2015 HOUSE HUMAN SERVICES

HCR 3059

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3059
3/10/2015
Job #24603

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

Have Legislative Management do a marijuana study.

Minutes: Testimony 1, 2, 3, 4,

Chairman Weisz: Opened the hearing on HCR 3059.

Rep. Gail Mooney: Introduced and testified in support of the bill. (See Testimony #1)(See Handout #2)

Chairman Weisz: How easy is it to test for the percentage of CBD in a marijuana plant?

Rep. Mooney: There is someone here that worked on the study from Minot who could answer that question.

Rep. Porter: Narrowing of the focus to CBD component and with drug companies already doing FDA approved research and implementation of CDB products, what is the purpose of the study?

Rep. Mooney: We want to take as much decisive and deliberate time as we possibly could to understand what the full implications would be. By moving into a study approach as opposed to just waiting for federal or initiated measures to come our way, my thought was then we would have the opportunity then to consider all aspects which would include dispensaries, legalities, enforcement all of that as a state. As our neighboring state Minnesota has done is to focus only on legalizing the CBD as opposed to both CBD and THC as some of the other states have done. Some of those decisions and processes that we would elect to move towards could greatly impact a positive or a very negative outcome. We heard a lot of issues surrounding Colorado, California but yet there are 21 other states that have been doing it for a number of years and relatively low profile without a lot of issues. So I think it would be worth our while as a state organization to want to know what did they do that was right, how might we be able to incorporate some of those points so that we can then begin to consider what might be acceptable in the state as opposed to what may not be acceptable from our view point. It's a much more functional approach as opposed to just the medicinal approach.

Jennifer Chevalier, Senior nursing student and co-author of Public Health Implications of the Legalization of Marijuana in the State of ND: Testified in support of the bill. (See Testimony #3)

Sarah Majerus Senior nursing student and participant of the Public Health Implications study: Testified in support of the bill. (See Testimony #4)

Rep. Rich Becker: Either in that study or any other study that you might be aware of has there been any follow up in any of the states that have legalized medicinal marijuana? How many of those states has it lead to recreational marijuana being approved further down the road?

Majerus: I don't think we addressed that in our report. Just because it is legalized medically doesn't mean people will start using it recreationally.

Rep. Rich Becker: Would there be any reason to believe that it might have encouraged adittional demand and additional thought of well we have done this step why don't we just make all marijuana legal. I'm suggesting that it may be worthy of a follow up to see how many states took this step to make recreational marijuana available to everybody.

Majerus: That would be another important thing that could be researched in a study. Look at what other states have in place and maybe they have some research that they have done to look at whether it has increased usage.

Chairman Weisz: Most of the benefits that are showing all seem to be related to THC except in one case that I noticed and yet the amendments would limit the study strictly to CBD, do you have an opinion on that?

Majerus: I didn't focus on the benefits. I can't answer that question.

Tracey, Physician's Assistant: I do agree with the testimony that you have heard. I do agree with the human component of allowing us to use cannabis oil to give children with uncontrolled epilepsy and just to touch on the medical aspect of that. I think that if we allow the cannabis oil which is very very low in THC that we will not have those people moving on to recreational marijuana. The recreational marijuana is high in THC that gives you the high. I'm not going to stand up here and say that the cannabis oil does not have any THC because it certainly does. A fellow PA friend of mine in Iowa she gives her son 50 MG of cannabinoid every morning and every night. In Iowa it is legal to posse it but you can't buy it. So goes through the hoops of going into Colorado, obtaining a state licensure, and getting a red card. Her son was actually the first child to have a red card in Iowa. The THC concentration of that is 0.03 percent. Since she started giving him the cannabinoid (cannabis oil) his weight has increase from 35 LBS to 70 LBS and his epilepsy has greatly reduced. I just want to show that there are people out there that can really benefit from cannabis oil and not a whole lot of THC and that to show that parents of children with special needs are a special kind themselves and we would be up to the challenge of jumping through any hoops that North Dakota would allow us to try to use cannabis oil. I know that in Montana in order to get medical marijuana you have to see two different

doctors. If you want your child to be seen at Mayo Clinic on a Monday near Easter so that you can plan out your weekend, parents of a special child will do that. They will jump through the hoops. They will call the nurse at home and make sure that it can happen. I think that another good thing to think about is that this cannabis oil should be very strict in criteria, have it see a couple different doctors. We are not trail blazing here 23 other states have done it and if we follow their patterns and learn some pearls of wisdom and avoid some of their mistakes we can legalize it here. The parents of children with special needs who are poisoning their children with allopathic medicine pharmaceuticals they are willing to jump through the hoops to try the cannabis oil and if it doesn't work well stop using it.

Chairman Weisz: How would the state regulate the quality?

Tracey: If you go online you can look at all kinds of Colorado type of business that totes the high THC and you can't find a really low THC online but I think there must be a standard around the other 23 states that they don't allow THC to be over 10 percent. There are some pharmaceutical effects of both CBD and THC together but just the THC in low concentrations, because I don't want to get my child high I just want to treat her illness.

NO OPPOSITION

Chairman Weisz: Closed the hearing on HCR 3059.

Chairman Weisz: Let's take up HCR 3059

Rep. Mooney: I would love to see us do a comprehensive study on medical marijuana period. If the only way that we feel that we could have a comfortable movement forward for that discussion is to zero in on simply one component instead of the complexities involved with THC, because that is where we keep getting all our hang ups. Each component has been attributed to different types of treatments. Some are nearly the same. Seizures can be treated with the THC or the CBD as I understand it. If we can have an honest discussion on how we might be able to implement or consider implementation of medical marijuana and only looking at the one component I would say that would be a very good first step forward. I do think that it would lead to the ultimate bigger discussion of both THC and CBD but if it allows us to have the discussions without all those lengthy complications from the THC. If it simplifies it I am very amenable to it.

Chairman Weisz: If the study goes forward you are going to have a hard time separating the two components anyway. If you are going to move it forward you might as well do it because both opponents appear to have effects for different conditions so you are just strictly eliminating one or the other.

Rep. Mooney: I move a Do Pass and place on the consent calendar on HCR 3059.

Rep. Fehr: Second.

Rep. Porter: I understand the complexity of what we're talking about and the nature of the drug. I think that it is way above us and its way above a legislative study. In order to cut through those complexities because it still is a class one drug. It still is fully regulated and

declared illegal by the federal government. That the whole work place situations, the lack of devises to test for levels on whether you are impaired and driving or not. This came back when the people were testifying from Colorado how the number of car accidents has increased; fatalities have increase people with marijuana in their blood stream. I find it interesting that some people talk about seizure disorders and one of the side effects of marijuana is it may make seizure disorders worse. Opium grows in the poppy fields but we don't sell it right out of the poppy fields to the population for pain relief. It goes through a process of becoming something that is metered and dosed and tracked inside of the body through a specific mechanism and to me I think that the information the I got that really brought me to the next level of information in regards to the uses is the fact that there are clinical trials on both components inside of marijuana. They are following the regular hoops of bringing a medication to the market that may or may not show its usefulness. I am going to oppose the motion.

Rep. Fehr: I think what Representative Porter just put forward is a good argument in terms of why we killed the previous bill but in a lot of ways I think I could take the same stance and say it is a good reason to do a study and there is a lot of miss information, a lot of lacking information. I can imagine if someone put forth an initiated measure is that all it takes, because there is so little good solid information that someone could get some traction on just a little limited information because of how little people really understand. I am not in any way thinking this is going to lean toward bringing back a medical marijuana bill next time, but I think the information is good. I think there is a vast amount of information to be learned. I know I tried acquiring information over the past couple years and I haven't found anything that has solidly said there is good evidence to say that it is useful for epilepsy or anything else.

Rep. Rich Becker: Where I think I am on this right now is whether we move forward or kill the resolution again, I don't think it is going to encourage or discourage anybody who is thinking about an initiative major. The people that are going to vote for it aren't going to pay attention to the study much anyway and I guess I am a little worried that legislative management might take a pass on this and maybe we are getting our hopes up. I don't see the benefit of the study and I will probably vote no as it stands at the moment.

Motion for a Do Pass and Place on Consent Calendar HCR 3059.
Motion made by Representative Mooney.
Seconded by Representative Fehr.
Total yes 6. No 7. Absent 0.
Motion Failed.

Rep. Porter: I move a Do Not Pass and placed on the consent calendar HCR 3059.

Rep. Kiefert: Second.

Motion for a Do Not Pass and Place on the Consent Calendar HCR 3059.
Motion made by Representative Porter.
Seconded by Representative Kiefert.
Total Yes 7. No 6. Absent 0.
MOTION CARRIED

Floor assignment Representative Porter.

Date: 3-10-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 3059

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☒ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Mooney Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad		✓	Rep. Muscha	✓	
Rep. Bert Anderson		✓	Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker		✓			
Rep. Damschen		✓			
Rep. Fehr	✓				
Rep. Kiefert		✓			
Rep. Porter		✓			
Rep. Seibel		✓			

Total (Yes) 6 No 7

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

motion failed

Date: 3-10-15
Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 3059

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☒ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☒ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz		✓	Rep. Mooney		✓
Vice-Chair Hofstad	✓		Rep. Muscha		✓
Rep. Bert Anderson	✓		Rep. Oversen		✓
Rep. Dick Anderson		✓			
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr		✓			
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 7 No 6

Absent 0

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3059: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** and **BE PLACED ON THE CONSENT CALENDAR** (7 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HCR 3059 was placed on the Tenth order on the calendar.

2015 TESTIMONY

HCR 3059

#1
HCR 3059
3-10-15

Representative Gail Mooney, District 20
March 10, 2015

HCR 3059 • Study of Medicinal Marijuana

Chairman Weisz, members of the Human Services Committee, thank you for the opportunity to present HCR 3059 to you this afternoon. For the record, my name is Gail Mooney, Representative for the great folks of District 20.

This study resolution comes as a direct result of a bill we heard earlier this session - HB 1430 which sought to legalize medicinal marijuana in North Dakota. As you no doubt recall, there was several hours of testimony that spoke to both pros and cons - as well as heart felt, and heart breaking, personal appeals from desperate families in search of medical alternatives for their loved ones.

While HB 1430 failed to meet the rigors and scrutiny of this legislative assembly, the debate continues in the eyes of the public. It is clear there is much to be considered if North Dakota were to move toward legalized medicinal marijuana and should not be ventured in to lightly.

It is for this very reason I believe a legislative study of medical marijuana should be taken up in the 2015-2016 interim period - to allow for a comprehensive and extensive examination of all aspects of legalized medical marijuana. Without a deliberate and proactive approach such as this, we leave it to chance and timing for an initiated measure - of which we will have no control of content or outcome.

Included Reference Documents: Public Health Implications of the Legalization of Marijuana in the State of ND, Minot University; 23 Legal Medical Marijuana States & DC, ProCon.org; Must-know Facts About Cannibidiol (CBD), Leafscience.com

Public Health Implications of the Legalization of Marijuana in the State of North Dakota

Fall 2014 Nursing 456 Public Health Class
Minot State University

Legalization Issues

Clearly, the legalization of marijuana for medical purposes in North Dakota brings about many questions and would require extensive examination to ensure concerns were addressed fully. Systems for accessibility, implementation, regulation and enforcement would all need to be developed. A short list of concerns might include (it is safe to assume there are more):

Product Quality – regulations, public safety, child proofing, potencies, purities

Distribution – diagnosis, prescribing, licensing, dispensary, limitations for overuse, registration, packaging (pills, smoke or edible)

Enforcement – local and state legalities, federal implications with Schedule 1, crossing state lines, complications of THC impaired driving or other such legal consequences

Taxing – should/could medical marijuana be taxed as a potential new source of revenue which could be applied toward public prevention programs, behavioral health systems, addiction education & programming

Systems

While the task of creating entire systems is substantial, it is not insurmountable. To date, there are 23 states, plus Washington DC, with various stages of legalized marijuana that range from purely medicinal (in the form of THC, CBD or both) to fully recreational. Of these 23 states, 11 have come to legalization by way of initiated/ballot measures. Included in your packet are handouts detailing the various states' legalization status & protocols.

Focus

By narrowing the focus of a study, it would be a reasonable expectation to engage in a deliberately pragmatic approach for a study of the feasibility of medical marijuana in North Dakota. Additionally, a suggested amendment is included that would target only the CBD component, which would potentially eliminate many of the complications that stem from the psychoactive component THC.

In summary, Mr. Chairman and committee members, I submit HCR 3059 for your consideration. Respectfully, I would encourage careful deliberations of a medical marijuana study to demonstrate the conscientious intent for legislative understanding of such a significant change in our state's medical arena. By including professional and agency stakeholders, as well as the public at large, we can be confident of informed and prudent outcomes. Without this, we leave ourselves open to an initiated measure and the resulting outcomes and consequences.

Included Reference Documents: Public Health Implications of the Legalization of Marijuana in the State of ND, Minot University; 23 Legal Medical Marijuana States & DC, ProCon.org; Must-know Facts About Cannibidiol (CBD), Leafscience.com

Public Health Implications of the Legalization of

Marijuana in the State of North Dakota

Marijuana legalization has become a popular topic in recent years, and with 23 states as well as the District of Columbia legalizing the substance in some manner the benefits as well as the risks will continue to be debated. The following paper explores the public health implications in the state of North Dakota. Research was divided into four main sections including: positive outcomes of marijuana legalization, negative outcomes of marijuana legalization, distribution of marijuana, and regulation of marijuana. Each section explores both the medical and recreational use of marijuana, and proposes specific interventions relevant to the section topic. The goal of the research conducted is to determine the impact of legalization both positive and negative on the state of North Dakota.

Positive Outcomes of Marijuana Legalization

For years marijuana has been thought to have medicinal value and also viewed as a safe for use recreationally. The two components of marijuana, delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD), can be separated from marijuana and used specifically for medicinal purposes. The components may also be weakened or regulated for recreational usage. The advocates of marijuana usage cite the potential for marijuana to be used as treatment for countless medical conditions and show that it is a safer alternative compared with other pharmaceutical drugs. Medical marijuana has shown to be beneficial in relieving different types of pain without the risks of interacting with other pharmaceuticals or serious adverse reactions. Further research has demonstrated marijuana's effectiveness on symptom reduction for multiple autoimmune disorders. Additionally, medical marijuana has been shown useful in the treatment of Tourette's syndrome, Alzheimer's disease, epilepsy, and cancer. Marijuana, as a reactional

drug, has fewer negative consequences as the available alternatives both illegal and legal. While marijuana is currently regarded as a very dangerous substance by the United States government, it remains one of the *least* physiologically toxic (Bostwick, 2012). Interventions for the safe implementation of marijuana include education of healthcare professionals and the public and repealing the Schedule 1 classification at the federal level. This would allow safe effective implemention of marjiuana legalization.

Marijuana has two main components that have differing effects on the body. The most well-known component is delta-9-tetrahydrocannabinol (THC), which causes the psychoactive effects of marijuana. The second component Cannabidiol (CBD), is a non-psychoactive plant cannabinoid and demonstrates the most promising outcomes with treating various medical conditions. The two components can be separated from marijuana and used specifically for medicinal purposes. The components may also be weakened or regulated for recreational usage. The advocates of marijuana usage cite the potential for marijuana to be used as treatment for countless medical conditions and show that it is a safer alternative compared with other pharmaceutical drugs. One potential obstacle lies in the lack of research due to marijuana's classification as a Schedule 1 substance by the United States government. The classification designates marijuana as highly addictive with no medicinal value; therefore, it is difficult to obtain permission to research the effects of marijuana on various medical conditions (Bostwick, 2012). Furthermore, the label limits potential research participants to those individuals with previous marijuana exposure. Due to this obstacle most current research is limited to animal studies or small sample size. Another obstacle is the bias that accompanies the subjective nature of individuals' experiences making it difficult to obtain objective assessment data.

Medical Use

The fact remains that breakthroughs in isolating the components of marijuana as well as a better understanding of the human body's pre-existing endocannabinoid system has led to pharmaceutical progress. Specifically, four pharmaceutical cannabinoids are available for treatment of various disorders; two (dronabinol and nabilone) have been approved for use in the United States and a third (nabiximols) is available in Canada (Bostwick, 2012). Clearly, the approval of such drugs indicates that marijuana and its components have therapeutic value. A review of literature suggests that marijuana has the potential to treat many diseases and to benefit millions of patients.

Pain often proves difficult to treat due to its subjective and the countless options for management. However, the majority of the traditional pain relief medications are accompanied by the risk for drug-to-drug interaction, and the potential for fatal drug overdose. Medical marijuana has shown to be beneficial in relieving different types of pain without the risks of interacting with other pharmaceuticals or serious adverse reactions. Evidence shows that cannabinoids have been useful in blocking the transmission in pain pathways (Kogan & Mechoulam, 2007). It is particularly useful in chronic and neuropathic pain, which has been proven to be one of the most challenging types of pain to treat.

Neuropathic pain is characterized as a chronic pain state that affects the somatosensory system. When traditional neuropathic pain medications are unsuccessful in relieving pain, marijuana has been shown to be a reliable alternative. Additionally, marijuana has less drug-to-drug interactions as well as less serious adverse effects than traditional pharmaceutical pain medications. This point is specifically useful when thinking about patient safety and is a great way to avoid unnecessary further hospital treatment. This is particularly important since many

5 Must-Know Facts About Cannabidiol (CBD)

HEALTH TECH — [illegible]

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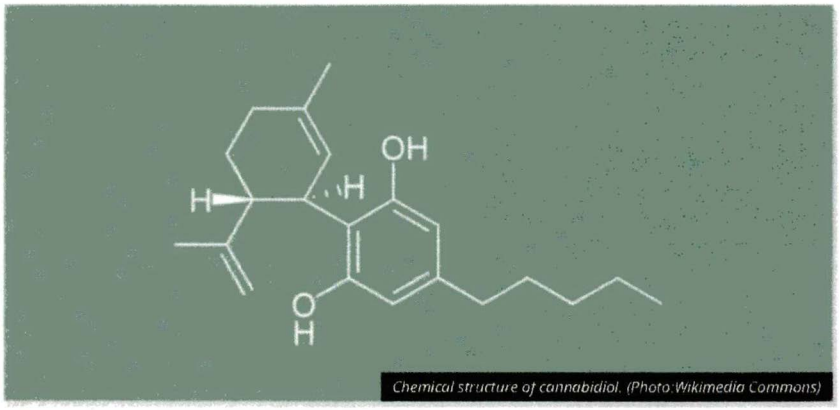

Chemical structure of cannabidiol. (Photo: Wikimedia Commons)

CBD, or cannabidiol, is quickly changing the debate surrounding the use of marijuana as a medicine.

Most people have heard of a chemical called THC, which is the ingredient in marijuana that gets users high. But recently, attention has shifted to another compound in marijuana called CBD — and for good reason.

Because while doctors can't seem to look past certain side effects of THC, CBD doesn't seem to present that problem. On the other hand, evidence of CBD's medical benefits continues to grow.

Here are five facts that you should know about this unique compound:

1. CBD is a key ingredient in cannabis

CBD is one of over 60 compounds found in cannabis that belong to a class of molecules called cannabinoids. Of these compounds, CBD and THC are usually present in the highest concentrations, and are therefore the most recognized and studied.

CBD and THC levels tend to vary among different plants. Marijuana grown for recreational purposes often contains more THC than CBD.

However, by using selective breeding techniques, cannabis breeders have managed to create varieties with high levels of CBD and next to zero levels of THC. These strains are rare but have become more popular in recent years.

2. CBD is non-psychoactive

Unlike THC, CBD does not cause a high. While this makes CBD a poor choice for

parts of the world. CBD is classified as a Schedule I drug in the United States and a Schedule II drug in Canada.

On the other hand, the U.S. Food and Drug Administration recently approved a request to trial a pharmaceutical version of CBD in children with rare forms of epilepsy. The drug is made by GW Pharmaceuticals and is called Epidiolex.

According to the company, the drug consists of "more than 98 percent CBD, trace quantities of some other cannabinoids, and zero THC." GW Pharmaceuticals makes another cannabis-based drug called Sativex, which has been approved in over 24 countries for treating multiple sclerosis.

A patent awarded to the U.S. Health and Human Services in 2003 (US6630507) also covers the use of CBD as a treatment for various neurodegenerative and inflammatory disorders.

Medical Marijuana Home

Featured Resources

Should Marijuana Be a Medical Option?

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23 Legal Medical Marijuana States and DC

Laws, Fees, and Possession Limits

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I. Summary Chart II. Details by State III. Sources

I. Summary Chart: 23 states and DC have enacted laws to legalize medical marijuana

State	Year Passed	How Passed (Yes Vote)	Fee	Possession Limit	Accepts other states' registry ID cards?
1. Alaska	1998	Ballot Measure 8 (58%)	$25/$20	1 oz usable; 6 plants (3 mature, 3 immature)	No
2. Arizona	2010	Proposition 203 (50.13%)	$150/ $75	2.5 oz usable; 0-12 plants	Yes
3. California	1996	Proposition 215 (56%)	$66/$33	8 oz usable; 6 mature or 12 immature plants	No
4. Colorado	2000	Ballot Amendment 20 (54%)	$15	2 oz usable; 6 plants (3 mature, 3 immature)	No
Connecticut	2012	House Bill 5389 (96-51 House, 21-13 Senate)	$100	One-month supply (exact amount to be determined)	No
5. DC	2010	Amendment Act B18-622 (13-0 vote)	$100/ $25	2 oz dried; limits on other forms to be determined	No
Delaware	2011	Senate Bill 17 (27-14 House, 17-4 Senate)	$125	6 oz usable	No
6. Hawaii	2000	Senate Bill 862 (32-18 House; 13-12 Senate)	$25	3 oz usable; 7 plants (3 mature, 4 immature)	No
9. Illinois	2013	House Bill 1 (61-57 House; 35-21 Senate)	TBD	2.5 ounces of usable cannabis during a period of 14 days	No
10. Maine	1999	Ballot Question 2 (61%)	No fee	2.5 oz usable; 6 plants	Yes
Maryland	2014	House Bill 881 (125-11 House; 44-2 Senate)	TBD	30-day supply, amount to be determined	No
12. Massachusetts	2012	Ballot Question 3 (63%)	$50	60-day supply for personal medical use	unknown
13. Michigan	2008	Proposal 1 (63%)	$100/ $25	2.5 oz usable; 12 plants	Yes
14. Minnesota	2014	Senate Bill 2470 (46-16 Senate; 89-40 House)	$200/ $50	30-day supply of non-smokable marijuana	No
15. Montana	2004	Initiative 148 (62%)	$75	1 oz usable; 4 plants (mature); 12 seedlings	No
16. Nevada	2000	Ballot Question 9 (65%)	$100	1 oz usable; 7 plants (3 mature, 4 immature)	Yes
17. New Hampshire	2013	House Bill 573 (284-66 House; 18-6 Senate)	TBD	Two ounces of usable cannabis during a 10-day period	Yes
18. New Jersey	2010	Senate Bill 119 (48-14 House; 25-13 Senate)	$200/ $20	2 oz usable	No
19. New Mexico	2007	Senate Bill 523 (36-31 House; 32-3 Senate)	No fee	6 oz usable; 16 plants (4 mature, 12 immature)	No
20. New York	2014	Assembly Bill 6357 (117-13 Assembly; 49-10 Senate)	$50	30-day supply non-smokable marijuana	No
21. Oregon	1998	Ballot Measure 67 (55%)	$200/ $60	24 oz usable; 24 plants (6 mature, 18 immature)	No
22. Rhode Island	2006	Senate Bill 0710 (52-10 House; 33-1 Senate)	$75/$10	2.5 oz usable; 12 plants	Yes
23. Vermont	2004	Senate Bill 76 (22-7) HB 645 (82-59)	$50	2 oz usable; 9 plants (2 mature, 7 immature)	No
24. Washington	1998	Initiative 692 (59%)	No fee	24 oz usable; 15 plants	No

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Notes: (click to expand)

a. Residency Requirement

b. Home Cultivation

c. Patient Registration: Mandatory vs. Voluntary

d. Cannabidiol (CBD) Bills (Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri, South Carolina, Tennessee, Utah, Wisconsin)

e. Maryland Laws Prior to Legalization

f. United States Attorneys' Letters to Legal States

g. Symbolic Medical Marijuana Laws, 1979-1991

II. Details by State: 23 states and DC that have enacted laws to legalize medical marijuana	
State and Relevant Medical Marijuana Laws	Contact and Program Details
Alaska **Ballot Measure 8** (100 KB) – Approved Nov. 3, 1998 by 58% of voters **Effective:** Mar. 4, 1999 Removed state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician advising that they "might benefit from the medical use of marijuana." **Approved Conditions:** Cachexia, cancer, chronic pain, epilepsy and other disorders characterized by seizures, glaucoma, HIV or AIDS, multiple sclerosis and other disorders characterized by muscle spasticity, and nausea. Other conditions are subject to approval by the Alaska Department of Health and Social Services. **Possession/Cultivation:** Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and may cultivate no more than six marijuana plants, of which no more than three may be mature. The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. **Amended**: **Senate Bill 94** (40 KB) **Effective:** June 2, 1999 Mandates all patients seeking legal protection under this act to enroll in the state patient registry and possess a valid identification card. Patients not enrolled in the registry will no longer be able to argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges. **Update:** Alaska Statute Title 17 Chapter 37 (36 KB) Creates a confidential statewide registry of medical marijuana patients and caregivers and establishes identification card.	**Alaska Bureau of Vital Statistics** Marijuana Registry P.O. Box 110699 Juneau, AK 99811-0699 Phone: 907-465-5423 BVSSpecialServices@health.state.ak.us **Website:** AK Marijuana Registry Online **Information provided by the state on sources for medical marijuana:** No information is provided **Patient Registry Fee:** $25 new application/$20 renewal **Accepts other states' registry ID cards?** No **Registration:** Mandatory
Arizona **Ballot Proposition 203** (300 KB) "Arizona Medical Marijuana Act" -- Approved Nov. 2, 2010 by 50.13% of voters Allows registered qualifying patients (who must have a physician's written certification that they have been diagnosed with a debilitating condition and that they would likely receive benefit from marijuana) to obtain marijuana from a registered nonprofit dispensary, and to possess and use medical marijuana to treat the condition. Requires the Arizona Department of Health Services to establish a registration and renewal application system for patients and nonprofit dispensaries. Requires a web-based verification system for law enforcement and dispensaries to verify registry identification cards. Allows certification of a number of dispensaries not to exceed 10% of the number of pharmacies in the state (which would cap the number of dispensaries around 124). Specifies that a registered patient's use of medical marijuana is to be considered equivalent to the use of any other medication under the direction of a physician and does not disqualify a patient from medical care, including organ transplants. Specifies that employers may not discriminate against registered patients unless that employer would lose money or licensing under federal law. Employers also may not penalize registered patients solely for testing positive for marijuana in drug tests, although the law does not authorize patients to use, possess, or be impaired by marijuana on the employment premises or during the hours of employment.	**Arizona Department of Health Services (ADHS)** Medical Marijuana Program 150 North 18th Avenue Phoenix, Arizona 85007 Phone: 602-542-1025 **Website:** Arizona Medical Marijuana Program **Information provided by the state on sources for medical marijuana:** "Qualifying patients can obtain medical marijuana from a dispensary, the qualifying patient's designated caregiver, another qualifying patient, or, if authorized to cultivate, from home cultivation. When a qualifying patient obtains or renews a registry identification card, the Department will provide a list of all operating dispensaries to the qualifying patient." ADHS, "Qualifying Patients FAQs." (150 KB) Mar. 25, 2010 **Patient Registry Fee:** $150 / $75 for Supplemental Nutrition Assistance Program participants

Approved Conditions: Cancer, glaucoma, HIV/AIDS, Hepatitis C, ALS, Crohn's disease, Alzheimer's disease, cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures (including epilepsy), severe or persistent muscle spasms (including multiple sclerosis). Starting Jan.1, 2015, PTSD will be added to the list.

Possession/Cultivation: Qualified patients or their registered designated caregivers may obtain up to 2.5 ounces of marijuana in a 14-day period from a registered nonprofit medical marijuana dispensary.If the patient lives more than 25 miles from the nearest dispensary, the patient or caregiver may cultivate up to 12 marijuana plants in an enclosed, locked facility.

Amended: Senate Bill 1443 (20 KB)
Effective: Signed by Governor Jan Brewer on May 7, 2013
"Specifies the prohibition to possess or use marijuana on a postsecondary educational institution campus does not apply to medical research projects involving marijuana that are conducted on the campus, as authorized by applicable federal approvals and on approval of the applicable university institutional review board."

[Editor's Note: On Apr. 11, 2012, the Arizona Department of Health Services (ADHS) announced the revised rules (1.1 MB) for regulating medical marijuana and set the application dates for May 14 through May 25.

On Nov. 15, 2012, the first dispensary was awarded "approval to operate." ADHS Director Will Humble stated on his blog that, "[W]e'll be declining new 'requests to cultivate' among new cardholders in most of the metro area... because self-grow (12 plants) is only allowed when the patient lives more than 25 miles from the nearest dispensary. The vast majority of the Valley is within 25 miles of this new dispensary."

On Dec. 6, 2012, the state's first dispensary, Arizona Organix, opened in Glendale.]

Accepts other states' registry ID cards?
Yes, but does not permit visiting patients to obtain marijuana from an Arizona dispensary

Registration:
Mandatory

California

Ballot Proposition 215 (45 KB) -- Approved Nov. 5, 1996 by 56% of voters
Effective: Nov. 6, 1996

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a "written or oral recommendation" from their physician that he or she "would benefit from medical marijuana." Patients diagnosed with any debilitating illness where the medical use of marijuana has been "deemed appropriate and has been recommended by a physician" are afforded legal protection under this act.

Approved Conditions: AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, including spasms associated with multiple sclerosis, seizures, including seizures associated with epilepsy, severe nausea; Other chronic or persistent medical symptoms.

Amended: Senate Bill 420 (70 KB)
Effective: Jan. 1, 2004

Imposes statewide guidelines outlining how much medicinal marijuana patients may grow and possess.

Possession/Cultivation: Qualified patients and their primary caregivers may possess no more than eight ounces of dried marijuana and/or six mature (or 12 immature) marijuana plants. However, S.B. 420 allows patients to possess larger amounts of marijuana when recommended by a physician. The legislation also allows counties and municipalities to approve and/or maintain local ordinances permitting patients to possess larger quantities of medicinal pot than allowed under the new state guidelines.

S.B. 420 also grants implied legal protection to the state's medicinal marijuana dispensaries, stating, "Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients ... who associate within the state of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions."

Challenge to Possession Limits: On Jan. 21, 2010, the California Supreme Court affirmed (S164830 (300 KB)) the May 22, 2008 Second District Court of Appeals ruling (50 KB) in the Kelly Case that the possession limits set by SB 420 violate the California constitution because the voter-approved Prop. 215 can only be amended by the voters.

ProCon.org contacted the California Medical Marijuana Program (MMP) on Dec. 6, 2010 to ask 1) how the ruling affected the implementation of the program, and 2) what instructions are given to patients regarding possession limits. A California Department of Public Health (CDPH) Office of Public Affairs representative wrote the following in a Dec. 7, 2010 email to ProCon.org: "The role of MMP under Senate Bill 420 is to implement the State Medical Marijuana ID Card Program in all California counties. CDPH does not oversee the amounts that a patient may possess or grow. When asked what a patient can possess, patients are referred to www.courtinfo.ca.gov, case S164830 which is the Kelly case, changing the amounts a patient can possess from 8 oz, 6 mature plants or 12 immature plants to 'the amount needed for a patient's personal use.' MMP can only cite what the law says."

According to a Jan. 21, 2010 article titled "California Supreme Court Further Clarifies

California Department of Public Health
Public Health Policy and Research Branch
Attention: Medical Marijuana Program Unit
MS 5202
P.O. Box 997377
Sacramento, CA 95899-7377
Phone: 916-552-8600
Fax: 916-440-5591

mmpinfo@cdph.ca.gov

Website:
CA Medical Marijuana Program

Guidelines for the Security and Non-diversion of Marijuana Grown for Medical Use (55 KB)

Information provided by the state on sources for medical marijuana:
"The MMP is not authorized to provide information on acquiring marijuana or other related products." "Medical Marijuana Program Frequently Asked Questions," cdph.ca.gov(accessed Apr. 24, 2014)

"The California Department of Public Health administers the Medical Marijuana Identification Card (MMIC) program only and does not have any information regarding dispensaries, growing collectives, etc..." "Dispensaries, Cooperatives and Collectives," cdph.ca.gov (accessed Apr. 24, 2014)

Patient Registry Fee:
$66 non Medi-Cal / $33 Medi-Cal, plus additional county fees (varies by location)

Accepts other states' registry ID cards?
No

Registration:
Voluntary

Medical Marijuana Laws," by Aaron Smith, California Policy Director at the Marijuana Policy Project, the impact of the ruling is that people growing more than 6 mature or 12 immature plants are still subject to arrest and prosecution, but they will be allowed to use a medical necessity defense in court.]

Attorney General's Guidelines:
On Aug. 25, 2008, California Attorney General Jerry Brown issued guidelines for law enforcement and medical marijuana patients to clarify the state's laws. Read more about the guidelines here.

Colorado

Ballot Amendment 20 – Approved Nov. 7, 2000 by 54% of voters
Effective: June 1, 2001

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician affirming that he or she suffers from a debilitating condition and advising that they "might benefit from the medical use of marijuana." (Patients must possess this documentation prior to an arrest.)

Approved Conditions: Cancer, glaucoma, HIV/AIDS positive, cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis. Other conditions are subject to approval by the Colorado Board of Health.

Possession/Cultivation: A patient or a primary caregiver who has been issued a Medical Marijuana Registry identification card may possess no more than two ounces of a usable form of marijuana and not more than six marijuana plants, with three or fewer being mature, flowering plants that are producing a usable form of marijuana.

Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges.

Amended: House Bill 1284 (236 KB) and Senate Bill 109 (50 KB)
Effective: June 7, 2010

Colorado Governor Bill Ritter signed the bills into law and stated the following in a June 7, 2010 press release:

"House Bill 1284 provides a regulatory framework for dispensaries, including giving local communities the ability to ban or place sensible and much-needed controls on the operation, location and ownership of these establishments.

Senate Bill 109 will help prevent fraud and abuse, ensuring that physicians who authorize medical marijuana for their patients actually perform a physical exam, do not have a DEA flag on their medical license and do not have a financial relationship with a dispensary."

Medical Marijuana Registry
Colorado Department of Public Health and Environment
HSV-8608
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: 303-692-2184

medical.marijuana@state.co.us

Website:
CO Medical Marijuana Registry

Information provided by the state on sources for medical marijuana:
The Marijuana Enforcement Division (MED) website provides a list of licensed Medical Marijuana Centers, which are retail operations "from which Medical Marijuana Registry patients purchase Medical Marijuana and Medical Marijuana infused products." MED "is responsible for the regulation of both the Medical and Retail Marijuana industries, each of which have separate and distinct statute and rules under which they operate."
"Medical Marijuana Licensing Information," colorado.gov/revenue/med (accessed Feb. 26, 2014)
"Licensing Information," colorado.gov/revenue/med (accessed Feb. 26, 2014)

Patient Registry Fee:
$15 (effective Feb. 1, 2014)

Accepts other states' registry ID cards?
No

Registration:
Mandatory

Connecticut

HB 5389 (310 KB) -- Signed into law by Gov. Dannel P. Malloy (D) on May 31, 2012
Approved: By House 96-51, by Senate 21-13
Effective: Some sections from passage (May 4, 2012), other sections on Oct. 1, 2012

"A qualifying patient shall register with the Department of Consumer Protection... prior to engaging in the palliative use of marijuana. A qualifying patient who has a valid registration certificate... shall not be subject to arrest or prosecution, penalized in any manner,... or denied any right or privilege."

Patients must be Connecticut residents at least 18 years of age. "Prison inmates, or others under the supervision of the Department of Corrections, would not qualify, regardless of their medical condition."

Approved Conditions: "Cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome [HIV/AIDS], Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, posttraumatic stress disorder, or... any medical condition, medical treatment or disease approved by the Department of Consumer Protection..."

Possession/Cultivation: Qualifying patients may possess "an amount of usable marijuana reasonably necessary to ensure uninterrupted availability for a period of one month, as determined by the Department of Consumer Protection."

Updates: The Connecticut Medical Marijuana Program website posted an update on Sep. 23, 2012 with instructions on how to register for the program starting on Oct. 1, 2012. "Patients who are currently receiving medical treatment for a debilitating medical conditions set out in the law may qualify for a temporary registration certificate beginning October 1, 2012. To qualify, a patient must also be at least 18 years of age and a Connecticut resident."

Medical Marijuana Program
Department of Consumer Protection (DCP)
165 Capitol Avenue, Room 145
Hartford, CT 06106
Phone: 860-713-6006
Toll-Free: 800-842-2649

dcp.mmp@ct.gov

Website:
CT Medical Marijuana Program

Information provided by the state on sources for medical marijuana:
"Only producers licensed by the Department of Consumer Protection will be authorized to cultivate marijuana. At any one time, the number of licensed producers shall be at least three and not more than 10." "Dispensary Facility and Producer FAQs," ct.gov, Sep. 11, 2013

Patient Registry Fee:
$100

Accepts other states' registry ID cards?
No

Registration:
Mandatory

Draft Regulations on Medical Marijuana (482 KB) were posted on Jan. 16, 2013.

On Apr. 3, 2014, the Connecticut Department of Consumer Protection announced the names and locations (70 KB) of the first six dispensary facilities that will be authorized by the state. The first dispensary opened on Aug. 20, 2014.

6 DC (District of Columbia)

Amendment Act B18-622 (80KB) "Legalization of Marijuana for Medical Treatment Amendment Act of 2010" -- Approved 13-0 by the Council of the District of Columbia on May 4, 2010; signed by the Mayor on May 21, 2010|

Effective: July 27, 2010 [After being signed by the Mayor, the law underwent a 30-day Congessional review period. Neither the Senate nor the House acted to stop the law, so it became effective when the review period ended.]

Approved Conditions: HIV, AIDS, cancer, glaucoma, conditions characterized by severe and persistent muscle spasms, such as multiple sclerosis; patients undergoing chemotherapy or radiotherapy, or using azidothymidine or protease inhibitors.

Possession/Cultivation: "Patients are permitted to purchase up to two (2) ounces of dried medical marijuana per month or the equivalent of two ounces of dried medical marijuana when sold in any other form." ("Patient FAQ," doh.dc.gov, May 2013)

Updates: On Apr. 14, 2011, Mayor Vincent C. Gray announced the adoption of an emergency amendment (450 KB) to title 22 of the District of Columbia Municipal Regulations (DCMR), which added a new subtitle C entitled "Medical Marijuana." The emergency amendment "will set forth the process and procedure" for patients, caregivers, physicians, and dispensaries, and "implement the provisions of the Act that must be addressed at the onset to enable the Department to administer the program." The final rulemaking (800 KB) was posted online on Jan. 3, 2012.

On Feb. 14, 2012, the DC Department of Health's Health Regulation and Licensing Administration posted a revised timeline for the dispensary application process (180 KB), which listed June 8, 2012 as the date by which the Department intends to announce dispensary applicants available for registration.

The first dispensary, Capital City Care, was licensed in Apr. 2013.

Health Regulation and Licensing Administration
899 N. Capitol Street, NE
2nd Floor
Washington, DC 20002
Phone: 202-442-5955

doh.mmp@dc.gov

Website:
Medical Marijuana Program

Information provided by the state on sources for medical marijuana:
Patients and caregivers "may only obtain medical marijuana from the dispensary designated on your registration identification card and may not: (a)grow or cultivate medical marijuana); b)purchase medical marijuana through street vendors; or (c) obtain medical marijuana from other patients and caregivers." ("Patient FAQ," doh.dc.gov, May 2013)

Patient Registry Fee:
$100 initial or renewal fee /$25 for low income patients

Accepts other states' registry ID cards?
No

Registration:
Mandatory

7 Delaware

Senate Bill 17 (100 KB) – Signed into law by Gov. Jack Markell (D) on May 13, 2011
Approved: By House 27-14, by Senate 17-4
Effective: July 1, 2011

Under this law, a patient is only protected from arrest if his or her physician certifies, in writing, that the patient has a specified debilitating medical condition and that the patient would receive therapeutic benefit from medical marijuana. The patient must send a copy of the written certification to the state Department of Health and Social Services, and the Department will issue an ID card after verifying the information. As long as the patient is in compliance with the law, there will be no arrest.

The law does not allow patients or caregivers to grow marijuana at home, but it does allow for the state-regulated, non-profit distribution of medical marijuana by compassion centers.

Approved Conditions:
Approved for treatment of debilitating medical conditions, defined as cancer, HIV/AIDS, decompensated cirrhosis (Hepatitis C), ALS, Alzheimer's disease. Also approved for "a chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: cachexia or wasting syndrome; severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than 3 months or for which other treatment options produced serious side effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis."

"Post-traumatic stress disorder (PTSD) can qualify as a debilitating medical condition when it manifests itself in severe physical suffering, such as severe or chronic pain or severe nausea and vomiting, or otherwise severely impairs the patient's physical ability to carry on the activities of daily living."
("Medical Marijuana Questions & Answers," dhss.delaware.gov (accessed Apr. 21, 2014))

Possession/Cultivation: Patients 18 and older with certain debilitating conditions may possess up to six ounces of marijuana with a doctor's written recommendation. A registered compassion center may not dispense more than 3 ounces of marijuana to a registered qualifying patient in any fourteen-day period, and a patient may register with only one compassion center. Home cultivation is not allowed. Senate Bill 17 contains a provision that allows for an affirmative defense for individuals "in possession of no more than six ounces of usable marijuana."

Updates: On Feb. 12, 2012, Gov. Markell released the following statement (presented in its entirety), available on delaware.gov, in response to a letter from US District Attorney Charles Oberly (2 MB):

Delaware Department of Health and Social Services
Division of Public Health
Phone: 302-744-4749
Fax: 302-739-3071

MedicalMarijuanaDPH@state.de.us

Website:
DE Medical Marijuana Program

Information provided by the state on sources for medical marijuana:
"The Department will issue a permit to the compassion center to begin growing medical marijuana on July 1, 2014. The policy change will allow medical marijuana patients in Delaware to buy the drug in a state-regulated center... The center will only be allowed to cultivate up to 150 marijuana plants, and keep inventory of no more than 1,500 ounces of the drug." ("Medical Marijuana Questions & Answers," dhss.delaware.gov (accessed Apr. 21, 2014))

Patient Registry Fee:
$125 (a sliding scale fee is available based on income)

Accepts other states' registry ID cards?
No

Registration:
Mandatory

"I am very disappointed by the change in policy at the federal department of justice, as it requires us to stop implementation of the compassion centers. To do otherwise would put our state employees in legal jeopardy and I will not do that. Unfortunately, this shift in the federal position will stand in the way of people in pain receiving help. Our law sought to provide that in a manner that was both highly regulated and safe."

On Aug. 15, 2013, Gov. Markell announced in a letter to Delaware lawmakers (175 KB) his intention to relaunch the state's medical marijuana program, despite his previous decision to stop implementation. Markell wrote that the Department of Health and Social Services "will proceed to issue a request for proposal for a pilot compassion center to open in Delaware next year."

8. Hawaii

Senate Bill 862 (40 KB)-- Signed into law by Gov. Ben Cayetano on June 14, 2000
Approved: By House 32-18, by Senate 13-12
Effective: Dec. 28, 2000

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed statement from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of medical use of marijuana would likely outweigh the health risks." The law establishes a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients.

Approved conditions: Cancer, glaucoma, positive status for HIV/AIDS; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, seizures, including those characteristic of epilepsy, or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease. Other conditions are subject to approval by the Hawaii Department of Health.

Possession/Cultivation: The amount of marijuana that may be possessed jointly between the qualifying patient and the primary caregiver is an "adequate supply," which shall not exceed three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each mature plant.

Amended: HB 668 (240 KB)
Effective: June 25, 2013

Establishes a medical marijuana registry special fund to pay for the program and transfers the medical marijuana program from the Department of Public Safety to the Department of Public Health by no later than Jan. 1, 2015.

Amended: SB 642 (95 KB)
Effective: Jan. 2, 2015

Redefines "adequate supply" as seven marijuana plants, whether immature or mature, and four ounces of usable marijuana at any given time; stipulates that physician recommendations will have to be made by the qualifying patient's primary care physician.

Department of Public Safety
Narcotics Enforcement Division
3375 Koapaka Street, Suite D-100
Honolulu, HI 96819
Phone: 808-837-8470
Fax: 808-837-8474

hawaiicsreg@ned.hawaii.gov

Website:
HI Medical Marijuana Application info

Information provided by the state on sources for medical marijuana:
"Hawaii law does not authorize any person or entity to sell or dispense marijuana... Hawaii law authorizes the medical use of marijuana, it does not authorize the distribution of marijuana (Dispensaries) other than the transfer from a qualifying patient's primary caregiver to the qualifying patient." ("Hawaii Medical Use of Marijuana Physician and Patient Information," dps.hawaii.gov, Sep. 2011)

Patient Registry Fee:
$25

Accepts other states' registry ID cards?
No

Registration:
Mandatory

9. Illinois

House Bill 1 (385 KB)
Approved: Apr. 17, 2013 by House, 61-57 and May 17, 2013 by Senate, 35-21
Signed into law by Gov. Pat Quinn on Aug. 1, 2013
Effective: Jan. 1, 2014

The Compassionate Use of Medical Cannabis Pilot Program Act establishes a patient registry program, protects registered qualifying patients and registered designated caregivers from "arrest, prosecution, or denial of any right or privilege," and allows for the registration of cultivation centers and dispensing organizations. Once the act goes into effect, "a tax is imposed upon the privilege of cultivating medical cannabis at a rate of 7% of the sales price per ounce."

Approved Conditions: "Debilitating medical conditions include 40 chronic diseases and conditions: cancer, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, cachexia/wasting syndrome, muscular dystrophy, severe fibromyalgia, spinal cord disease (including but not limited to arachnoiditis), Tarlov cysts, hydromyelia syringomyelia, Rheumatoid arthritis, fibrous dysplasia, spinal cord injury, traumatic brain injury and post concussion syndrome, Multiple Sclerosis, Arnold-Chiari malformation and Syringomelia, Spinocerebellar Ataxia (SCA), Parkinson's Disease, Tourette Syndrome, Myoclonus, Dystonia, Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I), Causalgia, CRPS (Complex Regional Pain Syndrome Type II), Neurofibromatosis, Chronic inflammatory Demyelinating Polyneuropathy, Chronic Inflammatory Demyelinating Polyneuropathy, Sjogren's Syndrome, Lupus, Interstitial Cystitis, Myasthenia Gravis, Hydrocephalus, nail-patella syndrome or residual limb pain; or the treatment of these conditions."
"Frequently Asked Questions," idph.state.il.us (accessed Apr. 23, 2014)

On July 20, 2014, Gov. Quinn signed Senate Bill 2636 (40 KB), which amended the Compassionate Use of Medical Cannabis Act to allow children under 18 to be treated with non-smokable forms of medical marijuana for the same conditions orginially approved for adults. An underage patient's parent or guardian must serve as

Illinois Department of Public Health
Division of Medical Cannabis
Illinois Department of Public Health
535 W. Jefferson Street
Springfield, IL 62761-0001
Attn: Rulemaking

DPH.MedicalCannabis@illinois.gov

Website:
Medical Cannabis Program

Information provided by the state on sources for medical marijuana:
Cultivation centers and dispensing organizations will be registered by the Department of Agriculture and Department of Financial and Professional Regulation, respectively.

Patient Registry Fee:
To be determined during the rulemaking process ($100 proposed)

Accepts other states' registry ID cards?
No

Registration:
Mandatory

caregiver, and signatures from two doctors are required. The bill, which becomes effective Jan. 1, 2015, also added seizures, including those related to epilepsy, to the list of approved conditions.

Possession/Cultivation: "Adequate supply" is defined as "2.5 ounces of usable cannabis during a period of 14 days and that is derived solely from an intrastate source." The law does not allow patients or caregivers to cultivate cannabis.

Updates: Governor Pat Quinn's Aug. 1, 2013 signing statement (25 KB) explains key points of the law and notes that it is a four-year pilot program.

On Jan. 21, 2014, the Department of Public Health released a draft of the proposed rules (415 KB) for public comments. The proposal included a fingerprint-based criminal history background check and an annual $150 application fee for qualifying patients. The rules also state that qualifying patients and caregivers "are not eligible for a Firearm Owners Identification Card or a Firearm Concealed Carry License."

On Apr. 18, 2014, the Department of Health released revised preliminary rules (240 KB) that removed from the previous versions the restrictions on gun owners applying for medical marijuana cards. The application fees were dropped to $100 ($50 for veterans and eligible patients on Social Security Insurance and Social Security Disability Insurance, and $25 for caregivers).

10. Maine

Ballot Question 2 -- Approved Nov. 2, 1999 by 61% of voters
Effective: Dec. 22, 1999

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess an oral or written "professional opinion" from their physician that he or she "might benefit from the medical use of marijuana." The law does not establish a state-run patient registry.

Approved diagnosis: epilepsy and other disorders characterized by seizures; glaucoma; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea or vomiting as a result of AIDS or cancer chemotherapy.

Possession/Cultivation: Patients (or their primary caregivers) may legally possess no more than one and one-quarter (1.25) ounces of usable marijuana, and may cultivate no more than six marijuana plants, of which no more than three may be mature. Those patients who possess greater amounts of marijuana than allowed by law are afforded a "simple defense" to a charge of marijuana possession.

Amended: Senate Bill 611
Effective: Signed into law on Apr. 2, 2002

Increases the amount of useable marijuana a person may possess from one and one-quarter (1.25) ounces to two and one-half (2.5) ounces.

Amended: Question 5 (135 KB) -- Approved Nov. 3, 2009 by 59% of voters

List of approved conditions changed to include cancer, glaucoma, HIV, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's, nail-patella syndrome, chronic intractable pain, cachexia or wasting syndrome, severe nausea, seizures (epilepsy), severe and persistent muscle spasms, and multiple sclerosis.

Instructs the Department of Health and Human Services (DHHS) to establish a registry identification program for patients and caregivers. Stipulates provisions for the operation of nonprofit dispensaries.

[Editors Note: An Aug. 19, 2010 email to ProCon.org from Catherine M. Cobb, Director of Maine's Division of Licensing and Regulatory Services, stated:

"We have just set up our interface to do background checks on caregivers and those who are associated with dispensaries. They may not have a disqualifying drug offense."]

Amended: LD 1062 (25 KB)
Effective: Enacted without the governor's signature on June 26, 2013

Adds post-traumatic stress disorder (PTSD) to the list of approved conditions for medical marijuana use.

Maine Medical Use of Marijuana Program (MMMP)
Division of Licensing and Regulatory Services
Department of Health and Human Services
11 State House Station
Augusta, ME 04333
Phone: 207-287-4325

medmarijuana. dhhs@maine.gov

Website:
Maine Medical Marijuana Program

Information provided by the state on sources for medical marijuana:
A list of dispensaries is available on the MMMP website. "The patient may either cultivate or designate a caregiver or dispensary to cultivate marijuana." ("Program Bulletin," Maine.gov, Sep. 28, 2011)

Patient Registry Fee:
$0
Caregivers pay $300/patient(limit of 5 patients; if not growing marijuana, there is no fee)

Accepts other states' registry ID cards?
Yes
"Law enforcement will accept appropriate authorization from a participating state, but that patient cannot purchase marijuana in Maine without registering here. That requires a Maine physician and a Maine driver license or other picture ID issued by the state of Maine. The letter from a physician in another state is only good for 30 days." (Aug. 19, 2010 email from Maine's Division of Licensing and Regulatory Services)

Registration:
Voluntary

"In addition to either a registry ID card or a physician certification form, all patients, including both non-registered and voluntarily registered patients, must also present their Maine driver license or other Maine-issued photo identification card to law enforcement, upon request." ("Program Bulletin," Maine.gov, Sep. 28, 2011)

11. Maryland

House Bill 881 (375 KB)
Approved: Apr. 8, 2014 by House, 125-11 and by Senate, 44-2
Signed by Gov. Martin O'Malley on Apr. 14, 2014
Effective: June 1, 2014

Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, MD 21201
Phone: 410-767-6500

Website:
Natalie M. LaPrade Medical Marijuana

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The Natalie M. LaPrade Medical Marijuana Commission and the Maryland Department of Health and Mental Hygiene are tasked with developing regulations for patient registry and identification cards, dispensary licensing, setting fees and possession limits, and more. The Commission will issue yearly request for applications from academic medical centers to operate medical marijuana compassionate use programs. **Approved diagnosis:** cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe nausea, seizures, severe or persistent muscle spasms, or other conditions approved by the Commission. **Possession/Cultivation:** Patients are allowed to possess a 30-day supply (amount to be determined by the Commission). "Beginning June 1, 2016, the Commission may issue the number of [dispensary] licenses necessary to meet the demand for medical marijuana by qualifying patients and caregivers issued identification cards."	Commission **Information provided by the state on sources for medical marijuana:** "A qualifying patient or caregiver may obtain medical marijuana from a grower's facility or from a satellite facility of the grower." **Patient Registry Fee:** To be determined by the Commission during the rulemaking process **Accepts other states' registry ID cards?** No **Registration:** Mandatory
12. **Massachusetts** **Ballot Question 3** -- Approved Nov. 6, 2012 by 63% of voters **Effective:** Jan. 1, 2013 "The citizens of Massachusetts intend that there should be no punishment under state law for qualifying patients, physicians and health care professionals, personal caregivers for patients, or medical marijuana treatment center agents for the medical use of marijuana... In the first year after the effective date, the Department shall issue registrations for up to thirty-five non-profit medical marijuana treatment centers, provided that at least one treatment center shall be located in each county, and not more than five shall be located in any one county." **Approved diagnosis:** "Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis and other conditions as determined in writing by a qualifying patient's physician." **Possession/Cultivation:** Patients may possess "no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty-day supply... Within 120 days of the effective date of this law, the department shall issue regulations defining the quantity of marijuana that could reasonably be presumed to be a sixty-day supply for qualifying patients, based on the best available evidence." "The Department shall issue a cultivation registration to a qualifying patient whose access to a medical treatment center is limited by verified financial hardship, a physical incapacity to access reasonable transportation, or the lack of a treatment center within a reasonable distance of the patient's residence. The Department may deny a registration based on the provision of false information by the applicant. Such registration shall allow the patient or the patient's personal caregiver to cultivate a limited number of plants, sufficient to maintain a 60-day supply of marijuana, and shall require cultivation and storage only in an enclosed, locked facility. The department shall issue regulations consistent with this section within 120 days of the effective date of this law. Until the department issues such final regulations, the written recommendation of a qualifying patient's physician shall constitute a limited cultivation registration." **Updates:** The DPH website wrote on Oct. 8, 2014 that "the Medical Use of Marijuana Online System (MMJ Online System) is now available for qualifying patients to register to possess marijuana for medical purposes. You will need to register with the MMJ Online System by January 1, 2015 in order to possess marijuana for medical purposes, even if you already have a paper written certification from your physician. Paper written certifications will no longer be valid as of February 1st, 2015."	**Department of Public Health of the Commonwealth of Massachusetts** One Ashburton Place 11th Floor Boston, MA 02108 Phone: 617-624-5062 medicalmarijuana@state.ma.us **Website:** www.mass.gov/medicalmarijuana **Information provided by the state on sources for medical marijuana:** The state will issue registrations for up to 35 nonprofit medical marijuana treatment centers **Patient Registry Fee:** $50 **Accepts other states' registry ID cards?** Unknown **Registration:** Mandatory The law stated that "Until the approval of final regulations, written certification by a physician shall constitute a registration card for a qualifying patient."
13. **Michigan** **Proposal 1** (60 KB) "Michigan Medical Marihuana Act" -- Approved by 63% of voters on Nov. 4, 2008 **Approved:** Nov. 4, 2008 **Effective:** Dec. 4, 2008 **Approved Conditions:** Approved for treatment of debilitating medical conditions, defined as cancer, glaucoma, HIV, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures, epilepsy, muscle spasms, multiple sclerosis, and PTSD. **Possession/Cultivation:** Patients may possess up to two and one-half (2.5) ounces of usable marijuana and twelve marijuana plants kept in an enclosed, locked facility. The twelve plants may be kept by the patient only if he or she has not specified a primary caregiver to cultivate the marijuana for him or her.	**Michigan Medical Marihuana Program** Bureau of Health Professions, Department of Licensing and Regulatory Affairs P.O. Box 30083 Lansing, MI 48909 Phone: 517-373-0395 BHP-MMMPINFO@michigan.gov **Website:** MI Medical Marihuana Program **Information provided by the state on sources for medical marijuana:** "This is not addressed in the MMMA,

Amended: HB 4856 (40 KB)
Effective: Dec. 31, 2012

Makes it illegal to "transport or possess" usable marijuana by car unless the marijuana is "enclosed in a case that is carried in the trunk of the vehicle." Violation of the law is a misdemeanor "punishable by imprisonment for not more than 93 days or a fine of not more than $500.00, or both."

Amended: HB 4834 (40 KB)
Effective: Apr. 1, 2013

Requires proof of Michigan residency when applying for a registry ID card (driver license, official state ID, or valid voter registration) and makes cards valid for two years instead of one.

Amended: HB 4851 (40 KB)
Effective: Apr. 1, 2013

Requires a "bona fide physician-patient relationship," defined in part as one in which the physician "has created and maintained records of the patient's condition in accord with medically accepted standards" and "will provide follow-up care;" protects patient from arrest only with registry identification card and valid photo ID.

Amended: State of Michigan vs. McQueen (90 KB)
Decided: Feb. 8, 2013

The Michigan Supreme Court ruled 4-1 that dispensaries are illegal. As a result, medical marijuana patients in Michigan will have to grow their own marijuana or get it from a designated caregiver who is limited to five patients.

therefore; the MMP is not authorized to provide information regarding this issue... The MMMA provides for a system of designated caregivers... The MMP is not authorized to associate patients and caregivers nor release the names of registered caregivers." "Frequently Asked Questions," Michigan.gov (accessed Apr. 24, 2014)

Patient Registry Fee:
$60 new or renewal application

Accepts other states' registry ID cards?
Yes

The Office of Communications in the Department of Licensing and Regulatory Affairs told ProCon.org in an Oct.30, 2014 email: "The law says that cards from other states are recognized. However, the Michigan Medical Marihuana Program does not have any control over enforcement of that section of the statute."

Registration:
Mandatory

14. Minnesota

SF 2470 (200 KB) -- Signed into law by Gov. Mark Dayton on May 29, 2014
Approved: By Senate 46-16, by House 89-40
Effective: May 30, 2014

Approved Conditions: cancer (if the underlying condition or treatment produces severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting), glaucoma, HIV/AIDS, Tourette's syndorme, ALS, seizures/epilepsy, severe and persistent muscle spasms/MS, Crohn's disease, terminal illness with a life expectancy of under one year.

The commissioner will consider adding intractable pain and other conditions, and must report findings no later than July 1, 2016.

Possession/Cultivation: The Commissioner of Health will register two in-state manufacturers for the production of all medical cannabis within the state. Manufacturers are required to ensure that the medical cannabis distributed contains a maximum of a 30-day supply of the dosage determined for that patient.

"Medical cannabis" is defined as any species of the genus cannabis plant delivered in the form of (1) liquid, including, but not limited to, oil; (2) pill; (3) vaporized delivery method that does not require the use of dried leaves or plant form. Smoking is not a method approved by the bill

Minnesota Department of Health

Website:
Medical Cannabis Program

Information provided by the state on sources for medical marijuana:
Manufacturers shall operate four distribution facilities in the state and must agree to begin supplying medical cannabis to patients by July 1, 2015 from at least one facility.

Patient Registry Fee:
$200 / $50 for patients on Social Security disability, Supplemental Security Insurance, or enrolled in MinnesotaCare

Accepts other states' registry ID cards?
No

Registration:
Mandatory

15. Montana

Initiative 148 (76 KB) -- Approved by 62% of voters on Nov. 2, 2004
Effective: Nov. 2, 2004

Approved Conditions: Cancer, glaucoma, or positive status for HIV/AIDS, or the treatment of these conditions; a chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, including seizures caused by epilepsy, or severe or persistent muscle spasms, including spasms caused by multiple sclerosis or Crohn's disease; or any other medical condition or treatment for a medical condition adopted by the department by rule.

Possession/Cultivation: A qualifying patient and a qualifying patient's caregiver may each possess six marijuana plants and one ounce of usable marijuana. "Usable marijuana" means the dried leaves and flowers of marijuana and any mixture or preparation of marijuana.

Amended: SB 423 (100 KB) -- Passed on Apr. 28, 2011 and transmitted to the Governor on May 3, 2011
Effective: July 1, 2011

SB 423 changes the application process to require a Montana driver's license or state issued ID card. A second physician is required to confirm a chronic pain diagnosis.

"A provider or marijuana-infused products provider may assist a maximum of three registered cardholders..." and "may not accept anything of value, including monetary remuneration, for any services or products provided to a registered cardholder."

Approved Conditions: Cancer, glaucoma, or positive status for HIV/AIDS when the condition or disease results in symptoms that seriously and adversely affect the patient's health status; Cachexia or wasting syndrome; Severe, chronic pain that is

Medical Marijuana Program
Montana Department of Health and Human Services
Licensure Bureau
2401 Colonial Drive, 2nd Floor
P.O. Box 202953
Helena, MT 59620-2953
Phone: 406-444-0596

jbuska@mt.gov

Website:
MT Medical Marijuana Program

Medical Marijuana Program FAQs (35 KB)

Information provided by the state on sources for medical marijuana:
"The department does not have information about growing marijuana, but recommends using the internet, family and friends as resources to find information." "Frequently Asked Questions," dphhs.mt.gov, Nov. 29, 2011

Patient Registry Fee:
$75 new application/$75 renewal

Accepts other states' registry ID cards?

persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient's treating physician; Intractable nausea or vomiting; Epilepsy or intractable seizure disorder; Multiple sclerosis; Chron's Disease; Painful peripheral neuropathy; A central nervous system disorder resulting in chronic, painful spasticity or muscle spasms; Admittance into hospice care. **Possession/Cultivation:** Amended to 12 seedlings (less than 12"), four mature flowering plants, and one ounce of usable marijuana. On Nov. 6, 2012, Montana voters approved initiative referendum No. 124 by a vote of 56.5% to 43.5%, upholding SB 423.	No (reciprocity ended when SB 423 took effect) **Registration:** Mandatory
18. **Nevada** **Ballot Question 9** – Approved Nov. 7, 2000 by 65% of voters **Effective:** Oct. 1, 2001 Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who have "written documentation" from their physician that marijuana may alleviate his or her condition. **Approved Conditions:** AIDS; cancer; glaucoma; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain, and PTSD. Other conditions are subject to approval by the health division of the state Department of Human Resources. **Possession/Cultivation:** Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, three mature plants, and four immature plants. **Registry:** The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges. Legislators added a preamble to the legislation stating, "[T]he state of Nevada as a sovereign state has the duty to carry out the will of the people of this state and regulate the health, medical practices and well-being of those people in a manner that respects their personal decisions concerning the relief of suffering through the medical use of marijuana." A separate provision requires the Nevada School of Medicine to "aggressively" seek federal permission to establish a state-run medical marijuana distribution program. **Amended:** Assembly Bill 453 (25 KB) **Effective:** Oct. 1, 2001 Created a state registry for patients whose physicians recommend medical marijuana and tasked the Department of Motor Vehicles with issuing identification cards. No state money will be used for the program, which will be funded entirely by donations. **Amended:** Senate Bill 374 (280 KB) Signed into law by Gov. Brian Sandoval on June 12, 2013 "Provides for the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana... From April 1, 2014, through March 31, 2016, a nonresident purchaser must sign an affidavit attesting to the fact that he or she is entitled to engage in the medical use of marijuana in his or her state or jurisdiction of residency. On and after April 1, 2016, the requirement for such an affidavit is replaced by computer cross-checking between the State of Nevada and other jurisdictions." Patients who were growing before July 1, 2013 are allowed to continue home cultivation until March 31, 2016. **Updates:** The Department of Health and Human Services adopted regulations (340 KB) based on the previous amendment on April 1, 2014.	**Nevada State Health Division** 4150 Technology Way, Suite 104 Carson City, NV, 89706 Phone: 775-687-7594 Fax: 775-684-4156 medicalmarijuana@health.nv.gov **Website:** NV Medical Marijuana Program **Information provided by the state on sources for medical marijuana:** "The NMMP is not a resource for the growing process and does not have information to give to patients." "Medical Marijuana Frequently Asked Questions," health.nv.gov, Mar. 20, 2014 **Patient Registry Fee:** $25 application fee, plus $75 for the card **Accepts other states' registry ID cards?** Yes, starting Apr. 1, 2014 with an affidavit **Registration:** Mandatory
17. **New Hampshire** **House Bill 573** (215 KB) **Approved:** May 23, 2013 by Senate, 18-6 and June 26, 2013 by House, 284-66 Signed into law by Gov. Maggie Hassan on July 23, 2013 **Effective:** Upon passage The bill authorizes the use of therapeutic cannabis in New Hampshire, establishes a registry identification card system, allows for the registration of up to four non-profit alternative treatment centers in the state, and establishes an affirmative defense for qualified patients and designated caregivers with valid registry ID cards. HB 573 also calls for the creation of a Therapeutic Use of Cannabis Advisory Council, which in five years will be required to "issue a formal opinion on whether the program should be continued or repealed." A valid ID card from another medical marijuana state will be recognized as allowing the visiting patient to possess cannabis for therapeutic purposes, but the "visiting qualifying patient shall not cultivate or purchase cannabis in New Hampshire or obtain cannabis from alternative treatment centers..."	**New Hampshire Department of Health and Human Services** Phone: 603-271-9234 **Website:** Therapeutic Use of Cannabis Program **Information provided by the state on sources for medical marijuana:** HB 537 requires DHHS to register two nonprofit alternative treatment centers within 18 months of the bill's effective date, provided that at least two applicants are qualified. There can be no more than four alternative treatment centers at one time. **Patient Registry Fee:** To be determined during the rulemaking process

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Approved Conditions: Cancer, glaucoma, positive status for HIV, AIDS, hepatitis C, ALS, muscular dystrophy, Crohn's disease, agitation of Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or "one or more injuries that significantly interferes with daily activities as documented by the patient's provider; and a severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms."

Possession/Cultivation: "A qualifying patient shall not obtain more than 2 ounces of usable cannabis directly or through the qualifying patient's designated caregiver during a 10-day period." A patient may possess two ounces of usable cannabis and any amount of unusable cannabis.

Updates: On Apr. 3, 2014, the Department of Health and Human Services (DHHS) posted proposed Therapeutic Cannabis Program Registry Rules (130 KB) and began the formal rulemaking process.

As of Apr. 23, 2014, the DHHS website stated that it was not currently accepting applications for patient registry identification cards or for alternative treatment center registration certificates.

Accepts other states' registry ID cards?
Yes

Registration:
Mandatory

18 New Jersey

Senate Bill 119 (175 KB)
Approved: Jan. 11, 2010 by House, 48-14; by Senate, 25-13
Signed into law by Gov. Jon Corzine on Jan. 18, 2010
Effective: Six months from enactment

Protects "patients who use marijuana to alleviate suffering from debilitating medical conditions, as well as their physicians, primary caregivers, and those who are authorized to produce marijuana for medical purposes" from "arrest, prosecution, property forfeiture, and criminal and other penalties."

Also provides for the creation of alternative treatment centers, "at least two each in the northern, central, and southern regions of the state. The first two centers issued a permit in each region shall be nonprofit entities, and centers subsequently issued permits may be nonprofit or for-profit entities."

Approved Conditions: Seizure disorder, including epilepsy, intractable skeletal muscular spasticity, glaucoma; severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome resulting from HIV/AIDS or cancer; amyotrophic lateral sclerosis (Lou Gehrig's Disease), multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn's disease; terminal illness, if the physician has determined a prognosis of less than 12 months of life or any other medical condition or its treatment that is approved by the Department of Health and Senior Services.

Possession/Cultivation: Physicians determine how much marijuana a patient needs and give written instructions to be presented to an alternative treatment center. The maximum amount for a 30-day period is two ounces.

Amended: SB 2842 (40 KB)
Signed into law by Gov. Chris Christie on Sep. 10, 2013 following legislative adoption of his conditional veto (10 KB)

Allows edible forms of marijuana only for qualifying minors, who must receive approval from a pediatrician and a psychiatrist.

Updates:
S119 was supposed to become effective six months after it was enacted on Jan. 18, 2010, but the legislature, DHHS, and New Jersey Governor Chris Christie had difficulty coming to agreement on the details of how the program would be run.

The New Jersey Department of Health and Senior Services released draft rules (385 KB) outlining the registration and application process on Oct. 6, 2010. A public hearing to discuss the proposed rules was held on Dec. 6, 2010 at the New Jersey Department of Health and Senior Services, according to the *New Jersey Register*.

On Dec. 20, 2011, Senator Nicholas Scutari (D), lead sponsor of the medical marijuana bill, submitted Senate Concurrent Resolution (SCR) 140 (25 KB) declaring that the "Board of Medical Examiners proposed medicinal marijuana program rules are inconsistent with legislative intent." The New Jersey Senate Health, Human Services and Senior Citizens committee held a public hearing to discuss SCR 140 and a similar bill, SCR 130, on Jan. 20, 2010.

On Feb. 3, 2011, the Department of Health proposed new rules (200 KB) that streamlined the permit process for cultivating and dispensing, prohibited home delivery by alternative treatment centers, and required that "conditions originally named in the Act be resistant to conventional medical therapy in order to qualify as debilitating medical conditions."

On Aug. 9, 2012, the New Jersey Medical Marijuana Program opened the patient registration system on its website. Patients must have a physician's recommendation, a government-issued ID, and proof of New Jersey residency to register. The first

Department of Health (DOH)
P. O. Box 360
Trenton, NJ 08625-0360
Phone: 609-292-0424

Contact form

Website:
Medicinal Marijuana Program

Information provided by the state on sources for medical marijuana:
Patients are not allowed to grow their own marijuana. On Mar. 21, 2011, the New Jersey DOH announced the locations of six nonprofit alternative treatment centers (ATCs) (100 KB) from which medical marijuana may be obtained.

Medical marijuana is not covered by Medicaid.

Patient Registry Fee:
$200 (valid for two years). Reduced fee of $20 for patients qualifying for state or federal assistance programs

Accepts other states' registry ID cards?
No

Registration:
Mandatory

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dispensary is expected to be licensed to open in September.

On Oct. 16, 2012, the Department of Health issued the first dispensary permit (24 KB) to Greenleaf Compassion Center, allowing it to operate as an Alternative Treatment Center and dispense marijuana. The center opened on Dec. 6, 2012, becoming New Jersey's first dispensary.

As of Apr. 23, 2014, there were Alternative Treatment Centers with permits to operate in all three regions of the state as designated by the medical marijuana program: north, central, and south.

19. New Mexico

Senate Bill 523 (71 KB) "The Lynn and Erin Compassionate Use Act"
Approved: Mar. 13, 2007 by House, 36-31; by Senate, 32-3
Effective: July 1, 2007

Removes state-level criminal penalties on the use and possession of marijuana by patients "in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments." The New Mexico Department of Health designated to administer the program and register patients, caregivers, and providers.

Approved Conditions: As of Apr. 23, 2014, the 19 current qualifying conditions for medical cannabis were: severe chronic pain, painful peripheral neuropathy, intractable nausea/vomiting, severe anorexia/cachexia, hepatitis C infection, Crohn's disease, Post-Traumatic Stress Disorder, ALS (Lou Gehrig's disease), cancer, glaucoma, multiple sclerosis, damage to the nervous tissue of the spinal cord with intractable spasticity, epilepsy, HIV/AIDS, hospice patients, cervical dystonia, Inflammaory Autoimmune-mediated Arthritis, Parkinson's disease, and Huntington's disease

Possession/Cultivation: Patients have the right to possess up to six ounces of usable cannabis, four mature plants and 12 seedlings. Usable cannabis is defined as dried leaves and flowers; it does not include seeds, stalks or roots. A primary caregiver may provide services to a maximum of four qualified patients under the Medical Cannabis Program.

New Mexico Department of Health
Medical Cannabis Program
1190 Saint Francis Drive Suite S-3400
Santa Fe, NM 87502
Phone: 505-827-2321

medical.cannabis@state.nm.us

Website:
NM Medical Cannabis Program
Information provided by the state on sources for medical marijuana:
"The production and distribution of medical cannabis is provided by Licensed Non-Profit Producers (LNPP) throughout the state. A Qualified Patient may also obtain a Personal Production License (PPL) to grow medical cannabis for personal use." "General Information." Medical Cannabis Program website (accessed Apr. 23, 2014)

Patient Registry Fee:
No fee

Accepts other states' registry ID cards?
No

Registration:
Mandatory

20. New York

Assembly Bill 6357 (85 KB)
Approved: June 19, 2014 by Assembly, 117-13; June 20, 2014 by Senate, 49-10
Signed into law by Governor Andrew Cuomo on July 5, 2014
Effective: Upon Governor's signature

The Department of Health has 18 months to establish regulations and register dispensing organizations. Marijuana will be taxed at 7%, to be paid by the dispensary. The law automatically expires after seven years.

Approved Conditions: Cancer, HIV/AIDS, ALS (Lou Gehrig's disease), Parkinson's disease, multiple sclerosis, spinal cord damage causing spasticity, epilepsy, inflammatory bowel disease, neuropathies, or Huntington's disease. The Department of Health commissioner has the discretion to 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 becoming effective.

Possession/Cultivation: 30-day supply to be determined by the health commissioner during the rule making process or by the physician.

Smoking is not a method approved by the bill

New York Department of Health

Website:
New York State Medical Marijuana Program

Information provided by the state on sources for medical marijuana:
The health commissioner will register up to five organizations to manufacture medical marijuana, each of which may own and operate no more than four dispensing sites.

Patient Registry Fee:
$50

Accepts other states' registry ID cards?
No

Registration:
Mandatory

21. Oregon

Ballot Measure 67 (75 KB) – Approved by 55% of voters on Nov. 3, 1998
Effective: Dec. 3, 1998

Removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed recommendation from their physician stating that marijuana "may mitigate" his or her debilitating symptoms.

Approved Conditions: Cancer, glaucoma, positive status for HIV/AIDS, or treatment for these conditions; A medical condition or treatment for a medical condition that produces cachexia, severe pain, severe nausea, seizures, including seizures caused by epilepsy, or persistent muscle spasms, including spasms caused by multiple sclerosis. Other conditions are subject to approval by the Health Division of the Oregon Department of Human Resources.

Possession/Cultivation: A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants and 24 ounces of usable marijuana. A registry identification cardholder and the designated primary caregiver of the cardholder may possess a combined total of up

Oregon Department of Human Services
Medical Marijuana Program
PO Box 14116
Portland, OR 97293
Phone: 855-244-9580 (toll-free)

medmj.dispensaries@state.or.us

Website:
Oregon Medical Marijuana Program (OMMP)

Information provided by the state on sources for medical marijuana:
The Oregon Medical Marijuana Dispensary Program publishes a directory of approved dispensaries n its website.

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to 18 marijuana seedlings. (per Oregon Revised Statutes ORS 475.300 -- ORS 475.346) (52 KB)

Amended: Senate Bill 1085 (52 KB)
Effective: Jan. 1, 2006

State-qualified patients who possess cannabis in amounts exceeding the new state guidelines will no longer retain the ability to argue an "affirmative defense" of medical necessity at trial. Patients who fail to register with the state, but who possess medical cannabis in amounts compliant with state law, still retain the ability to raise an "affirmative defense" at trial.

The law also redefines "mature plants" to include only those cannabis plants that are more than 12 inches in height and diameter, and establish a state-registry for those authorized to produce medical cannabis to qualified patients.

Amended: House Bill 3052
Effective: July 21, 1999

Mandates that patients (or their caregivers) may only cultivate marijuana in one location, and requires that patients must be diagnosed by their physicians at least 12 months prior to an arrest in order to present an "affirmative defense." This bill also states that law enforcement officials who seize marijuana from a patient pending trial do not have to keep those plants alive. Last year the Oregon Board of Health approved agitation due to Alzheimer's disease to the list of debilitating conditions qualifying for legal protection.

In August 2001, program administrators filed established temporary procedures further defining the relationship between physicians and patients. The new rule defines attending physician as "a physician who has established a physician/patient relationship with the patient;... is primarily responsible for the care and treatment of the patients... has reviewed a patient's medical records at the patient's request, has conducted a thorough physical examination of the patient, has provided a treatment plan and/or follow-up care, and has documented these activities in a patient file."

Amended: SB 281 (25 KB)
Signed by Gov. John Kitzhaber on June 6, 2013

Adds post-traumatic stress disorder (PTSD) to the list of approved conditions for medical marijuana use.

Amended: HB 3460 (50 KB)
Signed by Gov. John Kitzhaber on Aug. 14, 2013

Creates a dispensary program by allowing the state licensing and regulation of medical marijuana facilities to transfer marijuana to registry identification cardholders or their designated primary caregivers.

Updates: On March 3, 2014, the program began accepting applications from people seeking a license to operate a medical marijuana dispensary.

On March 19, 2014, Senate Bill 1531 (30 KB) was signed into law. The bill allows local governments to restrict the operation of medical marijuana dispensaries, including the moratoriums up through May 1, 2015.

On April 18, 2014, the Medical Marijuana Dispensary Program approved 15 dispensary applications, bringing the total number of approved applications to 58.

Patient Registry Fee:
$200 for new applications and renewals; $100 for application and annual renewal fee for persons receiving SNAP (food stamp) and for Oregon Health Plan cardholders; $20 for persons receiving SSI benefits

An additional $50 grow site registration fee is charged if the patient is not his or her own grower.

Accepts other states' registry ID cards?
No

Registration:
Mandatory

22. Rhode Island

Senate Bill 0710 -- Approved by state House and Senate, vetoed by the Governor. Veto was over-ridden by House and Senate.

Timeline:

1. June 24, 2005: passed the House 52 to 10
2. June 28, 2005: passed the State Senate 33 to 1
3. June 29, 2005: Gov. Carcieri vetoed the bill
4. June 30, 2005: Senate overrode the veto 28-6
5. Jan. 3, 2006: House overrode the veto 59-13 to pass the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act (48 KB) (Public Laws 05-442 and 05-443)
6. June 21, 2007: Amended by Senate Bill 791 (30 KB) **Effective:** Jan. 3, 2006

Approved Conditions: Cancer, glaucoma, positive status for HIV/AIDS, Hepatitis C, or the treatment of these conditions; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or any other medical condition or its treatment approved by the state Department of Health.

If you have a medical marijuana registry identification card from any other state, U.S. territory, or the District of Columbia you may use it in Rhode Island. It has the same force and effect as a card issued by the Rhode Island Department of Health.

Possession/Cultivation: Limits the amount of marijuana that can be possessed and grown to up to 12 marijuana plants or 2.5 ounces of cultivated marijuana. Primary

Rhode Island Department of Health
Office of Health Professions Regulation, Room 104
3 Capitol Hill
Providence, RI 02908-5097
Phone: 401-222-2828

mmp@health.ri.gov

Website:
RI Medical Marijuana Program (MMP)

Information provided by the state on sources for medical marijuana:
The Department of Health had approved three compassion centers to be licensed, but only two were operational as of Apr. 24, 2014.

Patient Registry Fee:
$75/$10 for applicants on Medicaid or Supplemental Security Income (SSI)

Accepts other states' registry ID cards?
Yes, but only for the conditions approved in Rhode Island

Registration:
Mandatory

caregivers may not possess an amount of marijuana in excess of 24 marijuana plants and five ounces of usable marijuana for qualifying patients to whom he or she is connected through the Department's registration process.

Amended: H5359 (70 KB) - The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act (substituted for the original bill)

Timeline:

1. **May 20, 2009:** passed the House 63-5
2. **June 6, 2009:** passed the State Senate 31-2
3. **June 12, 2009:** Gov. Carcieri vetoed the bill (60 KB)
4. **June 16, 2009:** Senate overrode the veto 35-3
5. **June 16, 2009:** House overrode the veto 67-0

Effective June 16, 2009: Allows the creation of compassion centers, which may acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or dispense marijuana, or related supplies and educational materials, to registered qualifying patients and their registered primary caregivers. Rules & Regulations (60 KB) last updated Dec. 2012.

The first dispensary, the Thomas C. Slater Compassion Center, opened on Apr. 19, 2013. Compassion centers must be operated on a not-for-profit basis.

23 Vermont

Senate Bill 76 (45 KB) -- Approved 22-7; House Bill 645 (41 KB) -- Approved 82-59 **"Act Relating to Marijuana Use by Persons with Severe Illness"** (Sec. 1. 18 V.S.A. chapter 86 (41 KB) passed by the General Assembly) *Gov. James Douglas (R), allowed the act to pass into law unsigned on May 26, 2004*
Effective: July 1, 2004

Amended: Senate Bill 00007 (65 KB)
Effective: May 30, 2007

Approved Conditions: Cancer, AIDS, positive status for HIV, multiple sclerosis, or the treatment of these conditions if the disease or the treatment results in severe, persistent, and intractable symptoms; or a disease, medical condition, or its treatment that is chronic, debilitating and produces severe, persistent, and one or more of the following intractable symptoms: cachexia or wasting syndrome, severe pain or nausea or seizures.

Possession/Cultivation: No more than two mature marijuana plants, seven immature plants, and two ounces of usable marijuana may be collectively possessed between the registered patient and the patient's registered caregiver. A marijuana plant shall be considered mature when male or female flower buds are readily observed on the plant by unaided visual examination. Until this sexual differentiation has taken place, a marijuana plant will be considered immature.

Amended: Senate Bill 17 (100 KB) "An Act Relating To Registering Four Nonprofit Organizations To Dispense Marijuana For Symptom Relief"
Signed by Gov. Peter Shumlin on June 2, 2011

The bill "establishes a framework for registering up to four nonprofit marijuana dispensaries in the state... A dispensary will be permitted to cultivate and possess at any one time up to 28 mature marijuana plants, 98 immature marijuana plants, and 28 ounces of usable marijuana."

On Sep. 12, 2012, the State of Vermont Department of Public Safety announced conditional approval (65 KB) of two medical marijuana dispensaries. In June 2013, two dispensaries opened in Vermont.

Marijuana Registry
Department of Public Safety
103 South Main Street
Waterbury, Vermont 05671
Phone: 802-241-5115

DPS.VTMR@state.vt.us

Website:
VT Marijuana Registry Program

Information provided by the state on sources for medical marijuana:
"The Marijuana Registry is neither a source for marijuana nor can the Registry provide information to patients on how to obtain marijuana." (accessed Apr. 24, 2014)

Patient Registry Fee:
$50

Accepts other states' registry ID cards?
No

Registration:
Mandatory

24 Washington

Chapter 69.51A RCW (4KB) **Ballot Initiative I-692** -- Approved by 59% of voters on Nov. 3, 1998
Effective: Nov. 3, 1998

Removed state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess "valid documentation" from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of the medical use of marijuana would likely outweigh the health risks."

Approved Conditions: cachexia; cancer; HIV or AIDS; epilepsy; glaucoma; intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis. Other conditions are subject to approval by the Washington Board of Health. **Additional conditions as of Nov. 2, 2008:** Crohn's disease, Hepatitis C with debilitating nausea or intractable pain, diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when those conditions are unrelieved by standard treatments or medications. **Added as of Aug. 31, 2010:** chronic renal failure

Amended: Senate Bill 6032 (29 KB)
Effective: 2007 (rules being defined by Legislature with a July 1, 2008 due date)

Amended: Final Rule (123 KB) based on Significant Analysis (370 KB)
Effective: Nov. 2, 2008

Department of Health
PO Box 47866
Olympia, WA 98504-7866
Phone: 360-236-4700
Fax: 360-236-4768

MedicalMarijuana@doh.wa.gov

Website:
Medical Marijuana (Cannabis)

Information provided by the state on sources for medical marijuana:
"The law allows a qualifying patient or designated provider to grow medical marijuana. It is not legal to buy or sell it... The law does not allow dispensaries." "General Frequently Asked Questions," doh.wa.gov (accessed Apr. 24, 2014)

Note: Washington now allows state-licensed retail stores to sell marijuana. The state website says that qualified patients "can still grow their own marijuana or participate in a collective garden if they don't want to buy from a state-licensed retail store."

Possession/Cultivation: A qualifying patient and designated provider may possess a total of no more than twenty-four ounces of usable marijuana, and no more than fifteen plants. This quantity became the state's official "60-day supply" on Nov. 2, 2008.

Amended: SB 5073 (375 KB)
Effective: July 22, 2011
Gov. Christine Gregoire signed sections of the bill and partially vetoed others, as explained in the Apr. 29, 2011 veto notice. (50 KB) Gov. Gregoire struck down sections related to creating state-licensed medical marijuana dispensaries and a voluntary patient registry.

Updates: On Jan. 21, 2010, the Supreme Court of the State of Washington ruled that Ballot Initiative "I-692 did not legalize marijuana, but rather provided an authorized user with an affirmative defense if the user shows compliance with the requirements for medical marijuana possession." *State v. Fry* (125 KB)

ProCon.org contacted the Washington Department of Health to ask whether it had received any instructions in light of this ruling. Kristi Weeks, Director of Policy and Legislation, stated the following in a Jan. 25, 2010 email response to ProCon.org:

> "The Department of Health has a limited role related to medical marijuana in the state of Washington. Specifically, we were directed by the Legislature to determine the amount of a 60 day supply and conduct a study of issues related to access to medical marijuana. Both of these tasks have been completed. We have maintained the medical marijuana webpage for the convenience of the public.
>
> The department has not received 'any instructions' in light of State v. Fry. That case does not change the law or affect the 60 day supply. Chapter 69.51A RCW, as confirmed in Fry, provides an affirmative defense to prosecution for possession of marijuana for qualifying patients and caregivers."

On Nov. 6, 2012, Washington voters passed Initiative 502, which allows the state to "license and regulate marijuana production, distribution, and possession for persons over 21 and tax marijuana sales." The website for Washington's medical marijuana program states that the initiative "does not amend or repeal the medical marijuana laws (chapter 69.51A RCW) in any way. The laws relating to authorization of medical marijuana by healthcare providers are still valid and enforceable."

Patient Registry Fee:
No state registration program has been established

Accepts other states' registry ID cards?
No

Registration:
None

For a detailed list of sources used to compile this information, please see our sources page.

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Current State Distribution

According to NORML, as of November 4th, 2014, there are twenty-three states and the District of Columbia that have passed the legalization of medical marijuana. Reasons for the prescription and use of medical marijuana include, but are not limited to: chronic pain due to cancer, HIV/AIDS, stimulation of appetite for individuals who suffer from anorexia and cachexia, glaucoma, prevention of nausea and vomiting in individuals who are receiving chemotherapy and radiation, seizures, epilepsy, amyotrophic lateral sclerosis, and multiple sclerosis. In order to move forward in North Dakota with the debate on the legalization of medical marijuana, it is necessary to look into how other states have come to their legislative decisions and what they have included in their regulations. All of the following state information was found by researching the state laws on norml.org/laws.

Alaska.

In Alaska, in order to qualify for medical marijuana, your physician would need to have diagnosed a patient with cachexia, cancer, chronic pain, glaucoma, HIV/AIDS, multiple sclerosis, nausea, or seizures. The patient is allowed to have one ounce of usable marijuana on them at a time. They are allowed to grow plants at home. Alaska currently does not allow state licensed dispensaries. If the patient who is prescribed the use of medical marijuana and he or she is unable to administer it themselves they are allowed to have a primary or secondary caregiver. The primary or secondary caregiver must be over the age of twenty-one, and they must not have any felony charges of a controlled substance offense.

Arizona.

In Arizona, in order to qualify for medical marijuana, you need to be diagnosed with Alzheimer's disease, amyotrophic lateral sclerosis, cachexia, cancer, chronic pain, Crohn's

disease, glaucoma, hepatitis C, HIV/AIDS, multiple sclerosis, nausea, or seizures. As of January 1, 2015, post-traumatic stress disorder (PTSD) will be legalized for the use of medical marijuana. Clients who are prescribed medical marijuana can grow their marijuana from home if they are more than twenty-five miles away from any licensed state dispensary. Arizona has state licensed dispensaries, but they must be non-profit facilities.

California.

In California, in order to qualify for medical marijuana, you need to be diagnosed by a physician with arthritis, cancer, chronic pain, HIV/AIDS, epilepsy, chronic migraines, multiple sclerosis, or any debilitating disease where the medical use of marijuana has been approved and/or recommended by a physician. There are currently no restrictions on how much a patient can possess at one time. California does not currently have any restrictions on the amount of marijuana a patient can grow. Some cities in California regulate marijuana dispensaries, but presently there are no state licensed dispensaries. A caregiver can administer marijuana to the patient but the caregiver must be eighteen years of age, designated by a patient who is qualified to make decisions and who has steadily provided priority care to the patient.

Colorado.

Colorado is one of the first states to have legalized medical and recreational marijuana. In order to medically qualify for the use of marijuana, a physician needs to diagnose an individual with cachexia, cancer, chronic pain, any chronic nervous system disorder, epilepsy, glaucoma, HIV/AIDS, multiple sclerosis, or chronic nausea. The patient is only allowed to have two ounces of usable marijuana in their possession at a time. A patient can only have one primary caregiver who is over the age of eighteen.

Recreational use of marijuana requires the buyer to be twenty-one years of age or older and they can have up to one ounce of marijuana in their possession. A person can legally give out one ounce or less of marijuana if there is no payment required. In other words, it is not legal to sell marijuana for recreational use outside of state licensed dispensaries.

Connecticut.

In Connecticut, for a person to qualify for medical marijuana, a physician needs to diagnose an individual with cachexia, cancer, Crohn's disease, epilepsy, glaucoma, HIV/AIDS, intractable spasticity, multiple sclerosis, Parkinson's disease, or post-traumatic stress disorder (PTSD). According to ProCon.org, patients are allowed to have a one-month supply of marijuana in their possession at a time; this amount is determined by the physician who has prescribed the marijuana, therefore a one month supply is not a standard weight or count. It is based on a patient by patient basis. The state of Connecticut does not allow home cultivation of marijuana. There are licensed state dispensaries and primary caregivers that are allowed to administer the prescribed medical marijuana.

Delaware.

In Delaware, in order to qualify for medical marijuana, a physician needs to diagnose a person with Alzheimer's disease, amyotrophic lateral sclerosis, cachexia, cancer, chronic pain, HIV/AIDS, nausea, PTSD, seizures, or severe and persistent muscle spasms. The patient may possess up to six ounces without allowance to grow their marijuana at home. Although Delaware has approved state dispensaries, there are currently no functioning dispensaries within the state. Caregivers are not allowed to administer marijuana in the state of Delaware.

District of Columbia.

District of Columbia allows the distribution of medical marijuana for HIV/AIDS, glaucoma, multiple sclerosis, cancer, and other conditions that are chronic, long lasting, debilitating, or that interfere with the basic functions of life. The Department of Health in the District of Columbia states that "patients are permitted to purchase up to two ounces of dried medical marijuana per month or the equivalent of two ounces of dried medical marijuana when sold in any other form." It is illegal for any patient to grow marijuana in their home. The District of Columbia has licensed state dispensaries and primary caregivers are allowed to administer the prescribed medical marijuana. Medical marijuana patients in District of Columbia must choose one dispensary where they will receive their medical marijuana. They are not allowed to visit more than one dispensary but they can change their dispensaries in the area if need be. According to the Department of Health in District of Columbia, a patient can change dispensaries by filling out a form. In addition to the form, a $90 fee is required from the state. The $90 fee is to pay for a new registration card for the patient. The registration cards in District of Columbia have the dispensaries name on them, therefore when a patient chooses to switch, their registration card must be replaced.

Hawaii.

In Hawaii, medical marijuana is allowed to be prescribed for conditions including cancer, glaucoma, or a positive HIV/AIDS status. Medical marijuana can also be prescribed for any chronic and debilitating disease that can cause cachexia, severe pain, severe nausea, seizures, or severe and persistent muscle spasms, which include the diseases multiple sclerosis or Crohn's disease. This supply may be possessed jointly between the patient and the primary caregiver.

Illinois.

In the state of Illinois, medical marijuana can be legally prescribed for debilitating medical conditions that include forty chronic diseases and conditions. Some of these diseases and conditions include cancer, glaucoma, a positive HIV/AIDS status, and amyotrophic lateral sclerosis, agitation of Alzheimer's disease, cachexia, muscular dystrophy, severe fibromyalgia, multiple sclerosis, Parkinson's disease, and Myasthenia Gravis. The approved amount of marijuana that is allowed to be in possession of a consumer is two and half ounces of usable marijuana during a fourteen day period. It must be derived from a source within the state. On July 20, 2014, the Compassionate Use of Medical Marijuana Act was signed by Illinois Governor Quinn. This act allows children under the age of eighteen to be treated with non-smokable forms of medical marijuana for the same conditions originally approved for adults.

Maine.

In Maine, the approved medical conditions that medical marijuana can be prescribed for include cancer, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, epilepsy, glaucoma, multiple sclerosis, post-traumatic stress disorder, cachexia, and nausea or vomiting as a result from AIDS or chemotherapy. Patients may legally possess no more than one and one quarter ounces of usable marijuana.

Maryland.

Maryland allows medical marijuana to be prescribed for conditions including cachexia, anorexia, severe or chronic pain, severe nausea, seizures, and severe or persistent muscle spasms. Patients are allowed a thirty day supply, with the amount being approved by the Maryland Department of Health, in their possession.

Massachusetts.

In the state of Massachusetts, medical marijuana can be prescribed for cancer, glaucoma, a positive HIV/AIDS status, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Parkinson's disease, and multiple sclerosis. Patients may possess no more marijuana than is necessary for their personal medical use, and it should not exceed the amount needed for sixty days.

Michigan.

Michigan has approved medical marijuana to be prescribed for treatment of debilitating medical conditions, including cancer, glaucoma, HIV, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, cachexia, severe and chronic pain, severe nausea, seizures, epilepsy, muscle spasms, multiple sclerosis, and post-traumatic stress disorder. Patients are allowed up to two and a half ounces of usable marijuana.

Minnesota.

In Minnesota, medical marijuana may be prescribed for cancer if the cancer is causing severe or chronic pain, nausea, severe vomiting, or cachexia. It may be prescribed for glaucoma, HIV/AIDS, Tourette's syndrome, amyotrophic lateral sclerosis, seizures, epilepsy, multiple sclerosis, Crohn's disease, or terminal illness with a life expectancy of less than one year. There will be two in-state manufacturers for producing all medical marijuana, registered by the Commissioner of Health. The medical marijuana that will be distributed will not exceed a thirty-day supply at one time, with the patient-specific dosage. The Legislature of the State of Minnesota states in their bill that "Medical cannabis is defined as a species of the genus cannabis plant delivered in the form of liquid, oils, pills, and a vaporized delivery method that does not require the use of dried leaves or plant form. Smoking is not a method approved by the bill."

Montana.

In Montana, the conditions that are approved for the legal use of medical marijuana are cancer, glaucoma, HIV/AIDS, a chronic or debilitating disease, cachexia, severe or chronic pain, nausea, seizures, epilepsy, severe or persistent muscle spasms, multiple sclerosis, and Crohn's disease. A patient or their caregiver may possess up to six marijuana plants and may have up to one ounce of usable marijuana in their possession at a time. A caregiver that is administering the marijuana is not allowed to accept anything of value, including money, for any services or marijuana products provided.

Nevada.

The conditions that are approved for the legal use of medical marijuana in the state of Nevada include AIDS, cancer, glaucoma, cachexia, persistent muscle spasms, seizures, severe nausea or pain, and PTSD. Patients or their caregivers can legally have no more than one ounce of usable marijuana in their possession. This law was passed in the state of Nevada on October 1, 2001.

New Hampshire.

In the state of New Hampshire, the use of medical marijuana can be therapeutically used for the physician determined conditions of cancer, glaucoma, HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis (ALS), muscular dystrophy, Crohn's disease, agitation from Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, or a traumatic brain injury. Medical marijuana can be used for any condition that has caused significant interference with activities of daily living such as; elevated intraocular pressure, cachexia, chemotherapy, induced anorexia, severe pain that has not been relieved by previous treatments and medications, constant or severe nausea and vomiting, persistent muscle spasms,

and seizures. A person prescribed medical marijuana is not allowed to have more than two ounces of usable marijuana in their possession or in their caregiver's possession.

New Jersey.

In the state of New Jersey, with patients who suffer from debilitating medical conditions, their prescribing physicians, primary caregivers, and those who are authorized to produce medical marijuana are protected from arrest, prosecution, or any other criminal penalties from the use of, prescribing of, or production of marijuana for medical purposes. Although these people are safe from state prosecution they may not be protected from federal prosecution. Federally, anyone could still be prosecuted for the possession of marijuana if the charges violated federal law. If the patient, physician, and caregiver are still within rights of the state in which they reside, they are protected. Medical conditions approved for the use of medical marijuana are seizure disorders, epilepsy, intractable skeletal muscular spasticity, glaucoma, severe or chronic pain, severe nausea or vomiting, cachexia due to HIV/AIDS or cancer, amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, inflammatory bowel disease including Crohn's disease, and any terminal illness that the physician has determined to be fatal in less than twelve months. The patient is allowed to have only two ounces in their possession for a thirty-day period.

New Mexico.

As of April 23, 2014, the approved medical conditions for the use of medical marijuana are chronic pain, peripheral neuropathy, severe nausea and vomiting, induced anorexia, cachexia, hepatitis C, Crohn's disease, post-traumatic stress disorder, amyotrophic lateral sclerosis, cancer, glaucoma, multiple sclerosis, damage to the nervous tissue or spinal cord, epilepsy, HIV/AIDS, hospice patients, cervical dystonia, inflammatory autoimmune arthritis conditions, Parkinson's

disease, and Huntington's disease. The patient is allowed to have up to six ounces of prescribed marijuana in their possession.

New York.

New York approved the use of medical marijuana in fall of 2014 along with Maryland and Minnesota. This approval allows for the distribution of medical marijuana for cancer, epilepsy, HIV/AIDS, Huntington's disease, inflammatory bowel disease, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, neuropathy, and spinal cord damage. Medical marijuana users are not allowed to possess whole-plant marijuana; they are only allowed to have oils, pills, or extracts prepared from the plant. Home cultivation has been made very difficult in the state because it only allows a patient to grow a thirty-day supply of non-smokable marijuana. New York currently has five manufacturers of legal forms of marijuana-based preparations and up to twenty dispensing centers that are approved and licensed by the state. Caregivers are not allowed to administer marijuana in the state of New York.

Oregon.

Oregon allows the distribution of medical marijuana for Alzheimer's disease, cachexia, cancer, chronic pain, epilepsy, glaucoma, HIV/AIDS, multiple sclerosis, nausea, PTSD, and other conditions that are subject to approval. A patient in Oregon is allowed to have a total of twenty-four ounces of marijuana in their possession at a time. The state has approved of state licensed dispensaries but currently do not have any dispensaries approved and running. Only patients with debilitating medical conditions are allowed to have their caregivers administer marijuana for them. The patient may only have one primary caregiver, and the caregiver must be twenty-one years or older.

Rhode Island.

Rhode Island allows for the distribution of medical marijuana for Alzheimer's disease, cachexia, cancer, chronic pain, glaucoma, hepatitis C, nausea, seizures, severe and persistent muscle spasms and other conditions that are subject to approval. A patient that is approved in Rhode Island for medical marijuana may currently possess up to two and one half ounces on their person at one time. Currently, Rhode Island does not allow more than three dispensaries in the entire state at any given time. Caregivers are allowed to administer marijuana if they are twenty-one years of age and they are allowed to have more than one primary patient at a time but no more than a total of five patients.

Vermont.

Vermont allows for the distribution of medical marijuana for cachexia, cancer, HIV/AIDS, multiple sclerosis, seizures, severe pain and severe nausea. These patients are only allowed to have up to two ounces on themselves at a time. Vermont currently has running dispensaries, but there are no more than four allowed in the state at a time. Vermont is the only medical marijuana approved state that allows dispensaries to make home deliveries. Caregivers are allowed but must be twenty-one years or older and they are only permitted to have one patient at a time.

Washington.

Washington was the first state in the United States to allow the use of both medical and recreational marijuana. Distribution for medical marijuana in Washington requires a patient to have cachexia, cancer, Crohn's disease, epilepsy, glaucoma, hepatitis C, HIV/AIDS, chronic pain, muscle spasms and/or spasticity, multiple sclerosis, nausea, seizures and other conditions that are subject to approval. The state allows a patient to have twenty-four ounces in their

possession at one time. Washington currently has the highest allowance of legally home-grown marijuana at a total of thirty-nine plants, with twenty-four that can be usable and fifteen that must still in progress. There are no state regulated dispensaries in the state, but similar to California, some cities in Washington regulate their local dispensaries. Caregivers are allowed to administer medical marijuana as long as they are designated by the patient, eighteen years or older, and are prohibited from consuming marijuana for personal use.

Medical Marijuana Costs versus Recreational Marijuana Costs

Medical marijuana tends to be more expensive than illegal recreational marijuana. That being said, medical marijuana is still cheaper than legal recreational marijuana.
Of the twenty-three states that have legalized medical marijuana, only Arizona, California, Colorado, Connecticut, Maine, Michigan, Montana, New Mexico, Rhode Island and Washington employ licensed dispensaries to sell medical marijuana. Because the sale and distribution of marijuana of any kind remains illegal under federal law, these dispensaries operate in a gray area at best and frequently face threats of forced shutdowns from federal officials (Ross, 2014).

Taxing on Marijuana

Medical marijuana in most states is subject for sales tax. Some don't believe medical marijuana should be taxed because of the fact that it isn't covered by health insurances.
Others believe that because it is a medication that the state should not be able to benefit off of its residents' medications (Marijuana Policy Project, 2013).

Prescription drugs are exempt from having a sales tax, but because marijuana is a Schedule 1 controlled substance, it cannot be prescribed legally under federal or state law (Office of Diversion Control, 2014). The California board of equalization looked at the sales tax from medical marijuana sales in 2007. It is estimated that medical marijuana brings in a total of $700

#2

15.3121.02001
Title.

Prepared by the Legislative Council staff for
Representative Mooney
March 9, 2015

HCR 3059
3-10-15

PROPOSED AMENDMENTS TO HOUSE CONCURRENT RESOLUTION NO. 3059

Page 1, line 1, after "of" insert "the cannabidiol components of"

Page 1, line 19, after "of" insert "the cannabidiol components of"

Renumber accordingly

#3
HCR 3059
3-10-15

Jennifer Chevalier

Minot State University

HCR 3059 Testimony

03/10/15

Good afternoon Chairman Weisz and members of the Human Service Committee. My name is Jennifer Chevalier and I am a senior nursing student at Minot State University and one of the co-authors of *Public Health Implications of the Legalization of Marijuana in the State of North Dakota.* I would like to thank you for the opportunity to discuss House Concurrent Resolution 3059 which would allow for the study of the legalization of medical marijuana for individuals with serious medical conditions. HCR 3059 would allow the State of North Dakota to take a proactive approach to understanding the repercussions of the use of medical marijuana and allow for the establishment of best practice prior to any future legalization in the state.

Through our research my classmates and I gained an extensive understanding of medical marijuana and potential outcomes of its legalization. Marijuana has been shown to be an effective and safe treatment for various medical conditions including chronic pain, autoimmune disorders such as Multiple Sclerosis (MS) and Amyotrophic lateral sclerosis (ALS), Alzheimer's disease, epilepsy, and cancer. Marijuana has two major components THC and CBD. THC is the psychoactive component producing the "high" feeling associate with marijuana usage. CBD is the non-psychoactive plant cannabinoid that demonstrates the most promising outcomes with treating various medical conditions including epilepsy.

Most importantly, the concentrations of each component can be altered to allow for accurate dosage and regulation. In fact two drugs, dronabinol and nabilone, deriving from cannabinoids are approved for use in the United States.

Marijuana also has fewer adverse effects than many traditional pharmaceutical treatment options. For instance, opioids including Vicodin and Diluadid are commonly used for the treatment of chronic pain. These drugs have a high addictive potential and can lead to respiratory depression and even death. Marijuana, which has been shown to benefit chronic pain sufferers, is less addictive with no documented deaths from smoked marijuana.

Still, in order to implement medical marijuana safe and effectively further study and research is vital. Medical marijuana is a drug and should be handled with care and utilized under the supervision of a physician knowledgeable in the subject. In order to ensure safe administration of marijuana the state must look at the consequences in high-risk groups such as children and adolescents. HCR 3059 will ensure that important information regarding safe dosage and contraindications to use will be available for prescribers and the public.

While it is easy to say that North Dakota does not need to study the effects of medical marijuana because it is illegal at the national level and the state level, that information is simply untrue. Eleven states have legalized marijuana through ballot measures. This means the state must be prepared in the event that North Dakota citizens chose to take legalization into their own hands. State officials, law enforcement, and medical professionals all need to be aware of the consequences of

legalization and HCR 3059 will help to ensure such professionals have up to date and factual information available. Thank you for your time and consideration.

#4
HCR 3059
3-10-15

Sarah Majerus, SN, MSU

Legislative Hearing of House Concurrent Resolution (HCR) No. 3059

March 10, 2015

Good afternoon Chairman Weisz and members of the Human Services Committee. My name is Sarah Majerus. I am a senior nursing student at Minot State University, and I graduate this coming May. I was one of the twelve students that participated in the formulation of the research report referenced by Representative Gail Mooney, *Public Health Implications of the Legalization of Marijuana in the State of North Dakota* (2014). I'm here today to discuss this report, and how it relates to House Concurrent Resolution No. 3059. The proposed Resolution presents the importance of a legislative study to examine all aspects of legalized medical marijuana and the effect it would have on the communities in North Dakota.

A fellow classmate has just presented to you about the components of marijuana, the medical conditions that marijuana can safely be used for, and why future research is needed about the positive outcomes of medical marijuana as well as the negative effects it may have on high-risk populations such as children and adolescents. I will now discuss the future research that is needed about the distribution and regulation of medical marijuana.

An area of interest that should be included in a future study is how medical marijuana would be distributed. By researching this at the state and/or federal level, it would ensure that should North Dakota decide to legalize medical marijuana there would be sufficient evidence on ways to safely and effectively distribute medical marijuana to those people with serious medical conditions.

In order to move forward with the possibility that medical marijuana may become legalized in North Dakota, it would be necessary to look into how other states have come to

legislative decisions and what they have included in their regulations. Detailed descriptions of each states regulations can be found in the report on pages 43-53 (Public Health Nursing Class, Minot State University, 2014). In addition, research regarding which licensed professional/s should be made responsible for prescribing, handling, and dispensing medical marijuana should be included in a future study.

The state should also consider researching whether applying a tax to medical marijuana sales would benefit North Dakota. On page 54 paragraph three, we discussed how Colorado used medical marijuana taxation revenues to benefit and improve their communities (Public Health Nursing Class, Minot State University, 2014). More than a million dollars in funding from marijuana tax revenues was directly used as grants distributed to Colorado school districts, which in return was used to hire school nurses, social workers, and psychologists to help prevent and treat substance use among adolescents. Taxation revenues were also used for school construction and training and equipment for law enforcement agencies to deal with marijuana-specific problems such as people driving under the influence.

A proposal we made in our report is future research regarding whether it would be a benefit to have pharmacies become legalized medical marijuana dispensaries (Public Health Nursing Class, Minot State University, 2014). It could be beneficial to have a licensed pharmacist supervising the making of whichever form of medical marijuana that has been prescribed. Ideally, this would assure a safe and accurate dose in the prescriptions being received by the consumers. The legal implications of this at the federal level would also need to be investigated.

Consideration for packaging of medical marijuana should also be addressed. The state would need to regulate child proof containers, prescription criteria, and education about proper disposal of the product after use.

The final component that should be researched further is what laws should be in place regarding driving under the influence of marijuana and how law enforcement would test for that in the state. Research should be conducted about potential field sobriety tests and a tool similar to a breathalyzer that could be used to detect the presence of marijuana in a person's system.

Future research conducted at state and federal levels about the benefits of medical marijuana, benefits it poses to the state and country, and how to regulate and distribute it safely, would lead to increased knowledge and the ability to protect and inform the public. In conclusion, it is important to support this resolution to ensure the state legislators and stakeholders, as well as the public, have sufficient evidence to prepare for the possibility of medical marijuana becoming legalized in the future. This proposed resolution would provide for the state to start researching some of the components discussed today. Thank you for allowing me to speak to you today on behalf of HCR No. 3059.