	3
Nail-patella syndrome	0.002%	2
Superior canal dehiscence syndrome	0.001%	1
Total		90891

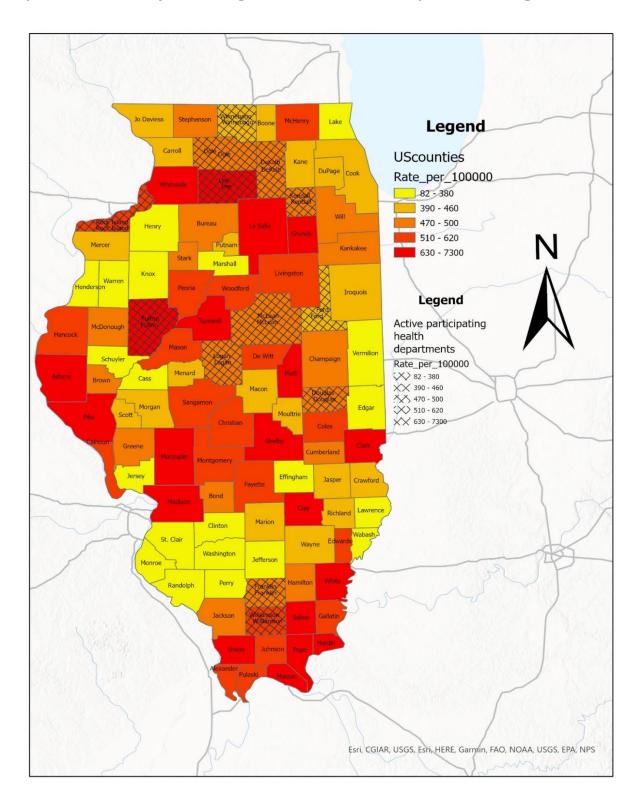
Graph 1: Debilitating conditions with the highest number of diagnoses



4. Number of registry identification cards or registrations revoked for misconduct during FY 2022.

- Major credential status reasons for revoking included death, change from terminal illness (TI) to qualifying patient (QP), reapplication with new qualifying patient (QP), and physician revocation from IDPH.
- 130 registrations were revoked for the above reasons.
- 5. Number of certifying health care professionals providing written certifications for qualifying patients.
- 4,103 health care professionals provided written certifications for qualifying patients.
- 6. Number of registered medical cannabis cultivation centers or registered dispensing organizations.
- Medical cannabis cultivation centers 21 Medical Cannabis Program MCPP (illinois.gov)
- Licensed medical cannabis dispensaries -- 55 (Table 2)
- 7. Number of Opioid Alternative Pilot Program participants in FY 2022.
- 1,390 patients were enrolled the Opioid Alternative Pilot Program (OAPP) of which 688 patients were classified under opioid prescriptions and 702 were classified without opioid prescriptions.

Graph 2: Rate/county indicating the LHDs who will help residents register for services



FUNDING USAGE

Summary

IDPH has no expenditures from the 0912 appropriation line (designated for development of recommendations for labeling of products). The 0075-line (designated to support division capacity) appropriation expenditures for FY 2022 are listed below. No further funding needs are requested.

No expenditures

\$2,262,404.97

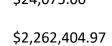
0912 appropriation balance as of June 30, 2022 0075 appropriation balance as of June 30, 2022

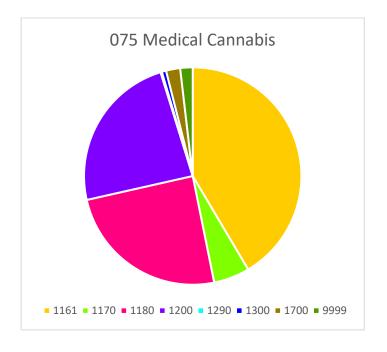
FY 2022 Expenditures

075 Fund

Total =

1120 - Salaries	\$960,818.69
1161 - Retirement	\$539,852.06
1170 - FICA	\$69,729.23
1180 - Insurance	\$320,648.42
1200 - Contractual	\$309,076.18
1290 - Travel	\$2,539.80
1300 - Supplies	\$8,329.64
1700 - Telecom	\$27,335.95
9999 - Grants	\$24,075.00





LEGISLATION, UPDATES, AND INITIATIVES

IDPH does not intend to put forth any initiatives at this time.