

STATE OF IOWA DEPARTMENT OF  
**Health AND Human  
SERVICES**

**Medical Cannabidiol Board**  
ANNUAL REPORT TO THE IOWA GENERAL  
ASSEMBLY

December, 2022

**4. INCLUSION OF PAs AND/OR ARNPs ON THE MEDICAL CANNABIDIOL BOARD**

In an effort to be inclusive of the disciplines allowed to certify patients for the use of medical cannabidiol, the Board recommends expanding the nine-member Board to allow PAs and ARNPs to be Board Members.

**5. IOWA TAX STATUS: LICENSEE EQUALITY WITH TRADITIONAL BUSINESSES**

In an effort to reduce the tax burden placed on Iowa's medical cannabidiol manufacturers, the Board recommends decoupling Iowa's tax code from Section 280E of the federal tax code for individual and corporate tax purposes. Iowa's tax code "couples" or matches the federal tax code unless the state actively decouples it. [Senate File 2157](#) was introduced in 2022 and provides a template pathway.

**6. PROVIDE A MECHANISM FOR CERTIFYING PRACTITIONERS TO RECEIVE PATIENT PURCHASING DATA UPON REQUEST TO THE DEPARTMENT**

Chapter 124E does not authorize the Department to provide patient purchasing information back to a certifying provider, as is the case with the traditional PDMP. The Board recommends that authority be given to the Department to provide patient purchasing information to providers for patients they have certified.

**7. IMPROVEMENTS IN THE PATIENT PROVIDER RELATIONSHIP, AND OVERSIGHT OF TELEHEALTH CONSULTATIONS**

The Board has expressed concern with telehealth providers who may not be maintaining patient-provider relationships with patients they are certifying, or do not establish care with patients in the traditional sense. The Board recommends the citation of the Board of Medicine's rules around standards of practice for telemedicine ([653 IAC 13.11\(7\)](#)) in Chapter 124E.

**8. SEEK A FEDERAL EXEMPTION FOR IOWA'S PROGRAM**

The Board recommends that a task force of legal experts be authorized, similar to the current board of medical experts, to assist the department in navigating the legal issues involved with requesting an exemption for Iowa's program from necessary Federal agencies. This is related to a recommendation in [the Board's 2019 Annual Report](#) and the passage of [HF2589](#) in June, 2020.



# Medical Cannabidiol Program Update:

## Status of HF2589 Implementation & Data Update

Owen Parker, MPH  
Program Manager  
September 4, 2020

# IDPH Strategy: Seeking DEA Exemption

- In their 2019 Annual Report, the Board recommended that IDPH seek protections for schools and facilities participating in our program and acting in compliance with Chapter 124E.
- The General Assembly prescribed in HF2589 that IDPH “seek guarantees” that Federal funding to institutions and facilities acting in compliance with Chapter 124E not have their funding withheld due to participation in Iowa’s program.

- Sec. 31. PROTECTION OF FEDERAL FUNDING.** The department of public health shall request guarantees from the agencies of the federal government providing funding to educational and long-term care facilities that facilities with policies allowing patients to possess medical cannabidiol on the grounds of the facilities consistent with chapter 124E or allowing facility staff to administer medical cannabidiol to a patient shall not lose eligibility for any federal funding due to such policies.
- §1307.03 Exceptions to regulations.**
- Any person may apply for an exception to the application of any provision of this chapter by filing a written request with the Office of Diversion Control, Drug Enforcement Administration, stating the reasons for such exception. See the Table of DEA Mailing Addresses in **Sec. 1321.01** of this chapter for the current mailing address. The Administrator may grant an exception in his discretion, but in no case shall he/she be required to grant an exception to any person which is otherwise required by law or the regulations cited in this section.

[75 FR 10678, Mar. 9, 2010]

- The Department will seek this exception using Title 21 Code of Federal Regulations 1307.03.