

MEDICINE BOARD[653]

Notice of Intended Action

Proposing rule making related to medical conditions for which medical cannabidiol may be used and providing an opportunity for public comment

The Board of Medicine hereby proposes to amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapters 124E, 148 and 272C.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 124E.

Purpose and Summary

This proposed rule making amends rule 653—13.15(124E,147,148,272C), which establishes the standards of practice for the use of medical cannabidiol, by adding “severe, intractable pediatric autism with self-injurious or aggressive behaviors” to the list of debilitating medical conditions for which medical cannabidiol may be used.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 653—Chapter 3.

Public Comment

Any interested person may submit written or oral comments concerning this proposed rule making. Written or oral comments in response to this rule making must be received by the Board no later than 4:30 p.m. on February 5, 2019. Comments should be directed to:

Kent Nebel
Iowa Board of Medicine
400 S.W. Eighth Street, Suite C
Des Moines, Iowa 50309
Phone: 515.281.7088
Fax: 515.242.5908
Email: kent.nebel@iowa.gov

Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

February 5, 2019
9 a.m.

Board Office, Suite C
400 S.W. Eighth Street
Des Moines, Iowa

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Amend subrule **13.15(1)**, definition of "Debilitating medical condition," as follows:

"*Debilitating medical condition*" means any of the following:

1. Cancer, if the underlying condition or treatment produces one or more of the following:
 - Severe or chronic pain.
 - Nausea or severe vomiting.
 - Cachexia or severe wasting.
2. Multiple sclerosis with severe and persistent muscle spasms.
3. Seizures, including those characteristic of epilepsy.
4. AIDS or HIV as defined in Iowa Code section 141A.1.
5. Crohn's disease.
6. Amyotrophic lateral sclerosis.
7. Any terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
 - Severe or chronic pain.
 - Nausea or severe vomiting.
 - Cachexia or severe wasting.
8. Parkinson's disease.
9. Untreatable pain.
10. Ulcerative colitis.
11. Severe, intractable pediatric autism with self-injurious or aggressive behaviors.

February 4, 2019

Iowa Board of Medicine
400 SW Eighth Street, Suite C
Des Moines, Iowa 50509

Dear Board of Medicine,

I am writing in support of ARC 4241C, the proposed rulemaking that amends rule 653–13.15 by adding “severe, intractable pediatric autism with self-injurious or aggressive behaviors” to the list of debilitating medical conditions for which medical cannabidiol may be used. However, I would ask the Board to remove the word pediatric from the proposed rulemaking. While the diagnosis of autism is made as a child, the condition is a lifelong one.

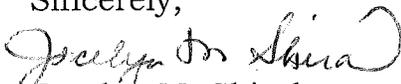
I am the mother of a 27-year-old young man with severe autism with self-injurious and aggressive behaviors. These behaviors began to develop when Jared was an adolescent, though his diagnosis of autism and severe intellectual disability was made when he was three years old. Many treatments, including psychiatric medications, were tried, most with limited benefit and several with serious side effects including facial tics and constant tremors. In total, Jared has been treated with in excess of twenty psychiatric drugs, including the only two actually approved for autism, Risperdal and Abilify. Diets and supplements were also explored with no significant improvement. He was seen at the University of Iowa Centers for Disability several times for recommendations. More and different medications were tried. When he was in his late teens and early twenties his behaviors were so extreme, including running and throwing himself at windows, that he was hospitalized in the psychiatric department at the University of Iowa Hospitals and Clinics for ten days. Despite multiple medication adjustments, he did not improve. Shortly before his 21st birthday, we made the difficult decision for his admittance to the Woodward Resource Center in Woodward, Iowa.

Jared has resided at Woodward since that time. And while the number of serious psychiatric medications he takes has been reduced in number, he still

receives at least three psychotropic drugs daily. And he continues to engage in self-injurious and aggressive behaviors. Some of the self-injurious behaviors my son engages in on a daily basis are hitting himself, especially about the ears and face; biting and slapping himself; dropping to the floor with force which has damaged his skin and joints; and running into walls and objects. Aggressive behaviors that he engages in include hitting, slapping, kicking and pushing others. He also engages in destructive behaviors that involve damaging furniture, including his bed, damaging his walls, and throwing objects. As a result, Jared's bedroom walls are padded and he has a soft helmet. Assessment made at Woodward suggest that his outbursts "are maintained by a combination of social variables, [p]rimarily pain and secondarily by escape." It is believed that he may suffer from TMJ, though this has been difficult to assess because he is essentially nonverbal and uncooperative, making the diagnosis difficult to make.

It is because of the severe nature of his condition, his inability to communicate how he is feeling, and the lack of response he has had to many medications with very serious side effects, that I would like for him and other adult persons living with severe autism to have the opportunity to see if the use of medical cannabidiol will provide some benefit. I am unaware of any studies which have concluded that the potential benefit in autism is solely related to children. I would ask the Board of Medicine to expand the use to "severe, intractable autism with self-injurious or aggressive behaviors."

Sincerely,


Jocelyn M. Sbiral