



## *House Budget and Research Office*

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### MEMORANDUM

To: Members of the Joint Study Committee on the Prescription of Medical Cannabis for Serious Medical Conditions  
From: Roma Amin, House Budget and Research Office  
Date: August 25, 2014  
RE: State by State Analysis of Medical Marijuana Programs

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### Executive Summary

#### **What is Marijuana?**

Marijuana is derived from the cannabis plant, *cannabis sativa*. Marijuana contains over 85 cannabinoids, the most well-known being tetrahydrocannabinol (THC) which is responsible for the “high” users experience under the drug. Marijuana also contains a cannabinoid known as cannabidiol (CBD), which has proven therapeutic effects (Wilner, 2014).

#### **Legal History of Marijuana**

From 1850 to 1942, marijuana was recognized for its medicinal value and appeared in the United States Pharmacopeia, a comprehensive publication of approved compound medicines (Gerber, 2004). However, in 1937, Congress passed the Marijuana Tax Act, making medicinal use of the drug illegal (Anslinger, 1937). In 1970, President Nixon signed the Comprehensive Drug Abuse Prevention and Control Act into law, placing all drugs into one of five schedules (or classes) based on the accepted medical use and potential for abuse. Marijuana, a Schedule I substance, is highly regulated and deemed to have “no currently accepted medical use” (21 U.S.C.A. § 812). There have been numerous proposals to remove cannabis from the list of Schedule I substances. The most recent attempt is H.R. 5226, the Charlotte’s Web Medical Hemp Act of 2014, which would exempt plants with low levels of THC (0.3% or less) from the list of Schedule I substances.

As of 2013, 23 states and the District of Columbia have passed voter referenda or legislative actions allowing marijuana to be used for medical conditions. Eleven states have passed laws that allow registered patients to legally possess strains of marijuana with high levels of CBD and low levels of THC, but do not provide patients with a means of access. Finally, in addition to their medical marijuana programs, Washington and Colorado have legalized marijuana for recreational use.

#### **Health Impacts**

Medical marijuana has been used to treat and/or mitigate a wide variety of medical conditions. Among these conditions are cancer, glaucoma, multiple sclerosis, migraines, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, and Crohn’s disease (Gray, 1998). Marijuana is also beneficial in relieving severe pain, anxiety, and depression symptoms (Doheny, 2010).

In addition to the medical benefits of marijuana, there are also several negative health effects of marijuana use on the body. Studies show that long-term heavy use of marijuana can damage the hippocampus section of the brain. The hippocampus is responsible for memory, learning, and emotion. Additionally, studies show that marijuana can stunt the growth of new short-term memory, cause trouble learning new information, and disrupt sensory and motor skills (Yücel et al., 2008; Wright, 2013). However, Curran et al.'s (2002) study assessment tests indicated that THC had no lasting effects on episodic memory or long-term learning disabilities in adults.

### **Current Marijuana Medicines**

There are currently four marijuana medications that doctors can recommend for their patients. (Note: doctors cannot legally “prescribe” medical marijuana to patients due to the Federal Controlled Substances Act of 1970.) These four medications are Marinol, Cesmet, Sativex, and Epidiolex.

Studies on Epidiolex provide evidence on the health impacts for strains of marijuana containing high levels of CBD and low levels of THC. Epidiolex, an orally administered oil, is currently produced by GW Pharmaceuticals and has received “orphan drug” status within the United States. The US Food and Drug Administration allows physicians to conduct trials on children with intractable epilepsy under an “expanded access program” (Wilner, 2014).

Earlier this year, GW Pharmaceuticals released physician reports of efficacy and safety data for 27 children and young adults with seizure disorders including individuals with Dravet syndrome (n=9) that were treated with GW’s investigational cannabidiol product, Epidiolex. The uncontrolled data was collected over a 12-week period. It should be noted that the long-term effects of the drug are still unknown. Notable findings include:

- 48% of all patients obtained at least a 50% reduction in seizure frequency as compared to baseline seizure frequency. 56% of patients with Dravet syndrome achieved the same results.
- 22% of all patients obtained at least a 90% reduction in seizure frequency as compared to baseline seizure frequency. 33% of patients with Dravet syndrome achieved the same results.
- At the end of 12 weeks, 15% of all patients were seizure-free. At the end of 12 weeks, 33% of Dravet patients were seizure-free.

The most common adverse events (occurring in 10% or more patients and resulting from all causes) were:

- Somnolence: 40% of patients
- Fatigue: 26% of patients
- Diarrhea: 16% of patients
- Decreased appetite: 11% of patients
- Increased appetite: 10% of patients

### **Overview of State Medical Marijuana Programs**

The remainder of this report provides information on states with medical marijuana programs. The following is an overview of these programs.

States have either comprehensive medical marijuana programs or programs where patients can legally possess low THC/high CBD marijuana products, but have no adequate means of accessing the product. The National Conference for State Legislators identifies four criteria to determine if a program is comprehensive (NCSL, 2013). The criteria are:

1. Protection from criminal penalties for using marijuana for a medical purpose.

2. Access to marijuana through home cultivation, dispensaries or some other system that is likely to be implemented.
3. It must allow a variety of strains; and
4. It must allow either smoking or vaporization of some kind of marijuana products, plant material or extract.

Currently, 23 states – Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Washington state – and the District of Columbia have comprehensive laws according to NCSL’s criteria.

Additionally, 11 states – Alabama, South Carolina, Florida, Iowa, Kentucky, Mississippi, Missouri, North Carolina, Tennessee, Utah, and Wisconsin – have programs that are not comprehensive. These states allow registered patients to obtain low THC/high CDB strains of marijuana, but provide no adequate means for access to medical marijuana.

Of the 34 states and the District of Columbia with medical marijuana programs, 24 states legalized medical marijuana through legislation and 11 states through public vote. There are 20 states that have mandatory registration systems for patients. Of these, 17 states require registration with their respective health departments, two states with the Department of Public Safety, and one state with the Department of Consumer Protection. There is one state, California, with a voluntary registration system. There are four states that have registration systems, but have not yet specified which state agency will be in charge of monitoring the system. Finally, 10 states (Alabama, Maryland, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Utah, Washington, and Wisconsin) do not have registration systems.

There are currently 21 states that have legally allowed for dispensaries to distribute marijuana to patients. Of these 21 states, 9 states have already opened dispensaries. The remaining 12 dispensaries are scheduled to open within the next two years. Finally, 14 states do not legally permit dispensaries within their laws. The table to the right indicates which agency is responsible for regulating dispensaries in the 21 states that have either opened dispensaries or have allowed for dispensaries within the law.

<b>Department Regulating Dispensaries</b>	<b>Number of States</b>
Department of Agriculture	1
Department of Consumer Protection	1
Department of Health (or equivalent)	13
Department of Pharmacy Services	1
Department of Public Safety	1
Secretary of State (or equivalent)	1
Department of Revenue	1
Not Specified	2

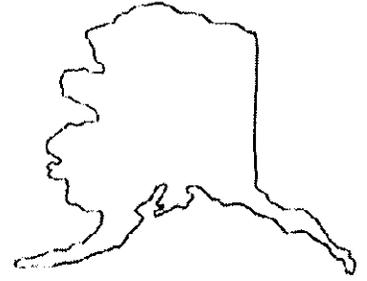
For more detailed information about individual state medical marijuana programs, please refer to the state profiles in the remainder of the report.

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# Alaska

## Measure 8 (1998)

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### Overview

Measure 8 provides safe access to marijuana by removing state-level criminal penalties on the use, possession, and cultivation of medical marijuana. SB 94 modified the law by adding a registry system.

### Registry

Medical marijuana patients must register with state Department of Health and Social Services and receive a registry card. There are 1,246 cardholders (patients and caregivers) as of 2013.

### Patient Rights

Patients may have one primary caregiver and one alternate caregiver who may serve only one patient at a time. The caregiver must be 21 with no probation or parole and no convicted drug-related felonies.

Patients and caregivers can possess 1 oz. of useable marijuana and up to 6 plants (3 mature and 3 immature). Patients and caregivers can possess paraphernalia associated with cultivating or consuming cannabis.

A minor patient qualifies with the consent of his or her parent or guardian and if the adult controls the dosage, acquisition, and frequency of use of the marijuana.

### Dispensaries

Dispensaries are not allowed.

### Fee

\$25 sign up/\$20 annual

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

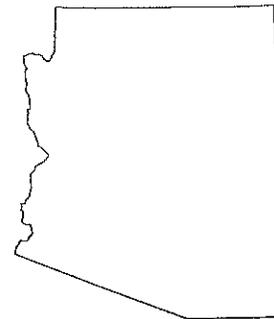
No.

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# Arizona

## Proposition 203 (2010)

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### Overview

Proposition 203, the Arizona Medical Marijuana Act, protects patients from arrest and prosecution if the patient is in lawful possession of a registry card. Patients can also claim an affirmative defense that sunset once cards become available. The law prevents landlords, employers, and schools from discriminating based on a person's status as a caregiver or patient, unless they would otherwise lose a federal monetary or licensing benefit. In 2012, Gov. Brewer signed HB 2349, which banned medical marijuana on all schools, including college campuses and vocational schools.

### Registry

Medical marijuana patients must register with state Department of Health Services and receive a registry card. There are 42,365 patients enrolled in program, and 533 caregivers registered with the program.

### Patient Rights

Patients may appoint a designated caregiver for assistance. Each patient may have only one caregiver, and each caregiver can have up to five patients at a time.

Patients and their caregivers may possess up to 2.5 ounces of usable cannabis. Patients and designated caregivers may cultivate up to 12 plants if they live at least 25 miles from a registered dispensary.

### Dispensaries

The rules for the Medical Marijuana Dispensary portion of the Arizona Medical Marijuana Act were filed April 11, 2012, by the Arizona Department of Health Services using an express rulemaking process to account for changes required by a Superior Court ruling from earlier in the year.

Dispensaries are selected by lottery for applicants who have qualified under the Community Health Analysis Area. The Department of Health Services may charge up to \$5,000 for each dispensary application and up to \$1,000 for each renewal.

The department approved 98 dispensaries in 2012. As of November 2013, 71 had opened and 23 more are approved. Up to 126 dispensaries are allowed. Each dispensary employee must register with the department. Dispensaries must be at least 500 feet from schools. There are no separate cultivators. Dispensaries are not-for-profit. Dispensaries are subject to 5.6% sales tax.

### Fee

\$150 application fee  
\$75 renewal fee

### Conditions Covered

Specific diseases:  
Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS

Debilitating medical conditions:  
Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

Recognizes out of state cards for patients with conditions that qualify under Arizona law, but not for obtaining marijuana from dispensaries

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# California

## Proposition 215 (1996)

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### Overview

Proposition 215, the Compassionate Use Act, allows doctors to recommend cannabis for any serious or persistent medical conditions, and allows patients to legally use, possess, and grow cannabis and designate caregivers to assist them.

The Medical Marijuana Program Act, SB 420, established a voluntary ID card program, protections for transporting cannabis, and a legal framework to protect not-for-profit dispensing collective and cooperatives.

### Registry

Medical marijuana patients can voluntarily registry for ID cards through the California Medical Marijuana Program website. There are 5,798 patients registered with the program, and many more that are not registered. There are 396 caregivers registered.

### Patient Rights

Patients and caregivers registered with the program may possess no more than eight ounces of useable cannabis or cultivate no more than six mature or 12 immature plants.

Patients and designated caregivers without a state ID card or those in possession of larger quantities are afforded an affirmative defense. Qualified patients on probation or parole may legally use medical cannabis with the consent of their probation or parole officer.

Municipalities may restrict or ban the operation of not-for-profit dispensing collectives and cooperatives in their jurisdiction.

### Dispensaries

No state agency regulates dispensaries; city and county oversight varies. The number of dispensaries is unknown. It is in the hundreds, possibly over 1,000.

Dispensaries are legally cooperatives/collectives. Patients and caregivers often bring marijuana they have cultivated to a dispensary.

The law does not authorize distributing marijuana for profit. Dispensaries are subject to 7.6 to 8.5% state and local sales taxes. Some localities enacted additional business taxes

### Fee

Varies by county. Applicants who are Medi-Cal beneficiaries qualify for a 50% reduction for their card.

### Conditions Covered

Specific diseases:  
Cancer, glaucoma, AIDS or HIV

Debilitating medical conditions:  
Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency.

Additionally, the law covers "any other disease for which marijuana provides relief."

### Accept other state's ID cards?

No.

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# Colorado Amendment 20 (2000)

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## Overview

Amendment 20 amended the state constitution to authorize patients to use and possess up to two ounces of medical cannabis and cultivate up to six plants (3 mature, 3 immature) and be assisted by a caregiver.

The Colorado Medical Marijuana Code (C.R.S. 12-43.3-101 et seq.) established a dual licensing mechanism that regulates medical cannabis business at both the state and local level. Colorado allows local governments to adopt regulations regarding medical marijuana businesses and patient and caregiver conduct.

In addition, the Colorado Medical Marijuana Code permits various state agencies to continuously enact new regulations for the medical cannabis community.

## Registry

Patients must be registered with the state Department of Public Health and Environment. There are 109,622 patients enrolled in the program, and 58% of patients have a designated caregiver.

The caregiver must be an individual who has significant responsibility for managing the well-being of the patient. Generally, a caregiver cannot assist more than five patients.

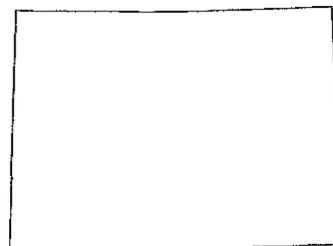
## Patient Rights

The law protects patients by exempting them from prosecution if they are in lawful possession of a registry card. Also offers an affirmative defense if they are not registered but in compliance with the law.

## Dispensaries

Qualified applicants are granted state registrations for dispensaries. Localities may also have their own licensing process. There are 470 medical marijuana centers, 117 infused product manufacturers, and 662 growers. The 470 medical marijuana centers are regulated and registered both locally and by the state Department of Revenue.

There are separate grow licenses but they must have a partnership with a dispensary. There are also infused product maker licenses and labs. Dispensaries may be for-profit. Medical marijuana is subject to 2.9% state tax and local sales taxes, though there is an exemption for indigent patients.



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## Fee

\$15 application fee

## Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency.

## Accept other state's ID cards?

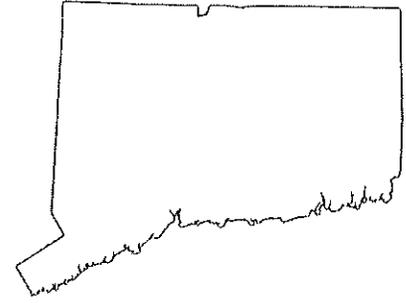
No, however, pursuant to Amendment 64, anyone over 21 can possess marijuana in the state and buy it from marijuana stores once they are operational.

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# Connecticut

## HB 5389 (2012)

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### Overview

HB 5389, "An Act Concerning the Palliative Use of Marijuana," provides registered patients with protection from arrest when using or possessing medical cannabis and allows them to designate caregivers to assist them.

### Registry

Patients must register with the state Department of Consumer Protection (DCP). There are currently 1,343 patients enrolled in the program, and 49 caregivers registered with the program.

### Patient Rights

Patients can possess up to 2.5 ounces per month. This may be changed based on advice from the Board of Physicians. Home cultivation by patients and caregivers is not allowed.

Patients may only have one caregiver, and caregivers may assist one patient unless a parent, guardian, or sibling relationship exists.

### Dispensaries

Dispensaries are regulated by the DCP. DCP also determines the total number of dispensaries. Dispensaries should be opening in 2014.

The dispensaries must be run by licensed pharmacists. There will be up to 10 separate cultivators. Dispensaries may be for-profit. A 6.35% state sales tax applies to dispensaries.

### Fee

\$100 application fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, multiple sclerosis, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, seizure disorders, muscle spasticity disorders, Parkinson's disease

Allows addition of diseases or conditions by state health agency.

### Accept other state's ID cards?

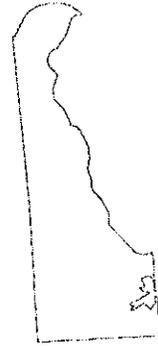
No.

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# Delaware

## SB 17 (2011)

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### Overview

Senate Bill 17, the Delaware Medical Marijuana Act, legally allows patients with a registry identification card to use and possess cannabis for medical purposes and designate a caregiver.

Qualifying patients and caregivers are protected from discrimination with employment, education, housing, parental rights, or medical care, including transplants.

Delaware lawmakers adopted regulations for the Medical Marijuana Program in 2012; however, before the regulation were finalized, the program was suspended by Governor Jack Markell as the result of a letter sent to him from the U.S. Attorney for Delaware threatening legal action against state employees. In August 2013, Gov. Markell lifted the suspension. The first distribution center will open in summer 2014.

### Registry

Patients must register with the state Department of Health and Social Services. There are currently 21 patients and 0 caregivers registered.

### Patient Rights

Registered patients and designated caregivers may possess up to six ounces of usable cannabis. Patients may obtain three ounces from a dispensary every 14 days. No personal cultivation is allowed.

One caregiver per patient. A caregiver may assist up to five patients at a time. Caregivers may not cultivate marijuana.

### Dispensaries

The law called for three Department of Health and Social Services-regulated dispensaries by January 1, 2013. However, Gov. Markell placed a hold on implementation. In August 2013, Gov. Markell directed DHSS to only register one pilot dispensary. The first dispensary is set to open in September 2014.

Applications for dispensaries are sent to DHSS and the application process is merit-based. There are no separate cultivators. Dispensaries are not-for-profit. Revenues above \$1.2 million per year are subject to gross receipts taxes.

### Fee

\$125 application fee

### Conditions Covered

Specific diseases:

Cancer, AIDS or HIV, decompensated cirrhosis, ALS, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency.

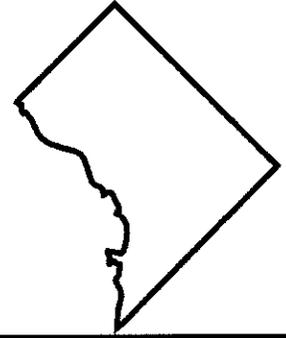
### Accept other state's ID cards?

Yes, for patients with conditions that qualify under Delaware registry card is needed to obtain marijuana from dispensaries.

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# District of Columbia Initiative 59 (1998)

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## Overview

The voters of Washington, D.C. first approved medical cannabis in 1998 with the passage of Initiative 59 (I-59), but the law was blocked by Congressional action under its constitutional authority over the laws of the District.

Once Congress dropped its opposition, the D.C. Council in January 2010 introduced B18-0622: Legalization of Marijuana for Medical Treatment Initiative of 2010 as a replacement for I-59.

The law allows for patients to be exempt from arrest and prosecution if in lawful possession of a registry card.

## Registry

Patients must be registered with the Department of Health.

There are currently 62 patients and 3 caregivers enrolled in the program.

## Patient Rights

Registered patients are allowed to possess up to two ounces of usable cannabis. The law allows the mayor to increase the limit to four ounces by rulemaking. Home cultivation is not allowed.

Caregivers may obtain marijuana from a dispensary on the patient's behalf and assist with administration. Patients may have one caregiver, and caregivers may assist only one patient.

Patients whose income is less than 200% of the federal poverty level are entitled to purchase medicine at a reduced rate.

## Dispensaries

Dispensaries will be regulated by the Department of Health. As of fall 2013, three dispensaries and three cultivation centers have opened. The mayor may authorize a total of five more dispensaries and as many cultivation centers as are needed. Dispensaries may be for-profit. A 6% sales tax applies.

## Fee

\$100 application fee  
\$25 renewal fee

## Conditions Covered

Specific diseases:  
Cancer, glaucoma, AIDS or HIV

Debilitating medical conditions:  
Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency.

## Accept other state's ID cards?

No.

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# Hawaii

## SB 862 (2000)

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### Overview

In 2000, Hawaii passed SB 862 HD1, making Hawaii the first state to legalize medical cannabis via the legislature, as opposed to voter initiative. The legislature amended the law in 2013 with two bills that take effect in January 2015, House Bill 668 and Senate Bill 642.

HB 668 moves the medical marijuana program from the Department of Public Safety to the Department of Health and establishes a Medical Marijuana Registry special fund. SB 642 amends registration requirements and creates a mechanism for law enforcement to immediately verify registration status 24 hours a day, 7 days a week.

Registered patients and caregivers are entitled to an affirmative defense in court, but because Hawaii has a registry verification system that law enforcement can access 24 hours/day, 7 days/week, registered patients and caregivers who are in clear compliance with the law are often not subject to arrest.

### Registry

Patients currently register with the Department of Public Safety, but registration services will be transferred to the Department of Health in 2015. There are currently 13,833 patients and 1,673 caregivers enrolled in the program.

### Patient Rights

Registered medical cannabis patients and their registered caregivers may possess up to three ounces of usable cannabis and cultivate up to seven plants (3 mature, 4 immature). A patient is entitled to one caregiver, and caregivers can only assist one patient at any given time.

### Dispensaries

State law does not provide for dispensaries. Patients and caregivers must either grow marijuana themselves or obtain it illegally.

### Fee

\$25 application fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency.

### Accept other state's ID cards?

No.

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# Illinois

## HB 1 (2013)

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### Overview

In 2013, The Compassionate Use of Medical Cannabis Pilot Program Act (HB 1) was enacted to create a temporary statewide distribution program for qualifying patients. HB 1 additionally exempts patients with a registry card from arrest and prosecution. The law has a sunset clause that means the legislature will have to extend it or pass a new law by December 31, 2017.

### Registry

Patients must register with the state Department of Public Health. There are no patients enrolled in the program at this time.

### Patient Rights

HB 1 allows patients to obtain up to 2.5 ounces of cannabis every two weeks. Cultivation by patients or their caregivers is prohibited. Minors, public safety officials, school bus and commercial drivers, police and correctional officers, firefighters, and anyone convicted of a drug-related felony are not eligible for the program.

### Dispensaries

The law allows for 60 dispensaries and 22 cultivation centers. Dispensaries are regulated by the Department of Financial and Professional Regulation.

The state will decide who can open a dispensary on a merit-based application process. Dispensaries may be for-profit. A 7% excise tax applies at the cultivator level and a 1% sales tax applies to dispensaries.



### Fee

TBD

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS, multiple sclerosis

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, muscle spasticity disorders, agitation of Alzheimer's disease, muscular dystrophy, severe fibromyalgia or any spinal cord disease, Spinocerebellar Ataxia (SCA), Parkinson's, Tourette's, Myoclonus, Dystonia, Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I), Causalgia, CRPS (Complex Regional Pain Syndromes Type II), Neurofibromatosis, Chronic Inflammatory Demyelinating Polyneuropathy, Sjogren's syndrome, Lupus, Interstitial Cystitis, Myasthenia Gravis, Hydrocephalus, nail-patella syndrome, residual limb pain, or the treatment of these conditions.

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

No.

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# Maine

## Question 2 (1999)

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### Overview

In 1999, voters, through a ballot initiative (Question 2) enacted the Maine Medical Marijuana Act to protect patients who use cannabis medically on the advice of their doctor. In 2002, the Maine legislature approved SB 611, which increased the medical cannabis possession limit for those who could legally acquire medicine under the 1999 act. In 2009, the voters of Maine modified the 1999 act with another initiative, Question 5. Question 5 added several qualifying conditions and created both a statewide distribution program and a statewide patient registry system. In 2012, the Maine legislature amended the law to provide better patient privacy.

### Registry

There is an optional registry system for patients and caregivers of patients who are family or household members. Patients and caregivers who choose to register do so with the Department of Health and Human Services.

There are 1,455 patients registered. There are likely many more patients not registered. There are 575 caregivers registered. Not all caregivers have to register.

### Patient Rights

Registered patients or their designated caregivers may possess up to 2.5 ounces of usable cannabis and cultivate up to six mature plants.

Patients charged with possession of excess marijuana may plead, as a defense, that such excess marijuana was necessary to ensure uninterrupted availability.

### Dispensaries

The Department of Health and Human Services regulates eight non-profit dispensaries. Dispensaries are selected through a merit-based application process. Patients may obtain marijuana from their designated dispensary.

Caregivers may sell two pounds per year or excess marijuana to dispensaries. Dispensaries are subject to 5% sales tax. Edibles are subject to 7% meals and rooms tax.



### Fee

No fee.

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, Severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

Yes, but visiting patients may not obtain marijuana from a Maine dispensary.

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# Maryland

## HB 881 (2014)

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### Overview

Maryland's first legal protections for patients were established in 2003 with the Darrell Putman Compassionate Use Act, which created an affirmative defense for patients possessing less than one ounce of marijuana that reduced convictions to a misdemeanor offense with a maximum \$100 fine.

In 2013, HB 180 expanded the affirmative defense to caregivers, while HB 1101 allowed "Academic Medical Centers" to conduct medical cannabis research studies and established a commission to create regulations.

In 2014, the Maryland legislature approved HB 881/SB 923, a comprehensive medical cannabis program that expanded and clarified legal protections for patients, caregivers, and physicians, and created a distribution system.

Patients and their caregivers may not be subject to arrest, prosecution, or "any civil or administrative penalty" for the possession of a 30-day supply of marijuana. There is also an affirmative defense of "medical necessity" that patients and caregivers can raise for possession of up to an ounce of marijuana.

### Registry

There is no official registration program for patients. However, physicians must apply to the Natalie M. LaPrade Medical Marijuana Commission before certifying patients. Upon approval of the application and receipt of the written certifications, the commission will issue the appropriate identification cards.

### Patient Rights

Registered patients and their designated caregivers will be allowed to obtain and possess up to a 30-day supply of cannabis. Personal cultivation is prohibited.

### Dispensaries

The commission may license up to 15 cultivators to grow medical marijuana and an undetermined number of dispensaries to distribute it. Cultivators may sell their product either through dispensaries, a satellite location, or directly to patients and caregivers. The commission will determine the number of dispensaries that will be allowed.

### Fee

TBD.

### Conditions Covered

There are no explicit qualifying medical conditions in Maryland; instead, physicians must apply for permission to write recommendations for conditions they specify.

The commission is encouraged to approve applications for medical conditions that cause: cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms.

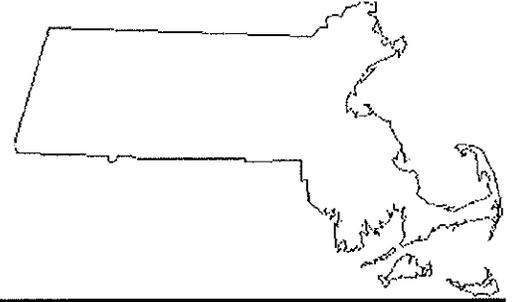
### Accept other state's ID cards?

No.

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# Massachusetts Question 3 (2012)

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## Overview

In 2012, Massachusetts voters approved Question 3, "An Initiative Petition for a Law for the Humanitarian Medical Use of Marijuana," establishing legal protection for medical cannabis patients, caregivers, physicians and medical professionals, cultivators, and providers that are in possession of a registry ID card.

## Registry

Patients must register with the state Department of Public Health.

## Patient Rights

Registered patients and their designated caregivers may possess up to a 60-day supply of usable cannabis, defined as 10 ounces. The law allows for up to two caregivers per patient.

## Dispensaries

Dispensaries will be licensed to both grow and sell medical cannabis. They will be required to provide medicine at discounted rates for low-income residents. Homebound patients will be allowed secure home delivery, and personal caregivers can pick up medicine at dispensaries on behalf of patients under their care. Personal cultivation may be permitted in rare hardship cases.

Dispensaries are regulated by the Department of Public Health, which shall register up to 35 centers in 2014. The number may be increased if more are needed. In June 2014, the department approved 11 dispensary applications, which now advance to the inspection phase of the process. Medical marijuana is not subject to a sales tax.

## Fee

\$50 application fee

## Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS, multiple sclerosis

The law allows certification for other debilitating conditions "as determined in writing by a qualifying patient's physician."

## Accept other state's ID cards?

No.

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# Michigan Proposal 1 (2008)

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## Overview

In 2008, Michigan voters passed the Michigan Medical Marihuana Act, which protects patients certified by their doctor and registered with the Department of Licensing and Regulatory Affairs from arrest or prosecution and from civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau..

## Registry

Patients must register with the state Department of Public Health. There are currently 128,441 patients and 26,875 caregivers registered.

## Patient Rights

The law allows qualifying patients or their designated caregiver to cultivate up to 12 cannabis plants and possess up to 2.5 ounces of usable cannabis.

## Dispensaries

There are currently no statewide regulations covering dispensaries; however, certain municipalities have passed ordinances that permit the businesses.

## Fee

\$100 application fee  
\$25 renewal fee

## Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS

Debilitating conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency.

## Accept other state's ID cards?

Yes.

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# Minnesota

## SF 2470 (2014)

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### Overview

In 2014, the Minnesota legislature passed SF 2470, which provides legal protections for patients with certain debilitating medical conditions who obtain a physician's recommendation for the use of medical cannabis products. The law also provides for protections from discrimination in employment, housing, child custody disputes, organ transplants, and other medical care.

SF 2470 contains some of the strongest privacy protections for patients, though the state seeks to collect medical data from physicians on the patients for whom they recommend medical cannabis.

### Registry

To enroll in the program, a patient must have a qualifying condition and submit a certification to the health department from their treating practitioner. The practitioner (who may be a physician, nurse practitioner, or physician's assistant) must enroll in the program as well and will be required to submit data on the patient's health records.

### Patient Rights

Registered patients are protected from criminal and civil penalties for possession and using liquids, oils, or pills made out of marijuana in compliance with the medical marijuana law. Patients may not smoke marijuana in any other form unless the health commissioner approves the form. Vaporization of extracts is allowed, however, smoking is forbidden. The law does not impose concentration requirements for THC or CBD.

Patients may have a single caregiver. The caregiver must be 21 or older and cannot have a disqualifying drug conviction.

### Dispensaries

The law allows the state to register two medical marijuana manufacturers by December 1, 2014 or July 1, 2015. Each of the manufacturers must establish a total of four distribution points each by July 1, 2016. The law requires that only pharmacists working with the manufacturers may distribute marijuana products to qualified patients. They may only dispense up to a 30-day supply as determined by the on-site pharmacist after consulting with the individual patient.

### Fee

\$200 application fee  
\$50 renewal fee

### Conditions Covered

Specific diseases:

Cancer, AIDS or HIV, Crohn's disease, ALS

Debilitating conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

The health commissioner may add additional conditions, but only after giving the legislature an opportunity to overturn the commissioner's recommendation.

### Accept other state's ID cards?

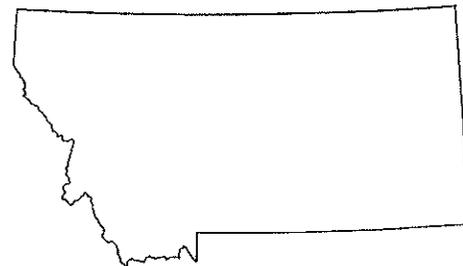
No.

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# Montana

## Initiative 148 (2004)

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### Overview

Initiative 148 exempts patients from arrest and prosecution in they are in lawful possession of a registry card. It was amended by SB 325 in 2009, and it was replaced with a much more restrictive law, SB 423, in 2011. Some of SB 423 went into effect on July 1, 2011 and some was enjoined in court. As of July 25, 2014, litigation is still ongoing

Under SB 423, physicians must describe all other attempts at treatment and that the treatments have been unsuccessful. Physicians also have to state that they have a "reasonable degree of certainty" that each patient would benefit from medical marijuana. A provision that is currently enjoined provides that physicians will be investigated at their own expense by the medical board if they make 25 or more recommendations in a 12-month period.

SB 423 lets landlords ban tenants who are patients from using medical marijuana and requires a landlord's written permission for cultivation. A provision that has been enjoined allows state and local law enforcement to make unannounced inspections of caregivers registered premises during business hours. SB 423 bans advertising of marijuana or related products, including on the internet, but that part of the law is currently enjoined.

### Registry

Patients must register with the state Department of Public Health and Human Services. There are 7,150 patients and 286 providers registered with the program.

### Patient Rights

Patients may possess one ounce of usual marijuana. Either patients, or providers on behalf of patients (but not both) may possess four mature plants and 12 seedlings. Each patient may have one provider.

A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana. They must also have two physicians' recommendations. The health department is responsible for issuing ID cards and may approve additional medical conditions.

### Dispensaries

S.B 423 does not mention dispensaries.

### Fee

\$75 application fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, multiple sclerosis

Debilitating conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

The law also covers certain patients admitted to hospice care.

### Accept other state's ID cards?

No.

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# Nevada

## Question 9 (2000)

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### Overview

In 2000, 65% of Nevada voters approved Question 9, amending the state constitution to allow the use, possession, and cultivation of marijuana by qualifying patients who have been approved by the confidential state-run patient registry that issues identification cards. In June 2013, the Nevada legislature enacted SB 374, establishing a statewide medical cannabis distribution program.

### Registry

Patients must register with the state Department of Health and Human Services. There are currently 4,643 patients and 195 caregivers registered.

### Patient Rights

Registered patients may possess up to 2.5 ounces of usable cannabis every 14 days and cultivate up to 12 plants. Patients who do not have a card or who possess more than the law allows can still be prosecuted, but are allowed to raise a medical necessity defense.

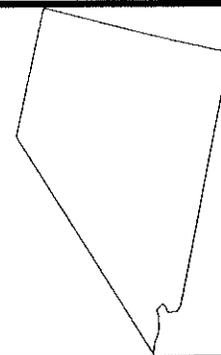
Each patient may have one caregiver, and caregivers can serve multiple patients at one time.

A professional licensing board may not discipline patients and employers must attempt to make reasonable accommodation for the medical needs of employees who are registered patients.

### Dispensaries

The law allows for the creation of up to 66 dispensaries regulated by the Department of Health and Human Services. Additionally, the law states that growers, labs, and infused product makers must be regulated by the Department of Health and Human Services. All of the establishments may be for-profit.

Dispensaries are subject to the following taxes: 6.85% state sales tax, 8.1% local sales tax, and two 2% excise taxes (one at the wholesale level and one at the retail level). Tax revenue is distributed as follows: 75% to education and 25% to regulatory oversight.



### Fee

\$100 application fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

Yes, as long as the other state programs are substantially similar to the requirements of Nevada law.

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# New Hampshire

## HB 573 (2013)

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### Overview

In 2013, New Hampshire became the 19th medical cannabis state when Gov. Maggie Hassan signed HB 573, Use of Cannabis For Therapeutic Purposes, into law after similar bills had been vetoed twice before.

### Registry

Patients must register with the New Hampshire Department of Health's medical cannabis program.

Minors may register with the program if they have qualifying conditions and if their parent or guardian submits a certification from two providers, one of which must be a pediatrician.

### Patient Rights

Patients and caregivers registered and in possession of a registry ID card are protected from arrest or prosecution. Patients may buy and possess no more than two ounces of cannabis every 10 days. If charged, registration provides an affirmative defense for patients or caregivers in compliance with the law. Patients and caregivers may not be denied any right or privilege on the basis of their status.

A patient may designate only one caregiver, but a caregiver may assist up to five patients. Caregivers are limited to transporting medicine from licensed centers and assisting with administration.

### Dispensaries

Personal cultivation of cannabis is prohibited. Medicine must be obtained by the patient or registered caregiver from one of four Alternative Treatment Centers to be licensed by the state. The law requires the Department of Health to issue licenses to two centers by January 2015. Dispensaries cannot possess more than either 80 mature plants and 80 ounces total, or three mature plants and six ounces per patient. The law does not have a sales tax requirement, and dispensaries are not-for-profit.



### Fee

To be determined

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS, multiple sclerosis

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency

The law requires providers to certify that the patient has both a qualifying disease and a qualifying symptom.

### Accept other state's ID cards?

Yes, for patients with conditions qualifying in New Hampshire and for visiting patients bringing their own marijuana.

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# New Jersey

## SB 119 (2010)

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### Overview

In January 2010, New Jersey lawmakers approved Senate Bill 119, which was to become effective six months after enactment, but Governor Chris Christie delayed the program. The first draft rules issued by the New Jersey Department of Health (DOH) were rejected by the bill's lead sponsor. New draft rules were issued in February 2011 and adopted in November that included changes to the licensing process for cultivators and distributors, prohibited home delivery, and required a recommending physician to certify that a patient's qualifying condition is "resistant to conventional medical therapy."

The first patient registrations were accepted in August 2012, and the first Alternative Treatment Center opened in December 2012. In August 2013, Senate Bill 2842 lifted the limits on the number of cannabis strains that may be cultivated and allowed for the manufacture and distribution of edible cannabis products solely to minors.

### Registry

Patients must register with the state Department of Health and Senior Services. There are currently 1,200 patients and 114 caregivers registered.

### Patient Rights

Patients cannot possess more than two ounces in a 30 day period. The certifying physician must indicate the quantity a registered patient is allowed to obtain. Patients may have one caregiver, and caregivers may only assist one patient at a time.

### Dispensaries

Patients must obtain their medicine from one of six licensed Alternative Treatment Centers (ATC). As of fall 2013, two ATCs are open. These six ATCs are not-for-profit and are subject to a 7% sales tax. Home cultivation is not allowed.

### Fee

\$200 application fee  
\$20 renewal fee

### Conditions Covered

Specific diseases:  
Cancer, glaucoma, AIDS or HIV, Crohn's disease, ALS, multiple sclerosis

Debilitating medical conditions:  
Seizure disorders, muscle spasticity disorders, muscular dystrophy

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

No.

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# New Mexico

## SB 523 (2007)

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### Overview

In 2007, the New Mexico legislature passed Senate Bill 523, "The Lynn and Erin Compassionate Use Act," allowing approved New Mexico patients with registry IDs to legally possess and use medical cannabis and to designate a caregiver for assistance. A qualifying patient may either receive a Personal Production License (PPL) to grow medical cannabis for personal use or obtain their medicine from a Licensed Non-Profit Producers (LNPP).

### Registry

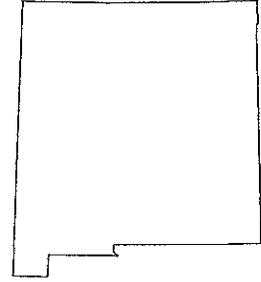
Patients must register with the state Department of Health. There are 9,960 patients and 241 caregivers registered.

### Patient Rights

Registered caregivers may assist up to four qualifying patients. Registered patients or their caregivers may possess up to six ounces of usable cannabis. Those licensed to produce their own medicine may cultivate up to 16 plants, of which no more than 4 can be mature.

### Dispensaries

The Department of Health regulates non-profit dispensaries. As of fall 2013, there were 23 dispensaries. Each dispensary may cultivate up to 150 plants. There are no separate cultivators. Dispensaries are subject to a gross receipts tax (5.125% to 8.8675% depending on the location).



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### Fee

No fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, ALS, multiple sclerosis, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency

### Accept other state's ID cards?

No.

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# New York S7923 (2014)

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## Overview

In June 2014, the New York Assembly passed S7923, which creates legal protections for patients and caregivers and authorizes the state to license and regulate “registered organizations” to cultivate and sell medical cannabis to patients.

## Registry

Patients must obtain a registration identification card after getting written certification from their physician. The law requires physicians to take education courses and have medical expertise for a qualifying condition they wish to recommend for, and provide continuous care of the patient in order for the patient to maintain legal protection. Physicians must also state the dosage patients should use, which determines the 30- day supply of medicine that the patient may possess.

## Patient Rights

The law forbids the smoking of cannabis by patients but does not explicitly ban patients from accessing cannabis in its dried flower form; however, the Commissioner must approve all forms of medical cannabis that are made available to patients.

Patients may designate up to two caregivers, who may pick up their medical marijuana for them. Caregivers generally must be at least 21, and they may not serve more than five patients. A minor’s caregiver must be his or her parent, guardian who is approved by the department.

## Dispensaries

The state may license up to five registered organizations, and each may have up to four retail locations from which patients may purchase their medicine.

## Fee

\$50 application fee

## Conditions Covered

The qualifying conditions are cancer, HIV/AIDS, ALS, Parkinson’s disease, multiple sclerosis, spinal cord damage causing spasticity, epilepsy, inflammatory bowel disease, neuropathies, or Huntington’s disease.

The health commissioner may also add or delete conditions and must decide whether to add Alzheimer’s, muscular dystrophy, dystonia, PTSD, and rheumatoid arthritis within 18 months of the law’s effective date.

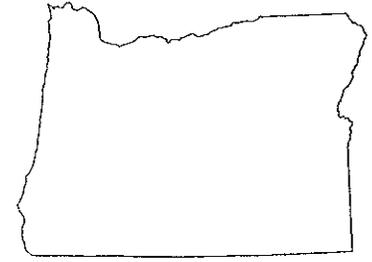
## Accept other state’s ID cards?

No.

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# Oregon Measure 67 (1998)

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## Overview

In 1998, Oregon voters approved Measure 67, the Oregon Medical Marijuana Act (OMMA), allowing a patient with a valid ID card to use, possess, and cultivate cannabis for medicinal purposes, and designate a primary caregiver to assist them.

In August 2013, House Bill 3460 established regulations for state-licensed medical cannabis facilities. In March 2014, Senate Bill 1531 granted cities and counties the right to pass moratoriums on the opening of medical marijuana facilities until May 1, 2015.

## Registry

Patients must enroll in the Oregon Health Authority patient registry with the Department of Human Services and possess a valid Oregon Medical Marijuana Program (OMMP) identification card. Non-registered patients with a valid recommendation who are within the possession or cultivation limits set by the OMMA are entitled to an affirmative defense. There are 58,484 patients and 29,323 caregivers registered.

## Patient Rights

Qualifying patients may possess up to 24 ounces of usable cannabis and may cultivate up to 24 plants (6 mature, 18 immature). One caregiver is allowed per patient; however caregivers can serve multiple patients at a time. Caregivers can grow marijuana for no more than four patients at a time.

## Dispensaries

The Oregon Health Authority registers medical marijuana facilities, which may transfer usable marijuana and immature plants to patients and their caregivers. The facilities may not grow marijuana; they obtain it from patients, caregivers, and people responsible for grow sites. As of June 2014, 138 dispensaries were licensed. Facilities are not subject to a sales tax.

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## Fee

\$200 application fee  
\$60 renewal fee

## Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, PTSD

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders, agitation of Alzheimer's disease

Allows addition of diseases or conditions by state health agency

## Accept other state's ID cards?

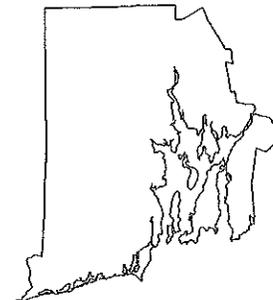
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# Rhode Island

## S. 710 (2006)

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### Overview

In 2006, the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act (S. 710) was enacted, allowing patients with a Rhode Island registry ID card to use, possess, and cultivate cannabis. The act has been amended several times (S. 791 in 2007, H. 5359 in 2009, S. 2834 in 2010, and H. 7888 in 2012). The law provides exemption from arrest and prosecution if in lawful possession of a registry card.

### Registry

Patients must register with the Department of Health. There are 5,941 patients and 3,458 caregivers registered.

### Patient Rights

Registered patients may possess up to 2.5 ounces of usable cannabis and may cultivate up to 12 plants.

Patients may currently appoint up to two primary caregivers for assistance or designate a compassion center as one of the caregivers. Qualified patients and caregivers are entitled to an affirmative defense at trial or dismissal of charges upon demonstrating that they were in compliance. Any property seized in connection with qualified medical use of cannabis is to be returned.

### Dispensaries

In 2009, the Department of Health was authorized to license not-for-profit compassion centers to distribute medical cannabis. In 2011, Gov. Lincoln Chafee suspended licensing of compassion centers in response to threats from federal prosecutors; he then resumed the program in January 2012 after background checks and additional plant limits were added to the licensing requirements. Rules for the program were revised seven times between 2006 and 2012.

The Department of Health has approved three dispensaries, two of which have been registered. Dispensaries may dispense marijuana grown by patients and caregivers and may grow 150 plants. Dispensaries are subject to a 7% sales tax along with a 4% surcharge.

### Fee

\$75 application fee  
\$10 renewal fee

### Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV,  
Hepatitis C

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome,  
severe or chronic pain, severe or chronic  
nausea, seizure disorders, muscle  
spasticity disorders, agitation of  
Alzheimer's disease

Allows addition of diseases or conditions  
by state health agency

### Accept other state's ID cards?

Yes.

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# Vermont

## SB 76 (2004)

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### Overview

In 2004, Senate Bill 76 established a patient registry that provided legal protections for qualifying patients and their primary caregivers who possess or cultivate small amounts of medical cannabis.

### Registry

Patients must register with the state Department of Public Safety. There are 846 patients and 128 caregivers registered.

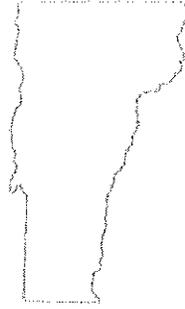
### Patient Rights

Patients and their designated caregivers may possess up to two ounces of usable cannabis. In 2007, Senate Bill 7 increased the cultivation limits to two mature and two immature plants, and seven immature plants. Additionally, the law allowed licensed physicians in neighboring states to recommend cannabis for Vermont residents.

Patients are allowed up to two caregivers, with a dispensary considered a caregiver. Non-dispensary caregivers can assist up to five patients.

### Dispensaries

In June 2011, Senate Bill 17 authorized up to four state-licensed distribution facilities to serve up to 1,000 patients each. Dispensaries will not be subject to a sales tax. Once dispensaries are operating in the state, patients may designate one for accessing medicine but may no longer cultivate cannabis.



### Fee

\$50 application fee

### Conditions Covered

Specific diseases:

Cancer, AIDS or HIV, multiple sclerosis

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders

### Accept other state's ID cards?

No.

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# Washington Initiative 692 (1998)

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## Overview

In 1998, Washington voters approved state Initiative Measure No. 692. Under this measure, qualifying patients and caregivers are protected from arrest and prosecution.

In 2011, the state legislature changed the requirements for recommending cannabis to patients; currently, recommendations must be on tamper-resistant paper and include an original signature by the healthcare provider, a date, and a statement that the patient may benefit from the medical use of marijuana. In

November 2012, voters approved I-502, an initiative relating to the adult use of cannabis, but that law does not affect the additional rights and protections afforded patients.

## Registry

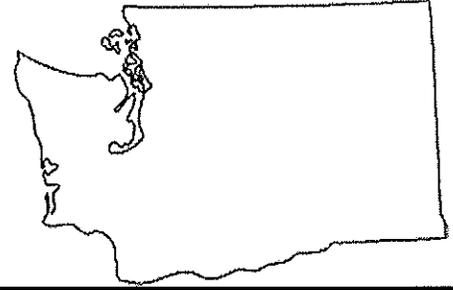
No registration system exists.

## Patient Rights

The law allows a qualifying patient or designated provider to have a 60-day supply of medical cannabis, defined as 24 ounces and 15 plants. A patient who exceeds those limits is entitled to an affirmative defense of medical necessity.

## Dispensaries

Dispensaries are not permitted under Washington law, but up to ten (10) patients may participate in a collective garden with no more than fifteen (15) plants per patient, a maximum total of 45 plants, and no more than 24 ounces of usable cannabis per patient. Adult use marijuana is subject to a sales tax and a 25% excise tax at each level.



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## Fee

No fee.

## Conditions Covered

Specific diseases:

Cancer, glaucoma, AIDS or HIV, Crohn's disease, Hepatitis C, multiple sclerosis

Debilitating medical conditions:

Cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe or chronic nausea, seizure disorders, muscle spasticity disorders

Allows addition of diseases or conditions by state health agency

## Accept other state's ID cards?

No, however, pursuant to Initiative 52 anyone over 21 can possess marijuana in the state and buy it from marijuana stores.

## States with high CBD/low THC Laws

### **Alabama**

#### **SB 174 (2014)**

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##### Overview

Alabama passed SB 174 "Carly's Law" in 2014. SB 174 allows the University of Alabama-Birmingham to conduct effectiveness research using low (>3%) THC products for treating seizure disorders for up to 5 years. The law offers patient protection for the possession and use of CBD. The law is extremely limited and may not be able to provide CBD-rich medicine to patients.

##### Medical Marijuana Research Program

A medical practitioner from the University of Alabama-Birmingham's Department of Neurology must approve patients. The program does not provide for the production of CBD-rich products. Patients of all ages can join, however patients from other states are not accepted.

### **Florida**

#### **SB 1030 (2014)**

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##### Overview

In 2014, the Florida legislature passed SB 1030, which creates a registry ID card system that would allow them to possess and use only cannabis products rich in cannabidiol (CBD) and low in THC. In early 2014, the organization United for Care successfully gained a sufficient number of signatures to place Amendment 2 on Florida's November 2014 ballot. Amendment 2 would substantially improve the CBD-rich program signed into law by Governor Rick Scott in June 2014. The ballot measure would create a legal right for patients and their caregivers to obtain and possess marijuana for the patient's medical use. If approved by voters, the law would not impose a restricted conditions list and instead would authorize physicians to determine which patients ought to engage in medical marijuana therapy.

##### Dispensaries

SB 1030 allows the state to license up to five businesses to grow cannabis plants to produce medicine with at least 10% CBD and no more than 0.8% THC. Cultivation licenses will require a \$5 million performance bond.

Cultivation and sales of medical marijuana to patients would be handled by Medical Marijuana Treatment Centers. The law requires the Department of Health to issue regulations for the program, including provisions regarding testing of medicine, labeling, training, and safety requirements treatment centers.

##### Conditions Covered

Cancer, seizure disorders, or severe and persistent muscle spasms

##### Accept other state's ID cards?

No.

## **Iowa**

### **SF 2360 (2014)**

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#### Overview

In 2014, the Iowa legislature passed SF 2360, the “Medical Cannabidiol Act,” which allows licensed neurologists to certify patients with intractable epilepsy to use cannabidiol (CBD) products with 3% or less THC content. The law does not allow other types of physicians to write qualifying recommendations, nor does it allow for patients with any other conditions to obtain legal protections.

#### Registry

Qualifying patients must obtain a state registry ID card in order to receive legal protection; qualifying patients may designate a caregiver to assist them. The law does not impose a minimum amount of CBD, but does not extend legal protections for products with more than 3% THC.

#### Dispensaries

Dispensaries are not included in the law.

#### Conditions Covered

Intractable epilepsy only.

## **Kentucky**

### **SB 124 (2014)**

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#### Overview

In 2014, the Kentucky legislature revised the definition of marijuana under state law to create legal protection for patients who use a cannabidiol (CBD) medicine as part of an approved clinical trial or on the written order of “a physician practicing at a hospital or associated clinic affiliated with a Kentucky public university having a college or school of medicine.”

#### Registry

States that offer reciprocity for medical cannabis patients who are not residents typically require a valid medical cannabis registry ID card, which Kentucky does not currently offer.

#### Dispensaries

The law does not create a production or distribution model within Kentucky, so patients with a qualifying Kentucky physician’s recommendation can only obtain their medicine by traveling to a medical cannabis state that both has production of CBD medicines and would recognize a Kentucky physician’s order as valid.

## **Mississippi**

### **HB 1231 (2014)**

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#### Overview

In 2014, Mississippi passed HB 1231, which creates an affirmative defense for the possession and use of CBD oil in very limited circumstances. Known as "Harper Grace's Law," the bill only provides legal protection to patients diagnosed with a debilitating epileptic condition, and only if the CBD oil was either obtained from or tested by the National Center for Natural Products Research at the University of Mississippi and dispensed by the Department of Pharmacy Services at the University of Mississippi Medical Center. The law requires that CBD oil must have at least 15% CBD and no more than 0.5% THC. Patients with conditions other than a debilitating epileptic condition are not entitled to any legal protections, nor are there any legal protections for the possession and use of any other type of cannabis product.

## **Missouri**

### **HB 2238 (2014)**

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#### Overview

In 2014, Missouri passed HB 2238, which creates a legal right for certain patients to obtain, possess, and use "hemp extracts" in limited circumstances. The law defines a "hemp extract" as a preparation of cannabis that contains at least 5% CBD and no more than 0.3% THC. Only patients with a seizure disorder and a recommendation from a neurologist are eligible to obtain a "hemp registration card," which entitles them to access and legal protections. Patients are allowed to purchase hemp extracts from two state-regulated "Cannabidiol oil care centers." The law also allows the Department of Agriculture to license and regulate growers of cannabis plants to produce the oil to make sure they conform to the CBD and THC stipulations.

## **North Carolina**

### **HB 1220 (2014)**

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#### Overview

In July 2014, North Carolina enacted HB 1220, known as North Carolina Epilepsy Alternative Treatment Act, creating a pilot program that allows medical use of CBD-rich oil only for registered patients diagnosed by a neurologist at one of four universities as having intractable epilepsy that has not been responsive to at least three other treatment options. Access is to be only through a registered caregiver who must be a parent, guardian, or legal custodian and who must obtain the CBD oil in a state with reciprocity to purchase medical cannabis products. Most medical cannabis jurisdictions that honor reciprocity for other state registration cards do not allow patients/caregivers from out of state to purchase any medical cannabis products. The CBD-rich oil must contain at least 10% CBD, and no more than 0.3% CBD, and must have no other psychoactive components.

## **South Carolina**

### **S 1035/H 4803 (2014)**

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#### Overview

In 2014, the South Carolina legislature passed S 1035/H 4803, also known as “Julian’s Law.” The law creates an exemption for the possession and use of CBD from the criminal definition of marijuana in limited circumstances. Only patients with severe forms of seizure disorders are eligible for legal protections after the patient obtains a recommendation for CBD oil from a physician. The law requires that the CBD oil be at least 15% CBD and no more than 0.9 % THC. The law also creates the ability for physicians to apply to take part in a statewide medical study of CBD oil for other conditions; however, the CBD oil for these studies must be at least 98% CBD and must come from a USDA-approved source.

## **Tennessee**

### **SB 2531 (2014)**

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#### Overview

In 2014, Tennessee legislators passed SB 2531, which changes the definition of marijuana to create a legal exception for the possession and use of low-THC, CBD-rich cannabis oil solely by patients with intractable seizures. The law authorizes a state university to grow and manufacture the oil, which can have no more than 0.9% THC.

## **Utah**

### **HB 105 (2014)**

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#### Overview

In 2014, Utah passed HB 105, which creates a legal right to possess and use CBD rich extracts of the cannabis plant for patients diagnosed by neurologist with intractable epilepsy who obtain a registration ID card from the state. The state requires that extracts must contain at least 15% CBD, have not more than 0.3% THC, and must be free of other psychoactive substances.

## **Wisconsin**

### **AB 726 (2014)**

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#### Overview

In 2014, Wisconsin passed AB 726, which creates a legal right for patients with seizure disorders to possess and use CBD-rich medicines if they have a written recommendation. The law allows medical practitioners to dispense CBD but provides no guidance on how they may obtain it, nor does the law address production or distribution. The law only removes criminal penalties for CBD and does not authorize the possession or use of THC in any quantity. Nearly all CBD-rich products have at least some amount of THC, making the production of qualifying medicine practically impossible.

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