Marijuana: Comparison of State Laws Allowing Use for Medicinal Purposes


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NAMSDL – Marijuana: Comparison of State Laws Allowing Use for Medicinal Purposes

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# ALASKA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>AS § 11.71.090; §§ 17.37.010 to 17.37.080.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>June 2, 1999.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients, caregivers and alternative caregivers. The law does not authorize dispensaries or producers.</td>
</tr>
<tr>
<td>Regulations</td>
<td>7 AAC 34.010 to 34.990.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Alaska Department of Health and Social Services (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://dhss.alaska.gov/dph/VitalStats/Pages/marijuana.aspx">http://dhss.alaska.gov/dph/VitalStats/Pages/marijuana.aspx</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of January 2016, there are 1,178 registered patients.</td>
</tr>
<tr>
<td>Conditions treated</td>
<td>“Debilitating medical condition.” This includes:</td>
</tr>
<tr>
<td></td>
<td>• cancer, glaucoma, positive status for HIV or AIDS, or treatment for any of these conditions;</td>
</tr>
<tr>
<td></td>
<td>• any chronic or debilitating disease or treatment for such diseases, which produces for the patient one or more of the following conditions and (in the professional opinion of the patient’s physician) such condition(s) reasonably may be alleviated through the use of marijuana: 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); or</td>
</tr>
<tr>
<td></td>
<td>• other medical conditions, or treatment for such conditions, approved by the Department pursuant to a patient or physician-initiated petition under AS § 17.37.060 and 7 AAC 34.200.</td>
</tr>
<tr>
<td>Patients – requirements and restrictions</td>
<td>• Must submit a sworn application for a registry card to the Department that includes a signed statement from a physician.</td>
</tr>
<tr>
<td></td>
<td>• Physician licensed to practice medicine in Alaska or an officer in the regular medical service of the U.S. armed forces.</td>
</tr>
<tr>
<td></td>
<td>• Statement from physician must include: (1) that physician personally examined the patient and the examination was part of a bona fide physician-patient relationship; (2) the date of examination, which must be within the 16 months prior to submission of the application; (3) diagnosis of a debilitating medical condition; (4) that the physician considered other approved medications and treatments reasonably available to the patient (and that can be tolerated by the patient) and that the physician concluded that the patient might benefit from the medical use of marijuana.</td>
</tr>
</tbody>
</table>

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1 All websites listed in this summary were valid and accessible as of January 20, 2017.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
## ALASKA

### Patients – requirements and restrictions (continued)
- Patient’s authorization to use marijuana for medicinal purposes in another state does not satisfy requirements for card.
- Allowed to list one caregiver and one alternative caregiver.
- If the patient is a minor, the minor’s parent or guardian must sign a statement that the physician explained the possible risks and benefits of medical use of marijuana and the parent or guardian consents to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use.
- Must return registration card to the Department within 24 hours of receiving a diagnosis that they no longer have a debilitating medical condition.

### Out-of-state reciprocity
Not addressed in law or regulations, but patients are not restricted to state citizens.

### Caregivers - requirements and restrictions
- Must be age 21 or older, with no prior felony convictions under controlled substance or “imitation” controlled substance laws and not currently on probation or parole from Alaska or any other state.
- Can be a primary caregiver or alternate caregiver for only one patient at a time unless the person is simultaneously caring for two or more patients related to the caregiver by at least the fourth degree of kinship by blood or marriage.
- Upon request, the Department can allow more than one patient to designate the same caregiver to avoid hardship on the patient, where a licensed hospice program provides the patient’s care, or where the patients and caregiver live in same household.
- Caregivers and alternative caregivers can act in that capacity only when they are in possession of caregiver registration card.

### Amount of marijuana allowed
Up to one ounce of marijuana in usable form and up to six marijuana plants at any one time, but only three of those can be mature flowering plants producing usable marijuana. A knowing violation results in suspension from the registry for one year.

### Home cultivation - requirements and restrictions
Cannot use marijuana in plain view of, or in a place open to, the general public.

### Restrictions on the use of marijuana
- Cannot use marijuana in plain view of, or in a place open to, the general public.
- Can be possessed publicly if it is in a closed container on the person, it is not visible to anyone but the patient/caregiver and the possession is for the limited purpose of transporting it to an allowed location.
### ALASKA

#### Restrictions on the use of marijuana (continued)
- Accommodations by others are not required to allow the medical use of marijuana: (1) in any place of employment; (2) in any correctional facility, medical facility, or facility monitored by the Department or the Department of Administration; (3) on or within 500 feet of school grounds; (4) at or within 500 feet of a recreation or youth center; or (5) on a school bus.

#### Registry application review
- Department must deny an application within 35 days of receipt or else it is deemed approved.
- Grounds for denial include: (1) incomplete application; (2) information in the application is false or cannot be verified; or (3) applicant submitted a prior application less than six months before the current application was received;
- Denial of application is a final agency decision appealable to the Alaska Superior Court.

#### Registry fees – patients and caregivers
- $25 fee for a first application and $20 fee for a renewal application. The card expires the last day of the 12th full calendar month after issuance and a renewal application must be submitted before the expiration date of the card.

#### Registry fees – dispensaries and producers
- N/A

#### Insurance
- Governmental, private or other health insurance provider is not liable for any claim for reimbursement for expenses associated with medical use of marijuana.

#### Dispensaries and producers - ownership requirements and restrictions
- N/A

#### Dispensaries and producers – operational requirements and restrictions
- N/A

#### Dispensaries and producers - inspections
- N/A

#### Local control
- Not addressed in laws or regulations.

#### Registry tracking system
- Not addressed in laws or regulations.
| **Use of registry information** | The registry is confidential and not a public record. Peace officers and authorized employees of state or municipal law enforcement agencies may be granted access to the information in the confidential registry only for the purpose of verifying that an individual is registered or that they have are lawfully in possession of a registry card. |
| **Marijuana testing and labeling** | N/A |
| **Driving during / after use** | • Not specifically addressed by law, but a patient cannot use marijuana in plain view of, or in a place open to, the general public.  
• The standard in Alaska for drugged driving is being “under the influence” of “an inhalant, or any controlled substance, singly or in combination.” |
| **Exemption from penalty provided by law** | • Patient, primary caregiver or alternate caregiver registered with the Department has an affirmative defense to a criminal prosecution related to marijuana under state controlled substance laws.  
• A person is not subject to arrest, prosecution or penalty in any manner for applying to have the person’s name placed on the confidential registry.  
• Physician is not subject to any penalty for: (1) advising a patient whom the physician has diagnosed as having a debilitating medical condition about the risks and benefits of medical use of marijuana if it is based on the physician’s contemporaneous assessment in the context of a bona fide physician-patient relationship; or (2) providing a patient with a written statement in a registry application. |
| **Effect of law on employers and landlords** | Employers are not required to accommodate the medical use of marijuana at the place of employment. |
| **Taxes** | N/A |
| **Fund(s) created** | Not addressed in law or regulations. |
| **Studies required or requested** | Not addressed in law or regulations. |
### ARIZONA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>A.R.S. §§ 36-2801 to 36-2819.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>December 14, 2010.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed nonprofit marijuana dispensaries and dispensary agents (employees).</td>
</tr>
<tr>
<td>Regulations</td>
<td>A.A.C. R9-17-101 to R9-17-323.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Arizona Department of Health Services (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>As of August 2016, there are 105,076 authorized patients (of which 174 are minors), 867 caregivers, and 3,010 dispensary agents. In October 2016, the Department granted 31 new dispensary licenses, increasing the total number of licensed dispensaries to 130 (not all are operational).</td>
</tr>
</tbody>
</table>
| Conditions treated         | “Debilitating medical condition,” which includes the following conditions or the treatment of these conditions:  
- cancer, glaucoma, positive status for HIV, AIDS, or hepatitis C, amyotrophic lateral sclerosis, Crohn’s disease, agitation of Alzheimer’s disease, post-traumatic stress disorder;  
- chronic or debilitating disease or medical condition or its treatment that produces: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including those characteristic of epilepsy; or severe and persistent muscle spasms, including those characteristic of multiple sclerosis; or  
- any other medical condition or its treatment added to the list by the Department pursuant to a request under A.R.S. § 36-2801.01 and A.A.C. R9-17-106. |
| Patients – requirements and restrictions |  
- Patient must submit an electronic application (and fee) to the Department, which includes a written certification issued by an Arizona-licensed physician within the prior 90 days.  
- If a patient is under age 18, their custodial parent or legal guardian must submit written certifications from two physicians.  
- For minor patients, the physician must explain the potential risks and benefits of treatment to the parent/guardian, who must also consent in writing to: (1) allow the patient’s medical use of marijuana; (2) serve as the patient’s designated caregiver; and (3) control the acquisition of the marijuana, the dosage and the frequency of the medical use of marijuana by the patient.  
- Patient may choose one registered caregiver.  
- Making false statements to a law enforcement official about any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is subject to a civil fine of up to $500.  
- Must notify Department within 10 days if no longer have condition. |
### ARIZONA

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-state reciprocity</strong></td>
<td>• “Visiting qualifying patient” under the law is a person who: (1) is not a resident of Arizona or who has been a resident for less than 30 days; and (2) has been diagnosed with a debilitating medical condition.   &lt;br&gt;• When validly held by a visiting qualifying patient, an out-of-state registry card allowing the medicinal use of marijuana in another state has the same force and effect as an Arizona-issued card, except that the visiting patient cannot obtain marijuana from an Arizona nonprofit dispensary.</td>
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<tr>
<td><strong>Caregivers - requirements and restrictions</strong></td>
<td>• Must be age 21 or older and never convicted of an “excluded felony offense,” which includes certain violent crimes and certain felony violations of controlled substance laws within the past 10 years.   &lt;br&gt;• May assist no more than five qualifying patients at one time.   &lt;br&gt;• May receive reimbursement for actual costs incurred in assisting if the caregiver and patient are connected through the Department’s registration process.   &lt;br&gt;• Must submit fingerprints for state/federal criminal records check.</td>
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<td><strong>Amount of marijuana allowed</strong></td>
<td>• Patients limited to 2.5 ounces of usable marijuana at any one time and cannot obtain more than 2.5 ounces in any one 14-day period. &lt;br&gt;• If patient can cultivate at home, the patient may have up to 12 plants at any one time. &lt;br&gt;• Caregivers are allowed 2.5 ounces of usable marijuana and 12 plants, per patient assisted.</td>
</tr>
<tr>
<td><strong>Home cultivation - requirements and restrictions</strong></td>
<td>Allowed if patient lives more than 25 miles from the nearest nonprofit dispensary. Plants must be cultivated in an enclosed, locked space that prevents access by anyone besides the patient and/or their caregiver.</td>
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<tr>
<td><strong>Restrictions on the use of marijuana</strong></td>
<td>• Cannot possess or use on a school bus, the grounds of any preschool/primary/secondary school or in any correctional facility. &lt;br&gt;• Cannot smoke marijuana on public transportation or public place. &lt;br&gt;• Cannot consume marijuana at a nonprofit dispensary, but patients may be allowed to eat marijuana-laced foods or products at other locations. &lt;br&gt;• A nursing care institution, hospice, assisted living center, assisted living facility, assisted living home, residential care institution, adult day health care facility, or adult foster care home is allowed to adopt reasonable restrictions on the use of marijuana by their residents or persons receiving inpatient services, including preventing the smoking of marijuana on their premises.</td>
</tr>
</tbody>
</table>
**ARIZONA**

| Registry application review | Department must verify the information contained in an initial application or renewal and approve/deny within 10 days of receipt.  
|                           | Valid application is approved if the Department has not issued a card within 45 days of date of application.  
|                           | Grounds for denying an application include providing false information to the Department and having a prior registry card revoked for violating the law.  
|                           | Denial is subject to judicial review by the Arizona Superior Court. |

| Registry fees – patients and caregivers | For patients, $150 fee for an initial or a renewal registry identification card; some patients may qualify for $75 fee if they currently receive SNAP benefits.  
|                                         | For caregivers, $200 fee for an initial or a renewal registry identification card.  
|                                         | Caregiver must apply for a separate card for each patient.  
|                                         | Cards are valid for one year from date of issuance.  
|                                         | Must apply for renewal at least 30 days before expiration date. |

| Registry fees – dispensaries and producers | For dispensaries, fee is $5,000 for an initial registration certificate, $1,000 for a renewal dispensary registration certificate, and $2,500 to change the location of a dispensary or cultivation facility.  
|                                           | Dispensary certificates are valid for one year except for new certificates issued if there is a change of address, which have the same expiration date as the prior certificate.  
|                                           | For dispensary agents, the fee is $500 for an initial or a renewal registry identification card.  
|                                           | Dispensary agent cards are valid for one year from issuance. |

| Insurance | No government medical assistance program, private health insurer or a workers’ compensation carrier or self-insured employer providing workers’ compensation benefits is required to reimburse a person for costs associated with the medical use of marijuana. |

| Dispensaries and producers - ownership requirements and restrictions | Officer, board member, employee or volunteer must be age 21 or older and never convicted of an excluded felony offense.  
|                                                                  | Officer or board member cannot be a physician currently providing written certifications, a law enforcement officer or an employee or contractor of the Department.  
|                                                                  | Principal officer, agent, employee, or dispensary agent must submit fingerprints to Department for criminal records check.  
|                                                                  | One person may be an applicant, principal officer, or board member on only one certificate application within a single Community Health Analysis Area (“CHAA”).  
|                                                                  | One person can be on no more than five certificate applications for locations in different CHAAs. |
### ARIZONA

#### Dispensaries and producers – operational requirements and restrictions
- Must be operated on a not-for-profit basis, but dispensary does not have to be an Arizona nonprofit corporation.
- May receive payment for all expenses incurred in its operation.
- Must employ or contract with a medical director (physician).
- Cultivation must take place in an enclosed, locked facility at a physical address identified during registration that can be separate from dispensary.
- Cultivation location may only be accessed by dispensary agents associated with the dispensary.
- Neither dispensary nor any cultivation location can be within 500 feet of an existing public or private school.
- There can be no more than one dispensary for every 10 pharmacies within Arizona.
- Dispensary must have a single secure entrance and with suitable security measures implemented.
- Consumption of marijuana on premises is not allowed.
- May acquire usable marijuana or marijuana plants only from another registered dispensary, a registered patient or a registered caregiver.
- Cannot compensate a patient or caregiver for providing marijuana.
- Must establish and maintain a patient record for each patient who obtains medical marijuana from the dispensary that is kept for at least five years from the last marijuana transaction.
- Must establish and implement an inventory control system.
- Prior to dispensing marijuana, a dispensary agent must access the verification system and determine: (1) the validity of the card presented; (2) that the person presenting a card is the person identified on the card; and (3) the requested amount of marijuana does not exceed one-time and 14-day limits.
- Must be open for at least 30 hours weekly between the hours of 7:00am and 10:00pm.
- Must display in a “conspicuous location” a sign that warns pregnant women about the potential dangers: (1) to fetuses caused by smoking or ingesting marijuana while pregnant; and (2) to infants while breastfeeding.

#### Dispensaries and producers - inspections
- Submission of an application constitutes permission for entry to and inspection of the dispensary and dispensary’s cultivation site.
- An onsite inspection will be scheduled at a date and time agreed to by the dispensary and the Department, but no later than five working days after requested.

#### Local control
- Cities, towns and counties may enact reasonable zoning regulations that limit the use of land for dispensaries to specified areas.
## Arizona

### Registry tracking system
Secure, password-protected, web-based verification system for use on a 24-hour basis by law enforcement personnel, dispensary agents and employers to verify registry identification cards. The system discloses the name of the cardholder (no address) and the amount of marijuana the patient has received from dispensaries during the past 60 days.

### Use of registry information
- Department must submit to the legislature an annual report about the marijuana program that cannot disclose any identifying information about cardholders, dispensaries or physicians.
- Department may notify the applicable Arizona medical board if the Department believes a physician has committed an act of unprofessional conduct by failing to comply with law.
- Department can notify law enforcement about falsified or fraudulent information, or if the Department uncovers apparent criminal violations.

### Marijuana testing and labeling
The law does not provide for a testing program, but does require dispensed marijuana to be labeled with information about:
- where the marijuana came from;
- the amount and strain;
- the date of manufacture;
- a list of chemical additives;
- the patient’s registration number; and
- the following health warning “Marijuana use can be addictive and can impair an individual’s ability to drive a motor vehicle or operate heavy machinery. Marijuana smoke contains carcinogens and can lead to an increased risk for cancer, tachycardia, hypertension, heart attack, and lung infection. KEEP OUT OF REACH OF CHILDREN.”

### Driving during / after use
- The standard in Arizona for drugged driving is that the person either: (1) is “under the influence of . . . any drug . . . if the person is impaired to the slightest degree”; or (2) is driving “while there is any drug defined in § 13-3401 or its metabolite in the person’s body.”
- Under State v. Harris, 237 Ariz. 98, 346 P.3d 984 (2014), Carboxy-THC is not a “metabolite” under this standard and the “metabolite” reference is “limited to any of a proscribed substance’s metabolites that are capable of causing impairment.”
- Under Dobson v. Mc Clernen, 238 Ariz. 389, 361 P.3d 374 (2015), Arizona’s medicinal use law does not preclude prosecution for drugged driving, but rather affords an affirmative defense to a registered patient if he or she can show “that the concentration of marijuana or its impairing metabolite in their bodies was insufficient to cause impairment.”
## ARIZONA

### Exemption from penalty provided by law

Registered patient or caregiver is not subject to arrest or prosecution:
- for the patient’s use of marijuana pursuant to this chapter, so long as the patient does not possess more than the allowable amount of marijuana;
- for the caregiver’s lawful assistance to a patient connected through the registry, so long as the caregiver does not possess more than the allowable amount of marijuana; and for offering or providing marijuana to a patient, caregiver or dispensary if nothing of value is transferred in return and the person does not knowingly cause the recipient to possess more than the allowable amount of marijuana.

There is a presumption that a patient or caregiver is engaged in the lawful medical use of marijuana if that person possesses: (1) a valid registry identification card; and (2) an amount of marijuana that does not exceed the allowable amount of marijuana.

### Effect of law on employers and landlords

- No school, landlord, or employer may be penalized or denied any benefit under state law for enrolling, leasing to or employing a registered patient or caregiver.
- No school or landlord, may refuse to enroll or lease to a person solely for his status as a cardholder, unless failing to do so would cause the school or landlord to lose a monetary or licensing related benefit under federal law or regulation.
- Unless a failure to do so would cause an employer to lose a monetary or licensing related benefit under federal law or regulations, an employer may not discriminate against a person in hiring, terminating or imposing any term or condition of employment or otherwise penalize a person based upon either: (1) their status as a cardholder; or (2) a patient’s positive drug test for marijuana components or metabolites, unless the patient used, possessed or was impaired by marijuana on the premises of the place of employment or during the hours of employment.
- No person may be denied custody of or visitation or parenting time with a minor based upon lawful conduct, unless there is clear and convincing evidence that the person’s behavior creates an unreasonable danger to the safety of the minor.
- No person or establishment in lawful possession of property is required to allow a guest, client, customer or other visitor to use marijuana on or in that property.
- No employer is required to allow the ingestion of marijuana in any workplace or any employee to work while under the influence of marijuana.

### Taxes

Dispensaries are allowed to pass to buyers the state, county and local retail taxes that they are required to pay on sales of products. There is no special tax on marijuana.
<table>
<thead>
<tr>
<th>Fund(s) created</th>
<th>Medical Marijuana Fund administered by the Department which consists of fees collected, civil penalties imposed and private donations, including private grants, gifts, donations, contributions and devises. Monies in the Fund do not revert to the General Fund at the end of the fiscal year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies required or requested</td>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
ARKANSAS

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>Arkansas Const., Amend. 98.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>November 9, 2016.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed dispensaries and cultivation facilities.</td>
</tr>
<tr>
<td>Regulations</td>
<td>None adopted to date. The law provides for a variety of deadlines for initial regulations, but the first due date for regulations is 120 days from the effective date.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Arkansas Department of Health (“Department”) oversees and regulates the registry of patients and caregivers.</td>
</tr>
<tr>
<td></td>
<td>• Arkansas Medical Marijuana Commission (“Commission”) oversees and regulates the licensing of dispensaries and cultivation facilities.</td>
</tr>
<tr>
<td></td>
<td>• Alcohol Beverage Control Division (“Division”) of the Arkansas Department of Finance and Administration handles enforcement of dispensaries and cultivation facilities.</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.healthy.arkansas.gov/Pages/MedMarijuana.aspx">http://www.healthy.arkansas.gov/Pages/MedMarijuana.aspx</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.mmc.arkansas.gov/">http://www.mmc.arkansas.gov/</a></td>
</tr>
<tr>
<td>Usage</td>
<td>Not operational at this time. Commission required to begin accepting applications for dispensary/cultivation licenses by June 1, 2017.</td>
</tr>
<tr>
<td>Conditions treated</td>
<td>“Qualifying medical condition” means one or more of the following:</td>
</tr>
<tr>
<td></td>
<td>• cancer, glaucoma, positive status for human immunodeficiency virus/acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Tourette’s syndrome, Crohn’s disease, ulcerative colitis, post-traumatic stress disorder, severe arthritis, fibromyalgia, Alzheimer’s disease, or the treatment of these conditions;</td>
</tr>
<tr>
<td></td>
<td>• chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; peripheral neuropathy; intractable pain, which is pain that has not responded to ordinary medications, treatment, or surgical measures for more than six months; severe nausea; seizures, including without limitation those characteristic of epilepsy; or severe and persistent muscle spasms, including without limitation those characteristic of multiple sclerosis; or</td>
</tr>
<tr>
<td></td>
<td>• any other medical condition or its treatment approved by the Department.</td>
</tr>
<tr>
<td>Patients – requirements and restrictions</td>
<td>• Physician must issue written certification 30 days or less before the date of application.</td>
</tr>
<tr>
<td></td>
<td>• If patient is under age 18, the physician must explain the potential risks and benefits of the medical use of marijuana to the patient and to a parent, guardian, or person having legal custody of the qualifying patient</td>
</tr>
</tbody>
</table>
## ARKANSAS

### Patients – requirements and restrictions (continued)
- If the patient is under age 18, a parent, guardian, or person having legal custody must register as a designated caregiver and consent in writing to: (1) allow the qualifying patient’s medical use of marijuana; (2) assist the qualifying patient in the medical use of marijuana; and (3) control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.

### Out-of-state reciprocity
- Registry identification card issued under the laws of another state that allows an authorized patient to possess or use marijuana for medical use “has the same force and effect” as an Arkansas card when it is held by a “visiting qualifying patient” if the same qualifying medical condition exists.
- “Visiting qualifying patient” means a patient with a qualifying medical condition who is not a resident of Arkansas or who has been a resident of Arkansas for less than 30 days and who is in actual possession of a registry identification card or its equivalent.
- Visiting qualifying patient may obtain marijuana from a dispensary upon producing evidence of his or her registry identification card.

### Caregivers - requirements and restrictions
Caregivers allowed in cases where the authorized patient is physically disabled or is under age 18.

### Amount of marijuana allowed
Patient or designated caregiver may purchase up to 2.5 ounces of usable marijuana during any 14-day period.

### Home cultivation - requirements and restrictions
Home cultivation of marijuana is not authorized.

### Restrictions on the use of marijuana
Person may not possess, smoke, or otherwise engage in the use of marijuana: (1) on a school bus; (2) on the grounds of a daycare center, preschool, primary or secondary school, college, or university; (3) at a drug or alcohol treatment facility; (4) at a community or recreation center; (5) in a correctional facility; (6) on any form of public transportation; or (7) in a public place.

### Registry application review
- Department must review the information contained in a patient or caregiver application within 14 days of receiving it.
- Department must deny application or renewal if: (1) applicant previously had a registry identification card revoked; or (2) Department determines the written certification was not made in the context of a physician-patient relationship or that the written certification was fraudulently obtained.
- Rejection of an application or renewal is a final agency action, subject to judicial review, and jurisdiction is vested in the Pulaski County Circuit Court.
| **ARKANSAS** |
|----------------|---------------------------------------------------------------------------------------------------------------|
| **Registry fees – patients and caregivers** | Not established to date. Registry identification cards expire one year after the date of issuance unless the physician states in the written certification that he or she believes the qualifying patient would benefit from the medical use of marijuana only until a specified earlier date. |
| **Registry fees – dispensaries and producers** | Not established to date. Maximum fees established by law are $7,500 for an initial dispensary application fee and $15,000 for an initial cultivation facility application fee. |
| **Insurance** | Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana unless federal law requires reimbursement. |
| **Dispensaries and producers - ownership requirements and restrictions** | • Between 20 and 40 dispensary licenses available.  
• No more than four dispensaries may be in any one county.  
• Between four and eight cultivation facility licenses available.  
• Individual(s) submitting an application to license a dispensary or cultivation facility must be a current Arkansas resident and have lived in the state for at least the past seven years.  
• Sixty percent (60%) of the individuals owning an interest in a dispensary or cultivation facility must be current Arkansas residents and have lived in the state for at least the past seven years.  
• None of the owners, board members, or officers of the dispensary or cultivation facility: (1) may have a prior excluded felony conviction; (2) may have previously been an owner of a dispensary or cultivation facility that has had its license revoked; or (3) be under age 21.  
• No individual may own an interest in more than one cultivation facility and one dispensary.  
• Dispensaries and cultivation facilities must be entities incorporated in Arkansas.  
• Physician who issues one or more written certifications may not: (1) accept, solicit, or offer any form of pecuniary remuneration from or to a dispensary or cultivation facility; or (2) hold an economic interest in a dispensary or cultivation facility. |
| **Dispensaries and producers – operational requirements and restrictions** | • Dispensary cannot operate within 1,500 feet of a public or private school, church, or daycare center existing before the date of the dispensary application.  
• Cultivation facility cannot operate within 3,000 feet of a public or private school, church, or daycare center existing before the date of the cultivation facility application.  
• Dispensary may grow or possess: (1) 50 mature marijuana plants at any one time plus seedlings; and (2) all usable marijuana derived from the plants. |
<table>
<thead>
<tr>
<th><strong>ARKANSAS</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Dispensaries and producers – operational requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Cultivation facility may cultivate and possess usable marijuana in an amount reasonably necessary to meet the demand for and needs of qualifying patients as determined by the Commission.</td>
</tr>
<tr>
<td>• Cultivation facility may not sell marijuana in any form except to a dispensary or other cultivation facility.</td>
</tr>
<tr>
<td>• Dispensaries must keep the following records for at least three years: (1) records of the disposal of marijuana not sold to patients; (2) documentation of each transaction, including the amount of marijuana dispensed, the amount of compensation, and the registry identification number of the qualifying patient or designated caregiver.</td>
</tr>
<tr>
<td>• All cultivation must take place in an enclosed, locked facility.</td>
</tr>
<tr>
<td>• Each dispensary and cultivation facility must: (1) conduct an initial comprehensive inventory of all marijuana; and (2) conduct a biannual comprehensive inventory of all marijuana.</td>
</tr>
<tr>
<td>• Dispensary agent who is a volunteer may not dispense or transport marijuana.</td>
</tr>
<tr>
<td>• Division to immediately revoke the registry identification card of a dispensary agent who transfers marijuana to a person other than a qualifying patient or designated caregiver; dispensary is not subject to penalties in this case, unless the dispensary knowingly aided or facilitated the violation.</td>
</tr>
<tr>
<td>• Division will not issue a registry identification card to a dispensary agent or cultivation facility agent convicted of an excluded felony offense.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Dispensaries and producers - inspections</strong></th>
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<tbody>
<tr>
<td>Dispensaries and cultivation facilities are subject to reasonable inspection by the Division.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local control</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Law does not allow a city, incorporated town, or county to prohibit the operation of any dispensaries or cultivation facilities unless such a prohibition is approved at an election under Article 5, § 1, of the Arkansas Constitution.</td>
</tr>
<tr>
<td>• Law does not prohibit a city, incorporated town, or county of this state from enacting reasonable zoning regulations applicable to dispensaries or cultivation facilities, so long as the regulations are the same as those for a licensed retail pharmacy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Registry tracking system</strong></th>
</tr>
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<tbody>
<tr>
<td>• Department must maintain a database that enables a dispensary to verify that dispensing usable marijuana to a qualifying patient or designated caregiver will not cause the qualifying patient or designated caregiver to exceed the amount allowed by law.</td>
</tr>
<tr>
<td>• Department must maintain a confidential list of the persons to whom the department has issued registry identification cards.</td>
</tr>
</tbody>
</table>
### ARKANSAS

| Use of registry information | • Department may share information from the confidential list with the Division and the Commission as necessary.  
|                            | • Department must verify to law enforcement personnel whether a registry identification card is valid without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.  
|                            | • Department, Division, and Commission must submit to the General Assembly an annual report that does not disclose any confidential information, but contains at the very least: (1) number of applications and renewals filed for registry identification cards; (2) nature of the qualifying medical conditions of the qualifying patients; (3) number of registry identification cards revoked and the number of licenses to operate a dispensary and licenses to operate a cultivation facility revoked; (4) number of physicians providing written certifications for qualifying patients; (5) number of licensed dispensaries; (6) number of licensed cultivation facilities; (7) number of dispensary agents; and (8) number of cultivation facility agents. |

| Marijuana testing and labeling | Not addressed to date by law. |

| Driving during / after use | • Under Arkansas law, it is “unlawful and punishable . . . for a person who is intoxicated to operate or be in actual physical control of . . . a motor vehicle.”  
|                          | • “Intoxicated” means “influenced or affected by the ingestion of . . . a controlled substance . . . to such a degree that the driver’s reactions, motor skills, and judgment are substantially altered and the driver, therefore, constitutes a clear and substantial danger of physical injury or death to himself or herself or another person.” |

| Exemption from penalty provided by law | • Authorized patient or designated caregiver in actual possession of a registry identification card “shall not be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including without limitation a civil penalty or disciplinary action by a business, occupational, or professional licensing board or bureau, for the medical use of marijuana in accordance with this amendment[.]”  
|                                       | • Person otherwise entitled to custody of, or visitation or parenting time with, a minor shall not be denied custody, visitation, or parenting time solely for conduct allowed under this amendment, nor shall there be: (1) a finding of abuse solely for conduct allowed under this amendment; or (2) a presumption of neglect or child endangerment for conduct allowed under this amendment. |
## ARKANSAS

### Exemption from penalty provided by law (continued)
- Physician shall not be subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, including without limitation a civil penalty or disciplinary action solely for providing a written certification.
- An individual may assert a medical purpose for using marijuana as an affirmative defense to prosecution for an offense involving marijuana intended for the individual’s medical use.

### Effect of law on employers and landlords
- Law does not require an employer to accommodate the ingestion of marijuana in a workplace or working while under the influence of marijuana.
- Law does not require an individual or establishment in lawful possession of property to allow a guest, client, customer, or other visitor to use marijuana on or in that property.
- Law does not require an individual or establishment in lawful possession of property to admit a guest, client, customer, or other visitor who is inebriated from his or her medical use of marijuana.
- Law does not require a landlord to permit a qualifying patient to smoke marijuana on or in leased property, except that a landlord may not prohibit the medical use of marijuana through means other than smoking on leased property by a qualifying patient.
- Employer may not discriminate against an individual in hiring, termination, or any term or condition of employment, or otherwise penalize an individual, based upon the individual’s past or present status as a qualifying patient or designated caregiver.
- School or landlord may not refuse to enroll, refuse to lease to, or otherwise penalize an individual solely for his or her status as a qualifying patient or designated caregiver unless doing so would put the school or landlord in violation of federal law or regulations.

### Taxes
- Sale of marijuana is subject to all state and local sales taxes at the same rate as other goods.

### Fund(s) created
- Laws creates the Medical Marijuana Commission Fund.
- Department of Finance and Administration must distribute sales tax revenues as provided in the law.
- 30% of sales tax revenues go to the Arkansas General Revenue Fund.

### Studies required or requested
- Not addressed by law.
## CALIFORNIA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>Cal. Health &amp; Safety Code §§ 11362.5 to 11362.9; Cal. Bus. &amp; Prof. Code §§ 2525 to 2525.5; Cal. Bus. &amp; Prof. Code §§ 19300 to 19360.²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of law</td>
<td>Voluntary registry of patients and primary caregivers. As of the law changes effective in 2016, there will be licensed marijuana cultivators, manufacturers, testing laboratories, dispensaries, producing dispensaries, distributors, and transporters although none are licensed at this time.</td>
</tr>
<tr>
<td>Regulations</td>
<td>None adopted to date. It appears that regulations implementing the 2016 law changes will take effect by January 2018.</td>
</tr>
</tbody>
</table>
| Registry administrator     | - California Department of Health Services (“Department”) oversees the voluntary patient/caregiver registry, although individual localities handle the administration.  
- California Bureau of Medical Cannabis Regulation (“Bureau”) within the California Department of Consumer Affairs is responsible for issuing distribution, transportation, laboratory testing, and dispensary licenses.  
- California Department of Food and Agriculture (“CFA”) is responsible for regulating marijuana cultivation and environmental impact.  
- California Department of Public Health (“Public Health”) is responsible for regulating the manufacturing of marijuana. |
| Website                    | http://www.cdph.ca.gov/programs/MMP/Pages/default.aspx  
http://www.bmcr.ca.gov/  
https://www.cdfa.ca.gov/is/mccp  
http://www.cdphe.ca.gov/programs/Pages/OMCS.aspx |
| Usage                      | As of June 2016, 83,767 patient and 7,805 caregiver cards were issued since 2004 in the 56 participating counties. As the registry is voluntary, the actual number of patients is higher. The Marijuana Policy Project (www.mpp.org) estimated that there are approximately 720,000 patients as of October 2016, assuming the same percentage of California residents as Colorado residents are patients (1.8%). Based on taxes submitted, the state estimates that approximately 2,800 dispensaries are active. |

² California laws use both the terms “marijuana” and “cannabis.”
### CALIFORNIA

#### Conditions treated

“Serious medical condition, which means:

- acquired immune deficiency syndrome (AIDS), anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, severe nausea;
- persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis;
- seizures, including, but not limited to, seizures associated with epilepsy; and
- any other chronic or persistent medical symptom that either: (1) substantially limits the ability of the person to conduct one or more major life activities (as defined in Americans with Disabilities Act of 1990); or (2) if not alleviated, may cause serious harm to the patient’s safety or physical or mental health.

#### Patients – requirements and restrictions

- All patients are required to have a written or verbal recommendation for marijuana from a California-licensed physician.
- Commencing on January 1, 2018, a qualified patient must possess a physician’s recommendation that complies with Cal. Bus. & Prof. Code §§ 2525 to 2525.5.
- If a patient wishes to join the voluntary registry and receive a registration card (“MMIC”), the patient must: (1) complete the application provided by the applicant’s California county of residence, apply in person and pay fee; and (2) the physician must sign a medical record form stating that patient has a serious medical condition and that the use of marijuana is appropriate.
- Physician in good standing in California to practice medicine or osteopathy may not recommend cannabis to a patient unless that person is the patient’s attending physician.
- Recommending cannabis to a patient for a medical purpose without an appropriate prior examination and a medical indication constitutes unprofessional conduct.
- Person who fraudulently represents a medical condition to a physician or fraudulently uses another person’s registry card is subject to the following penalties: (1) for the first offense, imprisonment for no more than six months or a fine not to exceed $1,000, or both; and (2) for a second or subsequent offense, imprisonment for no more than one year, or a fine not to exceed $1,000, or both.

#### Out-of-state reciprocity

Not addressed in law or regulations.

#### Caregivers - requirements and restrictions

- Must be age 18 or older, unless the caregiver is an emancipated minor or the parent of a minor child who is a qualified patient.
- Can serve as a caregiver to more than one patient, if all the patients and caregivers reside in the same city or county.
- May receive certain compensation for their services.
### California

<table>
<thead>
<tr>
<th><strong>Amount of marijuana allowed</strong></th>
<th>Pursuant to <em>People v. Kelly</em>, 47 Cal. 4th. 1008, 222 P.3d 186 (2010), there is a statewide guideline that a qualified patient is limited to no more than 8oz. of dried marijuana and no more than 6 mature (or 12 immature) marijuana plants. Under the decision, a person may possess more, but the additional amount must be consistent with medical needs. Caregivers may possess the above amounts per patient. Localities can choose to allow higher (but not lower) amounts of marijuana.</th>
</tr>
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</table>
| **Home cultivation - requirements and restrictions** | • Regulations to be adopted concerning licensed marijuana cultivators do not apply to a qualified patient cultivating cannabis if: (1) the area he or she uses does not exceed 100 square feet; and (2) he or she cultivates cannabis for their own medical use and does not sell, distribute, donate, or provide cannabis to any other person or entity.  
• Regulations to be adopted concerning licensed marijuana cultivators do not apply to a qualified caregiver cultivating cannabis if: (1) the area he or she uses does not exceed 500 square feet; (2) he or she cultivates for no more than five patients; and (3) the person receives no compensation other than what is allowed for personal caregivers. |
| **Restrictions on the use of marijuana** | Marijuana may not be smoked: (1) in any place where smoking is prohibited by law; (2) within 1,000 feet of the grounds of a school, recreation center, or youth center, unless the medical use occurs within a residence; (3) on a school bus; (4) while in a motor vehicle that is being operated; or (5) while operating a boat. |
| **Registry application review** | • County health departments (or an entity designated by them) must provide applications to individuals seeking to join the identification card program, receive and process completed applications, maintain records and issue cards.  
• Counties have 30 days to verify patient applications and five additional days to make registration cards available.  
• Denial of application only for failure to provide information, providing false information, or not meeting the serious medical condition requirement.  
• Upon denial, the applicant may not reapply for six months.  
• Appeals of denials are heard by the Department. |
| **Registry fees – patients and caregivers** | Total fee varies by county. The state portion of the fee for a patient is $66.00 per card. Counties can add their administrative costs. The state portion of fee is $33.00 for Medi-Cal beneficiaries. The card is valid for 12 months. |
| **Registry fees – dispensaries and producers** | Regulating authorities instructed by law to establish a scale of application, licensing, and renewal fees, based upon the costs of enforcement. |
## CALIFORNIA

<table>
<thead>
<tr>
<th>Insurance</th>
<th>No governmental, private, or any other health insurance provider or health care service plan is required to cover any claim for reimbursement for the medical use of marijuana.</th>
</tr>
</thead>
</table>
| **Dispensaries and producers - ownership requirements and restrictions** | At present, patients and caregivers can associate collectively or cooperatively to cultivate marijuana for medical purposes without criminal penalty.  
• Allowance of unlicensed collectives or cooperatives lasts for only one year after the Bureau announces the start of licensing.  
• Applicant for state license must first receive a license, permit, or authorization from the local jurisdiction.  
• Applicants must submit fingerprints for criminal background check.  
• Among other things, a license may be denied if: (1) applicant or licensee has been convicted of an offense that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, such as controlled substance laws or fraud/deceit/embezzlement; (2) applicant is a recommending physician; or (3) applicant or officers/directors/owners has been sanctioned for unlicensed cannabis activities within past three years. |
| **Dispensaries – operational requirements and restrictions** | No medical marijuana cooperative, collective, dispensary, operator, establishment, or provider who possesses, cultivates, or distributes medical marijuana, that has a storefront or mobile retail outlet, can be located within a 600-foot radius of a school. (Does not apply to an establishment that is also a licensed residential medical or elder care facility.)  
• Suggested operational guidelines for a collective or cooperative: (1) operate on a not-for-profit basis; (2) obtain business licenses and seller’s permits; (3) verify member’s status as patient or caregiver; (4) acquire, possess and distribute only lawfully cultivated marijuana; (5) prohibit sales to non-members.  
• Entity can hold multiple licenses of the same type, but there are some restrictions on the ability to hold different types of licenses at the same time.  
• In order to cultivate cannabis, entity must have a license or permit from locality and the applicable state license.  
• Licensee cannot be an alcoholic beverage retailer.  
• Applicant for state license who is operating in compliance with local regulations by January 2018 may continue to operate if state application is processing at that time.  
• Regulation on use of pesticides forthcoming. |
## CALIFORNIA

### Dispensaries – operational requirements and restrictions (continued)

- Applicant for cultivation license must identify the proposed source of water.
- Cannabis deliveries may be made only by a dispensary and only where such deliveries are not explicitly prohibited locally.
- Licensee must maintain accurate records of cannabis activity and keep them for at least seven years on the licensed premises.

### Dispensaries and producers - inspections

Licensing authorities may examine the records of licensees and inspect the premises of a licensee as the licensing authority or as a state or local agency deems necessary during standard business hours or any other reasonable time.

### Local control

- Localities may adopt ordinances that restrict the location of a medical marijuana cooperative, collective, dispensary, operator, establishment or provider.
- Localities can also choose to allow patients and caregivers to possess more marijuana than the statewide guideline.
- City, county, or city and county may adopt ordinances that establish additional standards, requirements, and regulations for local licenses and permits for commercial cannabis activity, including cultivation.
- Standards, requirements, and regulations regarding health and safety, testing, security, and worker protections established by the state shall be the minimum standards for all licensees statewide.
- Issuance of a state license does not limit the ability of the City of Los Angeles to prosecute any person or entity for a violation of, or otherwise enforce, Proposition D.
- Local jurisdiction cannot prevent transportation of medical cannabis or medical cannabis products on public roads by a licensee transporting medical cannabis or medical cannabis products in compliance with the law.

### Registry tracking system

- Currently, there is a web-based registry allowing law enforcement and the public to verify the validity of a patient or primary caregiver’s card as authorization to possess, grow, transport, and/or use medical marijuana within California.
- Patient and caregiver registry cannot contain any personal information and may only contain a unique user identification number; upon a query, the system only returns whether the card is valid or invalid.
- CFA, in consultation with Bureau, must establish a track and trace program for reporting the movement of medical cannabis items throughout the distribution chain that utilizes a unique identifier.
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<th>CALIFORNIA</th>
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<tr>
<td><strong>Other use of registry information</strong></td>
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| **Marijuana testing and labeling** | - Medical cannabis and medical cannabis products must be tested by a licensed testing laboratory, prior to dispensing.  
- For the purposes of testing medical cannabis or medical cannabis products, licensees shall use a testing laboratory that has adopted a standard operating procedure using methods consistent with general requirements established by the International Organization for Standardization, specifically ISO/IEC 17025, to test medical cannabis and medical cannabis products.  
- All cultivators, manufacturers, and licensees holding a producing dispensary license in addition to a cultivation or manufacturing license shall send all medical cannabis and medical cannabis products cultivated or manufactured to a distributor, for presale quality assurance and inspection by a distributor and for a batch testing by a testing laboratory prior to distribution to a dispensary.  
- Testing laboratory cannot hold another type of license or have an ownership interest in any other type of licensed facility.  
- Laboratory shall issue a certificate of analysis for each lot, with supporting data, regarding the following contents: (1) THC; (2) Tetrahydrocannabinolic Acid (THCA); (3) Cannabidiol; (4) Cannabidiolic Acid (CBD); (5) Terpenes, as required by the Bureau; (6) Cannabigerol (CBG); (7) Cannabinol (CBN); and (8) any other compounds or contaminants required by the Bureau.  
- Not later than January 2020, CFA must make available a certified organic designation and organic certification program for medical cannabis cultivation, if permitted under federal law. |
### CALIFORNIA

#### Marijuana testing and labeling (continued)
- Prior to delivery by or sale at a dispensary, medical cannabis and medical cannabis products shall be labeled and in tamper-proof packaging and shall include a unique identifier, as prescribed by CFA.
- Packages of medical cannabis and medical cannabis products cannot be attractive to children.
- Manufactured products and edibles must be in child-resistant packaging.
- All medical cannabis and medical cannabis product labels shall include the following information, prominently displayed and in a clear and legible font: (1) cultivation and manufacture date and source; (2) the statement “SCHEDULE I CONTROLLED SUBSTANCE”; (3) the statement “KEEP OUT OF REACH OF CHILDREN AND ANIMALS” in bold print; (4) the statement “FOR MEDICAL USE ONLY”; (5) the statement “THE INTOXICATING EFFECTS OF THIS PRODUCT MAY BE DELAYED BY UP TO TWO HOURS”; (6) the statement “THIS PRODUCT MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY. PLEASE USE EXTREME CAUTION”; (7) for packages containing only dried flower, the net weight of medical cannabis in the package; (8) a warning if nuts or other known allergens are used in the manufacturing of the medical cannabis products; (9) list of ingredients and pharmacologically active ingredients; (10) clear indication, in bold type, that the product contains medical cannabis; and (11) any other requirement set by the Bureau or Public Health.

#### Driving during / after use
- Patient cannot smoke marijuana while in a vehicle being operated.
- The standard for drugged driving in California is being “under the influence” of any drug.

#### Exemption from penalty provided by law
- Person in possession of a valid identification card is not subject to arrest for the possession, transportation, delivery or cultivation of medical marijuana in accordance with law unless there is reasonable cause to believe that the information contained in the card is false or falsified, the card has been obtained by means of fraud or the person is otherwise in violation of the law.
- No physician shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.
- Status and conduct of a qualified patient who acts in accordance with the law may not, by itself, be used to restrict or abridge custodial or parental rights to minor children in any action or proceeding under the jurisdiction of family or juvenile court.
### CALIFORNIA

| Exemption from penalty provided by law (continued) | • Actions of a licensee and its employees and agents, if permitted under state and local laws, are not unlawful under state law and shall not be an offense subject to arrest, prosecution, or other sanction under state law, or be subject to a civil fine or be a basis for seizure or forfeiture of assets under state law.  
• Actions of a person who, in good faith, allows his or her property to be used by a licensee, its employees, and its agents, as permitted pursuant to both a state license and a local license or permit following the requirements of the applicable local ordinances, are not unlawful under state law and shall not be an offense subject to arrest, prosecution, or other sanction under state law, or be subject to a civil fine or be a basis for seizure or forfeiture of assets under state law. |
| --- | --- |
| Effect of law on employers and landlords | • Nothing in the law requires employers to accommodate the medical use of marijuana in the workplace or during work hours.  
• Law does not interfere with an employer’s rights and obligations to maintain a drug and alcohol free workplace.  
• Laws does not require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale, or growth of cannabis in the workplace.  
• Laws does not affect the ability of employers to have policies prohibiting the use of cannabis by employees and prospective employees, or prevent employers from complying with federal law. |
| Taxes | • County may impose a tax on the privilege of cultivating, dispensing, producing, processing, preparing, storing, providing, donating, selling, or distributing medical cannabis or medical cannabis products by a licensee operating pursuant to this chapter.  
• County may not impose a sales or use tax in addition to the sales and use tax imposed under an ordinance conforming to state tax laws. |
| Fund(s) created | Medical Cannabis Regulation and Safety Act Fund (“Fund”) within the State Treasury. Within this Fund is the Medical Cannabis Fines and Penalties Account containing all moneys collected as fines or penalties. |
| Studies required or requested | State legislature desires that California commission (and fund) scientific research by the University of California regarding the efficacy and safety of administering marijuana as part of medical treatment (“California Medical Research Program”). The Program should be located at one or more University of California campuses that have a core of faculty experienced in organizing multidisciplinary scientific endeavors. As part of this, Bureau is required to contract with the California Medical Research program to develop a study that identifies the impact that cannabis has on motor skills. |
## COLORADO

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>Colo. Const. Art. 18, § 14; C.R.S.A. §§ 12-43.3-101 to 12-43.3-1102; § 18-18-406.3; § 22-1-119.3; § 25-1.5-106.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>December 28, 2000.³</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed marijuana centers (“MMCs”), optional premises cultivation operations, marijuana-infused products manufacturers, transporters, and business operators.</td>
</tr>
<tr>
<td>Regulations</td>
<td>1 CCR 212-1:1.101 to 212-1:1.1704; 5 CCR 1006-2:1 to 1006-2:14.</td>
</tr>
</tbody>
</table>
| Registry administrator | • Colorado Department of Public Health and Environment (“Department”) oversees and regulates the registry of patients and caregivers.  
• Colorado Department of Revenue, Marijuana Enforcement Division, also referred to as the State Licensing Authority (“Authority”) oversees and regulates the licensing of marijuana providers. |
| Websites | https://www.colorado.gov/pacific/cdphe/medicalmarijuana  
https://www.colorado.gov/pacific/enforcement/marijuanaenforcement |
| Usage | As of November 2016, there are 100,503 registered patients (340 of which are minors) and 2,700 caregivers. As of January 2017, there are 502 medical marijuana centers, 753 cultivation licenses, 248 infused-product manufacturers, and 13 testing facilities. |
| Conditions treated | “Debilitating medical condition,” which means:  
• cancer, glaucoma, HIV or AIDS positive;  
• the patient has a chronic or debilitating disease or medical condition that produces one of the following and which, in the physician’s professional opinion, may be alleviated by the medical use of marijuana: (1) cachexia; (2) persistent muscle spasms; (3) seizures; (4) severe nausea; (5) severe pain; or  
• any other medical condition, or treatment for such condition, approved by the Department pursuant to a petition by a patient or physician under 5 CCR 1006-2:6. |
| Patients – requirements and restrictions | • Must reside in Colorado and submit a completed registry application.  
• Application must include written documentation from a Colorado-licensed physician stating that the patient has a debilitating medical condition and might benefit from the medical use of marijuana.  
• Must have a bona fide physician-patient relationship.  
• If patient no longer suffers from a debilitating medical condition, he or she must return card to the Department within 24 hours of receiving diagnosis.  
• Patients age 18 and older may designate one caregiver. |

³ There is a sunset provision repealing the law September 1, 2019, absent further legislative action.
COLORADO

Patients – requirements and restrictions (continued)

- If a patient is under age 18: (1) two physicians must have diagnosed the debilitating medical condition; (2) at least one parent must live in Colorado; (3) one physician must have explained the possible risks and benefits of the medical use of marijuana to the patient and each parent residing in Colorado; (4) each parent in Colorado must consent in writing to the use of marijuana; (5) at least one parent residing in Colorado must agree to be the patient’s caregiver and submit application for same; and (6) as a caregiver, the parent controls the acquisition of such marijuana and the dosage and frequency of its use.
- At least 30 days prior to the expiration date, patient must resubmit to the Department updated written documentation from their physician, as well as the physician’s name and address.

Out-of-state reciprocity

Not addressed in law or regulations.

Caregivers - requirements and restrictions

- Must be at least age 18 and not the patient’s physician.
- Caregiver must have significant responsibility for managing the patient’s well-being and not merely supply marijuana.
- Caregiver cannot have a caregiver of their own.
- Absent receipt of a waiver, a person cannot be a caregiver for more than five patients at a time.
- If caregiver cultivates or transports marijuana for patient, the caregiver must personally register with the Authority in addition to the Department.
- May charge a patient for the cost of cultivating or purchasing the medical marijuana and caregiver services.

Amount of marijuana allowed

- Two ounces of marijuana in usable form and no more than six plants, of which only three may be mature flowering plants that produce usable marijuana.
- Physician may certify in writing that a patient’s condition requires an additional amount of marijuana and such medical necessity acts as an affirmative defense to a violation.

Home cultivation - requirements and restrictions

- Patients may have either a caregiver or a medical marijuana center cultivate marijuana for them, but not both; Department can grant an exception to allow both in cases where patient is found to be homebound.
- Grow-site must be in an enclosed locked space if anyone in the residence is under age 21, unless all such persons are over age 18 and have valid registry cards or are licensed caregivers.
### Colorado

**Restrictions on the use of marijuana**
- Marijuana cannot be consumed: (1) in a medical marijuana center; (2) in plain view of, or in a place open to, the public; (3) on grounds of school or school bus; or (4) in any way that endangers the health or well-being of any person.
- Student with a valid registry card may use marijuana on school grounds, on a school bus, or at a school activity if the student’s primary caregiver possesses and administers medical marijuana in a non-smokeable form to the student.

**Registry application review**
- Department must verify medical information contained in the patient’s application and certification within 30 days; if application is denied, the denial must be provided within 30 days.
- Department has five days after verifying information to issue card; if card is not issued within 35 days of receipt, it is approved.
- After application denied, a prospective patient may not reapply within six months.
- Application is subject to denial if: (1) any information on the application is false; (2) any information on the physician certification is falsified; (3) the photo ID presented with the application is not the patient’s; or (4) the applicant is not a Colorado resident.
- If application denied, patient may request hearing with Department.

**Registry fees – patients and caregivers**
- $15 application fee. Renewal applications due 30-60 days before card expires.

**Registry fees – dispensaries and producers**
- For MMCs, initial application fees vary by the number of patients served: (1) for 1-300 patients, $6,000; (2) for 301-500 patients, $10,000; and (3) for 501+ patients, $14,000.
- Annual licenses fees for MMCs vary by number of patients served: (1) 1-300 patients, $3,000; (2) 301-500 patients, $6,000; and (3) 501+ patients, $8,000.
- For medical marijuana-infused products manufacturers, optional premises cultivation licenses, and testing facilities, the initial application fee is $1,000 and annual license fee is $1,500.
- Renewal application fee is $300 for all license types.
- Licenses are valid for one year, except those converting from a medical to a retail marijuana establishment license.
- Licensee should apply for the renewal of an existing license to the local licensing authority not less than 45 days prior to expiration and to the Authority not less than 30 days prior to expiration.

**Insurance**
- No governmental, private, or any other health insurance provider shall be required to be liable for any claim for reimbursement for medicinal use of marijuana.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
### COLORADO

#### Dispensaries and producers - ownership requirements and restrictions
- Owner must be a Colorado resident for at least one year, or a U.S. resident at the time of application.
- If all owners are not one-year Colorado residents, the entity may only have no more than 15 owners.
- Must be at least 21 years of age.
- May not have any delinquent public or child support obligations.
- May not have any controlled substance felony convictions or any other felony convictions that for five years prior to application.
- May not have a criminal history (or employ, be assisted by or financed in whole or in part by any other person) whose criminal history indicates they are not of good character.
- May not be a licensed physician that makes patient recommendations, a sheriff, deputy sheriff, police office, prosecuting officer, or be an employee of the state or local licensing authority.
- As part of application, applicants must submit fingerprints for a criminal history records check.
- If the MMC prohibits patients under the age of 21 years to be on the premises and has common ownership with a retail marijuana establishment, there can be a dual operation on the same premises so long as the local licensing authority allows.

#### Dispensaries and producers – operational requirements and restrictions
- Licensees may not operate until they are approved by both the Authority and a local governing body’s licensing authority.
- Building where marijuana is sold cannot be within 1,000 feet of a school, alcohol/drug treatment facility, college, university or seminary or a residential childcare facility.
- MMC may not register as a patient’s primary center if that patient has designated another MMC as primary center in past 30 days.
- MMC cannot sell more than two ounces marijuana (or its product equivalent) in a single sales transaction unless that patient has designated the MMC as his/her primary center and MMC receives copy of documentation from physician allowing additional marijuana.
- MMC can grow marijuana only for patients who have designated it as their primary MMC.
- MMC can sell only marijuana that it has purchased from an optional premises cultivation operation or that the center has cultivated itself.
- MMC cannot purchase (or sell) more than 30% of its on-hand inventory from (or to) another MMC.
- Must use MITS as the primary inventory tracking system of record.
- Effective July 1, 2016, Colorado licensees who apply for retail establishment licenses will no longer be able to transfer any part of their medicinal use inventory to retail.
- Cannot operate between 7:00pm and 8:00am.
<table>
<thead>
<tr>
<th>COLORADO</th>
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<tbody>
<tr>
<td><strong>Dispensaries and producers - inspections</strong></td>
</tr>
<tr>
<td>- Licensees must keep a complete set of all records necessary to show fully the business transactions of the licensee.</td>
</tr>
<tr>
<td>- Records must be available for inspection by the Authority during business hours.</td>
</tr>
<tr>
<td>- Licensed premises, plus any places where marijuana is grown, stored, cultivated, sold, or dispensed, shall be subject to inspection by the state or local licensing authorities.</td>
</tr>
<tr>
<td>- Must keep books and records for current year plus three years.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Local control</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Municipality, county, city, or city and county, by either a majority of the registered electors voting at a regular election or special election, or a majority of the members of the governing board may vote to prohibit the operation of medical marijuana centers, optional premises cultivation operations, and medical marijuana-infused products manufacturers’ licenses.</td>
</tr>
<tr>
<td>- Local governing body may adopt additional standards for the issuance of MMC, optional premises cultivation, or medical marijuana-infused products manufacturer licenses which may include: (1) distance restrictions between premises; (2) reasonable restrictions on the size of an applicant’s licensed premises; and (3) any other requirements necessary to ensure the control of the premises and the ease of enforcement of the terms and conditions of the license.</td>
</tr>
<tr>
<td>- Local licensing authority has power to refuse to issue a license for good cause, subject to judicial review.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Registry tracking system</th>
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<tbody>
<tr>
<td>- Confidential registry of patients and caregivers maintained by Department.</td>
</tr>
<tr>
<td>- Authorized Department employees may respond to an inquiry from state or local law enforcement regarding the registry status of a patient or primary caregiver by: (1) confirming that the person is or is not registered; or (2) confirming the suspension of a registry identification card when a patient no longer diagnosed as having a debilitating medical condition.</td>
</tr>
<tr>
<td>- In order to validate their inquiry, law enforcement personnel must provide the Department with card identification number (or name, DOB and last four SSN) at time of request.</td>
</tr>
</tbody>
</table>
### COLORADO

| Other use of registry information | • Department has an internal procedure for identifying potentially inappropriate physician recommendations and initiating physician referrals to the Colorado Medical Board for further investigation.  
• Law enforcement agency may run a Colorado crime information center criminal history record check of a primary caregiver, licensee, or employee of a licensee during an investigation of unlawful activity related to medical marijuana.  
• Department and Authority must maintain the confidentiality of reports or other information obtained from a licensee showing the sales volume or quantity of medical marijuana sold, or revealing any patient information, or any other records that are exempt from public inspection pursuant to state law. |
| --- | --- |
| Marijuana testing and labeling | • Marijuana sold at an MMC must have labels with a list of all chemical additives, including but not limited to nonorganic pesticides, herbicides, and fertilizers used in the cultivation and the production of the medical marijuana.  
• MMC must place all marijuana products sold in a container prior to sale; if the container is not child-resistant, the MMC must place that container within another package that is child-resistant.  
• MMC may sell medical marijuana-infused products that are prepackaged and labeled to indicate clearly all of the following: (1) that the product contains medical marijuana; (2) that the product is manufactured without any regulatory oversight for health, safety, or efficacy; and (3) that there may be health risks associated with the consumption or use of the product.  
• As of July 2016, the Authority may issue a medical marijuana testing facility license to a person who performs testing and research.  
• Authority must establish rules for a marijuana and marijuana-infused products independent testing and certification program for medical marijuana licensees; mandatory testing may not begin until a marijuana laboratory testing reference library is created and licensees are set up for proficiency tests and standards. |
| Driving during / after use | • It is illegal to operate, navigate, or be in actual physical control of any vehicle, aircraft, or motorboat while under the influence of medical marijuana.  
• There is an inference that a person is “under the influence” if their THC level in blood is 5.0 (ng/ml) or above.  
• A person in the passenger area of a motor vehicle may not use marijuana or have an open marijuana container in their possession. |
<table>
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<tr>
<th>COLORADO</th>
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<tbody>
<tr>
<td><strong>Exemption from penalty provided by law</strong></td>
</tr>
<tr>
<td>• Patient or primary caregiver charged with a violation of Colorado criminal laws will be deemed to have established an affirmative defense to such allegation where: (1) the patient was previously diagnosed by a physician as having a debilitating medical condition; (2) the patient was advised by his or her physician, in the context of a bona fide physician-patient relationship, that the patient might benefit from the medical use of marijuana in connection with a debilitating medical condition; and (3) the patient and his or her primary caregiver were collectively in possession of amounts of marijuana only as permitted under this section.</td>
</tr>
<tr>
<td>• It is an exception from Colorado criminal laws for any patient or primary caregiver in lawful possession of a registry identification card to engage or assist in the medical use of marijuana.</td>
</tr>
<tr>
<td>• It is an exception from Colorado criminal laws for a physician to: (1) advise a patient whom the physician has diagnosed as having a debilitating medical condition, about the risks and benefits of medical use of marijuana or that he or she might benefit from the medical use of marijuana, provided that such advice is based upon the physician’s contemporaneous assessment of the patient’s medical history and current medical condition and a bona fide physician-patient relationship; or (2) provide a patient with written documentation, based upon the physician’s contemporaneous assessment of the patient’s medical history and current medical condition and a bona fide physician-patient relationship, stating that the patient has a debilitating medical condition and might benefit from the medical use of marijuana.</td>
</tr>
<tr>
<td><strong>Effect of law on employers and landlords</strong></td>
</tr>
<tr>
<td>• Law does not require any employer to accommodate the medical use of marijuana in any work place.</td>
</tr>
<tr>
<td>• Person may not undertake any task while under the influence of medical marijuana, when doing so would constitute negligence or professional malpractice.</td>
</tr>
<tr>
<td><strong>Taxes</strong></td>
</tr>
<tr>
<td>Marijuana sales are subject to state (2.9%) sales tax.</td>
</tr>
<tr>
<td><strong>Fund(s) created</strong></td>
</tr>
<tr>
<td>Marijuana Cash Fund (the “Fund”), which contains all money collected by Authority and is subject to annual appropriation by the General Assembly to the Department of Revenue for the direct and indirect costs associated with implementing the law.</td>
</tr>
<tr>
<td><strong>Studies required or requested</strong></td>
</tr>
<tr>
<td>Department is responsible for administering the Colorado Medical Marijuana Research Grant Program created within the Department (“Grant Program”). The purpose is to fund research into the general medical efficacy and appropriate administration of marijuana and its component parts, through observational trials and clinical trials. The Grant Program must report on its progress no later than January 1, 2016.</td>
</tr>
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</table>
## Connecticut

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>C.G.S.A. §§ 21a-408 to 21a-414.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>May 31, 2012.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and primary caregivers; licensed dispensary facilities, dispensaries (pharmacists), producers, and employees.</td>
</tr>
<tr>
<td>Regulations</td>
<td>Regs. Conn. State Agencies §§ 21a-408-1 to 21a-408-70.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Connecticut Department of Consumer Protection (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>As of January 1, 2017, there are 15,167 registered patients, eight dispensary facilities, and four producers.</td>
</tr>
<tr>
<td>Conditions treated</td>
<td>“Debilitating medical condition,” which includes:</td>
</tr>
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<td></td>
<td>- for persons aged 18 or older, cancer, glaucoma, HIV positive or 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, post-traumatic stress disorder, sickle cell disease, post laminectomy syndrome with chronic radiculopathy, severe psoriasis and psoriatic arthritis, ALS, ulcerative colitis, complex regional pain syndrome, cerebral palsy, cystic fibrosis, irreversible spinal cord injury with objective neurological indication of intractable spasticity, terminal illness requiring end-of-life care, and uncontrolled intractable seizure disorder;</td>
</tr>
<tr>
<td></td>
<td>- for persons under age 18, a terminal illness requiring end-of-life care, irreversible spinal cord injury with objective neurological indication of intractable spasticity, cerebral palsy, cystic fibrosis, severe epilepsy or uncontrolled intractable seizure disorder; or</td>
</tr>
<tr>
<td></td>
<td>- any medical condition, medical treatment or disease approved for qualifying patients by the Department pursuant to regulations adopted under C.G.S.A. § 21a-408m.</td>
</tr>
<tr>
<td>Patients – requirements and restrictions</td>
<td>- Must be a resident of Connecticut.</td>
</tr>
<tr>
<td></td>
<td>- Connecticut-licensed physician or advanced practice nurse (“APRN”) begins registration process by issuing a signed, written certification to the Department stating that in his/her opinion, the patient has a debilitating medical condition and the potential benefits of the use of marijuana would likely outweigh the health risks of such use.</td>
</tr>
<tr>
<td></td>
<td>- Physician or APRN must have a bona fide physician-patient relationship with the patient and have conducted an assessment and evaluation in order to develop a treatment plan for the patient, which must include an examination of the patient and the patient’s medical history, prescription history and current medical condition, including an in-person physical examination.</td>
</tr>
</tbody>
</table>
### Connecticut

| Patients – requirements and restrictions (continued) | • Physician must have prescribed, or have had a reasonable basis for determining that it is not in the best interest of the patient to prescribe, prescription drugs to address the symptoms.  
• Physician must have access to and be registered with the Connecticut Prescription Drug Monitoring Program.  
• Written certification is valid for one year from date of issuance, which serves as the expiration date of registration card.  
• If patient is under age 18, written consent from a custodial parent, guardian, or other person having legal custody is required that indicates that such person has permission for the palliative use of marijuana.  
• If the patient is under age 18, a custodial parent, guardian, or other person having legal custody must provide a letter from both the qualifying patient’s primary care provider and a physician who is board certified in an area of medicine involved in the treatment of the debilitating condition that confirms that the palliative use of marijuana is in the best interest of the qualifying patient.  
• Patient can identify one primary caregiver.  
• Patients must select a single dispensary facility from which to receive marijuana.  
• Patient or caregiver must notify Department of a change of their information (including medical status) within five business days. |
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<tbody>
<tr>
<td>Out-of-state reciprocity</td>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
| Caregivers - requirements and restrictions | • Age 18 or older.  
• Agrees to undertake responsibility for managing the well-being of the patient with respect to the palliative use of marijuana.  
• If patient is under age 18 or lacks legal capacity, the caregiver must be a parent, guardian, or person having legal custody.  
• If patient is under age 18, the caregiver must control the acquisition and possession of marijuana and any related paraphernalia.  
• Cannot have prior conviction pertaining to the illegal manufacture, sale, or distribution of a controlled substance.  
• Can be responsible for only one patient at time, unless the caregiver and all patients have a parental, guardianship, conservatorship, or sibling relationship. |
| Amount of marijuana allowed | 2.5 ounces per month, unless the physician’s certification indicates that patient needs a lesser amount. |
| Home cultivation - requirements and restrictions | Law does not authorize home cultivation of marijuana. |
## CONNECTICUT

### Restrictions on the use of marijuana
- Marijuana may not be ingested: (1) in a motor bus or a school bus or in any other moving vehicle; (2) in the workplace; (3) on any school grounds or any public or private school, dormitory, college or university property; (4) in any public place; or (5) in the presence of a person under age 18.
- Marijuana cannot be consumed on premises of dispensary facility.
- Marijuana may not be dispensed in a smokable, inhalable, or vaporizable form to a primary caregiver if the patient is under age 18.

### Registry application review
- Applications or registration renewals may be denied for the following reasons: (1) failure to properly complete the application form; (2) no acceptable proof of identity, residency or age; (3) false, misleading or incorrect information; (4) written certification issued by a physician who is not authorized to certify patients for marijuana; or (5) a prior application or registration has been denied, suspended or revoked by the Department in the previous six months.
- If application is denied, an applicant may request a hearing by the Commissioner of the Department (“Commissioner”).

### Registry fees – patients and caregivers
- $100 for patients.
- $25 for caregivers.
- Cards expire one year after date of physician’s certification.
- Renewal applications are due at least 45 days prior to expiration of existing registration.

### Registry fees – dispensaries and producers
- For a dispensary facility, the application fee is $1,000 and the annual licensing fee is $5,000.
- For a producer, the initial application fee is $75,000 and the renewal annual licensing fee is $75,000.

### Insurance
The law does not require health insurance coverage for the palliative use of marijuana.

### Dispensaries and producers – ownership requirements and restrictions
- Between three and ten producer licenses issued.
- At least one dispensary facility license will be issued.
- For each dispensary facility, there must be at least one “dispensary,” a person licensed to dispense marijuana at the facility and who must be an active Connecticut licensed pharmacist in good standing.
- Dispensary does not have to be the person who files the application for a dispensary facility license.
- Producer and dispensary facilities may be affiliated but a producer may not unfairly favor one dispensary facility over another.
<table>
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<tr>
<th><strong>CONNECTICUT</strong></th>
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<tbody>
<tr>
<td><strong>Dispensaries and producers – ownership requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>- Physician who issues written certifications, and such physician’s co-worker, employee, spouse, parent or child, may not have a direct or indirect financial interest in a dispensary, dispensary facility, producer, production facility, provider of paraphernalia or any other entity that may benefit from a patient or caregiver’s purchase or use of marijuana.</td>
</tr>
</tbody>
</table>

| **Dispensaries and producers – operational requirements and restrictions** |
| - Physician may not examine a patient for purposes of diagnosing a debilitating medical condition at a location where marijuana or paraphernalia is distributed, dispensed, manufactured or sold. |
| - Dispensary facility and producer employees must be at least age 18 and registered with Department. |
| - Dispensary facility must be open at least 35 hours per week. |
| - Dispensaries must register with the Department to access the PDMP. |
| - Dispensary facility may sell marijuana products only in the original sealed containers or packaging as delivered by the producer. |
| - Marijuana may not be consumed on premises of a dispensary facility. |
| - Dispensary must review a patient’s controlled substance history report within the PDMP before dispensing any marijuana to patient or caregiver. The dispensary must exercise professional judgment as to whether or not dispensing marijuana may have negative health or safety consequences for the patient or the public. |
| - Producers must keep records of all marijuana produced or manufactured and of all marijuana disposed of by them. |
| - Each dispensary facility and production facility must conduct a weekly inventory of marijuana stock. |

| **Dispensaries and producers – inspections** |
| - Each dispensary facility and producer must maintain a complete set of all records showing the business transactions for the current tax year and the three immediately prior tax years. |
| - Upon request, any person required to keep records must make such documents immediately available for inspection and copying by the Commissioner or other authorized persons. |
| - Commissioner or his authorized representative is authorized to enter, at reasonable times, any place in which marijuana is held, dispensed, sold, produced, delivered, transported, manufactured or otherwise disposed of, for purposes of inspection, inventory or testing. |

| **Local control** |
| In applying for a dispensary facility license, an applicant must provide documents showing authorization to conduct business in Connecticut and that state and local building, fire, zoning requirements, and local ordinances are met. |

| **Registry tracking system** |
| At least once per day, a dispensary must transmit information about marijuana dispensed to the Department for inclusion in the PDMP. |
### CONNECTICUT

#### Other use of registry information
- Physician must make patient’s medical records available to the Department, other state agencies, and law enforcement agencies for purpose of ensuring compliance with law.
- Access to registry information can be provided to: (1) law enforcement for the purpose of investigating or prosecuting violations; (2) physicians and pharmacists for the purpose of providing patient care and drug therapy; (3) public or private entities for research or educational purposes, so long as no individually identifiable health information is disclosed; and (4) any person pursuant to an order of a court of competent jurisdiction or pursuant to a search warrant.

#### Marijuana testing and labeling
- Dispensaries must label all products dispensed with information including: (1) serial number; (2) date; (3) quantity; (4) name and registration number of patient; (5) certifying physician; (6) directions; (7) dispensary and facility name; and (8) expiration date.
- Producers must individually package products in sizes where one unit does not contain more than a one-month supply of marijuana.
- Must be in child-resistant and light-resistant packages.
- Producers must label each product with: (1) name and address; (2) brand name of product; (3) serial number; (4) date of testing and packaging; (5) expiration date; (6) quantity; (7) list of all active ingredients; and (8) a pass/fail rating regarding test results.
- Prior to manufacturing, a producer must segregate all harvested marijuana into homogenized batches for testing. Each sample must be laboratory tested for microbiological contaminants, mycotoxins, heavy metals, pesticide chemical residue and chemical composition.

#### Driving during / after use
- Marijuana cannot be ingested in any moving vehicle.
- The standard in Connecticut for drugged driving is being “under the influence” of any drug.

#### Exemption from penalty provided by law
- Patient in compliance with law is not subject to arrest or prosecution, penalized in any manner for the palliative use of marijuana if: (1) the patient’s physician has issued a valid written certification; (2) the combined amount of marijuana possessed by the patient and primary caregiver does not exceed the amount reasonably necessary to ensure uninterrupted availability for a period of one month; and (3) the patient does not have more than one primary caregiver at any time.
- Primary caregiver in compliance with law is not subject to arrest or prosecution for the acquisition, distribution, possession or transportation of marijuana or paraphernalia so long as: (1) the combined amount of marijuana possessed by the patient and primary caregiver does not exceed the amount reasonably necessary to ensure uninterrupted availability for a period of one month; and (2) the marijuana is obtained solely within Connecticut from a licensed dispensary.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
## CONNECTICUT

### Exemption from penalty provided by law (continued)
- Physician or APRN is not subject to arrest or prosecution for providing a written certification for the palliative use of marijuana if the person: (1) diagnosed the qualifying patient with a debilitating medical condition; (2) explained the potential risks and benefits of the palliative use of marijuana to the patient (and guardian if lacking legal capacity); (3) based the written certification issued upon the physician’s professional opinion after having completed a medically reasonable assessment of the qualifying patient’s medical history and current medical condition made in the course of a bona fide physician-patient relationship; and (4) has no financial interest in a dispensary facility or producer.
- Any person who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the palliative use of marijuana in order to avoid arrest or prosecution is guilty of a class C misdemeanor.
- Any person who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the issuance, contents or validity of a written certification for the palliative use of marijuana, or a document purporting to be such a written certification, shall be guilty of a class A misdemeanor.

### Effect of law on employers and landlords
- No school may refuse to enroll any person or discriminate against any student solely because of such person’s status as a patient or primary caregiver.
- No landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of such person’s status as a patient or primary caregiver.
- No employer may refuse to hire a person or may discharge, penalize or threaten an employee solely because of such person’s status as a patient or primary caregiver.
- Law does not restrict an employer’s ability to prohibit the use of intoxicating substances during work hours or discipline an employee for being under the influence during work hours.

### Taxes
- Not addressed in law or regulations.

### Fund(s) created
- Palliative Marijuana Administration Account (“Account”). Any balance remaining in the account at the end of any fiscal year shall be carried forward in the account for the fiscal year next succeeding. Amounts in the Account shall be expended only for the purpose of providing funds to the Department of Consumer Protection for administering the law.

### Studies required or requested
- Effective October 1, 2016, the Department started accepting applications for research proposals from hospitals or healthcare facilities, institutions of higher education, licensed producers, and licensed dispensaries seeking information regarding the growth, processing, medical attributes, dosage forms, administration, or use of marijuana for medical purposes.
## DELAWARE

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>16 Del.C. §§ 4901A to 4928A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>July 1, 2011.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed compassion centers (dispensaries) and safety compliance facilities.</td>
</tr>
<tr>
<td>Regulations</td>
<td>16 Del. Admin. Code 4470-1.0 to 4470-11.0.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Delaware Department of Health and Social Services (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>As of January 2016, the Department reported 370 registered patients. One compassion center is open currently, with two new licenses granted during 2016 with expected openings in 2017 or later. A September 2016 news article states that as of that date the Department approved 1,752 registered patients since the program began.</td>
</tr>
</tbody>
</table>
| Conditions treated | “Debilitating medical condition,” which means the following conditions or treatments of these conditions:  
- terminal illness, cancer, HIV positive, AIDS, decompensated cirrhosis, amyotrophic lateral sclerosis, agitation of Alzheimer’s disease, post-traumatic stress disorder, intractable epilepsy, seizure disorder, autism with self-injurious or aggressive behavior;  
- a chronic or debilitating disease or medical condition or its treatment that produces: (1) cachexia or wasting syndrome; (2) severe, debilitating pain, that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects; (3) intractable nausea; (4) seizures; or (5) severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; or  
- any other medical condition or its treatment added by the Department, as provided for in 16 Del.C. § 4906A.  
- For patients under age 18, the conditions are: (1) pain, anxiety, or depression related to a terminal illness; (2) intractable epilepsy; or (3) a chronic or debilitating disease or medical condition where they have failed treatment involving one or more of the following symptoms: cachexia or wasting syndrome, intractable nausea, or severe, painful and persistent muscle spasms. |
| Patients – requirements and restrictions | - Must apply for registration card and pay fee.  
- Patient must have a written certification, issued by a Delaware-licensed physician within the 90 days preceding application date, stating that the patient is likely to receive therapeutic benefit from the medical use of marijuana to treat or alleviate the patient’s debilitating medical condition or symptoms associated with such condition. |
### DELAWARE

<table>
<thead>
<tr>
<th>Patients – requirements and restrictions (continued)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Certification must be in the course of a bona fide physician-patient relationship where patient is under the physician’s primary care for the debilitating medical condition, and after an assessment of the patient’s medical history and current medical condition.</td>
<td></td>
</tr>
<tr>
<td>• If the debilitating medical condition is PTSD, the physician must be a licensed psychiatrist.</td>
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</tr>
<tr>
<td>• Minor patients may only receive “marijuana oil” (cannabidiol oil or THC-A oil).</td>
<td></td>
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<tr>
<td>• For minor patients, the physician must be a pediatric neurologist, pediatric gastroenterologist, pediatric oncologist or pediatric palliative care specialist.</td>
<td></td>
</tr>
<tr>
<td>• Patient can designate a registered compassion center.</td>
<td></td>
</tr>
<tr>
<td>• Patient must pledge not to divert marijuana to anyone not allowed to possess it under the law.</td>
<td></td>
</tr>
<tr>
<td>• Patients must notify the Department if they cease to have a debilitating medical condition within 10 days of the change.</td>
<td></td>
</tr>
<tr>
<td>• If patient ceases to suffer from a debilitating medical condition, the registry card becomes invalid and marijuana must be disposed or returned to a compassion center (without payment) within 15 days.</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Caregivers - requirements and restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must be at least 21 years of age, unless person is the parent or guardian of a minor patient.</td>
<td></td>
</tr>
<tr>
<td>• Must agree to assist with a patient’s medical use of marijuana and cannot have been convicted of an excluded felony offense.</td>
<td></td>
</tr>
<tr>
<td>• Cannot assist more than five patients at any one time.</td>
<td></td>
</tr>
<tr>
<td>• May receive compensation for costs associated with assisting a patient if the designated caregiver is connected to the patient through the registration process.</td>
<td></td>
</tr>
<tr>
<td>• Must obtain a background check once every three years, including as part of the initial application process.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of marijuana allowed</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Patients may possess up to six ounces of usable marijuana.</td>
<td></td>
</tr>
<tr>
<td>• Caregivers may possess up to six ounces of usable marijuana for each caregiver assisted.</td>
<td></td>
</tr>
<tr>
<td>• Compassion center may not dispense more than three ounces of marijuana to a patient or his/her caregiver in any 14-day period.</td>
<td></td>
</tr>
</tbody>
</table>

| Home cultivation - requirements and restrictions | Law does not authorize the home cultivation of marijuana. |
## Delaware

### Restrictions on the use of marijuana
- Marijuana may not be possessed or used: (1) in a school bus; (2) on the grounds of any preschool or primary or secondary school; (3) in any correctional facility; or (4) in any health care or treatment facility operated by the Department.
- Caregiver may administer marijuana oil to a minor patient in a school bus and on the grounds or property of the preschool, or primary or secondary school in which the minor is enrolled.
- Cannot smoke in any form of transportation or in any public place.
- Any cardholder who sells marijuana to a person not allowed to possess marijuana for medical purposes will have their card revoked and be subject to other penalties for the unauthorized sale.
- When not being prepared for ingestion, marijuana must be contained in the sealed, tamperproof containers issued by compassion centers.

### Registry application review
- Department must verify the information in an application or renewal and approve /deny an application or renewal within 45 days of receipt.
- Department must issue cards within 30 days of approving application.
- Department may deny application for: (1) failing to provide information; (2) providing false information; or (3) having a previous card revoked.
- Denial of an application can be subject to judicial review by the Delaware Superior Court.
- If denied, an applicant may not reapply for six months.

### Registry fees – patients and caregivers
$125 initial and renewal fee for patients and caregivers. Fees can be lowered for patients who demonstrate financial need. Cards expire one year after issuance, unless the physician specifies an earlier date.

### Registry fees – dispensaries and producers
- Application fee for registered compassion center is $5,000 and licensing fee is $40,000.
- Registrations for compassion centers and safety compliance facilities are effective for two years and renewal applications may be submitted up to 90 days prior to expiration.
- Regulations for safety compliance facilities have not been adopted.

### Insurance
- Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana.

### Dispensaries and producers - ownership requirements and restrictions
- Registered compassion centers may cultivate, manufacture and sell marijuana and marijuana paraphernalia to patients and caregivers.
- Law provides for one compassion center in each (of the three) counties in the state.
- Every person seeking to become a principal officer, board member, agent, volunteer or employee of a registered compassion center or a registered safety compliance facility must obtain a background check.
### Delaware

#### Dispensaries and producers - ownership requirements and restrictions (continued)
- Cannot share office space with nor refer patients to a physician.
- Physician may not advertise in a registered compassion center, or, if the physician issues written certifications, hold any financial interest in a registered compassion center.

#### Dispensaries and producers – operational requirements and restrictions
- Employees must be at least age 21 and never convicted of either: (1) an excluded felony offense; or (2) a misdemeanor drug offense within five years from the date of the application.
- Compassion centers must be operated on a not-for-profit basis, but do not need to be recognized as tax-exempt by the IRS.
- Cannot be located within 500 feet of the property line of a preexisting public or private school.
- All cultivation of marijuana must take place in an enclosed, locked location at the physical address provided to the Department during registration.
- Cannot purchase usable marijuana or mature marijuana plants from any person other than another registered compassion center.
- Before dispensing marijuana, a center’s agency must access registry verification system and determine that: (1) the card presented is valid; (2) the person is the valid cardholder; and (3) the patient designated the compassion center.
- Centers must maintain internal, confidential records regarding marijuana transactions with patients and keep them for at least three years.
- Centers may cultivate up to 150 marijuana plants and keep inventory of no more than 1,500 ounces of marijuana.

#### Dispensaries and producers - inspections
- Compassion centers are subject to random and reasonable inspection by the Department (with notice).

#### Local control
- Local governments may not prohibit compassion center operation (directly or indirectly) but they may enact ordinances regulating the time, place, and manner of registered compassion center operations and registered safety compliance facilities.

#### Registry tracking system
- Department must maintain a 24-hour phone or web-based verification system that will allow law-enforcement personnel, compassion center agents and safety compliance facility agents to enter a registry identification number to determine whether or not the number corresponds with a current, valid registry identification card and the identification number of the compassion center designated to serve the registered qualifying patient.
### DELAWARE

| Other use of registry information | • Department employees may notify law-enforcement agencies about falsified or fraudulent information submitted to the Department or apparent criminal activity.  
• Compassion center agents may notify law enforcement agencies about suspected violations or attempted violations of the law.  
• Department may, with a cardholder’s permission, confirm his or her status as a registered patient or registered designated caregiver to a landlord, employer, school, medical professional or court.  
• Department must submit an annual report to the Delaware General Assembly (not disclosing identifying information) that contains: (1) the number of applications and renewals filed for registry identification cards; (2) the number of qualifying patients and designated caregivers approved in each county; (3) the nature of the debilitating medical conditions of the qualifying patients; (4) the number of registry identification cards revoked for misconduct; (5) the number of physicians providing written certifications for qualifying patients; and (6) the number of registered compassion centers. |
| Marijuana testing and labeling | Law provides for one or more “registered safety compliance facilities” to (1) test marijuana produced for medical use for potency and contaminants; (2) train patients and prospective compassion center agents; (3) provide security and inventory accountability procedures; and/or (4) provide up-to-date scientific and medical research findings related to medical marijuana. |
| Driving during / after use | • Patient cannot smoke marijuana in any form of transportation.  
• Law does not allow anyone to operate or be in physical control of any motor vehicle, aircraft or motorboat while under the influence of marijuana.  
• Law enforcement may not consider a patient to be under the influence of marijuana solely because of the presence of metabolites or components of marijuana, but arrest or prosecution for driving under the influence of marijuana is allowed where probable cause exists.  
• The standard in Delaware for drugged driving is: (1) being “under the influence” of any drug; or (2) driving when a person’s blood contains “any amount of an illicit or recreational drug” that is the result of unlawful use or consumption [although marijuana falls under the definition of “illicit or recreational drug” (in Schedule I), using it for medicinal purposes consistent with the law might not be considered unlawful use or consumption]. |
| Exemption from penalty provided by law | • Medical use of marijuana by a cardholder or registered compassion center is lawful as long as it is in accordance with the law.  
• There is a presumption that a patient or caregiver is acting in accordance with the law if the person: (1) has a valid registry card; and (2) is in possession of less than the maximum allowable amount of marijuana.  
• Registered patients are not subject to arrest, prosecution, or denial of any right of privilege, for the medical use of marijuana if the patient does not possess more than six ounces of usable marijuana.  
• Caregivers are not subject to arrest, prosecution, or denial of any right of privilege, for: (1) assisting patients with whom they are connected through the registry so long as they do not possess more than six ounces of usable marijuana for each qualifying patient; or (2) receiving compensation for their costs.  
• Physicians are not subject to arrest, prosecution, denial of any right of privilege, or penalty in any manner solely for providing written certifications or for refusing to provide such written certifications or statements, provided that the physician exercises his or her professional standard of care for evaluating or treating a patient’s medical condition. |
| Effect of law on employers and landlords | • No one may undertake a task under the influence of marijuana when doing so would constitute negligence or professional malpractice.  
• No school or landlord may refuse to enroll or lease to a person solely for his or her status as a patient or a designated caregiver, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.  
• Unless a failure to do so would cause the employer to lose a monetary or licensing-related benefit under federal law or federal regulations, an employer may not discriminate against a person in hiring, terminating or any term or condition of employment, if the discrimination is based upon either: (1) the person’s status as a cardholder; or (2) a positive drug test for marijuana components or metabolites, unless the patient used, possessed, or was impaired by marijuana on the premises of the place of employment or during the hours of employment.  
• Employers are not required to allow the ingestion of marijuana in any workplace or to allow any employee to work while under the influence of marijuana. They may also discipline an employee for using marijuana at the workplace or working while under the influence of marijuana.  
• No school, landlord, or employer may be penalized for enrolling, leasing to or employing a cardholder. |
### DELAWARE

| Effect of law on employers and landlords (continued) | - A person otherwise entitled to custody of or visitation or parenting time with a minor may not be denied of that for conduct allowed under the law unless their actions create an unreasonable danger to the safety of the minor as established by clear and convincing evidence.  
- No property owner is required to allow a guest, client, customer or other visitor to smoke marijuana on or in that property. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td>Fund(s) created</td>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
| Studies required or requested | - Law establishes the Medical Marijuana Act Oversight Committee to evaluate and make recommendations about the medicinal use of marijuana in Delaware and implementation of the law including, among other things, research studies regarding health effects of medical marijuana for patients.  
- Law allows research for the development of well-characterized and more-defined medical marijuana products for treatment of target indications: (1) in a facility which meets FDA-accepted security and operational standards; (2) using practices and standards that ensure uniformity, consistency, reliability, reproducibility, quality, and integrity of data; and (3) on plants grown from well-characterized and well-defined seed stock. |
## DISTRICT OF COLUMBIA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>DC ST §§ 7-1671.01 to 7-1671.13.⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>February 25, 2010.⁵</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed dispensaries, cultivation centers, and testing laboratories.</td>
</tr>
<tr>
<td>Regulations</td>
<td>22-C DCMR § 100 to 22-C DCMR § 9900.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>District of Columbia Department of Health (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://doh.dc.gov/service/medical-marijuana-program">http://doh.dc.gov/service/medical-marijuana-program</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of January 2017, there are 4,815 patients, 37 caregivers, eight cultivation centers, and five dispensaries. As of the same date, 271 physicians have requested access to provide a recommendation.</td>
</tr>
</tbody>
</table>
| Conditions treated | “Qualifying medical condition,” which means:  
- HIV positive, AIDS, cancer, glaucoma, conditions characterized by severe and persistent muscle spasms, such as multiple sclerosis; or  
- any other condition, as determined by rulemaking, that is: (1) chronic or long lasting; (2) debilitating or interferes with the basic functions of life; and (3) a serious medical condition for which the use of medical marijuana is beneficial and cannot be effectively treated by any ordinary medical or surgical measure;  
- Side effects of a “qualifying medical treatment” which include: chemotherapy, the use of azidotymidine or protease inhibitors, radiotherapy, or any other treatment, as determined by rulemaking, whose side effects require treatment through the administration of marijuana. |
| Patients – requirements and restrictions |  
- Permanent D.C. resident who registers with Department.  
- Must obtain a signed, written recommendation from a “authorized practitioner” which means a “physician, advanced practice registered nurse, physician assistant, dentist, or naturopathic physician who is licensed and in good standing to practice under District law.”  
- Patient and practitioner must have a relationship and have responsibility for ongoing care and treatment above simply providing the recommendation. |

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⁴ On December 7, 2016, the D.C. Mayor approved D.C. Act No. 21-565 (2015 District of Columbia Legislative Bill 210), which makes several amendments to marijuana laws. The Act has not yet taken effect, however, the information in this summary includes the changes made by the Act.

⁵ District of Columbia (“D.C.”) voters approved the “Legalization of Marijuana for Medical Treatment Initiative of 1988” (the “Initiative”) in November 1998. The implementation of the Initiative was blocked by Congress for more than 10 years, however, under the Congressional power to exert legislative control over D.C. Council actions.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
### DISTRICT OF COLUMBIA

#### Patients – requirements and restrictions (continued)

- District Board of Medicine shall audit the recommendations submitted by any physician who provides more than 250 recommendations in any 12-month period.
- Physician cannot be the owner, director, officer, member, incorporator, agent, or employee of a dispensary or cultivation center.
- Recommendation must be based on a full assessment of medical history, medical condition, including an in-person physical examination, performed not more than ninety (90) days prior to making the recommendation, and a review of other approved medications and treatments that might provide relief.
- A minor patient may possess and administer marijuana only if their parent or legal guardian signs a written statement affirming that the parent or legal guardian: (1) understands the qualifying medical condition or qualifying medical treatment of the minor; (2) understands the potential benefits and potential adverse effects of the use; (3) consents to the use of marijuana for the treatment of the minor’s condition; and (4) consents to or designates another adult to, serve as the caregiver for the qualifying patient and controls the acquisition, possession, dosage, and frequency of use.
- As part of the registration process, the patient must designate the dispensary from which the qualifying patient will receive marijuana.
- Registration card must be surrendered within 14 calendar days after a physician declares that patient no longer suffers from a qualifying medical condition or treatment and notifies Department.
- Patients are required to choose a single dispensary for their use and cannot visit or enter multiple dispensaries.

#### Out-of-state reciprocity

Out-of-state patients enrolled in another jurisdiction’s program for the medicinal use of marijuana may purchase marijuana in the District and use it in the residence of a District citizen who has granted permission, if such use is permitted.

#### Caregivers - requirements and restrictions

- Must be at least 18 years old.
- Never convicted for the possession or sale of a controlled substance, unless such conviction occurred after 1999 and related to the possession of marijuana for medicinal use.
- Can be a caregiver for only one patient at a time.

#### Amount of marijuana allowed

- Patients or caregivers may purchase up to two ounces of dried medical marijuana, or the equivalent of two ounces of dried medical marijuana when sold in any other form, every 30 days.
- A dispensary cannot possess or sell marijuana plants.

#### Home cultivation - requirements and restrictions

Law does not authorize the home cultivation of marijuana.
**DISTRICT OF COLUMBIA**

### Restrictions on the use of marijuana
- Patients and caregivers may not grow or cultivate marijuana.
- Cannot purchase marijuana through street vendors or from other patients and caregivers.
- Marijuana cannot be administered anywhere other than the qualifying patient’s residence or at a medical treatment facility; however, a patient cannot use marijuana if exposure to the marijuana or marijuana smoke would adversely affect the health, safety, or welfare of a minor.
- Cannot be administered at a dispensary or cultivation center.
- Marijuana must be transported in a labeled container or sealed package in a manner and method established by rulemaking.

### Registry application review
- Department may deny an application if: (1) incomplete information given; (2) the information provided was false, misleading, forged, or altered; or (3) a caregiver has a disqualifying conviction.
- If application denied, a patient or caregiver may request a hearing at the District of Columbia Office of Administrative Hearings (“OAH”).
- The decision rendered by OAH is the “final order” in the matter and review is before the District of Columbia Court of Appeals.

### Registry fees – patients and caregivers
- $100 initial and renewal registration fee. There is a reduced fee of $25 if patient/caregiver meet income requirements. Cards are valid for one year and applications for renewals are due at least 60 days prior to the expiration.

### Registry fees – dispensaries and producers
- For dispensaries, the initial application fee is $5,000, the renewal application fee is $3,000, and the annual fee is $10,000.
- For cultivation centers, the initial application fee is $5,000, the renewal application fee is $3,000, and the annual fee is $5,000.
- The annual fee for each director, officer, member, incorporator, or agent registration is $200.
- The annual fee for an employee is $75.

### Insurance
- The law does not require a governmental, private, or any other health insurance provider or health care service plan to be liable for any claim for reimbursement for the use of medical marijuana.

### Dispensaries and producers - ownership requirements and restrictions
- To be a director, officer, member, incorporator, agent, or employee of a dispensary or cultivation center, the person must be at least 21 years old and never convicted of any felony or a drug-related misdemeanor prior to filing the application.
- A recommending physician cannot have their office at a dispensary or cultivation center or receive financial compensation from a dispensary or cultivation center, or a director, officer, member, incorporator, agent, or employee of a dispensary or cultivation center.
- There can be no more than five registered dispensaries.
**DISTRICT OF COLUMBIA**

<table>
<thead>
<tr>
<th>Dispensaries and producers - ownership requirements and restrictions (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There can be no more than 10 registered cultivation centers.</td>
</tr>
<tr>
<td>• The registration for a dispensary or cultivation center is issued for a specific location and is only valid for the location identified on the application.</td>
</tr>
<tr>
<td>• A person may apply for more than one cultivation center registration but may apply for only one dispensary registration.</td>
</tr>
<tr>
<td>• Each applicant is required to undergo a criminal background check conducted by the District police department.</td>
</tr>
<tr>
<td>• In the case of an applicant for a non-profit or for-profit corporation, partnership, or limited liability company, a criminal background check shall be conducted on all of its directors, officers, members, incorporators, or agents. The criminal background check shall include both a local and FBI investigation.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispensaries and producers– operational requirements and restrictions</th>
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</thead>
<tbody>
<tr>
<td>• Dispensaries, cultivation centers, and laboratories cannot be located within 300 feet of a preschool, primary or secondary school, or recreation center.</td>
</tr>
<tr>
<td>• Cannot be located in a residential-use district.</td>
</tr>
<tr>
<td>• Dispensaries may operate on any day between 7:00am and 9:00pm.</td>
</tr>
<tr>
<td>• Cultivation centers are not open to the public.</td>
</tr>
<tr>
<td>• Dispensary may dispense marijuana in any form deemed safe (including edible form and inhalation).</td>
</tr>
<tr>
<td>• Must maintain complete, and current records of their employees and all marijuana transactions.</td>
</tr>
<tr>
<td>• Books and records shall be maintained by the cultivation center for a period of four (4) years.</td>
</tr>
<tr>
<td>• Persons under the age 18 may not enter a dispensary unless they are qualified patients and are in the presence of a parent or guardian.</td>
</tr>
<tr>
<td>• Smoking, ingesting or consuming marijuana on the premises or in the vicinity of the dispensary is prohibited.</td>
</tr>
<tr>
<td>• Dispensary may not receive or purchase marijuana from a source other than a registered cultivation center.</td>
</tr>
<tr>
<td>• Cultivation center may not sell or distribute marijuana to a person or entity other than a registered dispensary.</td>
</tr>
<tr>
<td>• Marijuana or paraphernalia may not be visible from any property not owned by the dispensary/cultivation center.</td>
</tr>
<tr>
<td>• With respect to certain patients who meet low income qualifications, dispensaries must sell marijuana on a sliding scale at a discount of not less than twenty (20%) of its regular retail price.</td>
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<thead>
<tr>
<th>Dispensaries and producers– inspections</th>
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</thead>
<tbody>
<tr>
<td>Department may conduct announced and unannounced investigations and inspections of cultivation centers and dispensaries. The failure by a dispensary or cultivation center to provide the Department with immediate access to any requested material or information may result in the imposition of a civil fine as well as additional sanctions.</td>
</tr>
</tbody>
</table>

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## DISTRICT OF COLUMBIA

### Local control
- Department provides notice to all Advisory Neighborhood Commissions (“ANCs”) in the affected ward at least 30 days prior to approval of a location for a dispensary or cultivation center.
- Department will accord great weight to input provided by the ANC's regarding the proposed location of a dispensary or cultivation center.
- Department will provide all ANC's located in an affected ward 30 days for public comment once every three years on an applicant for a dispensary or cultivation center’s third renewal.

### Registry tracking system
The Department may require a dispensary to purchase and participate in a point-of-sale computer system for purposes of verifying that a patient or caregiver is registered, verifying which dispensary a patient is registered and tracking the quantity and date of each sale.

### Other use of registry information
Department to submit to the D.C. Council an annual report that does not disclose any identifying information about qualifying patients, caregivers, or physicians, but that includes: (1) the number of applications filed for a registration identification card; (2) the number of qualifying patients and caregivers registered; (3) the qualifying medical condition or qualifying medical treatment for each qualifying patient; (4) the number of registration identification cards suspended and the number revoked; and (5) the number of physicians providing written recommendations for qualifying patients.

### Marijuana testing and labeling
- Under the amended law, regulations will be adopted that require all marijuana be tested by an independent laboratory to determine: (1) concentration of THC and cannabidiol; (2) presence of fertilizers and nutrients; (3) presence of inorganic materials.
- All marijuana dispensed or distributed to a patient or caregiver must be in a container with a firmly affixed label stating: (1) name of the producing cultivation center; (2) name of the dispensary; (3) quantity of marijuana contained within; (4) cannabinoid profile of the marijuana contained within, including the THC level; (5) other ingredients; (6) name of the recommending physician; (7) date that marijuana was transferred to the patient or caregiver; (8) patient’s name and registration card number; (9) statement that the product is for medical use and not for resale or transfer to another person; and (10) warning that “there may be health risks associated with the ingestion or use of this product.”
- The label cannot contain any false or misleading statement or design.

### Driving during / after use
- Patient cannot ingest marijuana anywhere but their residence or a medical treatment facility.
- The law does not permit a person to operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of medical marijuana.
## District of Columbia

| Driving during / after use (continued) | - The standard in the District of Columbia for drugged driving is being “intoxicated” or “under the influence” of any drug. |
| Exemption from penalty provided by law | - Patient may possess and administer marijuana, and possess and use marijuana paraphernalia, in accordance with the law.  
- Caregiver may possess and administer marijuana to a patient, and possess and use paraphernalia, in accordance with law.  
- Patient, caregiver, or an employee of a cultivation center or a dispensary who is stopped by the police upon reasonable suspicion or probable cause that the stopped individual is in possession of marijuana may not be further detained or arrested on this basis alone if the police determine that he or she is in compliance with the law.  
- It is an affirmative defense to a criminal charge of possession or distribution of marijuana, or possession with intent to distribute marijuana, that the person charged with the offense is a person who: (1) was in possession of marijuana only inside the patient’s residence or a medical treatment facility; (2) only administered or assisted in administering the marijuana to the patient and only within the patient’s residence or at a permitted medical treatment facility; (3) assisted the patient only when the caregiver was not reasonably available to provide assistance; and (4) is 18 years of age or older.  
- As part of the registration process, parties must sign a written statement certifying that they assume “any and all risk or liability that may result under District of Columbia and federal laws from the possession, use, administration, or dispensing of medical marijuana.”  
- Any person who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the person’s manufacture, cultivation, possession, administration, dispensing, distribution, or use of marijuana, or manufacture, possession, distribution, or use of paraphernalia, to avoid arrest or prosecution shall be subject to a criminal fine not to exceed $1,000.  
- If the Department revokes a registration for a patient, no registration shall be issued to the same person whose registration is so revoked for one (1) year following the revocation. |
| Effect of law on employers and landlords | Law does not permit a person to undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice. |
| Taxes | Not addressed in law or regulations. |
| Fund(s) created | Not addressed in law or regulations. |
| Studies required or requested | Not addressed in law or regulations. |

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
| **FLORIDA** |
|-----------------|--------------------------------------------------|
| **Statute(s)** | Fla. Const., Art. 10 § 29. |
| **Effective date** | January 3, 2017. |
| **Type of law** | Registered patients and caregivers; licensed medical marijuana treatment centers (“MMTCs”). |
| **Regulations** | None adopted to date. The law instructs the Department to issue certain regulations within six months of the effective date. |
| **Registry administrator** | Florida Department of Health (“Department”). |
| **Usage** | Not operational to date. The law instructs the Department to begin issuing registration cards within nine months of the effective date. |
| **Conditions treated** | “Debilitating medical condition,” which means: |
| | • means cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn’s disease, Parkinson’s disease, multiple sclerosis; or |
| | • other debilitating medical conditions of the same kind or class as or comparable to those enumerated, and for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient. |
| **Patients – requirements and restrictions** | • Patient must be diagnosed with a debilitating medical condition by a Florida-licensed physician. |
| | • Physician must sign a written certification that in his/her professional opinion, the patient suffers from a debilitating medical condition, that the medical use of marijuana would likely outweigh the potential health risks for the patient. |
| | • Physician must certify for how long the physician recommends the medical use of marijuana for the patient. |
| | • Certification occurs only after the physician has conducted a physical examination and a full assessment of the medical history of the patient. |
| | • Before issuing an identification card to a minor, the Department must receive written consent from the minor’s parent or legal guardian, in addition to the physician certification. |
| **Out-of-state reciprocity** | Not addressed to date by law. |
## FLORIDA

| Caregivers - requirements and restrictions | • Must be at least age 21 and agree to assist with a qualifying patient’s medical use of marijuana.  
• Department may limit the number of qualifying patients a caregiver may assist at one time and the number of caregivers a patient may have.  
• May not consume marijuana obtained for medical use by the qualifying patient. |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Amount of marijuana allowed</td>
<td>The amount of marijuana that presumed to be an adequate supply for qualifying patient’s medical use is to be determined by regulation; this presumption as to quantity may be overcome with evidence of a particular qualifying patient’s appropriate medical use.</td>
</tr>
<tr>
<td>Home cultivation - requirements and restrictions</td>
<td>Law does not authorize the home cultivation of marijuana.</td>
</tr>
<tr>
<td>Restrictions on the use of marijuana</td>
<td>Cannot smoke marijuana in any public place.</td>
</tr>
<tr>
<td>Registry application review</td>
<td>Not addressed to date by law. However, if the Department does not issue registration cards within nine months of the effective date, patients may use a valid physician’s certification as a registry card until cards are issued.</td>
</tr>
<tr>
<td>Registry fees – patients and caregivers</td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td>Registry fees – dispensaries and producers</td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td>Insurance</td>
<td>Law does not require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the medical use of marijuana.</td>
</tr>
<tr>
<td>Dispensaries and producers - ownership requirements and restrictions</td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td>Dispensaries and producers– operational requirements and restrictions</td>
<td>MMTC is an entity that is authorized to acquire, cultivate, possess, process (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfer, transport, sell, distribute, dispense, or administer marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their caregivers and is registered by the Department.</td>
</tr>
<tr>
<td><strong>FLORIDA</strong></td>
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</tr>
<tr>
<td><strong>Dispensaries and producers-inspections</strong></td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Local control</strong></td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Registry tracking system</strong></td>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Other use of registry information</strong></td>
<td>All records containing the identity of qualifying patients shall be confidential and kept from public disclosure other than for valid medical or law enforcement purposes.</td>
</tr>
<tr>
<td><strong>Marijuana testing and labeling</strong></td>
<td>Not addressed to date by law.</td>
</tr>
</tbody>
</table>
| **Driving during / after use** | - Law provides that it does not permit the operation of any vehicle, aircraft, train or boat while under the influence of marijuana.  
- Under Florida law, a person may not drive while “under the influence of . . . any chemical substance set forth in s. 877.111, or any substance controlled under chapter 893, when affected to the extent that the person’s normal faculties are impaired.” |
| **Exemption from penalty provided by law** | - Medicinal use of marijuana by a qualifying patient or caregiver in compliance with the law is not subject to criminal or civil liability or sanctions under Florida law  
- Physician is not be subject to criminal or civil liability or sanctions under Florida law solely for issuing a physician certification with reasonable care to a person diagnosed with a debilitating medical condition in compliance with the law. |
| **Effect of law on employers and landlords** | The law does not require any accommodation of any on-site medical use of marijuana in any correctional institution or detention facility or place of education or employment, or of smoking medical marijuana in any public place. |
| **Taxes** | Not addressed to date by law. |
| **Fund(s) created** | Not addressed to date by law. |
| **Studies required or requested** | Not addressed to date by law. |
### HAWAII

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>HRS §§ 329-121 to 329-131; § 321-30.1; § 712-1240.1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>June 14, 2000. Substantial amendments to the law took effect July 1, 2015.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed dispensaries.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Hawaii Department of Health (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://health.hawaii.gov/medicalmarijuana/">http://health.hawaii.gov/medicalmarijuana/</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of December 2016, there are 15,334 registered patients. As of the same date there are eight licensed dispensaries spread throughout the state, each of which may have two dispensing locations. No dispensing locations are operational as of January 2017.</td>
</tr>
</tbody>
</table>
| Conditions treated | “Debilitating medical condition,” which means:  
- cancer, glaucoma, HIV or AIDS positive or the treatment of these conditions;  
- treatment of a chronic or debilitating disease or condition that produces one of the following: (1) cachexia or wasting syndrome; (2) severe pain; (3) severe nausea; (4) seizures, including those characteristic of epilepsy; (5) severe and persistent muscle spasms, including multiple sclerosis or Crohn’s disease; or (6) post-traumatic stress disorder; or  
- treatment of any other medical condition approved by the Department pursuant to a request from a physician, advanced practice registered nurse (“APRN”), or patient. |
| Patients – requirements and restrictions |  
- Diagnosed with debilitating medical condition.  
- Hawaii-licensed physician or APRN must certify in writing that, in his/her professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks.  
- Certification is valid for one year from date of signature.  
- If patient is under age 18, the patient’s physician must have explained the potential risks and benefits of the medical use of marijuana to the patient and to a parent, guardian or person having legal custody.  
- If patient under age 18, the patient’s parent, guardian or person having legal custody must consent in writing to: (1) allow the patient’s medical use of marijuana; (2) serve as the patient’s primary caregiver; and (3) control the acquisition of the marijuana, the dosage and the frequency of the medical use of marijuana.  
- Patients may have one primary caregiver.  
- Patient no longer suffering from a debilitating medical condition must return their registry certificate to the Department within seven days of such diagnosis. |

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<table>
<thead>
<tr>
<th><strong>HAWAII</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>** Patients – requirements and restrictions (continued)**</td>
</tr>
<tr>
<td>● Fraudulent misrepresentation to a law enforcement official of any fact or circumstances relating to the medical use of marijuana is a petty misdemeanor and subject to a fine of $500.</td>
</tr>
<tr>
<td>● Attempting to procure marijuana by fraud, misrepresentation, forgery or altering a permit card is a Class C felony.</td>
</tr>
</tbody>
</table>

| **Out-of-state reciprocity** |
| ● Patient does not have to be a Hawaii resident to become registered, but the patient does need certification by a Hawaii-licensed physician or APRN with whom they have a bona fide physician patient relationship. |
| ● Department is tasked with developing a process (effective no earlier than January 1, 2018) to recognize and register patients authorized to purchase, possess, and use marijuana in another state. |

| **Caregivers - requirements and restrictions** |
| ● Age 18 or older and not the patient’s physician or APRN. |
| ● Must agree to undertake responsibility for managing the well-being of the patient with respect to the medical use of marijuana. |
| ● If patient is under age 18, caregiver must be a parent, guardian or person having legal custody. |
| ● May care for only one patient at a time. |
| ● After December 31, 2018, a caregiver may not cultivate marijuana for any patient, unless the patient is: (1) a minor or adult lacking legal capacity; or (2) located on an island without a dispensary. |

| **Amount of marijuana allowed** |
| ● At present, the limit is seven marijuana plants (regardless of maturity) and four ounces of usable marijuana at any given time; amount applies to the joint holdings of the patient and caregiver. |
| ● Once dispensaries are operational, a patient/caregiver cannot purchase more than: (1) four ounces within a 15-day period; and (2) eight ounces in a 30-day period. |

| **Home cultivation - requirements and restrictions** |
| ● May be cultivated in only one location, which is either the patient’s home address, the caregiver’s home address, or another location owned/controlled by either the patient or caregiver. |
| ● Department must approve location of cultivation. |
| ● Department must be notified of any change to cultivation location. |
| ● After December 31, 2018, only the patient (not the caregiver) can cultivate marijuana at home (subject to exceptions noted above). |
| ● Cannot use butane to extract THC from marijuana plants. |

<p>| <strong>Restrictions on the use of marijuana</strong> |
| ● May not use marijuana: (1) in a school bus, public bus, or any moving vehicle; (2) in the workplace; (3) on any school grounds; (4) at any public park, public beach, public recreation center, recreation or youth center; (5) any other place open to the public; or (6) in any manner that endangers the health or well-being of another person. |</p>
<table>
<thead>
<tr>
<th><strong>HAWAII</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Registry application review</strong></td>
</tr>
<tr>
<td>• Department must verify all information in registration application.</td>
</tr>
<tr>
<td>• Department may deny application if patient: (1) did not provide required information; (2) provided false information.</td>
</tr>
<tr>
<td>• Denial letter must be sent within 60 days of application receipt.</td>
</tr>
<tr>
<td>• If registration denied, applicant may request administrative hearing with Department.</td>
</tr>
<tr>
<td><strong>Registry fees – patients and caregivers</strong></td>
</tr>
<tr>
<td>$35 fee plus $3.50 portal administration charge. Certificates are valid for one year. Renewal applications may not be submitted earlier than 60 days before expiration.</td>
</tr>
<tr>
<td><strong>Registry fees – dispensaries and producers</strong></td>
</tr>
<tr>
<td>Non-refundable application fee of $5,000 and dispensary license fee of $75,000.</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
</tr>
<tr>
<td>The law does not require insurance coverage for the medical use of marijuana.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers– ownership requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Eight dispensary licenses issued in April 2016.</td>
</tr>
<tr>
<td>• Application must be for an individual applicant and applying entity.</td>
</tr>
<tr>
<td>• Individual applicant must be at least age 21, a resident of Hawaii for at least five years and have no felony convictions.</td>
</tr>
<tr>
<td>• Applying entity must be a Hawaii organization with at least 51% owned by Hawaii residents and have at least $1.2M in financial resources.</td>
</tr>
<tr>
<td>• Controlling members of entity may not have felony convictions.</td>
</tr>
<tr>
<td>• Applicant and all officers, directors and shareholder with at least 25% ownership must be subject to a criminal background check.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers– operational requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Cannot be located within 750 feet of the real property comprising a playground, public housing project or complex, or school.</td>
</tr>
<tr>
<td>• Production center allowed in any area zoned for agriculture.</td>
</tr>
<tr>
<td>• Licenses will allow the production, manufacture, and dispensing of marijuana and marijuana products only in the county where granted.</td>
</tr>
<tr>
<td>• Each licensee can have two production centers limited to 3,000 marijuana plants (that are 12” tall or higher).</td>
</tr>
<tr>
<td>• Each licensee can establish two dispensary locations (away from production centers).</td>
</tr>
<tr>
<td>• All locations must be enclosed indoor facilities, but the roof of a production center can be “partially or completely transparent or translucent.”</td>
</tr>
<tr>
<td>• Cannot employ anyone under age 21 or anyone convicted of a felony.</td>
</tr>
<tr>
<td>• Dispensing locations cannot be open between 8:00pm and 8:00am.</td>
</tr>
<tr>
<td>• Cannot display marijuana or manufactured marijuana products in windows or in public view.</td>
</tr>
<tr>
<td>• Cannot post any sign other than a single sign no greater than 1,600 square inches containing only text.</td>
</tr>
</tbody>
</table>
### HAWAII

**Dispensaries and producers—operational requirements and restrictions (continued)**

- Department must establish and maintain a computer software tracking system with real time access to the data of all dispensaries relating to:
  1. the total amount of marijuana in possession of all dispensaries from either seed or immature plant state;
  2. the total amount of manufactured marijuana product inventory purchased by a patient and caregiver from all retail dispensing locations in any fifteen day period;
  3. the amount of waste produced by each plant at harvest; and
  4. the transport of marijuana and manufactured marijuana products between production centers and retail dispensing locations.
- Dispensary must purchase and operate computer software tracking system that allows it to interface with Department system.
- Cannot transport marijuana or manufactured marijuana products to another county or another island.
- Can manufacture the following products: 1) capsules; 2) lozenges; 3) pills; 4) oils and oil extracts; 5) tinctures; 6) ointments and skin lotions; 7) transdermal patches; 8) pre-filled and sealed containers used to aerosolize and deliver marijuana orally, such as with an inhaler or nebulizer; and 9) any other products as specified by the Department.
- No advertising on media allowed, other than informational website.

**Dispensaries and producers—inspections**

- Production centers and dispensaries are subject to an annual announced inspection and unlimited unannounced inspections of its operations by the Department.
- Must submit reports on at least a quarterly basis.
- Must pay for an annual independent financial audit, to be conducted of the dispensary, its production center, and retail dispensing locations and shall submit the audit’s findings to the Department.

**Local control**

- No local or county ordinance can prohibit the use of land for medical marijuana production centers or medical marijuana dispensaries established if the land is otherwise zoned for agriculture, manufacturing, or retail purposes.
- If any local ordinance regarding outdoor signage is more restrictive than what the law allows, the local ordinance governs.

**Registry tracking system**

- Registry files must be kept by Department in both paper and electronic form.
- Information is confidential and not subject to disclosure except upon inquiry by a law enforcement agency to verify whether the subject of the inquiry has registered with the Department.
- Information will be supplied to law enforcement as necessary to verify that a patient is a lawful possessor of a certificate, that a person is the designated primary caregiver of a patient, or that a person has submitted an application for a certificate that is pending verification by the Department.
### Hawaii

**Registry tracking system (continued)**
- Department may disclose information, documents, and other records regarding medical marijuana dispensaries and production centers, upon request, to any state, federal, or county agency engaged in the criminal investigation or prosecution of violations.

**Other use of registry information**
Department must continuously collect (and provide to the legislature upon request) de-identified information regarding the medical marijuana registry and dispensary programs, including but not limited to: (1) quantities of marijuana cultivated and dispensed; (2) number of qualifying patients; (3) geographic areas in which marijuana is cultivated and consumed; (4) prices of marijuana and related products; (5) number of employment opportunities related to marijuana; and (6) economic impact of marijuana cultivation and sales.

**Marijuana testing and labeling**
- Department has adopted regulations concerning laboratory standards related to testing marijuana and manufactured marijuana products for content, contamination, and consistency.
- Department has established regulations concerning advertising and packaging.
- At a minimum, packaging must: (1) be child-resistant and opaque; (2) use only black lettering on a white background with no pictures or graphics; (3) be labeled with the phrase “For medical use only”; (4) be labeled with the phrase “Not for resale or transfer to another person”; (5) include instructions for use and “use by date”; (6) contain information about the contents and potency of the product; (7) include the name of the production center where marijuana in the product was produced, including the batch number and date of packaging; (8) include a barcode generated by tracking software; and (9) in the case of a manufactured marijuana product, contain a listing of the equivalent physical weight of the marijuana.
- Any capsule, lozenge or pill containing marijuana or its principal psychoactive constituent THC must be packaged so that one dose, serving, or single wrapped item contains no more than 10 milligrams of THC.

**Driving during / after use**
- Patient may not use marijuana in any moving vehicle.
- The standard in Hawaii for drugged driving is being “under the influence of any drug that impairs the person’s ability to operate the vehicle in a careful and prudent manner.”

**Exemption from penalty provided by law**
- Patient or the primary caregiver may assert the medical use of marijuana as an affirmative defense to any prosecution involving marijuana under the controlled substance law or Chapter 712 of the Hawaii code, so long as the patient or caregiver has complied strictly with the law.
- No person shall be subject to arrest or prosecution for simply being in the presence or vicinity of the medical use of marijuana as permitted.
## HAWAII

### Exemption from penalty provided by law (continued)
- No physician shall be subject to arrest, prosecution or penalty for providing a written certification so long as the physician: (1) diagnosed the patient as having a debilitating medical condition; (2) explained the potential risks and benefits of the medical use of marijuana; and (3) based the certification upon their professional opinion after having completed a full assessment of the patient’s medical history and current medical condition made in the course of a bona fide physician-patient relationship.
- Marijuana, paraphernalia or other property seized from a qualifying patient or primary caregiver in connection with a claimed medical use of marijuana under this part shall be returned immediately upon the determination by a court that the qualifying patient or primary caregiver is entitled to the protections of the law.

### Effect of law on employers and landlords
Not addressed in law or regulations.

### Taxes
Not addressed in law or regulations.

### Fund(s) created
- Medical Marijuana Registry and Regulation Special Fund ("Fund").
- Monies in the Fund may be expended as the discretion of the Director of the Department to cover the costs of regulation, fund public education and substance abuse prevention.
- Up to $750,000 in fiscal years 2015-16 and 2016-17 may be allocated from the state’s general revenues to the Fund.

### Studies required or requested
Not addressed in law or regulations.
ILLINOIS

Statute(s) | 410 ILCS §§ 130/1 to 130/999; 30 ILCS § 105/5.839; 35 ILCS § 5/201; 625 ILCS § 5/11–502.1.

Effective date | January 1, 2014.

Type of law | Registry of authorized patients and caregivers; licensed dispensing organizations and cultivation centers.

Regulations | 77 Ill. Adm. Code 946.10 to 946.500 (patients and caregivers); 68 Ill. Adm. Code 1290.10 to 1290.620 (dispensing organizations); 8 Ill. Adm. Code 1000.10 to 1000.700 (cultivation centers).

Registry administrator | • Illinois Department of Public Health (“Department”) handles oversight and regulation of patient and caregiver registry.
• Illinois Department of Agriculture (“Agriculture”) handles oversight and regulation of cultivation centers.
• Illinois Department of Financial and Professional Regulation (“FPR”) handles oversight and regulation of dispensing organizations.

Website | https://www.illinois.gov/gov/mcpp/Pages/default.aspx

Usage | As of January 2017, the Department has approved 14,770 patient applications, of which 124 are minors. As of December 2016, there are 49 operating cannabis dispensaries.

Conditions treated | Debilitating medical condition,” which means one or more of the following:
• Cancer, glaucoma, HIV or AIDS positive, 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 Syringomyelia, Spinocerebellar Ataxia (SCA), Parkinson’s, Tourette’s, myoclonus, dystonia, reflex sympathetic dystrophy, RSD (Complex Regional Pain Syndromes Type I), causalgia, CRPS (Complex Regional Pain Syndromes Type II), neurofibromatosis, chronic inflammatory demyelinating polyneuropathy, sjogren’s syndrome, lupus, interstitial cystitis, myasthenia gravis, hydrocephalus, nail-patella syndrome, residual limb pain, post-traumatic stress disorder, seizures (including those characteristic of epilepsy), or the treatment of these conditions;

6 Illinois law and regulations use the term “cannabis.”

7 There is a sunset provision that repeals the law on January 1, 2020, absent further legislative action.

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### ILLINOIS

| Conditions treated (continued) | terminal illness with a diagnosis of six months or less; or  
<table>
<thead>
<tr>
<th></th>
<th>any other debilitating medical condition or its treatment that is added by the Department pursuant to a citizen petition.</th>
</tr>
</thead>
</table>
| Patients – requirements and restrictions | Illinois resident.  
|                                | Must submit fingerprints to the Illinois Department of State Police for the purpose of a state and federal criminal records check.  
|                                | With some exceptions, patient cannot have been convicted of a felony under the Illinois Controlled Substances Act, Cannabis Control Act, or Methamphetamine Control and Community Protection Act or similar provision in a local ordinance or other jurisdiction.  
|                                | Need a written certification of a debilitating medical condition issued by an Illinois-licensed physician (with a controlled substances license) who is responsible for the ongoing care and treatment of the patient’s debilitating condition rather than limited to or for the primary purpose of certifying such condition.  
|                                | Certification must be based on an in-person assessment and review of the patient’s medical history and current medical condition within the 90 days before application and must include symptoms, signs and diagnostic testing related to the debilitating medical condition.  
|                                | Physician must maintain a record-keeping system for all patients for whom he / she has recommended the use of cannabis.  
|                                | If patient is under age 18, the application must include: (1) two signed certifications from physicians, including one from a “reviewing physician” who has looked over the treating physician’s patient records; and (2) a designated caregiver.  
|                                | After registry card issued, Department to forward the patient’s card information to the Prescription Monitoring Program for purposes of making a specified notation on a person’s prescription record.  
|                                | Must designate a specific dispensing organization to provide cannabis.  
|                                | Knowingly making a misrepresentation to a law enforcement official of any fact or circumstance relating to the medical use of cannabis is a petty offense punishable by a fine of up to $1,000.  
|                                | Knowingly making a misrepresentation of a medical condition to a physician in order to obtain a written certification is guilty of a petty offense punishable by a fine of up to $1,000.  
|                                | Must notify Department within 10 days if patient ceases to have the debilitating medical condition. |
| Out-of-state reciprocity        | None. Only registry cards issued by the Department are valid. |
## ILLINOIS

| Caregivers - requirements and restrictions                        | • Must be at least age 21.  
|                                                                 | • Must agree to assist with patient’s use of cannabis.  
|                                                                 | • Can assist no more than one patient at a time.  
|                                                                 | • Cannot have been convicted of a felony under the Illinois Controlled Substances Act, Cannabis Control Act, or Methamphetamine Control and Community Protection Act or similar provision in a local ordinance or other jurisdiction.  
|                                                                 | • Must submit fingerprints to the Illinois Department of State Police for the purpose of a state and federal criminal records check.  
|                                                                 | • May not receive payment or other compensation other than reimbursement for reasonable expenses incurred.  
| Amount of marijuana allowed                                       | 2.5 ounces of usable cannabis during a period of 14 days. Patients may apply for a waiver allowing more if their physician provides a substantial medical basis in a signed, written statement.  
| Home cultivation - requirements and restrictions                  | Law does not authorize the home cultivation of marijuana.  
| Restrictions on the use of marijuana                             | • May not undertake any task under the influence of cannabis, when doing so would constitute negligence, professional malpractice, or professional misconduct.  
|                                                                 | • May not possess cannabis: (1) in a school bus; (2) on the grounds of any preschool or primary or secondary school; (3) in any correctional facility; (4) in a vehicle not open to the public unless the cannabis is in a reasonably secured, sealed, tamper-evident container and reasonably inaccessible while the vehicle is moving; or (5) in a private residence that is used to provide licensed child care or other similar social service care.  
|                                                                 | • May not use cannabis: (1) in a school bus; (2) on the grounds of any preschool or primary or secondary school; (3) in any correctional facility; (4) in any motor vehicle; (5) in a private residence that is used at any time to provide licensed child care or other similar social service care; (6) in any public place; or (7) knowingly in close physical proximity to anyone under the age of 18 years of age.  
|                                                                 | • “Public place” means any place where an individual should expect to be observed by others.  
|                                                                 | • May not smoke cannabis in a public place, in a health care facility, or any other place where smoking is prohibited under the Smoke Free Illinois Act.  
|                                                                 | • May not consume cannabis on the property of a dispensing organization or cultivation center.  

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
<table>
<thead>
<tr>
<th>ILLINOIS</th>
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</table>
| **Registry application review** | • Department must verify the information in an application and approve or deny within 30 days of receipt.  
• Cards must be issued within 15 business days of approving the application or renewal.  
• Applications may be denied for: (1) failing to provide required information; (2) providing false information; or (3) having a prior card revoked.  
• Denial of an application or renewal is a final Department action, subject to judicial review, with jurisdiction in the Illinois Circuit Court. |
| **Registry fees – patients and caregivers** | • For patients, $100 (reduced fee is $50 if patient qualifies).  
• For caregivers, $25.  
• Registry cards expire three years after the date of issuance.  
• Patient and caregiver must resubmit, at least 45 days prior to the expiration date, a completed renewal application, renewal fee, and accompanying documentation. |
| **Registry fees – dispensaries and producers** | For dispensing organizations:  
• $5,000 initial application fee;  
• $30,000 registration fee;  
• $25,000 annual renewal fee.  
For cultivation center:  
• $25,000 initial application fee;  
• $200,000 permit fee;  
• $100,000 renewal fee.  
For dispensing organization or cultivation center agent  
• $100 initial application fee;  
• $50 renewal fee. |
| **Insurance** | Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of cannabis. |
| **Dispensaries and producers- ownership requirements and restrictions** | • FPR may issue up to 60 dispensing organization registrations.  
• Dispensing organizations must be geographically dispersed throughout Illinois.  
• Agriculture may issue up to 22 cultivation center licenses with no more than one in each state police district.  
• Physicians who issue certifications may not have a direct or indirect economic interest in any cultivation center of dispensing organization or serve on the Board of Directors of such organization. |
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<thead>
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<th><strong>ILLINOIS</strong></th>
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<tbody>
<tr>
<td><strong>Dispensaries and producers-ownership requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Principal officers or board members may not: (1) be under age 21; (2) have been previously convicted of an excluded offense; or (3) have served in a similar capacity for an organization whose registration was revoked.</td>
</tr>
<tr>
<td>• Applications may be denied if applicant is not in compliance with local zoning laws.</td>
</tr>
<tr>
<td>• No person may be an owner, partner, officer, director, shareholder or member of more than three permitted cultivation centers.</td>
</tr>
<tr>
<td>• No corporation, partnership, limited liability partnership, limited liability company, or other entity may be an owner, principal officer, partner, shareholder or member of more than three permitted cultivation centers.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers-operational requirements and restrictions</strong></td>
</tr>
<tr>
<td>Dispensing organizations:</td>
</tr>
<tr>
<td>• May operate between 6:00am and 8:00pm and must be open at least 35 hours per week.</td>
</tr>
<tr>
<td>• Cannabis may not be consumed on premises.</td>
</tr>
<tr>
<td>• Baked products infused with cannabis and other non-refrigerated items are acceptable for sale.</td>
</tr>
<tr>
<td>• Any organization that sells edible cannabis infused products must display a sign that says “Edible cannabis infused products were produced in a kitchen not subject to public health inspections that may also process common food allergens.”</td>
</tr>
<tr>
<td>• May not be located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility.</td>
</tr>
<tr>
<td>• May not be located in a house, apartment, condominium or an area zoned for residential use.</td>
</tr>
<tr>
<td>• Must obtain cannabis from a registered cultivation center.</td>
</tr>
<tr>
<td>• May not dispense more than 2.5 ounces of cannabis to a patient or their caregiver in any 14-day period (unless waiver granted).</td>
</tr>
<tr>
<td>• Must verify validity of patient / caregiver in verification system before completing transaction.</td>
</tr>
<tr>
<td>• Must maintain internal, confidential records that include records specifying how much cannabis is dispensed to each patient and to whom it was dispensed.</td>
</tr>
<tr>
<td>• There must be an inventory control system that is real-time, web-based and accessible by the FPR 24 hours a day, seven days a week.</td>
</tr>
<tr>
<td><strong>ILLINOIS</strong></td>
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<tr>
<td>---</td>
</tr>
</tbody>
</table>
| **Dispensaries and producers—operational requirements and restrictions (continued)** | Cultivation centers:  
- Not open to public.  
- May operate 24 hours a day, but deliveries to dispensing organizations must take place between 7:00am and 9:00pm.  
- May not be located within 2,500 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home, part day child care facility or an area zoned for residential use.  
- Cultivation must take place in an enclosed, locked facility as it applies to cultivation centers at the physical address provided to Agriculture.  
- Cannabis-infused products must be prepared by an approved staff member of a registered cultivation center.  
- Any center that prepares cannabis-infused products for sale or distribution must be under the operational supervision of a certified food service sanitation manager.  |
| **Dispensaries and producers—inspections** | • Dispensing organizations are subject to random inspections and testing by FPR and Illinois State police.  
• Cultivation centers are subject to random inspections by Agriculture and the Department.  
• Department will conduct a pre-operational inspection at all cultivation centers to determine whether the facilities, methods, practices and controls are in conformance with good and safe practices.  
• Department may at all times enter every building, room, basement, enclosure, or premises occupied or used or suspected of being occupied or used for the production, preparation, manufacture for sale, storage, sale, distribution or transportation of cannabis-infused products.  |
| **Local control** | Local authorities may not prohibit unreasonably the cultivation, dispensing, and use of medical cannabis under the law but they may enact reasonable zoning ordinances or resolutions.  |
| **Registry tracking system** | • Computerized database established by the Department, Agriculture and FPR that allows law enforcement personnel and dispensary organization agents to determine whether or not an identification number corresponds with a current, valid registry identification card.  
• System discloses whether the identification card is valid, whether the cardholder is a registered qualifying patient or a registered designated caregiver, the registry identification number of the registered medical cannabis dispensing organization designated to serve the registered qualifying patient who holds the card, and the registry identification number of the patient who is assisted by a registered designated caregiver who holds the card. |
### ILLINOIS

| Other use of registry information | • Upon the approval of a registry card, the Department forwards the patient’s and/or caregiver’s driver’s registration number to the Secretary of State to certify that the person may engage in the medicinal use of cannabis.  
• Department, Agriculture, and FPR may notify law enforcement about actual or suspected falsified or fraudulent information submitted.  
• Department, Agriculture, and FPR may notify FPR if there is reasonable cause to believe a physician is violating the law.  
• Department must submit a report to the Illinois General Assembly each year (that does not disclose any identifying information about patients, caregivers or physicians) that contains: (1) the number of applications and renewals filed for registry identification cards or registrations; (2) the number of patients and caregivers served by each dispensary during the report year; (3) the nature of the debilitating medical conditions of the patients; (4) the number of registry identification cards or registrations revoked for misconduct; (5) the number of physicians providing written certifications for patients; and (6) the number of cultivation centers and dispensing organizations. |
| Marijuana testing and labeling | • All cannabis-infused products must be individually wrapped or packaged at the original point of preparation.  
• Packing of such product must conform to the labeling requirements of the Illinois Food, Drug and Cosmetic Act and shall include the following information: (1) name of cultivation center where manufactured; (2) common name of item; (3) ingredients list; (4) the phrase “This product was produced in a medical cannabis cultivation center, not subject to public health inspection, that may also process common food allergens”; (5) allergen labeling as specified in the Federal Food, Drug and Cosmetic Act, Federal Fair Packaging and Labeling Act, and the Illinois Food, Drug and Cosmetic Act; (6) premixed total weight (in ounces or grams) of usable cannabis in the food product; (7) warning that the item is a cannabis-infused product and not a food; and (8) manufactured and “use by” dates.  
• Immediately prior to manufacturing or natural processing of any cannabis or cannabis-infused product, each batch must be available for testing for microbiological contaminants, mycotoxins, pesticide active ingredients, residual solvent and to conduct an active ingredient analysis.  
• Testing laboratories must be approved by the Department.  
• Laboratories must be independent from all other persons involved in the cannabis industry. |
### ILLINOIS

#### Driving during / after use
- Driver may not use cannabis within the passenger area of any motor vehicle upon a highway in this State.
- Drivers and passengers may not possess cannabis within any area of any motor vehicle except in a sealed, tamper-evident container.
- In Illinois, a person may not drive while under the influence of any drug or combination of drugs to a degree that renders the person incapable of safely driving.
- In addition, a person may not drive if the person has, within 2 hours of driving or being in actual physical control of a vehicle, a THC concentration in the person’s whole blood of 5 ng/ml, or in any other bodily substance, a concentration of 10 ng/ml.

#### Exemption from penalty provided by law
- Patients and caregivers are not subject to arrest, prosecution, or denial of any right or privilege for possession or use of cannabis in accordance with the law.
- There is a rebuttable presumption that a patient or caregiver is in accordance with the law if that person: (1) in possession of a valid registry identification card; and (2) does not possess more cannabis than is allowed.
- Registry cardholder cannot be considered an unlawful user or addicted to narcotics solely because of his or her qualifying patient or designated caregiver status.

#### Effect of law on employers and landlords
- No school, employer, or landlord may refuse to enroll or lease to, a person solely for his or her status as a patient or caregiver, unless failing to do so would put the school, employer, or landlord in violation of federal law or cause it to lose a monetary or licensing-related benefit under federal law or rules.
- Landlords may prohibit the smoking of cannabis on premises.
- A university, college, or other institution of post-secondary education, or private business may restrict or prohibit the medical use of cannabis on its property.
- Law does not require any person or establishment in lawful possession of property to allow a guest, client, customer, or visitor who is a registered qualifying patient to use cannabis on or in that property.
- A person entitled to custody of or visitation or parenting time with a minor may not be denied that right, and there is no presumption of neglect or child endangerment, for conduct allowed under the law unless the person’s actions create an unreasonable danger to the safety of the minor.
- No school, landlord or employer may be penalized for enrolling, leasing to or employing a cardholder.
- Employers may adopt reasonable regulations concerning the consumption, storage, or timekeeping requirements for patients.
### ILLINOIS

**Effect of law on employers and landlords (continued)**

- Employers may enforce a policy concerning drug testing, zero-tolerance, or a drug free workplace provided the policy is applied in a nondiscriminatory manner.
- Employers may discipline a patient for violating a workplace drug policy.
- Employers may discipline an employee for failing a drug test if failing to do so would put the employer in violation of federal law or cause it to lose a federal contract or funding.
- An employer may consider a patient to be impaired when he or she manifests specific, articulable symptoms while working that decrease or lessen his or her performance of the duties or tasks of the employee’s job position, including symptoms of the employee’s speech, physical dexterity, agility, coordination, demeanor, irrational or unusual behavior, negligence or carelessness in operating equipment or machinery, disregard for the safety of the employee or others, or involvement in an accident that results in serious damage to equipment or property, disruption of a production or manufacturing process, or carelessness that results in any injury to the employee or others.
- If an employer elects to discipline a patient, it must afford the employee a reasonable opportunity to contest the basis of the determination.
- Law does not create a cause of action for a person against an employer if: (1) the employer’s actions were based on a good faith belief that a patient used or possessed cannabis while on the employer’s premises or during the hours of employment; (2) the employer’s actions were based on a good faith belief that a patient was impaired while working on the employer’s premises during the hours of employment; or (3) injury or loss to a third party occurred and the employer neither knew nor had reason to know that the employee was impaired.

**Taxes**

| Privilege tax for cultivation of 7% of sales price per ounce. Payment of the tax is the responsibility of a cultivation center. |

**Fund(s) created**

| Compassionate Use of Medical Cannabis Fund (the “Fund”). Fund used to cover the direct and indirect costs associated with the implementation, administration and enforcement of the law. Any money in the Fund in excess of the costs is for crime prevention programs. The Fund is not subject to sweeps, administrative charge-backs or any other fiscal or budgetary maneuver that would in any way transfer any amounts from the Fund to any other state fund. |

**Studies required or requested**

| Not addressed in law or regulations. |
## LOUISIANA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>LSA-R.S. § 40:966; §§ 40:1046 to 40:1049.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>June 29, 2015.</td>
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</tbody>
</table>
| **Type of law**  | ● While marijuana remains in federal schedule I, the law allows recommendations for marijuana issued by licensed, registered physicians.  
● If marijuana is rescheduled out of federal schedule I, then the law converts to marijuana prescriptions issued by licensed physicians.  
● Marijuana to be produced by one authorized production facility and distributed by up to 10 authorized pharmacies |
| Regulations      | La. Admin Code. tit. 46, pt. XLV, §§ 7701 to 7729. Additional regulations are in the process of being adopted. |
| Registry administrator | ● Louisiana Board of Medical Examiners (“BME”) is to regulate and oversee the process by which physicians recommend marijuana.  
● Louisiana Board of Pharmacy (“Pharmacy”) is to regulate and oversee the dispensing of recommended marijuana.  
● Louisiana Department of Agriculture and Forestry (“A&F”) is to regulate and oversee the production of marijuana. |
| Website          | None to date.                          |
| Usage            | Program is not yet operational. In the summer of 2016, Louisiana State University and Southern University both indicated a desire to act as the marijuana producers in the state. |
| Conditions treated | ● Debilitating medical condition,” which means: cancer, positive status for human immune deficiency virus, acquired immune deficiency syndrome, cachexia or wasting syndrome, seizure disorders, epilepsy, spasticity, Crohn’s disease, muscular dystrophy, or multiple sclerosis.  
● BME must submit to the Senate and House committees on health and welfare on an annual basis not less than sixty days prior to the beginning of the regular session of the legislature a report as to any additional diseases or medical conditions that should be added to the list of eligible diseases and conditions for recommendation. |
| Patients – requirements and restrictions | ● Patient must be a Louisiana resident who has a current clinical diagnosis of a qualifying medical condition and with whom the physician has a bona-fide physician-patient relationship.  
● Physician must: (1) conduct at least one in-person examination at a physical practice location in this state; (2) maintain a medical record in accordance with professional standards; and (3) be responsible for the ongoing assessment, care and treatment of a patient’s qualifying medical condition, or a symptom of such condition. |

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There is a sunset provision repealing the law on January 1, 2020, absent further legislative action.

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**LOUISIANA**

<table>
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<tr>
<th>Patients – requirements and restrictions (continued)</th>
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| • Diagnosis of a qualifying medical condition must be clinically established and clearly documented in the patient’s medical record; physician must explain the potential risks and benefits of the therapeutic use of marijuana and any alternative treatments to the patient.  
• Prior to issuing prescription, a prescriber must review the patient’s information in the Louisiana Prescription Monitoring Program.  
• Physician must be registered by BME before recommending marijuana to a patient.  
• Physician must complete an on-line educational activity.  
• One physician may not issue a written request or recommendation for therapeutic marijuana to more than 100 patients unless BME grants an exception.  
• Physician must re-examine the patient at intervals not to exceed 90 days to assess the benefits of treatment, assure the therapeutic use of marijuana remains indicated, and evaluate the patient’s progress toward treatment objectives. |

| Out-of-state reciprocity | Not addressed in law or regulations. |

| Caregivers – requirements and restrictions | Not addressed in law or regulations. |

| Amount of marijuana allowed | Recommendation must include the form, amount, dosage and instructions for use of therapeutic marijuana in an amount which is not greater than that necessary to constitute an adequate supply for a period of one month, including amounts for topical treatment. |

| Home cultivation – requirements and restrictions | Law does not authorize the home cultivation of marijuana. |

| Restrictions on the use of marijuana | • Inhalation of marijuana is not allowed.  
• Pharmacy regulations to address allowed forms of marijuana.  
• Must be dispensed from an authorized Louisiana-licensed pharmacy.  
• Level of THC in any marijuana produced must be the lowest acceptable therapeutic levels available through scientifically accepted methods.  
• Cannot be produced, transported or used out-of-state.  
• If FDA approves the use of marijuana in a form or derivative different than provided for in Louisiana law, then a patient must first be treated with the FDA-approved method prior to use of any other method allowed under the law.  
• Physician’s request must be transmitted to a licensed therapeutic marijuana pharmacy selected by the patient. |
**LOUISIANA**

| Registry application review | • Physician cannot register if he or she was convicted of a felony or any crime an element of which is the manufacture, production, possession, use, distribution, sale or exchange of any controlled substance.  
  • Physician cannot register, if within the 10 years preceding application for registration, he or she has abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant.  
  • Physician cannot register if he or she is the subject of a pending formal investigation or administrative proceeding. |
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<tbody>
<tr>
<td>Registry fees – patients and caregivers</td>
<td>Annual registration fee for physician: $75 for initial application and renewal fee of $50.</td>
</tr>
<tr>
<td>Registry fees – dispensaries and producers</td>
<td>Application fee of $10,000, annual license fee of $100,000, and annual permit fee of $100.</td>
</tr>
<tr>
<td>Insurance</td>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td>Dispensaries and producers- ownership requirements and restrictions</td>
<td>No ownership or investment interest, whether held directly or indirectly, may be held by a physician or a member of a physician’s immediate family in or with a licensed therapeutic marijuana pharmacy or a producer licensed by the Louisiana Department of Agriculture and Forestry to produce marijuana.</td>
</tr>
</tbody>
</table>
|  | Dispensaries:  
  • Pharmacy to issue regulations governing license.  
  • Number of licenses limited to 10.  
  • Pharmacy to establishment financial requirements for applicants.  
 Production facility:  
  • A&F to issue regulations governing license.  
  • No more than one license allowed.  
  • Louisiana State University Agricultural Center and the Southern University Agricultural Center have the right of first refusal to be licensed as the production facility, either separately or jointly, and each indicated the desire to do so in summer 2016. |
| Dispensaries and producers—ownership requirements and restrictions | Production facility:  
- Contract may not exceed five years.  
- Any proposed owner must have a net worth of not less than one million dollars.  
- No company that contributed to a candidate in a Louisiana election governed by the provisions of the Campaign Finance Disclosure Act within the five years prior to bidding for the license (or is controlled wholly or in part by a person who made such a contribution) is eligible. |
| Dispensaries and producers—operational requirements and restrictions | • Regulations must provide that no prescribed marijuana may be dispensed from, produced from, obtained from, sold to or transferred to a location outside of Louisiana.  
• Dispenser must review a patient’s information in the Louisiana Prescription Monitoring Program database prior to dispensing.  
• Licensee to provide the following information to A&F which will be published in a publically available report: (1) the amount of gross marijuana produced; (2) details of all production costs; (3) details of any items or services for which the licensee subcontracted and the costs of each subcontractor directly or indirectly working for the contractor; (4) the amount of therapeutic chemicals produced; (5) the amounts paid each year to the licensee related to the licensee’s production; and (6) the amount of marijuana distributed to each authorized pharmacy. |
<p>| Dispensaries and producers—inspections | Not addressed to date in law or regulations. |
| Local control | Not addressed to date in law or regulations. |
| Registry tracking system | Not addressed to date in law or regulations. |
| Other use of registry information | Not addressed to date in law or regulations. |
| Marijuana testing and labeling | Pharmacy must establish standards and procedures for testing prescribed therapeutic marijuana samples for levels of THC and other testing parameters. |
| Driving during / after use | Not specifically addressed by law. The standard in Louisiana for drugged driving is being “under the influence.” |</p>
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<tr>
<th><strong>LOUISIANA</strong></th>
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<tr>
<td><strong>Exemption from penalty provided by law</strong></td>
</tr>
<tr>
<td>• Patient, caregiver of such person, or any person who is a domiciliary parent of a minor child who possesses marijuana in an allowed form, pursuant to a legitimate recommendation “shall not be subject to prosecution for possession or distribution of marijuana under this Section for possessing medical marijuana or dispensing medical marijuana to his minor child who is a patient of the state-sponsored medical marijuana program.”</td>
</tr>
<tr>
<td>• Person asserting defense bears the burden of proof of establishing that the possession or distribution of the marijuana was in accordance with the law.</td>
</tr>
<tr>
<td><strong>Effect of law on employers and landlords</strong></td>
</tr>
<tr>
<td>Not addressed to date in law or regulations.</td>
</tr>
<tr>
<td><strong>Taxes</strong></td>
</tr>
<tr>
<td>Not addressed to date in law or regulations.</td>
</tr>
<tr>
<td><strong>Fund(s) created</strong></td>
</tr>
<tr>
<td>Not addressed to date in law or regulations.</td>
</tr>
<tr>
<td><strong>Studies required or requested</strong></td>
</tr>
<tr>
<td>The Louisiana State University Agricultural Center or the Southern University Agricultural Center may conduct research on marijuana for therapeutic use if either center receives a license as a production facility.</td>
</tr>
</tbody>
</table>
### MAINE

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>22 M.R.S.A. §§ 2421 to 2430-B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>December 22, 1999. Substantial amendments to the law took effect on April 9, 2010.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of certain authorized caregivers; licensed dispensaries and public testing facilities. There is no registry for patients, although all patients must possess a printed certification from their physician. Registration is voluntary for caregivers who do not cultivate marijuana.</td>
</tr>
<tr>
<td>Regulations</td>
<td>10-144 CMR Ch. 122, §§ 1 to 11.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Maine Department of Health and Human Services (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>It does not appear that the exact number of patients and caregivers are tracked. According to the Department, during calendar year 2015, 37,675 patient certifications were printed, although this number likely exceeds the actual number of patients because it counts misprints and reissued lost certifications. Also, during calendar year 2015, 2,921 caregivers registered, who assisted 6,887 patients in total. There are eight dispensaries in the state.</td>
</tr>
</tbody>
</table>
| Conditions treated          | “Debilitating medical condition,” which means:  
- Cancer, glaucoma, HIV positive, AIDS, hepatitis C, amyotrophic lateral sclerosis, agitation of Alzheimer’s disease, nail-patella syndrome; post-traumatic stress disorder, inflammatory bowel disease, dyskinetic and spastic movement disorders and other diseases causing severe and persistent muscle spasms;  
- a chronic or debilitating disease or medical condition or its treatment that produces intractable pain (defined as pain that has not responded to ordinary medical or surgical measures for more than six months);  
- a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: (1) cachexia or wasting syndrome; (2) severe nausea; or (3) seizures, including but not limited to those characteristic of epilepsy;  
- any other medical condition or its treatment allowed by the Department pursuant to a public petition under 22 M.R.S.A. § 2424 and 10-144 CMR Ch. 122, § 3.  
If a physician is certifying the medicinal use of marijuana for intractable pain, the physician must follow 2-373 or 2-383, Code of Maine Rules (C.M.R.), Chapter 21, Use of Controlled Substances for Treatment of Pain. |
## MAINE

<table>
<thead>
<tr>
<th>Patients – requirements and restrictions</th>
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</thead>
<tbody>
<tr>
<td>• Required to have a patient certification from a Maine-licensed physician or nurse practitioner (with a DEA license) printed via an online system.</td>
</tr>
<tr>
<td>• There is no requirement to register as long as patient possesses a provider-issued written certification and complies with law and rules</td>
</tr>
<tr>
<td>• Provider must agree to monitor the patient’s on-going need for the medical use of marijuana.</td>
</tr>
<tr>
<td>• Certification provides that in the provider’s professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana and can be made only in the course of a bona fide medical provider-patient relationship after the physician has completed a full assessment of the patient’s medical history.</td>
</tr>
<tr>
<td>• Certifications expire one year after issuance.</td>
</tr>
<tr>
<td>• Provider must inform an adult patient of the risks and benefits of the medical use of marijuana.</td>
</tr>
<tr>
<td>• If patient is a minor, the provider (referred to as “the treating medical provider”) must: (1) inform the minor and their parent/guardian of the risks and benefits of the medical use of marijuana; and (2) consult with a qualified physician (the “consulting physician”) concerning whether the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient’s debilitating medical condition.</td>
</tr>
<tr>
<td>• If patient is a minor, their parent/guardian must agree: (1) to the patient’s use of marijuana; (2) to serve as one of the patient’s primary caregivers; and (3) to control the acquisition and the dosage of marijuana.</td>
</tr>
<tr>
<td>• Patients may designate one primary caregiver or a registered dispensary to cultivate marijuana for their use, except that a hospice provider or a nursing facility designated as a caregiver may not cultivate marijuana.</td>
</tr>
<tr>
<td>• A person who misrepresents to a law enforcement official any fact or circumstance relating to the possession or medical use of marijuana commits a civil violation with a fine of $200.</td>
</tr>
<tr>
<td>• Cardholders must notify the Department within 10 days if they are no longer diagnosed with a debilitating medical condition.</td>
</tr>
<tr>
<td>• Failing to notify the Department of such change is a civil violation subject to a fine of $150.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-state reciprocity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: (1) who is visiting Maine from another jurisdiction that authorizes the medical use of marijuana; and (2) who possesses a valid marijuana registry card from that jurisdiction, may engage in the use of marijuana authorized for Maine patients so long as the visitor possesses a Maine-approved written physician certification form completed, signed and dated by the visitor’s home-jurisdiction treating physician.</td>
</tr>
</tbody>
</table>
### MAINE

#### Caregivers - requirements and restrictions
- Must be at least age 21 and never convicted of a disqualifying drug offense.
- May be a hospice provider or a nursing facility if the facility voluntarily agrees to participate.
- Must undergo an annual criminal records check.
- Patient can designate their primary caregiver to cultivate some or all of their marijuana, unless it is a hospice provider or nursing facility.
- Parent or legal guardian must serve as the primary caregiver for a minor patient.
- Second caregivers may be designated by minor patients or persons whose first caregiver is a hospice provider or nursing facility.
- Cannot assist more than five patients at any one time.
- Caregivers who are designated to cultivate marijuana must register with the Department unless the patient is in the same household as the caregiver.
- Caregivers may receive reasonable monetary compensation for costs associated with assisting a patient and, if they are designated to cultivate marijuana, reasonable compensation for cultivation costs.
- Primary caregivers may dispose of excess prepared marijuana (up to five pounds annually) by transferring to a registered dispensary for reasonable compensation.
- If caregiver prepares food items containing marijuana, they must obtain a food establishment license.

#### Amount of marijuana allowed
- Patients and caregivers may jointly possess up to 2.5 ounces of prepared marijuana and an “incidental amount of marijuana.”
- Total number of mature marijuana plants per patient, whether cultivated by the patient or by a caregiver, may not exceed six.
- An “incidental amount of marijuana” per patient means up to 12 female nonflowering marijuana plants, an unlimited amount of marijuana seedlings, seeds, stalks and roots, and up to eight pounds of harvested dried unprepared marijuana in varying stages of processing.
- Caregivers designated as cultivators may possess up to six mature plants per patient.
- Dispensaries may not dispense more than 2.5 ounces of prepared marijuana to a patient or to their caregiver during a 15-day period.
- Patients and caregiver may offer to furnish up to 2.5 ounces of excess prepared marijuana to another patient so long as nothing of value is offered or transferred in return.
- Any patient who obtains marijuana from more than one source so as to exceed the 2.5 ounce limit in a 15-day period commits a civil violation subject to a $200 fine.
<table>
<thead>
<tr>
<th><strong>MAINE</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Home cultivation - requirements and restrictions</strong></td>
</tr>
</tbody>
</table>
| - Plants must be kept in an enclosed, locked facility unless the plants are being transported.  
- Cultivation must take place in an enclosed, locked facility or an enclosed outdoor area on property that is owned or under the control of the patient or caregiver with a privacy fence at least six feet high.  
- Two or more patients who are members of the same household and cultivating their own marijuana may share one enclosed, locked facility for cultivation.  
- Patients may elect to cultivate some marijuana plants for their medical use and designate either a primary caregiver or a registered dispensary to cultivate the balance.  
- Minor patients and incapacitated adults cannot cultivate their own marijuana.  
- Caregivers must have a legible tag on each mature marijuana plant with at least the patient’s last name.  
- Hospice providers or nursing facilities designated as caregivers cannot cultivate marijuana. |
| **Restrictions on the use of marijuana** |
| - Patient who is a resident of a hospice provider or a nursing facility, may use forms of prepared marijuana that are not smoked, including, but not limited to, vaporized marijuana, edible marijuana and tinctures and salves of marijuana.  
- May not undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice or would otherwise violate any professional standard.  
- Cannot use or possess marijuana: (1) in a school bus; (2) on the grounds of any preschool or primary or secondary school; or (3) in any correctional facility.  
- Cannot smoke marijuana on any form of public transportation or in any public place. |
| **Registry application review** |
| - Department’s verification of application materials and decision to accept or deny an applicant must be made within 30 days of receipt (unless it is an application from a hospice provider or nursing facility, which must be reviewed within five days).  
- Registry cards must be issued within five days of approving an application.  
- If Department fails to issue a card or denial within 45 days of application submission, the card is deemed valid.  
- Applications may be denied for: (1) the applicant’s failure to comply with the application requirements; or (2) providing materially inaccurate or incomplete information. |
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<tr>
<th><strong>MAINE</strong></th>
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</table>
| **Registry fees – patients and caregivers** | • Patient – no fee.  
• Caregiver – $300 fee per patient if cultivating marijuana.  
• Caregivers must submit $31 for background check.  
• Cards expire after one year and renewals should be submitted at least 30 days before card expiration. |
| **Registry fees – dispensaries and producers** | • $15,000 application and annual renewal fee for dispensary.  
• $31 fee for background check for each principal officer, board member and employee of the dispensary.  
• If an application is denied, $14,000 of fee is returned.  
• Certificate of registration expires one year after the date of issuance. |
| **Insurance** | Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana. |
| **Dispensaries and producers - ownership requirements and restrictions** | • All principal officers and board members must be Maine residents, at least age 21 and never convicted of a disqualifying drug offense.  
• During the first year of operation, the Department may not issue more than one dispensary registration for each of the eight Maine public health districts.  
• Dispensaries are required to incorporate in Maine and maintain the corporation in good standing with the state.  
• Must be operated on a not-for-profit basis for the mutual benefit of qualifying patients who have designated the dispensary.  
• Do not have to be recognized as 501(c)(3) organizations under the Internal Revenue Code. |
| **Dispensaries and producers - operational requirements and restrictions** | • Cannot be located within 500 feet of the property line of a preexisting public or private school.  
• May not acquire prepared marijuana or marijuana plants except through the cultivation of marijuana by that dispensary, except in cases of patients/caregivers providing excess prepared marijuana.  
• Allowed: (1) to possess and dispense up to 2.5 ounces of prepared marijuana and possess an incidental amount of marijuana for each qualifying patient who has designated the dispensary; and (2) to cultivate up to six mature marijuana plants for each patient who has designated the dispensary.  
• May receive reasonable monetary compensation for costs associated with assisting or for cultivating marijuana for designated patients.  
• Cultivation must take place in an enclosed, locked facility unless the marijuana plants are being transported between the dispensary and a location at which the dispensary cultivates the marijuana plants. |
### Maine

| Dispensaries and producers--operational requirements and restrictions (continued) | Must use a numerical identification system to enable the dispensary to track marijuana plants from cultivation to sale.  
| | Must obtain a food establishment license prior to preparing goods containing marijuana for consumption by a patient.  
| | Must maintain and keep business records, including manual or computerized records of assets and liabilities, tax returns, contracts, board meeting minutes reflecting actions of the board, monetary transactions, various journals, ledgers, and supporting documents for six years. |
| Dispensaries and producers--inspections | Dispensary (and any additional location at which the dispensary cultivates marijuana) are subject to reasonable inspection by the Department.  
| | Department may enter the location(s) at any time, without notice, to carry out an inspection. |
| Local control | A local government may not adopt an ordinance that is duplicative of or more restrictive than the provisions of the law. Localities may limit the number of dispensaries that may operate in a political subdivision or enact reasonable regulations. |
| Registry tracking system | Department must maintain a confidential list of the persons to whom it has issued registry identification cards.  
| | Department may verify to law enforcement personnel whether a registry identification card is valid without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.  
| | Department must track the number of patients who designate a dispensary to cultivate marijuana for them and issue to each dispensary a written statement of the number of patients who have designated the dispensary to cultivate marijuana for them. |
| Other use of registry information | Department may disclose to an agency of Maine: (1) any information necessary to produce registry identification cards or manage the identification card program; or (2) data for statistical or research purposes in such a manner that individuals cannot be identified.  
| | Department must submit an annual report to the Maine Legislature (without disclosing identifying information) containing: (1) the number of applications and renewals filed for registry identification cards; (2) the number of registered patients and primary caregivers approved in each county; (3) the number of registry identification cards revoked; (4) the number of physicians providing written certifications for registered patients; (5) the number of registered dispensaries; (6) the number of principal officers, board members and employees of registered dispensaries; and (7) program revenues and expenses. |
## MAINE

| Marijuana testing and labeling                                                                 | Department may obtain, possess and perform laboratory testing on marijuana from registered dispensaries.  
|                                                                                               | Packaging and labeling of prepared marijuana and marijuana products for sale by registered dispensaries and caregivers must comply with applicable Maine labeling laws.  
|                                                                                               | Labels on prepared marijuana and goods containing marijuana that are sold by dispensaries and caregivers can be used as evidence of compliance with the law that limits possession and dispensing to 2.5 ounces of prepared marijuana per patient.  
|                                                                                               | Registered dispensaries are responsible for the cost of laboratory testing of marijuana.  
|                                                                                               | If a caregiver or dispensary affixes a label on the packaging of any marijuana or product containing marijuana and that label includes information about contaminants, the cannabinoid profile or potency of the marijuana or product containing marijuana, the label must be verified by a marijuana testing facility that is not owned by the dispensary or caregiver. |
| Driving during / after use                                                                      | No person may operate, navigate or be in actual physical control of any motor vehicle, aircraft, motorboat, snowmobile or all-terrain vehicle while under the influence of marijuana. |
| Exemption from penalty provided by law                                                       | A person whose conduct is authorized may not be denied any right or privilege or be subjected to arrest, prosecution, penalty, or disciplinary action for lawfully engaging in conduct involving the medical use of marijuana.  
|                                                                                               | Except where necessary for an ongoing criminal or civil investigation, a law enforcement officer may not seize marijuana that is in the possession of a qualifying patient, primary caregiver or registered dispensary as authorized by law.  
|                                                                                               | A patient may assert the medical purpose for using marijuana as a defense to any prosecution involving marijuana possession and may present evidence in court that the patient’s necessary medical use or cultivation circumstances warranted exceeding the allowed amount of marijuana.  
|                                                                                               | Dispensaries are not subject to prosecution, search, seizure or penalty in any manner solely for acting in accordance with the law to assist qualifying patients with the medical use of marijuana. |
| Effect of law on employers and landlords                                                       | Schools, employers, or landlords may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that person’s status as a patient or caregiver unless failing to do so would put the school, employer or landlord in violation of federal law or cause it to lose a federal contract or funding. |
### MAINE

| Effect of law on employers and landlords (continued) | • Employers are not required to accommodate the ingestion of marijuana in any workplace or any employee working while under the influence of marijuana.  
• No one may be denied parental rights and responsibilities with respect to or contact with a minor child if he or she acts in accordance with the law, unless the person’s conduct is contrary to the best interests of the minor child.  
• Landlords and business owners may prohibit the smoking of marijuana for medical purposes on the premises of the landlord or business if the landlord or business owner prohibits all smoking on the premises and posts notice to that effect on the premises. |
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<tr>
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</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td>Fund(s) created</td>
<td>The Medical Use of Marijuana Fund (the “Fund”). Sources of the fund include: (1) application and renewal fees; (2) penalties and fines; (3) money from other sources, if granted. Monies in the Fund are to be used for expenses of the Department to administer the law, as allocated by the Legislature.</td>
</tr>
<tr>
<td>Studies required or requested</td>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
## MARYLAND

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>MD Code, Health - General §§ 13-3301 to 13-3316.⁹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>June 1, 2014. Substantial amendments to the law took effect May 12, 2015.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized physicians, patients, and caregivers; licensed processors, dispensaries, growers, and independent testing laboratories.</td>
</tr>
<tr>
<td>Regulations</td>
<td>COMAR 10.62.01 to 10.62.35.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Natalie M. LaPrade Medical Cannabis Commission (“Commission”), which is an independent commission that functions within the Maryland Department of Health and Mental Hygiene (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>The program is not yet operational. Commission anticipates that patient registration cards will be available in the first quarter of 2017. In December 2016, the Commission awarded 102 preliminary dispensary licenses. In addition, the Commission awarded 15 grower and 15 processor licenses earlier in 2016.</td>
</tr>
</tbody>
</table>
| Conditions treated                                                        | Commission encourages physicians to apply to register as certifying physicians to treat the following:  
  - chronic or debilitating disease or medical condition that results in a patient being admitted into hospice or receiving palliative care;  
  - chronic or debilitating disease or medical condition or the treatment of a chronic or debilitating disease or medical condition that causes: (1) cachexia, anorexia or wasting syndrome; (2) severe or chronic pain; (3) severe nausea; (4) seizures; or (5) severe or persistent muscle spasms;  
  - glaucoma or post-traumatic stress disorder; or  
  - conditions: (1) that are severe; (2) for which other medical treatments have been ineffective; and (3) that reasonably can be expected to be relieved through the medicinal use of cannabis.  
  At least once per year (if needed), the Commission will conduct a public hearing to consider petitions to allow other medical conditions, medical treatments or diseases. |
| Patients – requirements and restrictions                                    | - Must live in Maryland or be physically present in Maryland receiving medical care from a Maryland facility.  
  - Must have a written certification by a certifying physician with whom they have a bona fide physician-patient relationship. |

⁹ Maryland law and regulations use the term “cannabis.”

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
### MARYLAND

<table>
<thead>
<tr>
<th>Patients – requirements and restrictions (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Certification must include a written statement that in physician’s professional opinion, after having completed an assessment of the patient’s medical history and current medical condition, the patient has a condition: (1) that meets inclusion criteria and does not meet the exclusion criteria; and (2) for which the potential benefits of the medical use of cannabis would likely outweigh the health risks.</td>
</tr>
<tr>
<td>- In order to be certified, a physician must register with Commission to make cannabis available to patients for medical use.</td>
</tr>
<tr>
<td>- Physician must be Maryland-licensed with a Maryland controlled dangerous substances registration.</td>
</tr>
<tr>
<td>- In order to register, a physician must submit a proposal to the Commission that includes: (1) the reasons for recommending cannabis to the patient; (2) an attestation that a standard patient evaluation will be completed; and (3) the physician’s plan for the ongoing assessment and follow-up care of a patient and for collecting and analyzing data.</td>
</tr>
<tr>
<td>- Patients under age 18 must designate a caregiver.</td>
</tr>
<tr>
<td>- Physician’s certification may include a statement that a 30-day supply of cannabis would be inadequate.</td>
</tr>
<tr>
<td>- Physician may not renew a written certification unless they have made a full, in-person assessment of the patient within the year before the reissuance.</td>
</tr>
<tr>
<td>- Patient may not have more than two caregivers.</td>
</tr>
<tr>
<td>- If a physician fails to renew a patient’s certification, the patient must return their identification card within five business days.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-state reciprocity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients can be out of state residents who are physically present in Maryland to receive medical care at a Maryland facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregivers - requirements and restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Must be at least age 21 and agree to assist patient with medicinal use of cannabis.</td>
</tr>
<tr>
<td>- May not serve more than five patients at any one time.</td>
</tr>
<tr>
<td>- If patient is under age 18, must be a parent or legal guardian.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of marijuana allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A “30-day supply” is limited to: (1) 120 grams of usable cannabis; or (2) in the case of medical cannabis-infused products, 36 grams of THC. The physician can determine that one or both of these amounts are insufficient for the patient’s medical needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home cultivation - requirements and restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law does not authorize the home cultivation of cannabis.</td>
</tr>
</tbody>
</table>
## MARYLAND

### Restrictions on the use of marijuana
- May not undertake any task under the influence of cannabis when doing so would constitute negligence or professional malpractice.
- May not smoke cannabis: (1) in any public place; or (2) in a motor vehicle.
- May not smoke cannabis on private property that is rented from a landlord and is subject to a policy that prohibits the smoking of cannabis on the property.
- Patient or caregiver may obtain cannabis only from a medical cannabis grower licensed by the Commission or a dispensary licensed by the Commission.
- Minor patient may obtain cannabis only through their caregiver.

### Registry application review
Not addressed in law or regulations.

### Registry fees – patients and caregivers
- $50 fee. Cards expire two years after issuance.

### Registry fees – dispensaries and producers
- Grower (only) fees: application fee — $6,000; annual license fee — $125,000.
- Grower and dispensary fees: application fee — $11,000; annual licensing fee — $165,000.
- Grower agent fees: registration fee — $200.
- Processor fees: application fee — $6,000; annual license fee — $40,000.
- Processor agent fees: registration fee — $200.
- Dispensary fees: application fee — $5,000; annual license fee — $40,000.
- Dispensary agent fees: registration fee — $200.
- Independent testing laboratory fees: registration fee — $100; renewal fee — $100.
- Independent testing laboratory employee fees: registration fee — $200.
- Transfer of ownership of grower license, processor or dispensary license — $7,000.
- Change in the location of grower, processor or dispensary premises — $7,000.
- License reinstatement fee — $2,000.
- Initial grower, dispensary and processor licenses are valid for four years; renewal grower, dispensary and processor licenses are valid for two years.

### Insurance
Not addressed to date in law or regulations.
**MARYLAND**

| Dispensaries and producers-ownership requirements and restrictions | • Prior to 2018, the Commission may license no more than 15 growers.  
• Certifying physicians may not have an ownership interest in a grower, processor or dispensary unless the certifying physician submits an application to the Commission for approval for the compensation.  
• Commission must register at least one private independent testing laboratory to test cannabis and cannabis products.  
• Law does not prohibit a person from being concurrently licensed by the Commission as a grower, a dispensary or a processor.  
• Applicants and investors with at least five percent ownership are subject to criminal background checks. |
| Dispensaries and producers-operational requirements and restrictions | • Growers must have a perpetual inventory control system that identifies and tracks the licensee’s stock of medical cannabis from the time the medical cannabis is propagated from seed or cutting to the time it is delivered to another licensee.  
• Dispensaries must create and use a perpetual inventory control system that identifies and tracks the licensee’s stock of medical cannabis from the time it is delivered or produced to the time it is delivered to another licensee, patient or caregiver.  
• Growers may provide cannabis only to licensed processors, dispensaries, patients, caregivers and independent testing laboratories.  
• Commission is to encourage licensing growers that grow strains of cannabis, including strains with high cannabidiol content, with demonstrated success in alleviating symptoms of specific diseases or conditions.  
• Dispensaries must submit a quarterly report to the Commission including: (1) the number of patients served; (2) the county of residence of each patient served; (3) the medical condition for which the cannabis was recommended; (4) the type of cannabis dispensed; and (5) if available, a summary of clinical outcomes.  
• Employees of cannabis establishments must be at least age 21 and never convicted of a felony drug offense.  
• Before any distribution of medical cannabis, a dispensary agent must review the Commission’s database to verify that the patient / caregiver is registered, the physician has issued a valid written certification and the amount of cannabis that has already been dispensed pursuant to the written certification.  
• Patient / caregiver may obtain any portion of their 30-day supply at any time once the written certification is presented to a dispensary, so long as the total dispensed in previous 30-days does not exceed limit.  
• Dispensary to enter the weight of usable cannabis or the weight of THC dispensed to a patient / caregiver in Commission database. |
**MARYLAND**

| Dispensaries and producers—operational requirements and restrictions (continued) | • Dispensary agent may decline to dispense cannabis to a patient or caregiver that appears to be under the influence of drugs or alcohol.  
• Dispensary must maintain, independent of the inventory control system, a searchable, secure, tamper-evident record of each distribution that contains: (1) name and address of the recipient; (2) quantity delivered; and (3) name, strength, batch number and lot number of the product. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Dispensaries and producers-inspections</td>
<td>Commission may conduct announced and unannounced inspections of the facilities of licensed growers, licensed processors, licensed dispensaries, and independent testing laboratories to determine compliance with the law. Commission may review and copy all entity records and inspect all equipment, raw and processed material.</td>
</tr>
<tr>
<td>Local control</td>
<td>All licensee premises must conform to local zoning and planning requirements. Maryland’s Attorney General has asserted that local restrictions that effectively ban cannabis businesses are against the law.</td>
</tr>
<tr>
<td>Registry tracking system</td>
<td>The Commission shall establish a registry of qualifying patients and caregivers and provide access to the register to a Maryland law enforcement agency on a real-time basis only for just cause to verify that a patient or caregiver is registered with the Commission.</td>
</tr>
<tr>
<td>Other use of registry information</td>
<td>Commission is to report to the Governor and Maryland General Assembly on physicians certified under this subtitle.</td>
</tr>
</tbody>
</table>
| Marijuana testing and labeling | • Growers are to obtain samples of each batch according to a statistically valid sampling method by an agent of an independent testing laboratory.  
• Grower may release a batch for distribution if, upon review of the certificate of analysis from the laboratory, they determine that the batch meets the specification for the variety.  
• Licensees must print a label for a package of cannabis for a patient that states: (1) name of the qualifying patient; (2) name of the certifying physician; (3) name of the licensee where the product was dispensed; (4) date that the medical cannabis was dispensed; (5) name of the product; (6) strength of applicable cannabinoid and terpene compounds; (7) quantity of medical cannabis dispensed, displayed in units appropriate to the dosage form; (8) directions for use of the product; and (9) instructions for proper storage or handling of the product.  
• Label may not: (1) contain any false or misleading statement or design; or (2) include any statement, image or design that may not be included on the package. |
<table>
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<tr>
<th>MARYLAND</th>
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<tbody>
<tr>
<td><strong>Marijuana testing and labeling (continued)</strong></td>
</tr>
<tr>
<td>• Dispensary may distribute cannabis only in a package that: (1) is</td>
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<td>plain and opaque; and (2) is child resistant or requested by a</td>
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<tr>
<td>patient or caregiver, to be child-resistant.</td>
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<tr>
<td>• Package must bear: (1) a finished-product lot number and an</td>
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<td>expiration date; (2) a warning that: (a) The contents may be</td>
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<tr>
<td>lawfully consumed only by the qualifying patient named on the</td>
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<tr>
<td>attached label; (b) It is illegal for any person to possess or</td>
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<tr>
<td>consume the contents of the package other than the qualifying</td>
</tr>
<tr>
<td>patient; and (c) It is illegal to transfer the package or contents</td>
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<tr>
<td>to any person other than for a caregiver to transfer it to a</td>
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<tr>
<td>qualifying patient; (3) a clear warning to keep the package and its</td>
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<tr>
<td>contents away from children; and (4) the Maryland Poison</td>
</tr>
<tr>
<td>Control Center emergency telephone number.</td>
</tr>
<tr>
<td><strong>Driving during / after use</strong></td>
</tr>
<tr>
<td>• Patient cannot smoke cannabis in any motor vehicle.</td>
</tr>
<tr>
<td>• Under Maryland law, a person may not drive a “while he is so far</td>
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<tr>
<td>impaired by any drug, any combination of drugs, or a combination</td>
</tr>
<tr>
<td>of one or more drugs and alcohol that he cannot drive a vehicle</td>
</tr>
<tr>
<td>safely.”</td>
</tr>
<tr>
<td>• In addition, a person may not drive while the person is impaired</td>
</tr>
<tr>
<td>by any controlled dangerous substance (as defined) “if the person</td>
</tr>
<tr>
<td>is not entitled to use the controlled dangerous substance under</td>
</tr>
<tr>
<td>the laws of this State.”</td>
</tr>
<tr>
<td><strong>Exemption from penalty provided by law</strong></td>
</tr>
<tr>
<td>• Patients, physicians, caregivers, growers, processors, dispensaries</td>
</tr>
<tr>
<td>or hospitals, medical facilities or hospice programs where a</td>
</tr>
<tr>
<td>patient is receiving treatment acting in accordance with the law</td>
</tr>
<tr>
<td>are not subject to arrest, prosecution, or any civil or</td>
</tr>
<tr>
<td>administrative penalty.</td>
</tr>
<tr>
<td>• In order to be protected, a patient must not be in possession of</td>
</tr>
<tr>
<td>more than a 30-day supply of cannabis, unless their certifying</td>
</tr>
<tr>
<td>physician has stated in writing that such amount is inadequate to</td>
</tr>
<tr>
<td>meet medical needs.</td>
</tr>
<tr>
<td><strong>Effect of law on employers and landlords</strong></td>
</tr>
<tr>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td><strong>Taxes</strong></td>
</tr>
<tr>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td><strong>Fund(s) created</strong></td>
</tr>
<tr>
<td>Natalie M. LaPrade Medical Cannabis Commission Fund (the “Fund”).</td>
</tr>
<tr>
<td>Commission can accept donations to the fund except from an individual</td>
</tr>
<tr>
<td>or entity that:</td>
</tr>
<tr>
<td>• is licensed or approved by the Commission;</td>
</tr>
<tr>
<td>• is seeking licensure or approval by the Commission;</td>
</tr>
<tr>
<td>• has sought licensure or approval within the past 2 years, or</td>
</tr>
<tr>
<td>• is affiliated with an individual or entity licensed by the</td>
</tr>
<tr>
<td>Commission.</td>
</tr>
<tr>
<td><strong>Studies required or requested</strong></td>
</tr>
<tr>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
### Massachusetts

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>M.G.L.A. 94C App. §§ 1-1 to 1-17; 29 § 2KKKK.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>January 1, 2013.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients, caregivers, and physicians; licensed marijuana dispensaries (referred to as “RMDs”).</td>
</tr>
<tr>
<td>Regulations</td>
<td>105 CMR 725.000 to 725.800.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Department of Public Health of the Commonwealth of Massachusetts (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.mass.gov/medicalmarijuana">www.mass.gov/medicalmarijuana</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of December 2016, there are 33,543 active patients, 2,726 active caregivers, and 176 registered physicians. As of the same date, there are nine RMDs open for sales.</td>
</tr>
<tr>
<td>Conditions treated</td>
<td>“Debilitating medical condition,” which means:</td>
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<td>• cancer, glaucoma, HIV positive, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn’s disease, Parkinson’s disease, multiple sclerosis; and</td>
</tr>
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<td></td>
<td>• any other debilitating conditions as determined in writing by a patient’s certifying physician.</td>
</tr>
<tr>
<td>Patients – requirements and restrictions</td>
<td>• Massachusetts resident.</td>
</tr>
<tr>
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<td>• If age 18 or older, diagnosed by a Massachusetts-licensed certifying physician with whom they have a bona fide physician-patient relationship as having a debilitating medical condition.</td>
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<tr>
<td></td>
<td>• If under age 18, patient must be diagnosed with a debilitating life-limiting illness by two Massachusetts licensed certifying physicians, at least one of whom is a board-certified pediatrician or a board-certified pediatric subspecialist.</td>
</tr>
<tr>
<td></td>
<td>• Minor patients without a life-limiting illness may be certified by a physician if the two physicians determine that the benefits of the medical use of marijuana outweigh the risks and discuss the potential negative impacts on neurological development with the minor’s parent or guardian.</td>
</tr>
<tr>
<td></td>
<td>• Physician must have a Massachusetts controlled substance registration and register with Department in order to certify patients.</td>
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<td>• Patient may designate up to two caregivers.</td>
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<td>• Written certification must state that in the physician’s professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient.</td>
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<tr>
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<td>• Before issuing a written certification, a certifying physician must utilize the Massachusetts Prescription Monitoring Program to review the patient’s prescription history.</td>
</tr>
</tbody>
</table>
### MASSACHUSETTS

#### Patients – requirements and restrictions (continued)
- Fraudulent use of a medical marijuana registration card or cultivation registration is a misdemeanor punishable by up to six months in jail or a fine up to $500.
- Certification must contain a time-period it is effective (between 15 and 365 days).
- Patient must notify Department within five business days after a change of his or her registration information.

#### Out-of-state reciprocity
- Not addressed in law or regulations.

#### Caregivers - requirements and restrictions
- At least age 21 and not the patient’s certifying physician.
- Must agree to assist with a patient’s medical use of marijuana.
- May be an employee of a hospice provider, nursing or medical facility or a visiting nurse, personal care attendant or home health aide.
- May not consume marijuana obtained for the patient’s medical use.
- Limited to assisting one patient at a time, unless the caregiver is an employee of a hospice provider, medical facility or visiting nurse / home health aide.
- If the patient has been granted a hardship cultivation registration, the caregiver(s) may cultivate marijuana at one location.
- May not receive payment or other compensation for services other than reimbursement for reasonable expenses (time is not an expense).
- Must be present at any time when a minor patient is in possession of marijuana.

#### Amount of marijuana allowed
- Limited to a “60-day supply” which is 10 ounces. Physician may certify that such amount is insufficient for a particular patient.

#### Home cultivation - requirements and restrictions
- Home cultivation allowed if a patient receives a “hardship cultivation” registration.
- Hardship registration granted if patient demonstrates that access to a dispensary is limited by: (1) financial hardship; (2) lack of access to reasonable transportation due to physical incapacity; or (3) distance to nearest dispensary (with no available home delivery).
- Patient or caregiver allowed to cultivate the number of plants sufficient to maintain a 60-day supply of marijuana.
- Marijuana must be cultivated and stored in an enclosed, locked facility that is not be visible from the street or other public areas.

#### Restrictions on the use of marijuana
- If patient is allowed to home cultivate, he or she is prohibited from purchasing marijuana from a RMD (but they can purchase seeds).
- Cannot sell, barter, give away or distribute in any manner marijuana or paraphernalia.
<table>
<thead>
<tr>
<th><strong>MASSACHUSETTS</strong></th>
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</thead>
</table>
| **Restrictions on the use of marijuana (continued)** | • May not consume on premises of a RMD, but a RMD may administer marijuana for the purposes of teaching the use of vaporizers or other product demonstrations.  
• Law does not require any accommodation of any on-site medical use of marijuana in any place of employment, school bus or on school grounds, in any youth center, in any correctional facility, or of smoking medical marijuana in any public place. |
| **Registry application review** | • Department must review and approve or deny an application for a hardship cultivation registration within 30 days of receipt of a completed application.  
• Registration applications or hardship cultivation applications may be denied for: (1) failure to provide required information; (2) providing false or misleading information; (3) failing to pay fee; or (4) having a prior card revoked or suspended in the prior six months. |
| **Registry fees – patients and caregivers** | $50 fee for patients and no fee for caregivers. Hardship cultivation registration is $100. Cards are valid for one year from date issued. |
| **Registry fees – dispensaries and producers** | • $1,500 to submit an application of intent.  
• $30,000 to submit a management and operations profile, if Department allows one after reviewing application of intent.  
• Annual registration fee is $50,000.  
• Must also pay for architectural review.  
• $500 annual fee for dispensary agents. |
| **Insurance** | Law does not require any health insurance provider, or any government agency or authority, to reimburse any person for the expenses of the medical use of marijuana. |
| **Dispensaries and producers- ownership requirements and restrictions** | • Department is not limiting the number of RMDs at this time.  
• Must have at least $500,000 available for initial capital.  
• No principal officers or board members may have served for a RMD that had a registration certificate revoked.  
• Certifying physician, and such physician’s co-worker, employee, or immediate family, cannot have a direct or indirect financial interest.  
• Must incorporate in Massachusetts and maintain corporate status in good standing.  
• Must operate on a non-for-profit basis.  
• No executive, member or any entity owned or controlled by such executive or member, may directly or indirectly control more than three RMDs.  
• If no local requirements exist, a RMD may not be located within a radius of 500 feet of a school, daycare center or any facility in which children commonly congregate. |
### Massachusetts

<table>
<thead>
<tr>
<th>Dispensaries and producers—operational requirements and restrictions</th>
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<tbody>
<tr>
<td>• Allowed to acquire, cultivate, possess, process (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfer, transport, sell, distribute, dispense, or administer marijuana, products containing marijuana, related supplies, or educational materials to patients or their personal caregivers.</td>
</tr>
<tr>
<td>• Employees must be at least age 21 and never convicted of a felony drug offense.</td>
</tr>
<tr>
<td>• May not have more than two locations in Massachusetts at which marijuana is cultivated, marijuana-infused products are prepared, or marijuana is dispensed. Each of these activities may occur at only one such location.</td>
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<tr>
<td>• Cultivation must take place in designated, locked, limited access areas that are monitored by a surveillance camera system.</td>
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<tr>
<td>• Inventory of seeds, plants, and usable marijuana is limited to that necessary to provide for the projected needs of patients.</td>
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<tr>
<td>• Must tag and track all marijuana seeds, plants and products, using a seed-to-sale methodology.</td>
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<td>• Must provide educational materials about marijuana to patients and caregivers.</td>
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<tr>
<td>• Neon signage is prohibited at all times.</td>
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<tr>
<td>• Marijuana and marijuana-infused products may not be displayed or clearly visible to a person from the exterior of the RMD.</td>
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<tr>
<td>• Records must be available for inspection by the Department.</td>
</tr>
<tr>
<td>• Records must include: (1) operating procedures; (2) inventory records; and (3) seed-to-sale tracking records for all marijuana and marijuana infused products.</td>
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<thead>
<tr>
<th>Dispensaries and producers—inspections</th>
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<tbody>
<tr>
<td>• Department may inspect a RMD (and its vehicles) at any time without prior notice.</td>
</tr>
<tr>
<td>• During an inspection, the Department may direct a RMD to test marijuana for contaminants as specified by the Department, including but not limited to mold, mildew, heavy metals, plant-growth regulators, and the presence of non-organic pesticides.</td>
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<tr>
<th>Local control</th>
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<tbody>
<tr>
<td>• No involvement by municipalities or local boards of health is mandated by the Department.</td>
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<tr>
<td>• Law does not prohibit lawful local oversight and regulation, including fee requirements, so long as they do not conflict with the law.</td>
</tr>
<tr>
<td>• As part of RMD selection and registration, prospective RMD must submit information showing that it is (or will be) compliant with local codes, ordinances and bylaws, including any demonstration of support or non-opposition furnished by the local municipality.</td>
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<tr>
<td><strong>MASSACHUSETTS</strong></td>
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<tr>
<td><strong>Registry tracking system</strong></td>
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<tr>
<td><strong>Other use of registry information</strong></td>
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<tr>
<td><strong>Marijuana testing and labeling</strong></td>
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</table>
**MASSACHUSETTS**

| Marijuana testing and labeling (continued) | • Labels for marijuana-infused products must include: (1) patient’s name; (2) name of RMD; (3) name of product; (4) quantity of marijuana as measure din ounces; (5) ingredients, including cannabinoid profile; (6) date of product creation; (7) batch number; (8) directions for use; (9) statement that the product has been tested for contaminants, that there were no adverse findings, and the date of testing; (11) warning if product contains nuts or other known allergens; and (12) state that “This product has not been analyzed or approved by the FDA. There is limited information on the side effects of using this product, and there may be associated health risks. Do not drive or operate machinery when under the influence of this product. KEEP THIS PRODUCT AWAY FROM CHILDREN.” |
| Driving during / after use | • Marijuana law does not allow the operation of a motor vehicle, boat or aircraft while under the influence of marijuana.  
• In Massachusetts, it is illegal to operate a motor vehicle while “under the influence of intoxicating liquor, or of marijuana, narcotic drugs, depressants or stimulant substances.” |
| Exemption from penalty provided by law | • Any person complying with the law may not be penalized under Massachusetts law in any manner, or denied any right or privilege.  
• Lawful possession, cultivation, transfer, transport, distribution or manufacture of marijuana as authorized by the law should not result in the forfeiture or seizure of any property.  
• Patient or caregiver shall not be subject to arrest or prosecution, or civil penalty, for the medical use of marijuana provided he or she: (1) possesses no more marijuana than is necessary for the patient’s personal, medical use, not exceeding the amount necessary for a 60-day supply; and (2) presents his or her registration card to any law enforcement official who questions the patient or caregiver regarding use of marijuana.  
• Physician, and other health care professionals under a physician’s supervision, shall not be penalized under Massachusetts law, in any manner, or denied any right or privilege, for: (1) advising a patient about the risks and benefits of medical use of marijuana; or (2) providing a patient with written certification, based upon a full assessment of the patient’s medical history and condition, that the medical use of marijuana may benefit a particular qualifying patient. |
| Effect of law on employers and landlords | • Law does not require any accommodation of any on-site medical use of marijuana in any place of employment, school bus or on school grounds, in any youth center, in any correctional facility, or of smoking medical marijuana in any public place.  
• Law does not limit the applicability of other laws as they pertain to the rights of landlords, employers, law enforcement authorities, or regulatory agencies. |
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<tr>
<th><strong>MASSACHUSETTS</strong></th>
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<tbody>
<tr>
<td><strong>Taxes</strong></td>
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<tr>
<td><strong>Fund(s) created</strong></td>
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<td><strong>Studies required or requested</strong></td>
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<td><strong>MICHIGAN</strong></td>
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<tr>
<td><strong>Statute(s)</strong></td>
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<tr>
<td><strong>Effective date</strong></td>
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<tr>
<td><strong>Type of law</strong></td>
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<tr>
<td><strong>Registry administrator</strong></td>
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<tr>
<td><strong>Website</strong></td>
</tr>
<tr>
<td><strong>Usage</strong></td>
</tr>
</tbody>
</table>
| **Conditions treated** | “Debilitating medical condition, which means:
- cancer, glaucoma, HIV positive, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn’s disease, agitation of Alzheimer’s disease, nail patella, post-traumatic stress disorder (PTSD);
- chronic or debilitating disease or medical condition or its treatment that produces: (1) cachexia or wasting syndrome; (2) severe and chronic pain; (3) severe nausea; (4) seizures, including but not limited to those characteristic of epilepsy; or (5) severe and persistent muscle spasms, including but not limited to multiple sclerosis; or
- any other medical condition or its treatment approved by the Department pursuant to a petition submitted under M.C.L.A. § 333.26426. |
| **Patients – requirements and restrictions** | • Must have a written certification from a Michigan-licensed physician.
• Certification must be dated within one year of when Department receives registry application.
• Written certification must include statement: (1) of the debilitating medical condition; (2) that physician has completed a full assessment of the patient’s medical history and current medical condition, including an in-person, medical evaluation; and (3) that patient is likely to receive therapeutic benefit from the use of marihuana. |

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10 Michigan law and regulations use the term “marihuana.”

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100½ East Main Street, Suite C, Manchester, IA 52057.
### MICHIGAN

#### Patients – requirements and restrictions (continued)
- Bona fide physician-patient relationship is required, meaning: (1) physician has reviewed the patient’s relevant medical records; (2) physician has created and maintained their own records in accord with accepted standards; (3) physician has a reasonable expectation that he or she will provide follow-up care to the patient to monitor the efficacy of the use of marihuana; and (4) if patient has allowed, the physician has notified a primary care physician of medical condition and recommendation.
- Patient may designate one caregiver.
- If patient is under age 18, there must be certifications from two physicians, at least one who has explained the potential risks and benefits of the use of marihuana to the patient and parent / guardian.
- Minor’s parent or guardian must consent in writing to: (1) allow the use of marihuana; (2) serve as the primary caregiver; and (3) control the acquisition of the marihuana, the dosage, and the frequency of the marihuana use.
- Fraudulently misrepresenting to a law enforcement official any fact or circumstance relating to the medical use of marihuana to avoid arrest or prosecution is subject to a $500.00 fine.
- Selling marihuana to someone not allowed to use marihuana for medical purposes will result in revocation of card, and a felony punishable by up to two years in prison and $2,000 fine.
- If physician notifies the Department in writing that the patient has ceased to suffer from a debilitating medical condition, the Department must notify the patient within 20 days that their card is no longer effective.

#### Out-of-state reciprocity
A valid registry card issued in another state that allows a patient to use marihuana for medicinal purposes has “the same force and effect” as a Michigan card issued by the Department.

#### Caregivers - requirements and restrictions
- Must be at least age 21 and agree to assist with a patient’s medical use of marihuana.
- Cannot have been convicted of any felony within the past 10 years and has never convicted of a felony involving illegal drugs or a felony that is an assaultive crime.
- May receive compensation for costs associated with assisting.
- May not assist more than five patients at any one time.

#### Amount of marijuana allowed
- Patient and caregiver cannot possess (between the two of them) more than 2.5 ounces of usable marihuana and usable marihuana equivalents.
### MICHIGAN

#### Amount of marijuana allowed (continued)
- The following amounts are equivalent to one ounce of usable marihuana: (1) 16 ounces of marihuana-infused product if in a solid form; (2) seven grams of marihuana-infused product if in a gaseous form; and (3) 36 fluid ounces of marihuana-infused product if in a liquid form.
- May possess up to 12 marihuana plants and any incidental amount of seeds, stalks, and unusable roots.

#### Home cultivation - requirements and restrictions
- Patient must designate whether patient or caregiver is the one allowed to possess and cultivate plants.
- Plants must be kept in an enclosed, locked facility.
- If marihuana is grown outside: (1) marihuana cannot be visible to the unaided eye from an adjacent property when viewed by an individual at ground level or from a permanent structure; and (2) marihuana must be grown within a stationary structure that is enclosed on all sides, except for the base, by chain-link fencing, wooden slats, or a similar material that prevents access by the general public and that is anchored, attached, or affixed to the ground.
- Person who is a registered patient or caregiver may manufacture a marihuana-infused product if done so for their own (or the patient’s) personal use.

#### Restrictions on the use of marijuana
- May not undertake any task under the influence of marihuana, when doing so would constitute negligence or professional malpractice.
- May not possess or use marihuana (1) in a school bus; (2) on the grounds of any preschool or primary or secondary school; or (3) in any correctional facility.
- May not smoke marihuana: (1) on any form of public transportation; or (2) in any public place.
- Person may not separate plant resin from a marihuana plant by butane extraction in any public place or motor vehicle, or inside or within the curtilage of any residential structure.
- Person may not separate plant resin from a marihuana plant by butane extraction in a manner that demonstrates either a failure to exercise reasonable care or reckless disregard for the safety of others.

#### Registry application review
- Department must verify the information contained in an application or renewal and approve or deny an application or renewal within 15 business days of receiving it.
- Cards must be issued within five business days of acceptance.
- Application may be denied if: (1) applicant did not provide the information required; (2) the information could not be verified; or (3) the information provided was falsified.
## MICHIGAN

### Registry application review (continued)
- Denials are subject to judicial review, with jurisdiction and venue vested in the Michigan Circuit Court for the County of Ingham.
- If the Department fails to issue a card in response to a valid application or renewal submitted pursuant to this act within 20 days of its submission, the card shall be deemed granted.
- After denial, a prospective patient may reapply at any time.

### Registry fees – patients and caregivers
- $60 fee for patients. Caregivers must pay $25 to cover required background checks. Cards are valid for two years from date of issuance. Renewals may be submitted up to 60 days before expiration of card.

### Registry fees – dispensaries and producers
- In consultation with the Board, the Department will set the amount of the fee for each category and class of license by rule.
- Licenses are one year in length.
- A license will be issued for a one-year period and be renewable annually.
- In addition, growers, processors, provisioning centers, and secure transporters must pay an annual regulatory assessment, with the assessment for a Class A grower license may not exceed $10,000.

### Insurance
- Law does not require a government medical assistance program or commercial or non-profit health insurer to reimburse a person for costs associated with the medical use of marijuana.

### Dispensaries and producers- ownership requirements and restrictions
- Department cannot limit the number of marijuana establishments.
- Until June 30, 2018, an applicant must be a two-year Michigan resident prior to submitting an application.
- Grower, processor, and processing center applicant and investors cannot have an interest in a secure transporter or a safety compliance facility.
- Until December 2021, a grower or processor applicant must have a minimum of two years’ experience as a registered primary caregiver, or have an individual with that experience as an active employee.
- Growers and processors cannot be registered caregivers, or employ anyone who is.
- Persons who are ineligible from holding licenses includes: (1) a person convicted of or released from incarceration for a felony within the past five years or a controlled substance-related felony within the past 10 years; (2) person convicted within the past five years of a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state; and (3) person not in compliance with the provision prohibiting a marijuana facility from operating in a municipality that has not adopted an ordinance authorizing that type of facility.
- Licensee must apply for and receive the Board’s approval before a license is transferred, sold, or purchased.
## MICHIGAN

### Dispensaries and producers—operational requirements and restrictions
- Three categories of grower licenses that allow cultivation of 500, 1,000, and 1,500 plants.
- Establishments must enter all transactions, current inventory, and other information into the statewide marijuana monitoring system.
- Grower may not operate in an area unless the area is zoned for industrial or agricultural uses or is not zoned and otherwise meets local requirements.
- Transporter licensees may transport marihuana and money associated with the purchase or sale of marihuana between marihuana facilities.
- Provisioning center may not allow the sale, consumption, or use of alcohol or tobacco products on the premises.
- Provisioning center may not allow a physician to conduct a medical exam or issue a medical certification document on the premises.
- Licensee must adopt and use a third-party inventory control and tracking system that is capable of interfacing with the statewide monitoring system.
- Within 30 days after the end of each State fiscal year, each licensee must transmit to the Board and the municipality financial statements of the licensee’s total operations.

### Dispensaries and producers—inspections
Applicant must provide written consent to the inspections, examinations, searches, and seizures by the Board and Department and to the disclosure to the Board and its agents of otherwise confidential records, including tax records, while applying for and holding a license.

### Local control
- Municipality (a city, township, or village) may adopt an ordinance authorizing one or more types of marihuana facilities within its boundaries and limiting the number of each type of facility.
- Municipality also may adopt other ordinances related to marihuana facilities within its jurisdiction, including zoning regulations, but may not impose regulations regarding the purity or pricing of marihuana or interfering or conflicting with statutory regulation for licensing marihuana facilities.
- Marihuana facility may not operate in a municipality unless the municipality has adopted an ordinance authorizing that type of facility.

### Registry tracking system
- Department must maintain a confidential list of persons issued cards.
- Department must verify to law enforcement personnel whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.
- Department employees may notify law enforcement about falsified or fraudulent information submitted to the Department.
### MICHIGAN

| **Registry tracking system (continued)** | - Anyone who improperly discloses confidential information is guilty of a misdemeanor, punishable by imprisonment for not more than six months, or a fine of not more than $1,000.00, or both.  
- Law enacted in 2016 requires the Department to establish a statewide monitoring system for use as an integrated marihuana tracking, inventory, and verification system.  
- “Statewide monitoring system” means an internet-based, statewide database that is available to licensees, law enforcement agencies, and authorized State departments and agencies on a 24-hour basis for all of the following: (1) verifying registry identification cards; (2) tracking marihuana transfer and transportation by licensees, including the transferee, date, quantity, and price; and (3) verifying in a commercially reasonable time that a transfer will not exceed the limit that a registered qualifying patient or registered primary caregiver is authorized by receive. |
| **Other use of registry information** | - Department required to submit an annual report to the legislature that does not disclose any identifying information but does contain, at a minimum: (1) the number of applications filed for registry identification cards; (2) the number of patients and caregivers approved in each county; (3) the nature of the debilitating medical conditions of the patients; (4) the number of cards revoked; and (5) the number of physicians providing written certifications.  
- Board is required to review the patterns of marihuana transfers by the licensees and make recommendations to the Governor and the Legislature in a written annual report.  
- Law enforcement may only have access to information in the database that is necessary to verify that an individual possesses a valid and current registry ID card. |
| **Marijuana testing and labeling** | - Safety compliance facility must be accredited by an entity approved by the Board within one year after the date the license is issued or have previously provided drug testing services to the State or its court system and be a vendor in good standing in regard to those services.  
- Safety compliance facility must do all of the following, among other things: (1) perform tests to certify that marihuana is reasonably free of chemical residues such as fungicides and insecticides; (2) use validated test methods to determine THC, THC acid, cannabidiol (CBD), and CBD acid levels; and (3) perform tests that determine whether marihuana complies with the standards the Board establishes for microbial and mycotoxin contents.  
- Facility must have a secured laboratory space to which the general public cannot have access.  
- Facility must retain and employ at least one staff member with a relevant advanced degree in medical or laboratory science. |
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<th>MICHIGAN</th>
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<tr>
<td><strong>Driving during / after use</strong></td>
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<tr>
<td>• In Michigan, a person may not operate, navigate, or be in actual physical control of any motor vehicle, aircraft or motorboat while “under the influence of” or “visibly impaired” by a controlled substance, including marijuana.</td>
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<tr>
<td>• Michigan law prevents the operation of a vehicle while any amount of a schedule I controlled substance is in the operator’s body, but marijuana used for medicinal purposes is not such a substance.</td>
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<tr>
<td>• New law prohibits a qualifying patient or primary caregiver from transporting or possessing a marijuana-infused product in or upon a motor vehicle unless the product is in a sealed and labeled package that is carried in the trunk of the vehicle (or, if there is no trunk, a place not readily accessible from the interior).</td>
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<tr>
<td>• Label must state the weight of the marijuana-infused product in ounces, name of the manufacturer, date of manufacture, name of the person from whom the product was received, and date of receipt.</td>
</tr>
<tr>
<td><strong>Exemption from penalty provided by law</strong></td>
</tr>
<tr>
<td>• Patient or caregiver who has been issued and possesses a registry identification card is not subject to arrest, prosecution, or penalty in any manner, for the medical use of marijuana in accordance with the law so long as they possess no more than the allowed amount of marijuana and are in possession of their card and other photo ID.</td>
</tr>
<tr>
<td>• Patient and caregiver may assert the medical purpose for using marijuana as a defense to any prosecution involving marijuana, and this defense shall be presumed valid where the evidence shows that: (1) there is a valid written certification from a physician; (2) the patient and caregiver are collectively in possession of a quantity of marijuana that is not more than reasonably necessary to ensure the uninterrupted availability of marijuana for the patient’s condition; (3) the purpose of treating or alleviating the patient’s serious or debilitating medical condition or symptoms of the patient’s serious or debilitating medical condition; and (4) the patient and caregiver’s action were related to the proper medicinal use of marijuana.</td>
</tr>
<tr>
<td>• There is a presumption that a patient or primary caregiver are engaged in the medical use of marijuana in accordance with this act if the patient or caregiver: (1) is in possession of a registry identification card; and (2) is in possession of an allowable amount of marijuana.</td>
</tr>
<tr>
<td>• No one shall be denied custody or visitation of a minor for acting in accordance with the law unless the person’s behavior is such that it creates an unreasonable danger to the minor that can be clearly articulated and substantiated.</td>
</tr>
</tbody>
</table>
### MICHIGAN

#### Exemption from penalty provided by law (continued)
- Marihuana establishment licensee with valid licensee who is operating within the law is not subject to criminal penalties under State law or a local ordinance regulating marihuana, state or local criminal prosecution for a marihuana-related offense.
- Person who owns or leases real property on which a licensed facility is located and who has no knowledge that the licensee violated the law will not be subject to criminal penalties, prosecution, search or inspection, seizure, or other sanction (as listed above) for a marihuana-related offense.

#### Effect of law on employers and landlords
Employers are not required to accommodate the ingestion of marihuana in any workplace or any employee working while under the influence of marihuana.

#### Taxes
- Provisioning centers must pay a 3% tax on their retail gross income at quarterly intervals.
- Annual regulatory assessment charged to licensed growers, processors, provisioning centers, and secure transporters.

#### Fund(s) created
- Michigan Medical Marihuana Fund, which includes all patient and caregiver fees received.
- Marihuana Regulatory Fund, which includes licensee application fees and annual regulatory assessments.
- Medical Marihuana Excise Fund, which includes the tax on provisioning centers and all other fees, fines, and charges imposed under the law.

#### Studies required or requested
Not addressed in law or regulations.
**MINNESOTA**

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>M.S.A. §§ 152.21 to 152.37.¹¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>May 30, 2014.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients, caregivers, and health care practitioners; licensed manufacturers.</td>
</tr>
<tr>
<td>Regulations</td>
<td>Minnesota Rules, Parts 4770.0100 to 4770.2800; 4770.4000 to 4700.4030.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Commissioner of the Minnesota Department of Health (“Commissioner” or “Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.health.state.mn.us/topics/cannabis/index.html">http://www.health.state.mn.us/topics/cannabis/index.html</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of December 2016, there are 4,017 registered patients (of which 159 are minors), 355 caregivers, and 790 health care practitioners. There are two licensed cannabis manufacturers that each provide four dispensary (or cannabis patient center) locations.</td>
</tr>
<tr>
<td>Conditions treated</td>
<td>“Qualifying medical condition,” which includes:</td>
</tr>
<tr>
<td></td>
<td>• cancer, if the underlying condition or treatment produces one or more of the following: (1) severe or chronic pain; (2) nausea or severe vomiting; or (3) cachexia or severe wasting;</td>
</tr>
<tr>
<td></td>
<td>• glaucoma, HIV positive or AIDS, Tourette’s syndrome, amyotrophic lateral sclerosis, seizures, including those characteristic of epilepsy, severe and persistent muscle spasms, including those characteristic of multiple sclerosis, inflammatory bowel disease (including Crohn’s disease), intractable pain, post-traumatic stress disorder¹²;</td>
</tr>
<tr>
<td></td>
<td>• terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following: (1) severe or chronic pain; (2) nausea or severe vomiting; or (3) cachexia or severe wasting; or</td>
</tr>
<tr>
<td></td>
<td>• any other medical condition or its treatment approved by the Commissioner pursuant to Minnesota Rules, Part 4770.4003.</td>
</tr>
<tr>
<td>Patients –</td>
<td>Minnesota resident diagnosed with a qualifying medical condition by a health care practitioner.</td>
</tr>
<tr>
<td>requirements and</td>
<td>“Health care practitioner” means a Minnesota-licensed doctor of medicine, physician assistant acting within the scope of authorized practice, or an advanced practice registered nurse who has the primary responsibility for the care and treatment of the qualifying medical condition of a person diagnosed with a qualifying medical condition.</td>
</tr>
<tr>
<td>restrictions</td>
<td>Commissioner can prohibit inclusion in registry if a prospective patient is simultaneously enrolled in a federally approved clinical trial.</td>
</tr>
</tbody>
</table>

¹¹ Minnesota law uses the term “cannabis.”

¹² Effective August 1, 2017.
## MINNESOTA

### Patients – requirements and restrictions (continued)

- Health care practitioner must: (1) determine whether a patient suffers from a qualifying medical condition; (2) determine whether a patient is developmentally or physically disabled and thus unable to self-administer medication or acquire medical marijuana from a distribution facility; (3) advise patients, caregivers and parents or legal guardians who are acting as caregivers of the existence of any nonprofit patient support groups or organizations; (4) provide explanatory information from the Commissioner to patients about the experimental nature of therapeutic use of medical marijuana; the possible risks, benefits, and side effects of the proposed treatment; and (5) agree to continue treatment of the patient’s qualifying medical condition and report medical findings to the Commissioner.

- Once patient is enrolled in registry, the health care practitioner must: (1) participate in the patient registry reporting system; (2) report health records of the patient throughout the ongoing treatment to the Commissioner; and (3) determine, on a yearly basis, if the patient continues to suffer from a qualifying medical condition and, if so, issue the patient a new certification of that diagnosis.

- Patients must agree to continue to receive regularly scheduled treatment for their qualifying medical condition from their health care practitioner and report changes in their qualifying medical condition to their health care practitioner.

- Making a false statement to a law enforcement official about any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or by payment of a fine of not more than $1,000, or both.

- Selling or otherwise transferring marijuana to a person other than a patient, designated registered caregiver or, if listed on the registry verification, a parent or legal guardian of a patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than $3,000, or both.

### Out-of-state reciprocity

Not addressed in law or regulations.

### Caregivers - requirements and restrictions

- At least age 21 and never convicted of a disqualifying felony offense.

- Prior to allowing a caregiver, the health care practitioner must determine that patient is developmentally or physically disabled and therefore unable to self-administer medication or acquire medical marijuana from a distributor.

- Caregiver must agree in writing to assist the patient.

- Cannot be a caregiver for more than one patient, unless the patients reside in the same residence.

- Subject to background check as part of registration process.
## MINNESOTA

### Amount of marijuana allowed
Manufacturers may not distribute more than a 30-day supply of marijuana to a patient/caregiver during any 23-day period. The amount of marijuana that this constitutes is determined on a patient-by-patient basis during a consultation with the manufacturer’s on-site pharmacist.

### Home cultivation - requirements and restrictions
Law does not authorize the home cultivation of marijuana.

### Restrictions on the use of marijuana
- Cannot be ingested via smoking; must be delivered in form of liquid, pill or vaporized delivery method.
- Cannot be consumed on the property of the manufacturer.
- Cannot undertake any task under the influence of marijuana that would constitute negligence or professional malpractice.
- Cannot possess or use: (1) on a school bus or van; (2) on the grounds of any preschool or primary or secondary school; (3) in any correctional facility; or (4) on the grounds of any child care facility or home day care.
- Cannot use in vapor form: (1) on any form of public transportation; (2) where the vapor would be inhaled by a non-patient minor child; or (3) in any public place, including any indoor or outdoor area used by or open to the general public or a place of employment.
- Health care facilities, boarding care homes and assisted living facilities may adopt reasonable restrictions on the use of medical marijuana by a patient who resides at or is actively receiving treatment or care at the facility including that the facility will not store or maintain the patient’s supply of marijuana and the patient may use in only designated areas.

### Registry application review
- Applications must be approved or denied with 30 days of receipt.
- Applications can be denied if patient: (1) does not have certification from a health care practitioner that the patient has been diagnosed with a qualifying medical condition; (2) has not signed and returned the disclosure form; (3) does not provide the information required; (4) has previously been removed from the registry program for certain violations; or (5) provides false information.

### Registry fees – patients and caregivers
- $200 annual fee for patients with a reduced fee of $50 available for low income patients.
- No fee for caregivers, but they must pay $15 for background check.

### Registry fees – dispensaries and producers
Application fee is $20,000. Annual fee is equal to the cost of regulating and inspecting the manufacturer in that year.

### Insurance
Law does not require the medical assistance and MinnesotaCare programs to reimburse an enrollee or a provider for costs associated with the medical use of marijuana.
### MINNESOTA

#### Dispensaries and producers—ownership requirements and restrictions
- Number of licenses limited to two manufacturers.
- Health care practitioners who certify patients may not: (1) hold a direct or indirect economic interest in the manufacturer; (2) serve on the board of directors or as an employee of the manufacturer; or (3) advertise with the manufacturer in any capacity.
- Cannot accept or solicit any form of remuneration from a health care practitioner who certifies qualifying conditions for patients.

#### Dispensaries and producers—operational requirements and restrictions
- Allowed to charge patients a reasonable fee for costs associated with the operations of the manufacturer, including a sliding fee scale based upon patient income.
- Cannot operate in any location within 1,000 feet of a public or private school existing before the date of registration.
- Cultivation, harvesting, manufacturing, packaging, and processing may be conducted at only one location in an enclosed, locked facility.
- Manufacturer must operate four distribution facilities, which may include the location for cultivation, harvesting, manufacturing, packaging, and processing but is not required to include that location.
- Cannot employ anyone who is under 21 years of age or who has been convicted of a disqualifying felony offense.
- Employees must submit fingerprints for a background check.
- Only employees licensed as pharmacists may give final approval to distribute marijuana to patients, after a consultation (which can be done via video) to determine the proper dosage.
- Must submit monthly reports to Commissioner containing, for each patient: (1) the amount and dosages of marijuana distributed; (2) the chemical composition of the marijuana and (3) the tracking number assigned to the marijuana.
- Detailed financial records regarding all sales, inventory, other business transactions and financial condition kept for five years.
- Real-time inventory records.
- Annual certified financial audits are required, with results sent to Commissioner by May 1 of each year.
- Displays of merchandise, interior signs, and other exhibits must be designed to prevent public viewing from outside the manufacturing facility and distribution facility.
- Must accept, at no charge, unused, excess, or contaminated marijuana.
- Commissioner must approve the manufacturer’s use of any hydrocarbon-based extraction process.

#### Dispensaries and producers—inspections
- Subject to reasonable inspection by the Commissioner, which may include a review of the financing, budgets, revenues, sales and pricing. Manufacturer must pay for the costs incurred by the Department in conducting an examination.
<table>
<thead>
<tr>
<th><strong>MINNESOTA</strong></th>
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<tr>
<td><strong>Local control</strong></td>
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</tbody>
</table>
| **Registry tracking system** | • Commissioner must establish a patient registry program to evaluate data on patient demographics, effective treatment options, clinical outcomes, and quality-of-life outcomes to report on the benefits, risks, and outcomes regarding patients with a qualifying medical condition engaged in the therapeutic use of marijuana.  
  • Federal, state, and local law enforcement authorities are prohibited from accessing the patient registry except when acting pursuant to a valid search warrant. |
| **Other use of registry information** | • Commissioner will consult with each manufacturer on an annual basis regarding the types of marijuana offered by the manufacturer and prepare a published list for public.  
  • Data collected on patients by a health care practitioner and reported to the patient registry may be used or reported in an aggregated, non-identifiable form as part of a scientific, peer-reviewed publication of research. |
| **Marijuana testing and labeling** | • Manufacturer must contract with a laboratory for testing.  
  • Cost of testing is born by manufacturer.  
  • Commissioner must approve a testing laboratory that a manufacturer wants to use.  
  • Manufacturer must develop and implement a written quality assurance program that assesses the chemical and microbiological composition of marijuana. The assessment should include a profile of the active ingredients, shelf life and the presence of inactive ingredients and contaminants.  
  • Marijuana must be in a plain, tamper-resistant and child-resistant packaging with a label that contains: (1) patient’s name and date of birth; (2) name and date of birth of the patient’s registered designated caregiver; (3) patient’s registry identification number; (4) manufacturer name; (5) chemical composition; (6) dosage and directions; (7) ingredient list; and (8) the following statement: “This product has not been analyzed or approved by the United States Food and Drug Administration. There is limited information on the side effects of using this product, and there may be associated health risks. Do not drive or operate heavy machinery when under the influence of this product. KEEP THIS PRODUCT OUT OF REACH OF CHILDREN.”  
  • Must retain documentation of test results, assessment, and destruction of marijuana for at least five years |
| **Driving during / after use** | In Minnesota, no person may operate, navigate or be in actual physical control of any motor vehicle while under the influence of a controlled substance. Minnesota has an “any amount” standard regarding certain controlled substances, but not marijuana or THC. |
## MINNESOTA

### Exemption from penalty provided by law
- There is a presumption that a patient enrolled in the registry is engaged in the authorized use of marijuana but the presumption is subject to rebuttal by evidence.
- Marijuana obtained and distributed as allowed under the law (and associated property) is not subject to forfeiture.
- For the purposes of medical care, including organ transplants, a patient’s use of marijuana is the equivalent of the authorized use of any other medication.
- An employee who is required to undergo employer drug testing may present verification of enrollment in the registry.
- No one may be denied custody of a minor child or visitation rights or parenting time with a minor child solely based on the person’s status as a patient.
- There is no presumption of neglect or child endangerment for conduct allowed under the law unless the person’s behavior is such that it creates an unreasonable danger to the safety of the minor as established by clear and convincing evidence.

### Effect of law on employers and landlords
- No school or landlord may refuse to enroll or lease to and may not otherwise penalize a person solely for the person’s status as a patient unless failing to do so would violate federal law or regulations or cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.
- Unless a failure to do so would violate federal law or regulations or cause an employer to lose a monetary or licensing-related benefit under federal law or regulations, an employer may not discriminate against a person in hiring, terminating or any term or condition of employment based upon either: (1) the person’s status as a patient; or (2) the person’s positive drug test for marijuana components or metabolites, unless the patient used, possessed, or was impaired by marijuana on the premises of the place of employment or during the hours of employment.

### Taxes
- Not addressed in law or regulations.

### Fund(s) created
- None. Fees collected are deposited in the Minnesota Special Revenue Fund.

### Studies required or requested
- Commissioner to review and publicly report the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying medical conditions; Commissioner to make this information available to patients beginning December 1, 2014, and update the information annually.
### MINNESOTA

| Studies required or requested (continued) | - Law creates a 23-member Medical Cannabis Therapeutic Research Task Force (“Task Force”) to conduct an impact assessment of the law; assessment shall include, by February 1, 2015, a report on the design and implementation of the registry program; and every two years thereafter, a complete impact assessment report.  
- Task Force may make recommendations to the legislature on whether to add or remove conditions from the list of qualifying medical conditions.  
- Commissioner may submit medical research to any federal agency with regulatory or enforcement authority over the medicinal use of marijuana to demonstrate the effectiveness as to any qualifying medical condition. |

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
| **MONTANA** |
|-----------------|--------------------------------------------------|
| **Statute(s)**  | MCA §§ 50-46-301 to 50-46-345.                   |
| **Type of law** | Registry of authorized cardholders and physicians; licensed individual providers (caregivers), individual marijuana-infused products providers (“MIPP”), dispensaries, and testing laboratories. |
| **Regulations** | Mont.Admin.R. 37.107.101 to 37.107.135. Additional regulations concerning dispensaries and testing laboratories will be adopted. |
| **Registry administrator** | Montana Department of Public Health and Human Services (“Department”). |
| **Website** | [http://dphhs.mt.gov/marijuana.aspx](http://dphhs.mt.gov/marijuana.aspx) |
| **Usage** | As of December 2016, there are 8,215 registered patients, 536 providers, and 174 physicians. |
| **Conditions treated** | “Debilitating medical condition, which means:  
- cancer, glaucoma, HIV positive or AIDS when the condition or disease results in symptoms that seriously and adversely affect the patient’s health status;  
- cachexia or wasting syndrome, intractable nausea or vomiting, epilepsy or an intractable seizure disorder, multiple sclerosis, Crohn’s disease, painful peripheral neuropathy, a central nervous system disorder resulting in chronic, painful spasticity or muscle spasms, post-traumatic stress disorder;  
- admittance into hospice care in accordance with rules adopted by the Department;  
- severe chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient’s treating physician; or  
- any other medical condition or treatment for a medical condition approved by the legislature.” |
| **Patients – requirements and restrictions** | - Physician providing written certification must be Montana-licensed and have a bona fide physician patient relationship.  
- Written certifications from two physicians are required if proposed patient is a minor.  
- Must keep registry card in possession at all times.  
- Minor patient’s parent or guardian must sign and submit a written statement that: (1) the minor’s physician has explained the potential risks and benefits of the use of marijuana; and (2) the parent/guardian consents to the use, agrees to serve as the minor’s marijuana infused products provider, agrees to control the acquisition of marijuana, and agrees that minor will not be allowed to smoke marijuana. |
### Montana

#### Patients – requirements and restrictions (continued)

- Written certification must contain statement that:
  1. physician is the person’s treating physician and that the person has been under the physician’s ongoing medical care as part of a bona fide professional relationship with the person;
  2. patient has a debilitating medical condition;
  3. describes the debilitating medical condition, why the condition is debilitating, and the extent to which it is debilitating;
  4. confirms that physician has assumed primary responsibility for care of the patient’s debilitating medical condition after obtaining a comprehensive medical history and conducting a physical examination that included a personal review of any medical records maintained by other physicians and that may have included the person’s reaction and response to conventional medical therapies;
  5. describes the medications, procedures, and other medical options used to treat the condition;
  6. states that the medications, procedures, or other medical options have not been effective;
  7. confirms that the physician has reviewed all prescription and nonprescription medications and supplements used by the person and has considered the potential drug interaction with marijuana;
  8. states that the physician has a reasonable degree of certainty that the person’s debilitating medical condition would be alleviated by the use of marijuana and that, as a result, the patient would be likely to benefit from the use of marijuana;
  9. confirms that the physician has explained the potential risks and benefits of the use of marijuana to the person;
  10. lists restrictions on the person’s activities due to the use of marijuana;
  11. specifies the time period for which the use of marijuana would be appropriate, and
  12. states that physician will continue to serve as person’s treating physician.

- Minor’s parent/guardian must submit fingerprints for a background check.
- Cardholder must notify Department of any change to status of condition within 10 days of change.
- Anyone who fraudulently represents to a law enforcement official that the person is a registered cardholder, provider, or marijuana-infused products provider is guilty of a misdemeanor punishable by imprisonment in a county jail for a term not to exceed 1 year or a fine not to exceed $1,000, or both.
- Department may revoke the card of a person who is convicted of a drug offense.

#### Out-of-state reciprocity

Not addressed in law or regulations.
## MONTANA

### Caregivers - requirements and restrictions
- Providers cannot be patient’s treating or referral physician.
- Providers and MIPPs must be at least age 18 and a one-year resident of Montana.
- Department will conduct background check before issuing card.
- Cannot be a caregiver if person: (1) has a felony conviction or a conviction for a drug offense; (2) is in the custody of or under the supervision of the department of corrections or a youth court; or (3) has failed to: (i) pay any taxes, interest, penalties, or judgments due to a government agency; (ii) stay out of default on a government-issued student loan; (iii) pay child support; or (iv) remedy an outstanding delinquency for child support or for taxes or judgments owed to a government agency.
- May accept reimbursement only for the provider’s application or renewal fee for a registry identification card; cannot accept payment for services or products provided.
- Marijuana for use pursuant to this part must be cultivated and manufactured in Montana.
- Physician providing written certifications may not accept anything of value from provider or MIPP.
- Provider and MIPP must keep records showing all transactions with patients that are subject to inspection by Department or law enforcement.

### Amount of marijuana allowed
- Four mature plants, 12 seedlings, and one ounce of usable marijuana. For providers and MIPPs, these limits apply per patient assisted.

### Home cultivation - requirements and restrictions
- Patient can elect to cultivate marijuana themselves or have provider cultivate.
- Cultivation must occur at a specified “registered premises” and cannot be visible from street or other public area.
- Premises must be property owned by patient/provider; if not, patient/provider must have written permission of landlord.
- Registered premises cannot be shared by multiple patients or providers, unless it involves patients who are related.
- MIPP may not provide a patient with marijuana in a form that may be used for smoking unless the MIPP is also a registered provider and is providing the marijuana to their own patient.
- Department and state or local law enforcement agencies may conduct unannounced inspections of registered premises.
### MONTANA

#### Restrictions on the use of marijuana
- Marijuana cannot be used: (1) in a health care facility; (2) in a school or a postsecondary school; (3) on or in any property owned by a school district or a postsecondary school; (4) on or in any property leased by a school district or a postsecondary school when the property is being used for school-related purposes; (5) in a school bus or other form of public transportation; (6) at a public park, public beach, public recreation center, or youth center; (7) in or on the property of any church, synagogue, or other place of worship; (8) in plain view of or in a place open to the general public; or (9) where exposure to the marijuana smoke significantly adversely affects the health, safety, or welfare of children.
- When patient is admitted to a health care facility, the facility must require that the patient remove all marijuana in his/her possession before entry.

#### Registry application review
- Department to review the information contained in an application or renewal and approve or deny within 30 days of receipt.
- Cards must be issued within five days of acceptance.
- Rejection of an application or renewal is considered a final Department action, subject to judicial review.

#### Registry fees – patients and caregivers
- $5 new or renewal patient fee.
- $50 new or renewal provider fee.
- Patient cards are valid for one year, unless written certification states that period should be less than a year.
- Provider / MIPP cards valid for one year.

#### Registry fees – dispensaries and producers
- Fees to be established by regulation.
- Law provides that license fees for providers and marijuana-infused products providers may not exceed $1,000 for 10 or fewer registered cardholders or $5,000 for more than 10 registered cardholders.
- License fees for testing labs may not exceed $1,200.

#### Insurance
- Law does not require a government medical assistance program, a group benefit plan, or an insurer to reimburse a person for costs associated with the use of marijuana by a patient.

#### Dispensaries and producers-ownership requirements and restrictions
- Provider or MIPP may: (1) operate dispensaries; (2) employ employees to cultivate marijuana, manufacture marijuana-infused products, and dispense and transport marijuana and marijuana-infused products; and (3) provide a small amount of marijuana or marijuana-infused product cultivated or manufactured on the registered premises to a licensed testing laboratory.
- Providers and MIPPs must be at least age 18 and a one-year resident of Montana.
<table>
<thead>
<tr>
<th><strong>MONTANA</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Dispensaries and producers—ownership requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Department may deny or revoke a license based on proof that the applicant made a false statement in an application.</td>
</tr>
<tr>
<td>• Person with a financial interest in a licensed testing laboratory may not have a financial interest in a provider for whom testing services are performed.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers—operational requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Establishment may not be located in a city, town, or county where an activity related to the medical use of marijuana is prohibited by ordinance or resolution (if filed with the Department).</td>
</tr>
<tr>
<td>• Establishment may not be located within 500 feet of and on the same street as a building used exclusively as a church, synagogue, or other place of worship or as a school or postsecondary school other than a commercially operated school.</td>
</tr>
<tr>
<td>• Establishment cannot be located in a place that will adversely affect the welfare of the people residing in or of retail businesses located in the vicinity.</td>
</tr>
<tr>
<td>• Providers and MIPPs must keep a complete set of records necessary to show all transactions with registered cardholders.</td>
</tr>
<tr>
<td>• Providers and MIPPs must maintain records showing the names and registry identification numbers of cardholders to whom mature plants, seedlings, usable marijuana, or marijuana-infused products were transferred and the quantities transferred.</td>
</tr>
<tr>
<td>• Licensed persons may not advertise marijuana or marijuana-related products in any medium, including electronic media.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers—inspections</strong></td>
</tr>
<tr>
<td>• Establishment records must be open for inspection by the Department and state or local law enforcement agencies during normal business hours.</td>
</tr>
<tr>
<td>• Department to inspect annually each dispensary, registered premises, and testing laboratory.</td>
</tr>
<tr>
<td>• Registered premises or dispensary, including any places of storage, where marijuana is cultivated, manufactured, or stored is subject to entry by the Department or state or local law enforcement agencies for the purpose of inspection or investigation during normal business hours.</td>
</tr>
<tr>
<td><strong>Local control</strong></td>
</tr>
<tr>
<td>Local government may regulate, by ordinance or resolution, a provider or MIPP including: (1) inspections of locations where marijuana is cultivated or manufactured in order to ensure compliance with any public health, safety, and welfare requirements; and (2) prohibiting providers and MIPPs from operating in a storefront.</td>
</tr>
</tbody>
</table>
### MONTANA

| **Registry tracking system** | • Department must maintain a confidential list of persons issued cards.  
• Names and other identifying information may not be disclosed, except to: (1) authorized employees of the Department as necessary to perform official duties; and (2) authorized employees of state or local government agencies, including law enforcement agencies, only as necessary to verify that an individual is a lawful possessor of a registry identification card. |
| **Other use of registry information** | • Department must provide names of local providers and MIPPs to local law enforcement.  
• Department to report to legislature twice a year: (1) the number of applications for registry identification cards; (2) the number of registered cardholders approved; (3) the nature of the debilitating medical conditions of the cardholders; (4) the number of providers and marijuana-infused products providers approved; (5) the number of registry identification cards revoked; (6) the number of physicians providing written certification for registered cardholders; and (7) the number of written certifications each physician has provided.  
• State board of medical examiners to report to the legislature the number and types of complaints the board has received involving physician practices. |
| **Marijuana testing and labeling** | • Department to license testing laboratories that measure the THC and cannabidiol content of marijuana and marijuana-infused products and to test marijuana and marijuana-infused products for toxins and mold.  
• Each laboratory must employ a scientific director who is responsible for ensuring the achievement and maintenance of quality standards of practice. |
| **Driving during / after use** | • Law does not allow anyone to operate, navigate or be in actual physical control of a motor vehicle, aircraft, or motorboat while under the influence of marijuana.  
• Law enforcement officer who has reasonable cause to believe that a person with a valid registry identification card is driving under the influence of marijuana may apply for a search warrant to require the person to provide a sample of the person’s blood for testing.  
• It is also a violation to drive while having a blood THC level of 5 ng/ml or above. |
| **Exemption from penalty provided by law** | • Individual with a valid registry identification card may not be arrested, prosecuted, or penalized in any manner or be denied any right or privilege, including but not limited to civil penalty or disciplinary action by a professional licensing board or the department of labor and industry, solely because of their use or possession of marijuana under the law. |
### MONTANA

| Exemption from penalty provided by law (continued) | • Patient, provider or MIPP is presumed to be engaged in the use of marijuana as allowed if the person: (1) is in possession of a valid registry identification card; and (2) is in possession of no than the maximum amount of marijuana allowed.  
• Presumption may be rebutted by evidence that the possession of marijuana was not for the purpose of alleviating the symptoms or effects of a patient’s debilitating medical condition.  
• Physician may not be arrested, prosecuted, or penalized in any manner or be denied any right or privilege solely for providing written certification for a patient with a debilitating medical condition.  
• Marijuana, paraphernalia relating to marijuana, or other property seized by a law enforcement official must be returned to the person immediately upon a determination that the person is in compliance with law. |
| --- | --- |
| Effect of law on employers and landlords | • Law does not require an employer to accommodate the use of marijuana by a registered cardholder.  
• Employer not prohibited from including in any contract a provision prohibiting the use of marijuana for a debilitating medical condition.  
• Law does not require a school or postsecondary school to allow a patient to participate in extracurricular activities.  
• Law does not require a landlord to allow a tenant who is a registered cardholder, provider or MIPP to cultivate or manufacture marijuana or to allow a registered cardholder to use marijuana. |
| Taxes | Not addressed in law or regulations. |
| Fund(s) created | 2016 amendments to law provide for a “medical marijuana state special revenue account,” containing all fees and civil penalties collected under the law; money deposited in account must be used by the Department to administer the law. |
| Studies required or requested | Children and Families Interim Committee (joint bipartisan legislative committee) must identify issues likely to require future legislative attention and develop legislation to present in future legislative sessions. |
### NEVADA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>N.R.S. §§ 453A.010 to 453A.810; §§ 372A.200 to 372A.380.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>June 14, 2001. Substantial amendments to the law took effect on April 1, 2014.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed marijuana cultivators, producers, dispensaries, and independent testing laboratories (collectively, “marijuana establishments”).</td>
</tr>
<tr>
<td>Regulations</td>
<td>NAC 453A.010 to 453A.720.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Nevada Department of Health and Human Services, Nevada Division of Public and Behavioral Health (“Division”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://dpbh.nv.gov/Reg/Medical_Marijuana/">http://dpbh.nv.gov/Reg/Medical_Marijuana/</a></td>
</tr>
<tr>
<td>Usage</td>
<td>As of November 2016, there are 25,291 active patients (59 of whom are minors) and 1,749 active caregivers. As of December 2016, 69 cultivation facility, 39 production facility, 10 laboratory, and 56 dispensary licenses have been issued.</td>
</tr>
</tbody>
</table>
| Conditions treated      | “Chronic or debilitating medical condition,” which means:  
- AIDS, cancer, glaucoma;  
- a medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following: (1) cachexia; (2) persistent muscle spasms, including, without limitation, spasms caused by multiple sclerosis; (3) seizures, including, without limitation, seizures caused by epilepsy; (4) severe nausea; or (5) severe pain; or  
- any other medical condition or treatment for a medical condition that is: (1) classified as a chronic or debilitating medical condition by regulation of the Division; or (2) approved as a chronic or debilitating medical condition pursuant to a petition submitted in accordance with NRS 453A.710.  
A person may submit to the Nevada Chief Medical Officer, in the form prescribed by the Division, a petition requesting that a particular disease or condition be included. |
| Patients – requirements and restrictions |  
- Must be Nevada resident.  
- Need written documentation from the attending physician stating that: (1) the patient diagnosed with a chronic or debilitating medical condition; (2) the medical use of marijuana may mitigate the symptoms or effects of that condition; and (3) the physician has explained the possible risks and benefits of the medical use of marijuana.  
- Physician must provide a signed written statement verifying that he or she saw photographic identification of the applicant and the designated primary caregiver, if any, and that the applicant and the designated primary caregiver, if any, are the persons named in the application. |
### NEVADA

#### Patients – requirements and restrictions (continued)

- If the patient is under age 18, their custodial parent or legal guardian with responsibility for health care decisions must sign statement that: (1) attending physician has explained to the patient and the parent / guardian the possible risks and benefits of the medical use of marijuana; (2) the parent / guardian consents to the use of marijuana by the person under 18 years of age for medical purposes; (3) the parent / guardian agrees to serve as the designated primary caregiver for the person under 18 years of age; and (4) the parent / guardian agrees to control the acquisition of marijuana and the dosage and frequency of use.
- If the patient is under age 10, Division provides the patient with a letter of approval rather than a registration card.
- If the patient is diagnosed by the person’s attending physician that he or she no longer has a chronic or debilitating medical condition, the person (and his or her designated primary caregiver) must return their registry identification cards to the Division within seven days after notification of the diagnosis.
- Application will be denied (or card revoked) if person is convicted of knowingly or intentionally selling a controlled substance.
- Patient can select up to one dispensary at any one time.

#### Out-of-state reciprocity

Nevada and the marijuana dispensaries in Nevada will recognize a non-resident’s registry card from another jurisdiction if:

- the other jurisdiction grants an exemption from criminal prosecution for the medical use of marijuana;
- the other jurisdiction requires, as a prerequisite to the issuance of such a card, that a physician advise the person that the medical use of marijuana may mitigate the symptoms or effects of the person’s medical condition;
- the card has an expiration date and has not yet expired;
- the nonresident signs an affidavit in a form prescribed by the Division which sets forth that the holder or bearer is entitled to engage in the medical use of marijuana in his or her state or jurisdiction of residence; and
- the nonresident abides by the legal limits on the possession of marijuana for medical purposes in Nevada.

#### Caregivers - requirements and restrictions

- Must be at least age 18, approved by the patient’s physician but not their physician.
- Can be a caregiver for only one patient.
- Patient cannot serve as caregiver for another patient.
- Cannot have been convicted of knowingly or intentionally selling a controlled substance.
### NEVADA

#### Amount of marijuana allowed
- Two and one-half ounces of usable marijuana in any 14-day period and up to 12 marijuana plants, irrespective of whether they are mature or immature.
- For purposes of edible and marijuana-infused products, the total amount of THC in any one 14-day period cannot exceed 10,000mg.

#### Home cultivation - requirements and restrictions
Home cultivation by a patient or caregiver is not allowed once a dispensary opens in a patient’s county of residence unless:
- the patient or caregiver were cultivating, growing or producing marijuana on or before July 1, 2013;
- none of the dispensaries in the county remain open or can supply the quantity or strain of marijuana necessary;
- due to illness or lack of transportation, the patient or caregiver are unable to reasonably travel to a dispensary; or
- no dispensary within 25 miles of patient’s resident was operating at the time they first applied for a registry card.

Marijuana must be safeguarded in a secure, enclosed location.

#### Restrictions on the use of marijuana
Cannot possess or use marijuana or paraphernalia in: (1) any public place or in any place open to the public or exposed to public view; or (2) any local detention facility, county jail, state prison, reformatory or other correctional facility, including, without limitation, any facility for the detention of juvenile offenders.

#### Registry application review
- Division must verify the information contained in an application and approve or deny an application within 30 days of receipt.
- Applications may be denied for the following reasons: (1) applicant failed to provide the information required; (2) applicant failed to comply with regulations; (3) Division determines that the information provided by the applicant was false; (4) Division determines that the attending physician of the applicant is not licensed to practice medicine or osteopathic medicine in this State or is not in good standing, as reported by the Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable; (5) Division determines that the applicant, or the applicant’s designated primary caregiver, if applicable, has been convicted of knowingly or intentionally selling a controlled substance; or (6) applicant has had a prior card revoked.
- Decision to deny an application is a final decision for the purposes of judicial review.
- A person whose application has been denied may not reapply for six months after the date of the denial.
### NEVADA

**Registry fees – patients and caregivers**
- Application cost of $25 and annual license fee of $75.
- Cards are valid for one year.
- As part of renewal, patient must submit updated written documentation from the physician that the patient continues to suffer from a chronic or debilitating medical condition, the medical use of marijuana may mitigate the symptoms or effects of that condition and the physician has explained to the person the possible risks and benefits of the medical use of marijuana.

**Registry fees – dispensaries and producers**
- Initial application fee of $5,000 for all establishments.
- For dispensaries, the initial license fee is $30,000 and the annual renewal fee is $5,000.
- For cultivation facilities, the initial license fee is $3,000 and the renewal fee is $1,000.
- For production facilities, the initial license fee is $3,000 and the renewal fee is $1,000.
- For independent testing laboratories, the initial license fee is $5,000 and the renewal fee is $3,000.
- Marijuana establishment agent fees are $75 for initial applications and renewals.

**Insurance**
- Law does not require an insurer, organization for managed care or any person or entity who provides coverage for a medical or health care service to pay for or reimburse a person for costs associated with the medical use of marijuana.

**Dispensaries and producers - ownership requirements and restrictions**
- No state employee who is responsible for implementing or enforcing the medical use of marijuana law may have a direct or indirect financial interest or be employed by or volunteer at a medical marijuana establishment.
- Prospective owners must control at least $250,000 in liquid assets.
- All owners, officers and board members are subject to a criminal background check.
- No owners, officers or board members may have been convicted of an excluded felony offense or served in the same position for an establishment that had its license revoked.
- Must be at least age 21.
- Subject to other regulations, the number of dispensaries in each county is limited to: (1) in a county whose population is 700,000 or more, 40 certificates; (2) in a county whose population is 100,000 or more but less than 700,000, 10 certificates; (3) in a county whose population is 55,000 or more but less than 100,000, two certificates; and (4) in each other county, one certificate.
### NEVADA

#### Dispensaries and producers - ownership requirements and restrictions

- Application for establishment and agent license must indicate whether person is subject to a court order for the support of a child and whether or not they are in compliance with the support order.

#### Dispensaries and producers – operational requirements and restrictions

- Physical location may not be within 1,000 feet of a public or private school that provides formal education traditionally associated with preschool or kindergarten through grade 12 and that existed on the date application submitted.
- Location cannot be within 300 feet of a community facility that existed on the date application submitted.
- Each establishment must be located in a separate building or facility that is located in a commercial or industrial zone or overlay.
- Location’s appearance, both as to the interior and exterior, must be professional, orderly, dignified and consistent with the traditional style of pharmacies and medical offices.
- Cultivation must take place in an enclosed, locked facility.
- Marijuana cannot be consumed on premises.
- Each medical marijuana establishment, in consultation with the Division, shall maintain an electronic verification system.
- For a dispensary, the electronic verification system must contain for each cardholder and who purchased marijuana from the dispensary in the immediately preceding 60-day period: (1) the number of the card; (2) the date on which the card was issued; and (3) the date on which the card will expire.
- Each medical marijuana establishment, in consultation with the Division, shall maintain an inventory control system.
- At time of purchase by a patient, the dispensary must confirm that the purchase amount would not cause the patient/caregiver to exceed the allowed 14-day amount of marijuana.
- At time of purchase, dispensary must enter into verification system: (1) name and number of the registry card of the patient; (2) amount of medical marijuana dispensed; (3) whether the marijuana was dispensed to the patient or to the caregiver; (4) date and time at which the medical marijuana was dispensed; (5) number of the establishment agent’s registration card; and (6) number of the establishment’s registration certificate.
- Cultivation facility shall ensure that any marijuana growing at the cultivation facility cannot be observed from outside the cultivation facility and does not emit an odor that is detectable from outside the cultivation facility.
### NEVADA

| **Dispensaries and producers - inspections** | • Division may, at any time, conduct an investigation into the premises, facilities, qualifications of personnel, methods of operation, policies and purposes of any medical marijuana establishment.  
• Division will not issue a medical marijuana establishment registration certificate until the Division completes an inspection of the premises.  
• Division may enter and inspect any building or premises at any time, with or without notice, to secure compliance with the law, prevent a violation or conduct an unannounced inspection in response to an allegation of noncompliance.  
• Division will enter and inspect at least annually, with or without notice, each building or the premises of a medical marijuana establishment to ensure compliance with the standards for health and sanitation. |
| **Local control** | If the city, town or county in which the proposed medical marijuana establishment will be located has enacted zoning restrictions, a prospective applicant must provide that the proposed establishment complies with those restrictions. |
| **Registry tracking system** | • “Electronic verification system” is an electronic database that: (1) keeps track of data in real time; and (2) is accessible by the Division and by registered medical marijuana establishments.  
• Division also will register and track each attending physician who advises a patient that the medical use of marijuana may mitigate the symptoms or effects of the patient’s medical condition. |
| **Use of registry information** | • If the Division determines that an attending physician is advising patients that the medical use of marijuana may mitigate the symptoms or effects of the patients’ medical conditions at a rate that appears unreasonably high, the Division will notify the Board of Medical Examiners or the State Board of Osteopathic Medicine.  
• Division and any designee of the Division shall maintain the confidentiality of and shall not disclose: (1) the contents of any applications, records or other written documentation that the Division or its designee creates or receives pursuant to the provisions of this chapter; or (2) the name or any other identifying information of an attending physician or registry applicant.  
• Division or its designee may release the name and other identifying information of a person to whom the Division or its designee has issued a registry identification card to: (1) authorized employees of the Division or its designee as necessary to perform official duties of the Division; and (2) authorized employees of state and local law enforcement agencies, only as necessary to verify that a person is the lawful holder of a registry identification card. |
### NEVADA

<table>
<thead>
<tr>
<th>Marijuana testing and labeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishment cannot sell a lot of usable marijuana, edible marijuana products or marijuana-infused products until all required quality assurance testing has been completed.</td>
</tr>
<tr>
<td>• Any product containing marijuana must be packaged in child-resistant packaging.</td>
</tr>
<tr>
<td>• Marijuana-infused products in solid or liquid form must be packaged in plastic that is 4 millimeters or more in thickness and must be heat-sealed without an easy-open tab, dimple, corner or flap so that it is difficult for a child to open and as a tamperproof measure.</td>
</tr>
<tr>
<td>• Any medical marijuana establishment that packages marijuana, edible marijuana products or marijuana-infused products must individually package, label and seal the marijuana or marijuana products in unit sizes such that no single unit contains more than a two and one-half ounce supply of marijuana.</td>
</tr>
<tr>
<td>• Dispensary must label each container of usable marijuana with: (1) the medical marijuana establishment registration certificate number of the cultivation facility that cultivated and sold the usable marijuana; (2) lot number; (3) date and quantity dispensed, including the net weight measured in ounces and grams or by volume, as appropriate; (4) name and registry identification card number of the patient and, if applicable, the name of his or her designated primary caregiver; (5) name and address of the medical marijuana dispensary; (6) cannabinoid profile and potency levels and terpinoid profile as determined by the independent testing laboratory; (7) warning that states: “This product may have intoxicating effects and may be habit forming”; (8) statement: “This product may be unlawful outside of the State of Nevada”; and (9) date on which the marijuana was harvested.</td>
</tr>
<tr>
<td>• Dispensary must provide all usable marijuana sold at retail with accompanying material that discloses any pesticides applied to the marijuana plants and growing medium during production and processing and contains the following warnings: (1) “Warning: This product may have intoxicating effects and may be habit forming. Smoking is hazardous to your health”; (2) “There may be health risks associated with consumption of this product”; (3) “Should not be used by women who are pregnant or breast feeding”; (4) “For use only by the person named on the label of the dispensed product. Keep out of the reach of children”; and (5) “Marijuana can impair concentration, coordination and judgment. Do not operate a vehicle or machinery under the influence of this drug.”</td>
</tr>
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</table>
### NEVADA

**Marijuana testing and labeling (continued)**

- Dispensary must affix to each container or package containing edible marijuana products or marijuana-infused products sold at retail a label which must include, without limitation: (1) business or trade name and the medical marijuana establishment registration certificate number of the facility for the production of edible marijuana products or marijuana-infused products that manufactured and sold the product; (2) lot numbers of all marijuana used to create the product; (3) batch number of the product; (4) date and quantity dispensed, including the net weight in ounces and grams or by volume, as appropriate; (5) name and registry identification card number of the patient and, if applicable, the name of his or her designated caregiver; (6) name and address of the medical marijuana dispensary; (7) date on which the product was manufactured; (8) if the product is perishable, a suggested use-by date; (9) total milligrams of active cannabinoids and terpinoids in the product, as provided by the independent testing laboratory that tested the product; (10) list of all ingredients and all major food allergens; (11) warning that states: “Caution: When eaten or swallowed, the intoxicating effects of this drug may be delayed by 2 or more hours”; (12) if a marijuana extract was added to the product, a disclosure of the type of extraction process and any solvent, gas or other chemical used in the extraction process, or any other compound added to the extract; (13) warning that states: “This product may have intoxicating effects and may be habit forming”; (14) statement that: “This product may be unlawful outside of the State of Nevada.”

- Each laboratory must employ a scientific director.

- Each independent testing laboratory must: follow the most current version of the *Cannabis Inflorescence: Standards of Identity, Analysis, and Quality Control* monograph published by the American Herbal Pharmacopoeia; or notify the Division of the alternative testing methodology the laboratory is following.

- No person with a direct or indirect interest in the laboratory may have a direct or indirect financial interest in: (1) a medical marijuana dispensary; (2) a facility for the production of edible marijuana products or marijuana-infused products; (3) a cultivation facility; (4) a physician who provides or has provided written documentation for the issuance of registry identification cards; or (5) any other entity that may benefit from the cultivation, manufacture, dispensing, sale, purchase or use of marijuana or marijuana products.
NAMSDL – Marijuana: Comparison of State Laws Allowing Use for Medicinal Purposes

| NEVADA |
|-----------------|---------------------------------------------------------------|
| **Driving during / after use** | - Law does not allow a person to drive, operate, or control a vehicle or vessel under power or sail while under the influence of medical marijuana.  
- Nevada law also contains a “specified concentration” limit that makes it unlawful to drive if the amount of marijuana in a driver’s urine is 10 nanograms per milliliter of urine and 2 nanograms per milliliter of blood. |
| **Exemption from penalty provided by law** | - Person who validly possesses a registration card and is otherwise complying with the law is exempt from state prosecution for: (1) possession, delivery or production of marijuana; (2) possession or delivery of paraphernalia; (3) aiding and abetting another in the possession, delivery or production of marijuana; or (4) aiding and abetting another in the possession or delivery of paraphernalia.  
- It is an affirmative defense to a criminal charge of possession, delivery or production of marijuana, or any other criminal offense in which possession, delivery or production of marijuana is an element, that the person charged with the offense: is a person who: (1) has been diagnosed with a chronic or debilitating medical condition within the 12-month period; (2) is engaged in the medical use of marijuana; and (3) possesses less than the maximum allowed amount of marijuana.  
- The fact that a person possesses a registry identification card does not, alone: constitute probable cause to search the person or the person’s property; or subject the person or the person’s property to inspection by any governmental agency.  
- Upon a determination by the district attorney of the county in which the marijuana, paraphernalia or other related property was seized, or the district attorney’s designee, that the person from whom the marijuana, paraphernalia or other related property was seized is engaging in or assisting in the medical use of marijuana in accordance with the provisions of this chapter, the law enforcement agency shall immediately return to that person any usable marijuana, marijuana plants, paraphernalia or other related property that was seized. |
| **Effect of law on employers and landlords** | - Law enforcement agency may adopt policies or procedures that preclude an employee from engaging in the medical use of marijuana.  
- Law does not require an employer to allow the medical use of marijuana in the workplace.  
- Law does not require an employer to modify the job or working conditions of a person who engages in the medical use of marijuana that are based upon the reasonable business purposes of the employer. |

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
### NEVADA

#### Effect of law on employers and landlords (continued)
- Employer must attempt to make reasonable accommodations for the medical needs of an employee who engages in the medical use of marijuana if the employee holds a valid registry identification card, as long as it will not: (1) pose a threat of harm or danger to persons or property or impose an undue hardship on the employer; or (2) prohibit the employee from fulfilling any and all of his or her job responsibilities.

#### Taxes
- Excise tax of 2% on the wholesale sale of marijuana by a cultivation facility to another medical marijuana establishment.
- Excise tax of 2% on the wholesale sale of edible marijuana products or marijuana-infused products by a production facility to another medical marijuana establishment.
- Excise tax of 2% on the retail sale of marijuana by a dispensary.
- General state and local sales and use taxes also apply to retail sales that apply to retail sales of tangible personal property.
- Tax revenues distributed as follows: (1) 75% to the State Treasurer for the State Distributive School Account in the State General Fund; and (2) 25% expended to pay the costs of the Division in administering the law.

#### Fund(s) created
- Revenue generated from marijuana establishment license fees must be expended to pay the costs of administration of the law by the Division.
- If any excess fee revenue remains after payment of Division costs, such excess revenue must be paid over to the State Treasurer to be deposited to the credit of the State Distributive School Account in the State General Fund.
- Any money the Administrator of the Division receives from gifts, grants, donations or contributions must be deposited in the State Treasury and accounted for separately in the State General Fund and may only be used to carry out the provisions of the law or towards alcohol and drug abuse programs.

#### Studies required or requested
- University of Nevada School of Medicine must establish a program for the evaluation and research of the medical use of marijuana in the care and treatment of persons who have been diagnosed with a chronic or debilitating medical condition.
- Such research program must include Nevada residents who volunteer to act as participants and subjects.
- The School of Medicine must, on a quarterly basis, report to the Interim Finance Committee with respect to: (1) the progress made by the School of Medicine in obtaining federal approval for the research program; and (2) if the research program receives federal approval, the status of, activities of and information received from the research program.
<table>
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<th><strong>NEW HAMPSHIRE</strong></th>
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</table>
| **Conditions treated** | “Qualifying medical condition, which means the presence of:  
- cancer, glaucoma, positive status for human immunodeficiency virus, AIDS, hepatitis C currently receiving antiviral treatment, amyotrophic lateral sclerosis, muscular dystrophy, Crohn’s disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, epilepsy, lupus, Parkinson’s disease, Alzheimer’s disease, ulcerative colitis, 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: (1) elevated intraocular pressure; (2) cachexia; (3) chemotherapy-induced anorexia; (4) wasting syndrome; (5) agitation of Alzheimer’s disease; or (6) 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.  
For severe pain, the health care provider must: (1) document previously prescribed medication or surgical measures to which the severe pain has not responded; or document previously prescribed other treatment options which have produced serious side effects; and (2) maintain medical records of all previously prescribed medication, surgical measures, and other treatments. |

<sup>13</sup> New Hampshire law and regulations use the term “cannabis.”

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## NEW HAMPSHIRE

### Conditions treated (continued)

Providers can request the addition of other conditions if: (1) the medical condition, or the treatment thereof, is severely debilitating or terminal; (2) the condition or its treatment manifests in one or more of the symptoms; and (3) by submitting a written petition to the Department for consideration.

### Patients – requirements and restrictions

- Must be a resident of New Hampshire diagnosed by a “provider” as having a qualifying medical condition.
- Providers must be a physician or advanced practice registered nurse licensed to prescribe drugs in Maine, Massachusetts, New Hampshire, or Vermont and has an active federal DEA controlled substance registration.
- Must provide a provider’s “written certification” of the medical condition, developed after completing a full assessment of the patient’s medical history and current medical condition made in the course of a provider-patient relationship of at least three months in duration which includes an in-person exam, a history, a diagnosis, and a treatment plan appropriate for the licensee’s medical specialty.
- Can designate one caregiver and one alternative treatment center (“ATC”).
- If patient is under age 18, two provider certifications must be provided, with at least one from a pediatrician.
- If patient is under age 18: (1) provider must explain the potential risks and benefits to the custodial parent or legal guardian with responsibility for health care decisions; (2) the parent/guardian must consent in writing to allow the use of cannabis, serve as the patient’s caregiver, and control the patient’s acquisition and use of cannabis.
- Provider may not solicit or accept any remuneration from an ATC or examine a patient at a place where cannabis is sold.
- Anyone who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined $500.

### Out-of-state reciprocity

- “Visiting qualifying patient” is a patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days.
- Valid registry identification card issued under the laws of another state has the same force and effect as a New Hampshire issued card so long as the visiting patient can produce a statement from his / her provider stating that the visiting qualifying patient has a qualifying medical condition as defined in New Hampshire law.
- Visiting patient cannot cultivate cannabis in New Hampshire or purchase cannabis from an ATC.
### NEW HAMPSHIRE

#### Caregivers - requirements and restrictions
- Must be at least age 21 and not convicted of a felony or any felony drug-related offense.
- Can assist up to five patients at one time.
- Caregiver can assist additional patients, up to nine, if the caregiver and each additional patient reside more than 50 miles from nearest ATC.
- Allowed to receive compensation for costs, not including labor, associated with assisting a patient.
- Must undergo a criminal records check.

#### Amount of marijuana allowed
- Patient and caregiver jointly can possess up to two ounces of usable cannabis.
- For caregivers, the limit is per patient assisted.
- ATC cannot possess or cultivate more than: (1) three mature cannabis plants, 12 seedlings, and six ounces of usable cannabis for each qualifying patient who has designated the ATC to provide him or her with cannabis for therapeutic use; and (2) up to an additional 80 mature cannabis plants, 160 seedlings, and 80 ounces of usable cannabis, to allow sufficient quantity of cannabis for new qualifying patients, or to fill requests for the sale of cannabis to other ATCs.

#### Home cultivation - requirements and restrictions
Law does not authorize the home cultivation of marijuana.

#### Restrictions on the use of marijuana
- Smoking or vaporization of cannabis not allowed in any public place, including: (1) public bus or other public vehicle; or (2) any public park, public beach, or public field.
- Cannot possess cannabis in: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.
- Cannabis or paraphernalia at an ATC cannot be visible from outside the ATC’s property.
- Patients may use cannabis on privately owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.
- Residential tenant should not allow a patient to smoke on rented property if smoking on the property violates the lease or the lessor’s rental policies that apply to all tenants at the property (does not apply to ingestion or inhalation through vaporization).
### NEW HAMPSHIRE

**Registry application review**
- Department must approve or deny an application or renewal for a qualifying patient within 15 days of receipt and issue the registry card within five days of approval.
- Application can be denied if: (1) the applicant did not provide the information required; (2) the applicant previously had a card revoked for violating the law; or (3) the Department determines that the information provided was falsified.
- If denied, the applicant can request an administrative hearing by the Department.

**Registry fees – patients and caregivers**
- $50 fee for initial and renewal applications. Cards expire one year after issuance, unless provider’s certification indicates less time. Renewal applications are due at least 30 days before expiration of in-force card.

**Registry fees – dispensaries and producers**
- Initial application fee is $3,000.
- Annual registration fee is $80,000 in Geographic Areas 1-3.
- Annual registration fee is $40,000 in Geographic Area 4.
- Renewal applications due 120 days before expiration of current registration.

**Insurance**
- Law does not require any health insurance provider, health care plan, or medical assistance program to be liable for any claim for reimbursement for the medicinal use of cannabis.

**Dispensaries and producers - ownership requirements and restrictions**
- Must operate on a not-for-profit basis for the benefit of its patients, but does not have to be recognized as a tax-exempt organization by the IRS.
- Up to four ATC registrations will be issued at any one time.
- Board of directors must include at least one physician, advance practice registered nurse, or pharmacist licensed to practice in New Hampshire and at least one patient qualified to register as a qualifying patient.
- Medical providers cannot hold an economic interest in or be employed by an ATC.

**Dispensaries and producers – operational requirements and restrictions**
- Allowed to acquire, possess, cultivate, manufacture, deliver, transfer, transport, sell, supply and dispenses cannabis and related supplies and educational materials.
- Cannot be located in a residential district or within pre-existing designated drug free school zones.
- Cultivation must take place in an enclosed, locked facility.
- If ATC property is exempt from taxation under N.H. Rev. Stat. 72:23, the ATC must make payments in lieu of property taxes to the municipality in which it is located.
## NEW HAMPSHIRE

### Dispensaries and producers – operational requirements and restrictions (continued)

- Cannot employ anyone under age 21 or who has been convicted of a felony or felony drug-related offense.
- Must keep business records about each cannabis transaction (by patient ID number) and the disposal of unused cannabis.
- Must conduct a monthly comprehensive inventory of all cannabis.
- Must submit an annual report to the Department.
- Upon dispensing cannabis to a patient or caregiver, the ATCH agent must consult ATC records to verify that patient is not exceeding amount allowed in a 10-day period.
- Must provide educational materials about cannabis to patients and their caregivers.
- Must collect data on strains used and methods of delivery for qualifying conditions and symptoms, any side effects experienced, and therapeutic effectiveness for each patient who is willing to provide the information (data collected under ID number, not name).

### Dispensaries and producers - inspections

ATCs are subject to inspection by the Department, which may review ATC records, including confidential dispensing and data collection records, which shall track transactions and product effectiveness.

### Local control

At the time when an ATC registration is considered, the Department, in partnership with the local governing body of the town or city where the ATC would be located, will solicit input from qualifying patients, designated caregivers, and the residents of the towns or cities. Review of an ATC’s initial application will include consideration of its compliance with local zoning laws.

### Registry tracking system

- Department to maintain a confidential registry of each individual who has applied for and received a registry identification card as a patient or a designated caregiver.
- Information includes name of patient’s designated ATC.
- Registry information is confidential except for: (1) authorized Department employees in the course of their official duties; and (2) local and state law enforcement personnel who have detained or arrested an individual.
- Department can disclose whether a location is associated with a patient or caregiver, if officer submits a sworn statement that there is probable cause to believe cannabis is at a particular location.
- Counsel for the Department may notify law enforcement officials about falsified or fraudulent information.

### Use of registry information

- Department to track the number of patients who have designated each ATC and issue a monthly statement to each ATC.
### NEW HAMPSHIRE

#### Use of registry information (continued)
- Department to report annually on the program to the Health and Human Services Oversight Committee regarding: (1) the number of designated caregivers and the number of qualifying patients, by town or city and county; (2) the ages of the qualifying patients and the ages of the designated caregivers; (3) the qualifying medical conditions and the number of each qualifying medical condition; (4) the symptoms or side effects and the number of each symptom or side effect; (5) the number of physicians and the number of advanced practice registered nurses issuing written certifications; and (6) the number of providers in each medical specialty issuing written certifications.

#### Marijuana testing and labeling
- Each batch of cannabis harvested and each batch of cannabis concentrate produced must be tested for its cannabinoid profile, to include at a minimum, THC, THCV, CBC, CBD, CBDV, CBN, and CBG, by an independent laboratory located in New Hampshire.
- Each batch of solvent-based cannabis concentrate shall be tested for residual solvents, which, except for ethanol and isopropanol, shall not exceed 500 parts per million per gram.
- ATC to maintain results of all testing for no less than four years.
- All cannabis dispensed by an ATC must include a label specifying the weight of the cannabis and any other information the Department requires to appear on the label including that it is for therapeutic use and that diversion is a class B felony requiring revocation of one’s registry identification card.

#### Driving during / after use
- Law does not exempt a person from arrest for being under the influence of cannabis while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power.
- Under New Hampshire law, a person may not drive while “under the influence of . . . any controlled drug, prescription drug, over-the-counter drug, or any other chemical substance, natural or synthetic, which impairs a person’s ability to drive.”

#### Exemption from penalty provided by law
- Patients and caregivers are not subject to arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or denied any right or privilege if they do not possess more than two ounces of usable cannabis and any amount of unusable cannabis.
- Presumption is that a patient is lawfully engaged in the therapeutic use of cannabis if they possess a valid registry card and less than the maximum allowable amount cannabis.
- Person entitled to custody of, or visitation or parenting time with, a minor shall not be denied such a right solely for allowed conduct and there is no presumption of neglect or child endangerment.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100½ East Main Street, Suite C, Manchester, IA 52057.
## NEW HAMPSHIRE

### Exemption from penalty provided by law (continued)
- Providers are not subject to arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or denied any right or privilege solely for providing written certifications, but a professional licensing entity may sanction a provider for failing to properly evaluate a patient’s medical condition.
- Cannabis, cannabis paraphernalia, licit property, or interest in licit property that is possessed, owned, or used in connection with the therapeutic use of cannabis as allowed under this chapter, shall not be seized or forfeited if the basis for the seizure or forfeiture is activity related to cannabis that is exempt from state criminal penalties under this chapter.

### Effect of law on employers and landlords
- Law does not require any accommodation for use on the property or premises of any place of employment or on the property or premises of any residential care facility, nursing home, hospital, hospice house, jail, correctional facility, or other type of penal institution where prisoners reside or persons under arrest are detained.
- Law does not limit an employer’s ability to discipline an employee for ingesting cannabis in the workplace or for working while under the influence of cannabis.
- Law does not require any individual or entity in lawful possession of property to allow a guest, client, customer, or other visitor to use cannabis on or in that property.

### Taxes
- Not addressed to date in law or regulations.

### Fund(s) created
- Registry Identification Card and Certificate Fund (“Fund”), established to pay for the operational expenses of the program. Monies in the fund are non-lapsing and continually appropriated to the Department.

### Studies required or requested
- Advisory Council created to report to the Department, the Health and Human Services Oversight Committee, the state Board of Medicine and State Board of Nursing that, among other things:
  - collects information, including: (1) satisfaction of qualifying patients with the therapeutic use of cannabis program; (2) best practices in other states that allow the therapeutic use of cannabis; (3) the ability of qualifying patients in all areas of the state to obtain timely access to high-quality cannabis; (4) any research studies regarding health effects of cannabis for patients; (5) effectiveness of New Hampshire’s therapeutic use of cannabis program; (6) the effectiveness of ATCs, individually and collectively, in serving the needs of qualifying patients; (7) the sufficiency of the regulatory and security safeguards; (8) any illegal distribution or diversion of cannabis cultivated; and (9) any statutory issues related to the certification of qualifying patients;
  - and by 2018, issues a formal opinion on continuing the program.
**NEW JERSEY**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Effective date</td>
<td>October 1, 2010.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients, caregivers, and physicians; licensed alternative treatment centers (“ATCs”).</td>
</tr>
<tr>
<td>Regulations</td>
<td>N.J.A.C. 8:64–1.1 to 8:64–13.11.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>New Jersey Department of Health (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.state.nj.us/health/medicalmarijuana/">http://www.state.nj.us/health/medicalmarijuana/</a></td>
</tr>
<tr>
<td>Usage</td>
<td>In September 2016, the Department released that there are 9,009 registered patients. As of March 2016, 631 caregivers have registered since the registry opened in 2012. Also, as of March 2016, there are 362 active, registered physicians. As of January 2017, six ATC licenses have been issued, with five ATCs operational.</td>
</tr>
</tbody>
</table>
| Conditions treated         | “Debilitating medical condition,” which means:  
  - one of the following conditions, if resistant to conventional medical therapy: seizure disorder, including epilepsy; intractable skeletal muscular spasticity; post-traumatic stress disorder; or glaucoma;  
  - one of the following conditions, if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome results from the condition or treatment thereof: positive status for human immunodeficiency virus; acquired immune deficiency syndrome; or cancer;  
  - amyotrophic lateral sclerosis, 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 Department-approved medical condition or its treatment. Department-appointed Review Panel to make recommendations regarding approval or denial of a petition to add a condition submitted pursuant to N.J.A.C. 8:64–5.3. |
| Patients – requirements and restrictions |  
  - New Jersey resident provided with a certification by a physician pursuant to a bona fide physician-patient relationship.  
  - Physician must be a New Jersey-licensed physician with whom the patient has a bona fide physician-patient relationship and who is the primary care physician, hospice physician, or physician responsible for the ongoing treatment of a debilitating medical condition.  
  - Physicians must register with Department.  
  - Patient must inform Department of any change in status of their medical condition within 10 days. |
### NEW JERSEY

**Patients – requirements and restrictions (continued)**

- If patient is a minor, the custodial parent, guardian, or person who has legal custody of the minor must receive an explanation of the potential risks and benefits of the medical use of marijuana.

- Minor patient’s parent/guardian must consent in writing that the patient has their permission for the medical use of marijuana and that the person will control the acquisition and possession of the marijuana for the patient’s use.

- If patient is a minor, the recommending physician must obtain written confirmation from a physician trained in the care of pediatric patients (if he/she is not one) and from a psychiatrist establishing, in their professional opinions, following review of the minor patient’s medical record or examination of the minor patient, that the minor patient is likely to receive therapeutic or palliative benefits from the medical use of marijuana to treat or alleviate symptoms associated with his or her debilitating medical condition.

- Making a fraudulent representation to a law enforcement officer about the person’s participation in the Medicinal Marijuana Program to avoid arrest or prosecution for a marijuana-related offense is guilty of a petty disorderly persons offense.

- Must designate one ATC from which to receive marijuana.

**Out-of-state reciprocity**

- Not addressed in law or regulations.

**Caregivers – requirements and restrictions**

- New Jersey resident who is at least age 18.

- Can assist only one patient at a time.

- Must agree to assist with a patient’s medical use of marijuana and cannot be the patient’s physician.

- Cannot have been convicted of a disqualifying offense.

- Must undergo a criminal background check.

- May obtain marijuana for the patient only from the ATC designated by the patient.

- May not grow or cultivate medicinal marijuana for the patient or acquire it from any source other than designated ATC.

**Amount of marijuana allowed**

- Physician is to provide instructions to ATC that specify the amount of marijuana a patient or caregiver may receive from an ATC in any 30-day period.

- Amount specified cannot exceed two ounces.

- Physician may issue multiple written instructions at one time authorizing the patient to receive a total of up to a 90-day supply, provided: (1) each separate set of instructions indicates the earliest date on which an ATC may dispense the marijuana; and (2) the physician determines that it does not create an undue risk of diversion or abuse.
### NEW JERSEY

<table>
<thead>
<tr>
<th><strong>Home cultivation - requirements and restrictions</strong></th>
<th>Law does not authorize the home cultivation of marijuana.</th>
</tr>
</thead>
</table>
| **Restrictions on the use of marijuana** | • Cannot smoke marijuana: (1) in a school bus or other form of public transportation; (2) in a private vehicle unless the vehicle is not in operation; (3) on any school grounds; (4) in any correctional facility; (5) at any public park or beach; (6) at any recreation center; or (7) in any place where smoking is prohibited.  
• ATC may not furnish usable marijuana to a patient or caregiver if the ATC suspects or has reason to believe that the person is abusing marijuana or other substances or unlawfully redistributing it. |
| **Registry application review** | • Department must approve or deny an application or renewal within 30 days of receipt of the completed application or renewal.  
• If an application is approved, the registry identification card must be issued within five days of approval.  
• Department may deny an application if it: (1) contains false information, including, but not limited to, a false name, address, physician certification, date of birth, signature or photo identification; or (2) fails to provide required information.  
• Denial of an application is a final agency decision, subject to review by the New Jersey Superior Court, Appellate Division. |
| **Registry fees – patients and caregivers** | • Initial and renewal registration fee of $200.  
• Reduced fee of $20 available if applicant demonstrates eligibility to receive services under the New Jersey Medicaid program, receipt of current food stamp benefits, receipt of current New Jersey Temporary Disability Insurance benefits, Supplemental Security Income (SSI) benefits or Social Security Disability (SSD) benefits.  
• Cards are valid for two years. |
| **Registry fees – dispensaries and producers** | • Application fee of $20,000, of which $2,000 is non-refundable if application not accepted.  
• Annual license fee of $20,000.  
• Fee to change locations is $10,000.  
• $2,000 fee to change capacity or modify physical facility. |
| **Insurance** | Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana. |
**NEW JERSEY**

**Dispensaries and producers - ownership requirements and restrictions**

- Applicant must have a valid Business Registration Certificate on file with the New Jersey Department of Treasury.
- Department to seek two ATCs in each of the northern, central and southern regions of the state.
- First two centers issued a permit in each region must be operated on a nonprofit basis, although there is no requirement to be recognized as such by the IRS.
- Each principal, director, board member, owner and employee of a prospective or operational ATC must consent to submit to a criminal background check.
- Persons convicted of one or more disqualifying offenses may not be issued a permit to operate as an ATC or be a director, officer, or employee of an ATC.
- Prior to the issuance of any permit to an ATC, every principal officer, owner, director and board member of the ATC must execute a certification stating that he or she submits to the jurisdiction of the courts of New Jersey and agrees to comply with all the requirements of the laws of New Jersey pertaining to the medicinal use of marijuana.

**Dispensaries and producers – operational requirements and restrictions**

- May not be located within a drug-free school zone.
- Allowed to acquire a reasonable initial and ongoing inventory of marijuana seeds or seedlings and paraphernalia, possess, cultivate, plant, grow, harvest, process, display, manufacture, deliver, transfer, transport, distribute, supply, sell, or dispense marijuana, or related supplies to registered patients and caregivers.
- May package and directly dispense marijuana to patients in dried form, oral lozenges, topical formulations or edible form.
- May charge a patient or caregiver for the reasonable costs associated with the production and distribution of marijuana.
- Must collect and submit to the Department annually data showing: (1) the number of patients and caregivers; (2) the debilitating medical conditions of patients; (3) patient demographic data; (4) program costs; and (5) summary of the patient surveys and evaluation of services.
- Cannot dispense marijuana at satellite locations.
- May cultivate marijuana at a location separate from dispensary, but location must be within same geographical region.
- No person may consume marijuana or alcohol on site or in any public area in the vicinity.
- Patients and caregivers may not consume food or beverage on site.
- Persons under age 18 may not enter, unless they are a patient and they are accompanies by their caregiver.
### NEW JERSEY

<table>
<thead>
<tr>
<th>Dispensaries and producers – operational requirements and restrictions (continued)</th>
</tr>
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<tbody>
<tr>
<td>• Cultivation site must be indoor in an enclosed, locked facility.</td>
</tr>
<tr>
<td>• Must maintain business records including, manual or computerized records of assets and liabilities, monetary transactions, various journals, ledgers and supporting documents, including agreements, checks, invoices and vouchers that the ATC keeps as its books of accounts.</td>
</tr>
<tr>
<td>• Must maintain sales records that indicate the name of the patient or caregiver to whom marijuana is distributed, the quantity, strength, and form and the cost of the product.</td>
</tr>
<tr>
<td>• Must establish, implement and adhere to a written alcohol, drug-free, and smoke-free workplace policy.</td>
</tr>
<tr>
<td>• Each alternative treatment center, at a minimum, must: (1) conduct an initial comprehensive inventory of all medicinal marijuana; (2) establish inventory controls and procedures; (3) conduct a monthly inventory of cultivating, stored, usable and unusable marijuana; and (4) conduct a comprehensive annual inventory at least once every year.</td>
</tr>
<tr>
<td>• Cannot sell marijuana with volume discounts.</td>
</tr>
<tr>
<td>• Limited to three strains of marijuana labeled as one of the following strengths: low, medium or high. Maximum THC content of any sold product cannot exceed 10 percent.</td>
</tr>
<tr>
<td>• Cannot deliver marijuana to a patient or caregiver’s home.</td>
</tr>
<tr>
<td>• Must establish and implement policies to provide information to patients regarding: (1) limitations on marijuana possession; (2) potential side effects; (3) differing strengths of products; (4) safe techniques; (5) alternative methods of consumption; (6) signs of substance abuse; and (7) substance abuse programs.</td>
</tr>
<tr>
<td>• Must formulate a system for documenting a patient’s self-assessment of pain and/or primary qualifying symptom using a pain rating scale at quarterly intervals to be used by patient when consulting with their physician.</td>
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<tr>
<td>• Must provide “log books” if requested by patients and caregivers.</td>
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<tr>
<td>• Authorized to possess at any one time two ounces of usable marijuana per registered patient plus an additional supply to meet the demand of newly registered qualifying patients.</td>
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<tr>
<td>• Outside signs cannot be illuminated at any time.</td>
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<tr>
<td>• Marijuana and paraphernalia cannot be clearly visible to a person viewing from the outside of an ATC.</td>
</tr>
<tr>
<td>• Cannot produce any items for sale or promotional gifts, such as T-shirts or novelty items, bearing a symbol or references to marijuana.</td>
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<tr>
<td>• Must submit reports to Department on at least a quarterly basis.</td>
</tr>
<tr>
<td>• Marijuana must be packaged or dispensed only in: (1) dried form; (2) oral lozenges; or (3) topical formulations.</td>
</tr>
</tbody>
</table>
| Dispensaries and producers - inspections | • Department will inspect ATC when it is ready to operate to determine compliance with law.  
• Department may make onsite inspection at any time without notice.  
• Onsite assessment may include: (1) review of all ATC documents and records and conferences with patients and caregivers; (2) use of any computer system to examine electronic data; (3) reproduction and retention of any document and/or electronic data; (4) examination and collection of samples of any marijuana; and (5) seizure and detention of any marijuana or thing believed to contain marijuana found at the ATC.  
• Must maintain detailed confidential sales records in a manner and format approved by the Department.  
• Department or its agents have complete access to the sales and other financial records of an ATC and shall be granted immediate access to those records upon request.  
• Department may periodically require the audit of an ATC’s financial records (at ATC’s cost) by an independent certified public accountant approved by the Department. |
| Local control | As part of ATC application, applicant must provide: (1) written verification of the approval of the community or governing body of the municipality in which the alternative treatment center is or will be located; and (2) evidence of compliance with local codes and ordinances. |
| Registry tracking system | • Department to maintain a confidential list of the persons to whom it has issued registry identification cards.  
• Individual names and other identifying information shall not be disclosed except to: (1) authorized employees of the Department and the Division of Consumer Affairs in the Department of Law and Public Safety as necessary to perform official duties; and (2) authorized employees of State or local law enforcement agencies, only as necessary to verify that a person is lawfully in possession of a registry identification card. |
| Use of registry information | • Department to maintain a list of the patients who have designated each ATC to provide medicinal marijuana.  
• ATC to maintain, and make available for Department inspection upon request, a copy of the registry identification card and New Jersey driver’s license or other State-issued photographic identification of each patient and his or her caregiver. |
<table>
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<tr>
<th><strong>NEW JERSEY</strong></th>
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<tbody>
<tr>
<td><strong>Use of registry information (continued)</strong></td>
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<tr>
<td><strong>Marijuana testing and labeling</strong></td>
</tr>
<tr>
<td>• Labeling must be clear and truthful in all respects and shall not be false or misleading.</td>
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<tr>
<td>• Each package of usable marijuana: (1) can contain no more than 1/4 ounce of marijuana or equivalent dose dependent on form; and (2) be in a closed container that holds no more than 1/4 ounce and sealed, so that the package cannot be opened, and the contents consumed, without the seal being broken.</td>
</tr>
<tr>
<td>• ATC must provide samples to the Department during announced and unannounced inspections for product quality control.</td>
</tr>
<tr>
<td><strong>Driving during / after use</strong></td>
</tr>
<tr>
<td>• Law does not permit anyone to operate, navigate, or be in actual physical control of any vehicle, while under the influence of marijuana.</td>
</tr>
<tr>
<td><strong>Exemption from penalty provided by law</strong></td>
</tr>
<tr>
<td>• Possession of, or applying for, a registry identification card does not alone constitute probable cause to search the person or the property of the person or otherwise subject the person or his property to inspection by any governmental agency.</td>
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<tr>
<td><strong>NEW JERSEY</strong></td>
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<tr>
<td><strong>Exemption from penalty provided by law (continued)</strong></td>
</tr>
<tr>
<td>• Provisions of section 2 of P.L.1939, c. 248 (C.26:2-82), relating to destruction of marijuana determined to exist by the Department does not apply if a patient or caregiver has in his possession a registry card and no more than the maximum amount of usable marijuana.</td>
</tr>
<tr>
<td><strong>Effect of law on employers and landlords</strong></td>
</tr>
<tr>
<td>Law does not require an employer to accommodate the medical use of marijuana in any workplace.</td>
</tr>
<tr>
<td><strong>Taxes</strong></td>
</tr>
<tr>
<td>Retail sales of marijuana are subject to state sales and use tax.</td>
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<tr>
<td><strong>Fund(s) created</strong></td>
</tr>
<tr>
<td>Not addressed in law or regulations.</td>
</tr>
<tr>
<td><strong>Studies required or requested</strong></td>
</tr>
<tr>
<td>Within two years after the effective date of this act and every two years thereafter, the Commissioner is to evaluate: (1) whether there are sufficient numbers of ATCs to meet the needs of patients throughout the State; (2) whether the maximum amount of marijuana allowed is sufficient to meet the medical needs of patients; and (3) whether any ATC has charged excessive prices.</td>
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<tr>
<td><strong>NEW MEXICO</strong></td>
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<tr>
<td><strong>Statute(s)</strong></td>
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<tr>
<td><strong>Effective date</strong></td>
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<tr>
<td><strong>Type of law</strong></td>
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<tr>
<td><strong>Regulations</strong></td>
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<tr>
<td><strong>Registry administrator</strong></td>
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<tr>
<td><strong>Website</strong></td>
</tr>
<tr>
<td><strong>Usage</strong></td>
</tr>
</tbody>
</table>
| **Conditions treated** | “Debilitating medical condition,” which means:  
- cancer, glaucoma, multiple sclerosis, damage to the nervous tissue of the spinal cord, with objective neurological indication of intractable spasticity, epilepsy, positive status for HIV or AIDS, admission into hospice care in accordance with rules promulgated by the Department; or  
- the following additional conditions that the Department has determined result in pain, suffering, or debility for which there is credible evidence that the medical use of cannabis could be of benefit: (1) severe chronic pain; (2) painful peripheral neuropathy; (3) intractable nausea/vomiting; (4) severe anorexia/cachexia; (5) hepatitis C infection currently receiving antiviral treatment; (6) Crohn’s disease; (7) post-traumatic stress disorder (PTSD); (8) inflammatory autoimmune-mediated arthritis; (9) amyotrophic lateral sclerosis (Lou Gehrig’s disease); (10) inclusion body myositis; (11) spasmodic torticollis (cervical dystonia); (12) Parkinson’s disease; (13) Huntington’s disease; and (14) ulcerative colitis; or  
- any other medical condition, medical treatment, or disease as approved by the Department which results in pain, suffering, or debility for which there is credible evidence that medical use cannabis could be of benefit.  
Medical Cannabis Advisory Board established to accept and review petitions from any individual or association of individuals requesting the addition of a new medical condition. |
| **Patients – requirements and restrictions** | • Must be a New Mexico resident diagnosed by a practitioner as having a debilitating medical condition.  
• Cannot be certified by a practitioner who is related to the patient within the second degree of consanguinity or the first degree of affinity. |
### NEW MEXICO

<table>
<thead>
<tr>
<th>Patients – requirements and restrictions (continued)</th>
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<tbody>
<tr>
<td>• Practitioner must have an actual physician-client relationship with the patient and shall conduct an in-person physical or mental evaluation prior to issuing a certification.</td>
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<tr>
<td>• Practitioner must provide a signed written certification that the patient has a debilitating medical condition and the potential health benefits of the medical use of marijuana would likely outweigh the health risks for the patient.</td>
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<tr>
<td>• Certification is valid for only one year from the date of issuance.</td>
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<tr>
<td>• If patient is a minor: (1) the practitioner must have explained the potential risks and benefits to the qualified patient and to a parent, guardian or person having legal custody; and (2) the patient or guardian must consent in writing to allow the use of marijuana, serve as the patient’s primary caregiver and control the dosage and the frequency of the use.</td>
<td></td>
</tr>
<tr>
<td>• Making a fraudulent representation to a law enforcement officer about the person’s participation in the program to avoid arrest or prosecution is guilty of a petty misdemeanor.</td>
<td></td>
</tr>
<tr>
<td>• Patient must notify the Department of any change to the status of their debilitating medical condition within 10 days.</td>
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</tbody>
</table>

| Out-of-state reciprocity | Not addressed in law or regulations. |

<table>
<thead>
<tr>
<th>Caregivers - requirements and restrictions</th>
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</tr>
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<tbody>
<tr>
<td>• At least age 18 and New Mexico resident.</td>
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<tr>
<td>• Must be designated by patient’s practitioner as necessary to take responsibility for managing the well-being of the patient.</td>
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<tr>
<td>• Can be caregiver for up to four patients at one time.</td>
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<tr>
<td>• Must consent to a nationwide and statewide Department of Public Safety (DPS) criminal history screening background check.</td>
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<tr>
<td>• May not have been convicted of certain disqualifying felonies.</td>
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<td>• Allowed to obtain and transport marijuana from a licensed nonprofit to the patient.</td>
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<tr>
<td>• If patient has a personal production license, the caregiver may assist in the cultivation of marijuana at the designated location, but may not independently produce marijuana.</td>
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<tr>
<td>• May be reimbursed only for the cost of travel, supplies, or utilities associated with the possession of marijuana.</td>
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<tr>
<td>• Must notify Department if patient ceases to retain the services of a primary caregiver.</td>
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</tbody>
</table>
# NEW MEXICO

## Amount of marijuana allowed
- Patient and caregiver may collectively possess within any three-month period no more than 230 “units” of marijuana; one unit is one gram of dried leaves and flowers or 0.2 grams of THC for cannabis-derived products.
- Cannot possess a concentrated marijuana-derived product that contains greater than seventy percent (70%) THC by weight.
- An additional amount of up to 115 units may be allowed at the Department’s discretion, upon the submission of a statement by a medical practitioner explaining why a greater number of units is medically necessary.
- In addition to the units of usable marijuana, patient who holds a valid personal production license may: (1) possess up to four mature female plants and a combined total of 12 seedlings and male plants; and (2) obtain usable cannabis, seeds, or plants from licensed non-profit producers.

## Home cultivation requirements and restrictions
- Patient must have a personal production license.
- Allows cultivation at one location (patient’s primary residence or other property owned by patient), either indoors or outdoors.
- No more than two personal production licenses may be issued for a given residential location, with proof that a second registered patient currently resides at the location.
- Department may perform on-site assessments of a patient or caregiver to determine compliance, including entering the premises, upon 24 hours’ notice.
- Must provide the Department with immediate access to any material and information necessary for determining compliance with these requirements.

## Restrictions on the use of marijuana
- Cannot use or possess marijuana: (1) in a school bus or public vehicle; (2) on school grounds or property; (3) in the workplace of the patient or caregiver’s employment; or (4) at a public park, recreation center, youth center or other public place.
- Marijuana, marijuana-derived products and paraphernalia must be kept secure and out of reach of children.
- Marijuana and other products purchased from a licensed non-profit producer must remain in the package or container provided by the non-profit entity when not in use.

## Registry application review
- Department to verify the information contained in an application and approve or deny it within 30 days of receipt.
- Registry cards must be issued within five days of approval.
### NEW MEXICO

#### Registry application review (continued)
- Applications can be denied: (1) if the applicant fails to provide the information required; (2) if the Department determines that the information provided is false; (3) if the patient does not have a debilitating medical condition; or (4) if the applicant’s certifying practitioner determines that the patient’s use would be more likely than not be detrimental to their health.
- If application denied, prospective patient may not reapply for six months.
- If application denied, patient may request a record review from the Department.

#### Registry fees – patients and caregivers
- No fee for patient or caregiver registration.
- $30 fee for patient to apply for a personal production license.
- Registration is valid for one year from the date of issuance.
- Renewal application due at least 30 days before expiration of existing card.
- Written certifications for renewal application should be obtained within 90 days of expiration of existing card.

#### Registry fees – dispensaries and producers
- For non-profit producers, application fee is $10,000 (all but $1,000 refunded if application denied) and annual license fee of $30,000.
- If producer intends to cultivate more than 150 plants, they must pay additional fee of $10,000 for each additional 50 plants, up to a maximum of 450 plants.
- $1,000 fee to apply for license to produce marijuana products.
- Licensure period of a non-profit producer is from August 1st (or the date of approval of the licensure application, if later) through July 31st of a given year.
- For laboratory, there is a $2,200 application fee.

#### Insurance
- Not addressed in law or regulations.

#### Dispensaries and producers - ownership requirements and restrictions
- Entity must be a non-profit corporation in good standing with New Mexico Tax and Revenue Department.
- Board of directors must have at least five voting members, including one medical provider limited to a physician (MD or OD), a registered nurse, nurse practitioner, licensed practical nurse, or physician assistant, and three patients.
- Individuals convicted of certain felonies (trafficking of a controlled substance, distributing a controlled substance to a minor, distributing a controlled substance) are prohibited from participating or being associated.
### NEW MEXICO

#### Dispensaries and producers – operational requirements and restrictions

- May not be located within 300 feet of any school, church or daycare center.
- Limited to a combined total of no more than 450 mature female plants, seedlings and male plants.
- Must sell marijuana at a consistent unit price, without volume discounts or promotional sales based on the quantity purchased.
- May obtain plants, seeds and usable marijuana from other licensed non-profit producers.
- Production operations limited to a single physical location unless the producer is approved to grow more than 150 plants.
- Cannot distribute more than 230 units to any patient/caregiver over a 90-day period.
- Cannot sell or otherwise distribute a concentrated marijuana derived product to a patient or caregiver that contains greater than 70% THC by weight.
- Cannot sell usable marijuana or product that contains 15% or more water content by weight.
- A licensed non-profit producer may be subject to testing to ensure compliance, consistent with the provisions of this rule.
- Must maintain detailed confidential sales records in a manner and format approved by the Department and inform the Department of the location where such records are kept.

#### Dispensaries and producers - inspections

- Department or its designee may perform on-site assessments of a licensed producer or producer-applicant, an approved manufacturer or manufacturer-applicant, an approved laboratory or a laboratory-applicant, and an approved courier or courier-applicant, to determine compliance with these rules.
- Department may review any and all records of a licensed non-profit producer, a qualified patient or primary caregiver, an approved manufacturer, approved laboratory, and approved courier, and may require and conduct interviews with such persons or entities and persons affiliated with such entities, for the purpose of determining compliance with department rules and applicable laws.
- Must provide Department with reasonable access to the sales and other financial records.
- Must submit the results of an annual audit conducted by an independent accountant to the Department no later than 90 days after the end of each fiscal year.
- Department can request their own audit of records.
- Must submit quarterly financial reports to Department.
| **LOCAL CONTROL** | Non-profit producers and laboratories shall conduct operations (and manufacturing) in premises that comply with local ordinances, including but not limited to zoning, occupancy, licensing, and building codes. |
| **REGISTRY TRACKING SYSTEM** | Department to maintain a confidential file of the names and addresses of the persons who have either applied for or received a registry identification card, caregivers and certifying practitioners. Names are confidential and not subject to disclosure except to:  
- authorized employees or agents of the Department as necessary to perform their duties;  
- authorized employees of state or local law enforcement agencies for the purpose of verifying that a person is lawfully in possession of a registry identification card; or  
- as provided in the federal Health Insurance Portability and Accountability Act of 1996. |
| **USE OF REGISTRY INFORMATION** | Registry and program must be accessible via telephone 24-hours per day for state and local law enforcement to contact the program to determine the enrollment status of a patient, consistent with this rule, and shall make available a telephone number for this purpose. |
| **MARIJUANA TESTING AND LABELING** | • All dried usable marijuana and all concentrated marijuana derived products produced, sold or distributed by a non-profit producer must be sampled for testing purposes prior to sale.  
• Testing must be done by an approved laboratory.  
• Required testing includes: (1) microbiological test; (2) mycotoxin test; (3) solvent residue test; (4) heavy metals test; and (5) quantity of THC and CBD.  
• Products must be in opaque, child-resistant packaging.  
• Packaging and labeling must contain: (1) name of the producing entity; (2) batch number or code; (3) production date or expiration date; (4) number of units of usable marijuana contained within the product; (5) instructions for use; (6) warnings for use; (7) instructions for appropriate storage; (8) laboratory analysis; (9) the name of the strain, product facts, or a nutrition fact panel, and a statement that the product is for medical use by qualified patients, to be kept away from children, and not for resale; and (10) name of testing facility. |
| **DRIVING DURING / AFTER USE** | • Marijuana law does not protect patient from liability for damages or criminal prosecution arising out of the operation of a vehicle while under the influence of marijuana.  
• Under New Mexico, it is “unlawful for a person who is under the influence of any drug to a degree that renders the person incapable of safely driving” to drive a vehicle. |
**NEW MEXICO**

| Exemption from penalty provided by law | • Patients and caregivers are not be subject to arrest, prosecution or penalty in any manner for the possession of or the medical use of marijuana if the quantity possessed does not exceed allowed amount.  
• Patients and caregivers receive the full legal protections provided in this section if they are in possession of a valid registry identification card.  
• If patient/caregiver is not in possession of card, they will have the opportunity to produce the card before any arrest or criminal charges are initiated.  
• Practitioner may not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege for recommending the medical use of marijuana as allowed under the law.  
• Property owned or used in connection with the medical use of marijuana may not be harmed, neglected, injured or destroyed while in the possession of state or local law enforcement officials. |
| Effect of law on employers and landlords | Not addressed in law or regulations. |
| Taxes | Not addressed in law or regulations. |
| Fund(s) created | Not addressed in law or regulations. |
| Studies required or requested | Not addressed in law or regulations. |
**NEW YORK**

| Statute(s) | NY Public Health Law §§ 3360 to 3369-E; NY Tax Law §§ 490 to 491; NY State Finance Law § 89-h.  
| Effective date | July 5, 2014.  
| Type of law | Registry of authorized patients, caregivers, physicians; licensed registered organizations.  
| Regulations | 10 NYCRR 55-2.15; 10 NYCRR 1004.1 to 1004.23.  
| Registry administrator | New York Department of Health (“Department”).  
| Website | [https://www.health.ny.gov/regulations/medical_marijuana/](https://www.health.ny.gov/regulations/medical_marijuana/)  
| Usage | As of January 2016, 833 practitioners have registered, with these practitioners certifying 12,764 patients for medicinal use. As of the same date, the five registered organizations allowed to manufacture and dispense marihuana have 19 dispensing locations, with one location to be opened.  
| Conditions treated | “Serious condition,” which means:  
| patients – requirements and restrictions | • having one of the following severe debilitating or life-threatening conditions: cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, or Huntington’s disease, chronic pain; and  
| Patients – requirements and restrictions | • having any of the following conditions: cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, severe or persistent muscle spasms.  
| Patients – requirements and restrictions | • New York resident or out-of-state resident receiving care and treatment in New York.  
| Patients – requirements and restrictions | • Must possess registry card any time in possession of marihuana.  
| Patients – requirements and restrictions | • Must have certification from a registered physician, nurse practitioner, or physician’s assistant that in their professional opinion and review of past treatments, the patient is likely to receive therapeutic or palliative benefit from the primary or adjunctive treatment with medical use of marihuana.  

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14 New York law and regulations uses the term “marihuana.”

15 There is a sunset provision repealing the law on July 5, 2021 absent further legislative action.
### NEW YORK

#### Patients – requirements and restrictions (continued)
- Practitioner must: (1) be New York licensed; (2) practice in New York; (3) be qualified to treat a serious condition as defined in subdivision seven of this section; (4) be registered with the Department; and (5) have completed a four-hour training course as required by the Department.
- Practitioner may indicate in their certification that patient will benefit from the use of marihuana for only a limited time or that the patient is terminally ill and that the certification should not expire.
- Practitioner should state in the certification if they recommend a limit or the appropriate form or forms of medical marihuana and dosage.
- Practitioner (or allowed designee) must consult the New York PDMP prior to making or issuing a certification.
- If patient is under age 18, the registry application must be made by person age 21 or older.
- If patient is a minor, they must have a designated caregiver who: (1) is a parent or legal guardian of the patient; (2) a person designated by a parent or legal guardian; or (3) an appropriate person approved by the Department if no parent or guardian is available.
- Can designate up to two caregivers.
- Must notify the Department within 10 days of any change to status of serious medical condition.

#### Out-of-state reciprocity
An out-of-state resident who is receiving treatment in New York for a serious condition may apply to join the registry in the same manner as a New York resident.

#### Caregivers - requirements and restrictions
- New York resident who is at least age 21.
- Department can permit someone under age 21 to act as caregiver on case-by-case basis.
- May assist up to five patients at any one time.
- May receive payment from patient to cover the actual cost of marihuana plus reasonable costs incurred in transporting and delivery to the patient.

#### Amount of marijuana allowed
- Practitioner must identify the amount of marihuana that constitutes a “single dose.”
- Patient may not possess more than a 30-day supply of marihuana, based upon the practitioner’s dosage, except during last seven days of a period, when the patient can receive the next 30-day supply.
- For ingestible or sub-lingual medical marihuana products, no individual dose may contain more than 10 milligrams of THC.
### NEW YORK

#### Amount of marijuana allowed (continued)
- Amount possessed by a certified patient shall not exceed a 30-day supply of the dosage as determined by the practitioner, provided that during the last seven days of any 30-day period, the certified patient may also possess up to such amount for the next thirty day period.

#### Home cultivation - requirements and restrictions
- Law does not authorize the home cultivation of marijuana.

#### Restrictions on the use of marijuana
- Possession is not lawful if marihuana is smoked, consumed, vaporized or grown in a public place.
- Approved forms and routes of administration are: (1) liquid or oil preparations for metered oromucosal or sublingual administration or administration per tube; (2) metered liquid or oil preparations for vaporization; (3) capsules for oral administration; or (4) any additional form and route of administration approved by the Department, except for smoking.
- Marihuana cannot be incorporated into edible food unless approved.
- Cannot consume via vaporization in a public place or anywhere that smoking is prohibited under Public Health Law § 1399.
- Cannot consume via vaporization within 100 feet of the entrances, exits or outdoor areas of any public or private elementary or secondary schools (unless it is on property of a personal residence).
- Cannot consume marihuana in any motor vehicle, either public or private, that is located upon public highways, private roads open to motor vehicle traffic, parking area of a shopping center or any parking lot.

#### Registry application review
- Department must approve, deny or determine incomplete or inaccurate an application to issue or renew a registry identification card within 30 days of receipt of the application. If the application is approved, the card will be issued as soon as reasonably practicable.

#### Registry fees – patients and caregivers
- Application fee is $50, which may be waived or reduced in cases of financial hardship as determined by the Department.

#### Registry fees – dispensaries and producers
- Application fee of $10,000 (non-refundable).
- Initial and renewal licensee fee of $200,000.
- Registered organization certificates are valid for two years.
- Renewal application due between four and six months before the expiration of ongoing license.

#### Insurance
- Law does not require an insurer or health plan to provide coverage for medical marihuana, including a maternal / child health plan or social assistance plan.
## NEW YORK

### Dispensaries and producers - ownership requirements and restrictions
- Can be a for-profit or not-for-profit corporation organized for the purpose of acquiring, possessing, manufacturing, selling, delivering, transporting, distributing or dispensing marihuana.
- Up to five organizations may be registered at any one time.
- Each registered organization may operate up to four dispensing locations that are geographically distributed.
- Cannot be managed by or employ anyone who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances (subject to certain exceptions).
- As part of application, organization must document that it has entered into a labor peace agreement with the organization that will be representing its employees.
- No person associated with the organization may enter into any agreement with a registered practitioner or health care facility that might adversely affect a person’s choice of a dispensing facility.
- Practitioners who issue written certifications (and their co-workers, employees, spouse, parents, child, or sibling) may not have a direct or indirect financial interest in a registered organization.

### Dispensaries and producers – operational requirements and restrictions
- Per dose price of marihuana will be set by Commissioner of the Department after consideration of costs of production.
- Manufacturing to be done in an indoor, enclosed, secure facility located in New York.
- Dispensing facility cannot be located on the on the same street or avenue and within 1,000 feet of a building occupied exclusively as a school, church, synagogue or other place of worship.
- Each organization may initially produce up to five brands of medical marihuana product with at least one brand that brand that has a low THC and a high CBD content (e.g., a 1:20 ratio of THC to CBD) and one brand that has approximately equal amounts of THC and CBD.
- Dispensary cannot be open or unless an individual with an active New York State pharmacist license is on premises.
- Employees cannot counsel patients/caregivers on the use of marihuana unless they have an active pharmacist’s license or are under the direct supervision of, and in consultation with, the on-site pharmacist.
## NEW YORK

### Dispensaries and producers – operational requirements and restrictions (continued)

- During transaction, organization will provide to patient a receipt with: (1) the name, address, and registry identification number of the registered organization; (2) the name and registry identification number of the certified patient and the designated caregiver (if any); (3) the date the marihuana was sold; (4) any recommendation or limitation by the practitioner as to the form or forms of medical marihuana or dosage for the certified patient; and (5) the form and the quantity of medical marihuana sold.
- Copies of patient’s cards and transaction receipts must be kept for six years.
- Cannot dispense more than a 30-day supply to a patient.
- Must consult New York PDMP at time of dispensing.
- Must provide a safety insert to patient with information on: (1) methods for administering medical marihuana in individual doses; (2) potential dangers from use; and (3) how to recognize problematic use.
- Must adopt and maintain security, tracking, record keeping, record retention and surveillance systems.
- Electronic record of all products dispensed must be filed with the Department within 24 hours.
- Cannot dispense marihuana from the same location where it is cultivated.
- Cannot sell items other than approved medical marihuana products, without prior approval from the Department.
- Marihuana cannot be vaporized or consumed on premises.
- May only charge a price that has been approved by Department.
- Externals signs cannot be illuminated and must be in black / white.
- Cannot display marihuana products and paraphernalia in a way that makes them clearly visible from the exterior.

### Dispensaries and producers - inspections

- Must allow reasonable access to the Department and/or its authorized representatives for the purpose of conducting an on-site survey or inspection of facilities.
- Books, records and manufacturing and dispensing facilities must be made available to the Department or its authorized representatives for monitoring, on-site inspection, and audit purposes.

### Local control

Not addressed in law or regulations.

### Registry tracking system

Department to maintain a confidential list of the persons to whom it has issued registry identification cards. The Department can verify to law enforcement personnel in an appropriate case whether a registry identification card is valid.
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<th>NEW YORK</th>
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<tr>
<td><strong>Use of registry information</strong></td>
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| **Marijuana testing and labeling** | • Registered organizations must contract with an independent laboratory approved by the Department to test marijuana produced.  
• Laboratory must be located in New York State and licensed by the Federal Drug Enforcement Administration (DEA).  
• No board member, officer, manager, owner, partner, principal stakeholder or member of a registered organization may have a financial or voting interest in the laboratory.  
• Sampling and testing of each lot of final medical marijuana product must be conducted with a statistically significant number of samples.  
• Must submit approved marijuana product samples to the Department upon request, including for quality assurance testing or investigation of an adverse event.  
• Must retain a subset of each lot of marijuana product to allow for testing in the future if requested by the Department and shall be stored unopened as indicated on the label and in the original packaging.  
• Testing records must be retained for five years and made available to the Department upon request.  
• Packaging should be child-resistant, tamper-proof/tamper-evident, light-resistant and in a re-sealable package that minimizes oxygen exposure.  
• Each approved product must be affixed with a product label containing: (1) the name, address and registration number of the registered organization; (2) product form and brand designation; (3) the single dose THC and CBD content for the product set forth in milligrams (mg); (4) product lot unique identifier (lot number or bar code); (5) quantity included in the package; (6) date packaged; (7) date of expiration of the product; and (8) the proper storage conditions. |
## NEW YORK

### Marijuana testing and labeling (continued)

- Label must also contain language stating: (1) “Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient”; (2) “Keep secured at all times”; (3) “May not be resold or transferred to another person”; (4) “This product might impair the ability to drive”; (5) “KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner’s care)”; and (6) “This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant’s pediatrician.”

- Dispensing facility must affix a label to a product that provides: (1) the name and registry identification number of the certified patient and designated caregiver, if any; (2) the certifying practitioner’s name; (3) the dispensing facility name, address and phone number; (4) the dosing and administration instructions; (5) the quantity and date dispensed; and (6) any recommendation or limitation by the practitioner as to the use.

### Driving during / after use

- Patient cannot consume marihuana in any motor vehicle, either public or private, that is located upon public highways, private roads open to motor vehicle traffic, parking area of a shopping center or any parking lot.

- The standard in New York for drugged driving is being “impaired by the use of a drug.”

### Exemption from penalty provided by law

Possession, acquisition, use, delivery, transfer, transportation, or administration of marihuana by a patient or caregiver possessing a valid registry identification card, for certified medical use, shall be lawful under this title; provided that:

- amount of marihuana possessed by patient and caregiver (for each patient) does not exceed a 30-day supply (may be a 30-day supply for following period if in the last seven pays of current period);

- marihuana is in a form that complies with practitioner’s certification; and

- marihuana is kept in its original package except for the portion removed for immediate consumption.

Patients, caregivers, practitioners, registered organizations and the employees of registered organizations are not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, solely for the certified medical use or manufacture of marihuana.
NEW YORK

Effect of law on employers and landlords

- Qualifying as a patient is sufficient to have a “disability” under New York human rights, civil rights and criminal procedure law.
- Law does not bar the enforcement of a policy prohibiting an employee from performing his or her employment duties while impaired by a controlled substance.
- Law does not require any person or entity to do any act that would put the person or entity in violation of federal law or cause it to lose a federal contract or funding.
- The fact that a person is a patient and/or acting in accordance with the law is not a consideration in a proceeding pursuant to applicable sections of the New York domestic relations, social services law or family court law.

Taxes

- Excise tax of 7% on the gross receipts from the sale of marihuana by a registered organization to a patient or caregiver.
- Tax to be paid by the registered organization and not added as a separate charge to the patient’s transaction.
- On a monthly basis, every organization must file a return to the Department showing its monthly receipts and pay the calculated amount owed.

Fund(s) created

Special fund created called the “Medical Marihuana Trust Fund” (“Fund”) that is the joint custody of the New York Comptroller and the New York Commissioner of Taxation. The Fund consists of all moneys required to be deposited pursuant to the marihuana tax. Money in the fund may not be commingled with any other money. Upon certification of availability and appropriation by the legislation, the money may be allocated to:

- 22.5% transferred to the counties in New York in which marihuana was manufactured;
- 22.5% transferred to the counties in New York state in which the marihuana was dispensed;
- 5% transferred to the Office of Alcoholism and Substance Abuse services, which shall use that revenue for additional drug abuse prevention, counseling and treatment services; and
- 5% transferred to the Division of Criminal Justice Services, which shall use that revenue for a program of discretionary grants to state and local law enforcement agencies that demonstrate a need.

Studies required or requested

- Department may develop, seek any necessary federal approval for, and carry out research programs relating to medical use of marihuana.
- Department is to report every two years to the Governor and the legislature on the program and make appropriate recommendations.
### NORTH DAKOTA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>NDCC, 19-24-01 to 19-24-13.</th>
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<tbody>
<tr>
<td>Effective date</td>
<td>December 8, 2016.</td>
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<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed compassion centers.</td>
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<tr>
<td>Regulations</td>
<td>None adopted to date.</td>
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<tr>
<td>Registry administrator</td>
<td>North Dakota Department of Health (“Department”).</td>
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<tr>
<td>Website</td>
<td><a href="https://www.ndhealth.gov/">https://www.ndhealth.gov/</a></td>
</tr>
<tr>
<td>Usage</td>
<td>Program is not operational at this time.</td>
</tr>
</tbody>
</table>
| Conditions treated | “Debilitating medical condition,” which means one or more of the following:  
- cancer and its treatments, positive status for human immunodeficiency virus (HIV), AIDS, decompensated cirrhosis (Hepatitis C), amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), post-traumatic stress disorder (PTSD), agitation of Alzheimer’s disease, dementia, or the treatment of these conditions, Crohn’s disease or Fibromyalgia, spinal stenosis or chronic back pain including neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, glaucoma, epilepsy;  
- chronic or debilitating disease medical condition or its treatment that produces one 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 three 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; or  
- any other medical condition or its treatment added by Department.  
- a citizen may petition the Department to add conditions or treatments to the list of debilitating medical conditions; such petition undergoes a review process before decision. |
| Patients – requirements and restrictions |  
- Patient must submit application, physician’s written certification and application fee.  
- “Written certification” means a document signed by a state-licensed physician that the patient is likely to receive therapeutic benefit from the medical use of marijuana.  
- Certification can be completed only in the course of a bona fide physician-patient relationship where the qualifying patient is under the physician’s care for the qualifying patient’s primary care or for the qualifying patient’s debilitating condition after the physician has completed an assessment of their medical history and condition. |
## NORTH DAKOTA

### Patients – requirements and restrictions (continued)
- If the qualifying patient’s debilitating medical condition is PTSD, the physician must also be a licensed psychiatrist.
- Application/certification must include the medical justification for the physician’s certification and the length of time the applicant has been under the care of the physician.
- Patent must notify the Department within 10 days of knowledge of any change that would render the patient no longer qualified to participate in the program; failure to notify is a civil infraction, punishable by a penalty up to $150 and immediate revocation of the registry identification card.
- Patient or caregiver whose registry identification card has been summarily suspended, or who has received a notice of contemplated action to suspend or revoke, may request a hearing, in addition to a request for a record review, for the purpose of review of such action.

### Out-of-state reciprocity
- Not addressed to date by law.

### Caregivers - requirements and restrictions
- Must be at least age 21 and not convicted of an excluded felony offense.
- Must agree to assist with a patient’s medical use of marijuana.
- May be a patient themselves.
- Can assist no more than five patients at one time.

### Amount of marijuana allowed
- Patient or caregiver cannot possess more than three ounces of usable marijuana.
- Compassion center cannot dispense more than three ounces of usable marijuana to any patient/caregiver during any one 14-day period.

### Home cultivation - requirements and restrictions
- Patient or designated caregiver may cultivate up to eight marijuana plants in an enclosed, locked facility if patient’s home is more than 40 miles from the nearest compassionate care center.
- Location of cultivation cannot be within 1,000 feet of a public school.
- Must give local law enforcement officials a notice of intent to grow marijuana in an enclosed, locked facility, including patient’s name, a copy of the written certification from the physician, and the address of the location where the marijuana will be cultivated.

### Restrictions on the use of marijuana
- Law does not allow a person to possess, transfer or use marijuana (1) in a school bus or public vehicle; (2) on school grounds or property; (3) in the workplace of the qualified patient’s or primary caregiver’s employment; (4) at a public park, recreation center, youth center or other public place; or (5) out of state.
### NORTH DAKOTA

#### Restrictions on the use of marijuana (continued)
- A nursing care institution, hospice, assisted living center, assisted living facility, assisted living home, residential care institution, adult day health care facility or adult foster care home licensed in the state of North Dakota may adopt reasonable restrictions on the use of marijuana by their residents or persons receiving inpatient services.

#### Registry application review
- Department is entitled to verify information on each application and accompanying documentation via telephone, face-to-face meeting, contact with physician.
- Upon verification of the information, the Department must approve or deny an application within 45 days of receipt.
- Applications may be denied if: (1) applicant fails to provide the information required; (2) if the Department determines that the information provided is false; or (3) if the patient does not have a debilitating medical condition.
- If application is properly denied, the person may not reapply for a card for six months from the date of the denial.

#### Registry fees – patients and caregivers
- Fees are not established to date.
- Cards will be valid for one year from date of issuance.

#### Registry fees – dispensaries and producers
- Open application period to be announced in future.
- Application fee → $5,000; license certification fee → $25,000.
- Registrations expire two years after issuance.
- Renewal applications must be submitted at least 30 days before expiration date.

#### Insurance
- Not addressed in law to date.

#### Dispensaries and producers - ownership requirements and restrictions
- Must be operated on a not-for-profit basis (but recognition of IRS tax exemption is not required).
- Registration certificate cannot be transferred by assignment or otherwise to other persons or locations.
- Licensee must disclose all persons or business entities having five percent or more ownership in the compassion center, whether direct or indirect and whether the interest is in profits, land or building.
- Must disclose the physical address of the compassion center and any additional address(es) to be used for the secure cultivation of marijuana.
- As part of application, must show compliance with all local zoning laws for each physical address to be utilized as a compassion center or for the secure cultivation of medical marijuana.
- Principal officers, board members, and employees must be at least age 21 and not been convicted of an excluded felony offense, or within the past five years, a drug misdemeanor.
### NORTH DAKOTA

#### Dispensaries and producers – operational requirements and restrictions
- Cannot be located within 1,000 feet of the property line of a preexisting public or private school.
- Cannot use pesticides in the cultivation of marijuana.
- Must maintain accurate books and records of: (1) proceeds and expenses; (2) inventory, sales and financial records in accordance with generally accepted accounting principles (“GAAP”); and (3) personnel record for each employee, agent, or volunteer for a period of at least six months after termination.
- Compassion center must employ a bar coding inventory control system to track batch, strain and amounts of marijuana in inventory and amounts sold, to include patient’s card registration numbers.
- Must ensure that usable marijuana is stored in a locked area with adequate security.
- Limitations on inventory: (1) 1,000 marijuana plants irrespective of the stages of growth; and (2) 3,500 ounces of usable marijuana regardless of formulation.
- May not purchase usable marijuana or mature marijuana plants from any person other than another registered compassion center.
- Marijuana must be dispensed in sealed, tamperproof containers.
- Must develop, implement and maintain on the premises an on-site training curriculum, or enter into contractual relationships with outside resources capable of meeting employee, agent and volunteer training needs.

#### Dispensaries and producers - inspections
- Department or an audit firm contracted by the Department shall at all times have access to all books and records kept by any compassion center.
- Compassion centers are subject to random inspection by the Department, which may include: (1) review of confidential financial and dispensing records; and (2) inspection for use of pesticides, fungus, and molds.

#### Local control
Not addressed to date by law.

#### Registry tracking system
Compassion centers are responsible for developing and hosting a secure computer interface to receive patient card data.

#### Use of registry information
The Department must submit to the legislature an annual report that does not disclose any identifying information but contains, at the very least: (1) number of registry identification card applications and renewals; (2) number of qualifying patients and designated caregivers approved in each county; (3) nature of the debilitating medical condition(s) of the qualifying patients; (4) number of registry identification cards revoked; (5) number of physicians providing written certifications for qualifying patients; and (6) number of registered nonprofit, compassionate care centers.
<table>
<thead>
<tr>
<th><strong>NORTH DAKOTA</strong></th>
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<tbody>
<tr>
<td><strong>Marijuana testing and labeling</strong></td>
</tr>
<tr>
<td>• As part of a center’s initial application, the center must provide detailed procedures regarding the proposed testing of medical marijuana including: (1) whether the testing will be conducted in house or through a contracted facility; (2) how marijuana will be transported securely in connection with such testing; (3) what tests are conducted, including what testing procedures are used; (4) how results are tracked and how samples are disposed; and (5) selection process and the number of samples tested.</td>
</tr>
<tr>
<td>• As part of application process, applicant must disclose a description of the packaging of the useable marijuana that the compassion center plans to use, including within that: (1) name of the strain, batch and quantity; (2) statement “this product is for medical use only, not for resale”; and (3) details indicating the medical marijuana is free of contaminants; and (4) details indicating the levels of active ingredients in the product within plus or minus error of five percentage points.</td>
</tr>
</tbody>
</table>

| **Driving during / after use** |
| • Marijuana law provides that the allowance of marijuana for medicinal use does not preclude liability for damages or criminal prosecution arising out of the operation of a vehicle while under the influence of marijuana. |
| • Under North Dakota law, a person may not drive if that person “is under the influence of any drug or substance or combination of drugs or substances to a degree which renders that person incapable of safely driving.” |

| **Exemption from penalty provided by law** |
| There is no explicit grant of exception from criminal penalty in the law; instead, the law provides that “[p]articipation in the medical marijuana program by a qualified patient or primary caregiver does not relieve the qualified patient or primary caregiver from: (1) Criminal prosecution or civil penalties for activities not authorized in this rule and Act.” |

| **Effect of law on employers and landlords** |
| • Effect on employers or landlords is not addressed in the law. |
| • A nursing care institution, hospice, assisted living center, assisted living facility, assisted living home, residential care institution, adult day health care facility or adult foster care home may not unreasonably limit a registered, qualifying patient’s access to or use of marijuana unless failing to do so would cause the facility to lose a monetary or licensing-related benefit under federal law or regulations. |

| **Taxes** |
| Not addressed to date in the law. |
**NORTH DAKOTA**

<table>
<thead>
<tr>
<th>Fund(s) created</th>
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<tbody>
<tr>
<td>• Compassionate Care Fund (“Fund”) is established consisting of fees collected, civil penalties imposed and private donations received under this chapter.</td>
<td></td>
</tr>
<tr>
<td>• Department administers the fund and may accept and spend private grants, gifts, donations, contributions to carry out the law, including but not limited to providing funds for the individuals who are financially distressed for purchase of medical cannabis products.</td>
<td></td>
</tr>
<tr>
<td>• Monies in the Fund do not revert to the general fund at the end of the fiscal year.</td>
<td></td>
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</tbody>
</table>

| Studies required or requested | Not addressed to date in the law. |
## OHIO

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>R.C. §§ 3796.01 to 3796.30; § 4729.771; § 4731.229; and §§ 4731.30 to 4731.302.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>September 8, 2016.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed marijuana retail dispensaries, cultivators, processors, and testing facilities.</td>
</tr>
<tr>
<td>Regulations</td>
<td>None adopted to date. Regulations concerning the licensure of cultivators are due by May 2017. All other regulations are due by September 2017.</td>
</tr>
</tbody>
</table>
| Registry administrator | • Ohio Board of Pharmacy (“Pharmacy”) is to oversee and regulate the registration of patients and caregivers.  
• Ohio Department of Commerce (“Commerce”) is to oversee and regulate the licensure of marijuana cultivators, processors, and testing laboratories.  
• Ohio Board of Medicine (“Medicine”) is to oversee and regulate the procedures under which a physician may recommend marijuana. |
| Website | [http://www.medicalmarijuana.ohio.gov/](http://www.medicalmarijuana.ohio.gov/) |
| Usage | The program is not operational as of this date. |
| Conditions treated | Qualifying medical condition” means any of the following conditions:  
• acquired immune deficiency syndrome, Alzheimer’s disease, amyotrophic lateral sclerosis, cancer, chronic traumatic encephalopathy, Crohn’s disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, Hepatitis C, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson’s disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette’s syndrome, traumatic brain injury, ulcerative colitis; or  
• any other disease or condition added by the state medical board under section R.C. § 4731.302.  
Any person may submit a petition to Medicine requesting that a disease or condition be added as a qualifying medical condition. |
| Patients – requirements and restrictions | • Application to Pharmacy to join registry must be submitted by the patient’s physician (or physician’s delegate).  
• Physician must hold a certificate to recommend marijuana issued by Medical and be treating the patient.  
• Physician must certify that: (1) a bona fide physician-patient relationship exists; (2) patient has been diagnosed with a qualifying medical condition; (3) he / she has informed the patient of the risks and benefits of medical marijuana in their case; and (4) in his or her opinion, the benefits outweigh the risks. |
<table>
<thead>
<tr>
<th><strong>OHIO</strong></th>
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<tbody>
<tr>
<td><strong>Patients – requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Prior to application, physician must request from the Ohio drug database a report of information related to the patient that covers at least the 12 months preceding the report.</td>
</tr>
<tr>
<td>• Application must disclose name(s) of caregivers.</td>
</tr>
<tr>
<td>• In order to establish a bona fide physician-patient relationship, physician must: (1) conduct an in-person physical examination of the patient; (2) review of the patient’s medical history; and (3) have an expectation of providing care and receiving care on an ongoing basis.</td>
</tr>
<tr>
<td>• In the case of a patient who is a minor, the physician may recommend treatment with medical marijuana only after obtaining the consent of the patient’s parent or other person responsible for providing consent to treatment.</td>
</tr>
<tr>
<td>• Written recommendation from physician is valid only for up to 90 days; physician can re-issue recommendation for three additional periods before another physical examination is required.</td>
</tr>
<tr>
<td>• Physician must submit annual report to Medical that describes his or her observations regarding the effectiveness of marijuana in treating the patients during the year.</td>
</tr>
<tr>
<td>• Physician must complete annually at least two hours of continuing medical education in marijuana.</td>
</tr>
<tr>
<td>• Pharmacy must establish a toll-free telephone line to respond to inquiries from patients, caregivers, and health professionals regarding adverse reactions to medical marijuana.</td>
</tr>
<tr>
<td><strong>Out-of-state reciprocity</strong></td>
</tr>
<tr>
<td>• Pharmacy must attempt to negotiate and enter into a reciprocity agreement with another state that authorizes the medicinal use of marijuana if Pharmacy determines that: (1) the eligibility requirements imposed by the other state for that authorization are substantially comparable to Ohio’s; and (2) the other state recognizes Ohio’s patient or caregiver registration.</td>
</tr>
<tr>
<td>• If an agreement is reached, the authorization issued by the other state shall be accepted and valid and grants the patient or caregiver the same right to use, possess, or administer marijuana in this state as a patient or caregiver who was registered and issued an identification card under this chapter.</td>
</tr>
<tr>
<td><strong>Caregivers - requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Application to join registry must be submitted by patient’s physician.</td>
</tr>
<tr>
<td>• Additional regulations to be adopted.</td>
</tr>
<tr>
<td><strong>Amount of marijuana allowed</strong></td>
</tr>
<tr>
<td>Regulations to specify, by form and THC content, a maximum 90-day supply that may be possessed.</td>
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<tr>
<td>OHIO</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td><strong>Home cultivation - requirements and restrictions</strong></td>
</tr>
<tr>
<td>Law does not authorize the home cultivation of marijuana.</td>
</tr>
<tr>
<td><strong>Restrictions on the use of marijuana</strong></td>
</tr>
<tr>
<td>• Marijuana cannot be smoked, although it can be vaporized.</td>
</tr>
<tr>
<td>• Marijuana cannot be in any form that is attractive to children.</td>
</tr>
<tr>
<td>• THC content in plant material cannot exceed 35% and in extracts</td>
</tr>
<tr>
<td>cannot exceed 70%.</td>
</tr>
<tr>
<td>• Forms of marijuana allowed: (1) oils; (2) tinctures; (3) plant</td>
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<tr>
<td>material; (4) edibles; (5) patches; or (6) any other form approved by Pharmacy.</td>
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<tr>
<td>• Person may submit a petition requesting that a form of or method of</td>
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<tr>
<td>using marijuana (other than smoking or combustion) be approved.</td>
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<tr>
<td><strong>Registry application review</strong></td>
</tr>
<tr>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Registry fees – patients and caregivers</strong></td>
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<tr>
<td>Not addressed to date by law.</td>
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<tr>
<td><strong>Registry fees – dispensaries and producers</strong></td>
</tr>
<tr>
<td>Not addressed to date by law.</td>
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<tr>
<td><strong>Insurance</strong></td>
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<tr>
<td>Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers - ownership requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Physician certified for recommendation cannot have an ownership</td>
</tr>
<tr>
<td>or investment interest in a marijuana establishment.</td>
</tr>
<tr>
<td>• At least 15% of the state’s MMJ licenses must be owned or controlled by one of four economically disadvantaged minority groups – Hispanics, Asians, African Americans or Native Americans.</td>
</tr>
<tr>
<td>• Applicant cannot have been convicted of or pled guilty to any</td>
</tr>
<tr>
<td>“disqualifying offenses,” to be specified by regulation.</td>
</tr>
<tr>
<td>• Applicant cannot have been convicted of or pled guilty to certain</td>
</tr>
<tr>
<td>offenses (to be specified by regulation) unless the offence occurred more than five years before the date the application.</td>
</tr>
<tr>
<td>• Marijuana establishment or its owner(s) cannot have an ownership or investment interest in a testing laboratory</td>
</tr>
<tr>
<td>• Applicant must be in compliance with state tax laws at time of application.</td>
</tr>
<tr>
<td>Dispensaries and producers – operational requirements and restrictions</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>• Establishments cannot be within 500 feet of the boundaries of a school, church, public library, public playground, or public park.</td>
</tr>
<tr>
<td>• Law instructs Commerce to limit the number of cultivators and dispensaries allowed in the state.</td>
</tr>
<tr>
<td>• Commerce may establish a “closed-loop payment processing system” under which the state creates accounts to be used only by registered patients and caregivers at licensed dispensaries as well as by all license holders under this chapter.</td>
</tr>
<tr>
<td>• Commerce is to specify by regulation the criminal offenses that will disqualify a person from employment with a license holder.</td>
</tr>
<tr>
<td>• Cultivator may not cultivate marijuana for personal, family, or household use or on any public land.</td>
</tr>
<tr>
<td>• Dispensaries must report marijuana transactions to the state drug database.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispensaries and producers - inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Commerce may inspect the premises of an applicant for licensure or holder of a current, valid cultivator, processor, or laboratory license without prior notice to the applicant or license holder.</td>
</tr>
<tr>
<td>• Pharmacy may inspect without prior notice to the applicant or license holder: (1) the premises of an applicant for licensure; or (2) the premises of and all records maintained by a holder of a current, valid retail dispensary license.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal corporations and townships may adopt ordinances or resolutions to prohibit, or limit the number of, cultivators, processors, or retail dispensaries within their limits, but they cannot limit marijuana research conducted at a state university, academic medical center, or private research and development organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registry tracking system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commerce must establish and maintain an electronic database to monitor marijuana from its seed source through its cultivation, processing, testing, and dispensing: database shall allow for information regarding medical marijuana to be updated instantaneously.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Use of registry information</th>
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<tbody>
<tr>
<td>Pharmacy cannot make public any information that identifies or would tend to identify any specific patient, but it may share identifying information with a licensed retail dispensary for the purpose of confirming that a person has a valid registration. Information that does not identify a person may be released in summary, statistical, or aggregate form.</td>
</tr>
</tbody>
</table>
## OHIO

### Marijuana testing and labeling
- Regulations concerning testing are to be developed.
- When sold at retail, the label on marijuana must include: (1) name and address of the licensed processor and retail dispensary; (2) name of the patient and caregiver, if any; (3) name of the physician who recommended treatment with medical marijuana; (4) directions for use, if any, as recommended by the physician; (5) date on which the medical marijuana was dispensed; and (6) quantity, strength, kind, or form of medical marijuana contained in the package.

### Driving during / after use
- The law does not authorize a registered patient to operate a vehicle, streetcar, trackless trolley, watercraft, or aircraft while under the influence of marijuana.
- In Ohio, no person may operate a vehicle under the influence of “a drug of abuse.”
- In addition, a person cannot operate a vehicle with the following specified amounts of marijuana or marijuana metabolite in their whole blood, blood serum or plasma, or urine: (1) marijuana (10 ng/ml urine; 2 ng/ml whole blood, blood serum or plasma); (2) marijuana metabolite while also under the influence of alcohol or another drug (15 mg/ml urine; 5 mg/ml whole blood, blood serum or plasma); or (3) marijuana metabolite (35 ng/ml urine; 50 ng/ml whole blood, blood serum or plasma).
- Person’s status as a registered patient or caregiver is not a sufficient basis for conducting a field sobriety test on the person or for suspending the person’s driver’s license; law enforcement officer must have an independent, factual basis that the person is operating a vehicle while under the influence.

### Exemption from penalty provided by law
- Registered patient complying with law is not be subject to arrest or criminal prosecution for: (1) obtaining, using, or possessing marijuana; or (2) possessing any paraphernalia or accessories specified in rules adopted under section 3796.04 of the Revise Code.
- Physician is not subject to professional disciplinary action solely for engaging in professional or occupational activities allowed under the law related to marijuana.
- Unless there is clear and convincing evidence that a child is unsafe, the use, possession, or administration of marijuana in accordance with the law cannot be the sole or primary basis for any of the following: (1) a determination that a child is an abused, neglected, or dependent child; (2) an allocation of parental rights and responsibilities; or (3) a parenting time order.
- Use or possession of marijuana in accordance with the law may not be used as a reason for disqualifying a patient from medical care or from including a patient on a transplant waiting list.
### OHI0

| Exemption from penalty provided by law (continued) | • Use, possession, administration, cultivation, processing, testing, or dispensing of marijuana in accordance with the law may not be used as the sole or primary reason for taking action under any criminal or civil statute in the forfeiture or seizure of any property or asset  
• Financial institution that provides financial services to any cultivator, processor, retail dispensary, or laboratory licensed under this chapter shall be exempt from any criminal law of this state so long as the license holder is in compliance with the marijuana laws and applicable tax laws. |
| --- | --- |
| Effect of law on employers and landlords | • Law does not require an employer to permit or accommodate an employee’s use, possession, or distribution of medical marijuana.  
• Law does not prohibit an employer from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against a person because of that person’s use, possession, or distribution of medical marijuana.  
• Law does not prohibits an employer from establishing and enforcing a drug testing policy, drug-free workplace policy, or zero-tolerance drug policy.  
• Law does not permits a person to commence a cause of action against an employer for refusing to hire, discharging, disciplining, discriminating, retaliating, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment related to marijuana;  
• Person who is discharged from employment because of that person’s use of marijuana was “discharged for just cause” if the person’s use of marijuana was in violation of an employer’s drug-free workplace policy, zero-tolerance policy, or other formal program or policy regulating the use of medical marijuana.  
• A person’s status as a registered patient or caregiver shall not be used as the sole or primary basis for rejecting the person as a tenant unless the rejection is required by federal law.  
• Law does not require any public place to accommodate a registered patient’s use of medical marijuana or prohibit them from accommodating. |
<p>| Taxes | Not addressed to date by law. |
| Fund(s) created | Not addressed to date by law. |
| Studies required or requested | Law does not authorize Commerce or Pharmacy to oversee or limit research conducted at a state university, academic medical center, or private research and development organization that is related to marijuana and is approved by an agency, board, center, department, or institute of the United States government. |</p>
<table>
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<tr>
<th><strong>OREGON</strong></th>
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<tbody>
<tr>
<td><strong>Statute(s)</strong></td>
</tr>
<tr>
<td><strong>Effective date</strong></td>
</tr>
<tr>
<td><strong>Type of law</strong></td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
</tr>
<tr>
<td><strong>Registry administrator</strong></td>
</tr>
<tr>
<td><strong>Website</strong></td>
</tr>
<tr>
<td><strong>Usage</strong></td>
</tr>
<tr>
<td><strong>Conditions treated</strong></td>
</tr>
<tr>
<td><strong>Patients – requirements and restrictions</strong></td>
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</tbody>
</table>
## OREGON

### Patients – requirements and restrictions (continued)
- If patient is under age 18, the custodial parent or legal guardian with responsibility for health care decisions must submit a statement that: (1) the attending physician has explained to patient and parent/guardian the possible risks and benefits of the medical use of marijuana; (2) they consent to the use of marijuana; (3) they agree to serve as the designated caregiver for the minor patient; and (4) they agree to control the acquisition of marijuana and the dosage and frequency of use.
- Patient can choose to have marijuana grown by a person (grower) at a registered grow site; grower can be the patient (unless under 18), primary caregiver, or someone else.
- Patient who is under age 18 may not apply to cultivate marijuana.
- Must annually resubmit written documentation to the Authority.
- Must return card to Authority within 30 days if physician: (1) no longer diagnoses the patient with a debilitating medical condition; or (2) determines that the medical use of marijuana is contraindicated for the patient.

### Out-of-state reciprocity
The law does not address the validity of out-of-state registry cards but out-of-state residents are eligible to apply for an Oregon registry card.

### Caregivers - requirements and restrictions
- Must be at least 18 years of age and have significant responsibility for managing the well-being of the patient.
- Cannot be a patient’s attending physician.
- May reimburse the person responsible for a marijuana grow site only for the costs of supplies and utilities associated with the production of marijuana.
- Patient may designate an organization that provides hospice, palliative or home health care services, or a residential facility as an additional caregiver.

### Amount of marijuana allowed
- Patient or caregiver jointly may possess up to six mature marijuana plants and 24 ounces of usable marijuana at one time.
- If the patient or caregiver has been convicted of a Class A or Class B felony under ORS 475.752 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II, they may only possess one ounce of usable marijuana at any given time for five years from the date of the conviction.
- Patient / caregiver may possess a combined total of up to 18 marijuana seedlings at one time.
- Medical edibles are limited to 100 milligrams of THC per package.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
## OREGON

### Home cultivation - requirements and restrictions
- Patient, primary caregiver, or person who is responsible for a marijuana grow site may grow for a patient; in each case, the person must be registered as a grower with Authority.
- Growers must be at least age 21 and cannot have been convicted of a Class A or Class B felony under ORS 475.752 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II within past two years or more than once.
- Authority will conduct a criminal records check for any person who is responsible for a grow site.
- Grower cannot cultivate for more than four patients at a time and cannot cultivate more than six mature plants per patient at one time.
- Certain growers must submit monthly data regarding numbers of plants and amount of marijuana cultivated to the Authority.
- Subject to some exceptions, a grow site may have a maximum of 12 mature marijuana plants if located with a city’s limits and zoned residential; otherwise, there is a 48 mature plant limit.
- If a grow site is located outdoors, the grower may not possess more than 12 pounds of useable marijuana per cultivated plant; if the grow site is indoors, the limit is six pounds per plant.
- Patient may authorize usable marijuana or immature marijuana plants to be transferred to a dispensary.
- Authority may inspect grow site and grower’s records.

### Restrictions on the use of marijuana
- Cannot be dispensed in a public place or in the presence of a person less than 18 years old.
- Must be smoked in an area that is well ventilated.
- Cannot be consumed in a public place, in public view, in a correctional facility or in youth correction facility.
- Licensed health care professional may administer marijuana to a patient residing in a licensed health care facility if the administration of pharmaceuticals is within the scope of practice of the licensed health care professional, it is not in a public place and it is not done in the presence of a person under age 18.

### Registry application review
- Authority must approve or deny an application within 30 days.
- If application is approved, the registry card will be issued within five days of decision.
- Authority may reject an application if: (1) the applicant did not provide the information required; (2) Authority determines that the information provided was falsified; or (3) the applicant has been prohibited by a court order from obtaining a card.
- Denial is a final Authority action, subject to judicial review.
- Any person whose application has been denied may not reapply for six months from the date of the denial, unless authorized by a court.
**OREGON**

| Registry fees – patients and caregivers | • For patients, the annual application / license fee is $200 regardless of whether he or she acts as a grower.  
• Non-patient who registers as a grower must pay $200 fee.  
• Reduced fees available for persons who can demonstrate current receipt of SSI benefits, current eligibility for OHP benefits or current receipt of food stamp benefits. |
|---|---|
| Registry fees – dispensaries and producers | • $500 non-refundable renewal fee;  
• $3,500 registration fee.  
• Licenses are valid for one year and a renewal is due within 60 days of current license expiration. |
| Insurance | Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana. |
| Dispensaries and producers - ownership requirements and restrictions | • Person responsible for a medical marijuana dispensary (“PRD”) or person responsible for processing site (“PRP”) is not required to be a resident of Oregon.  
• PRDs and PRPs must be at least age 21.  
• Dispensary must be registered as an Oregon business or have such an application pending.  
• PRDs and PRPs are subject to a criminal records check.  
• PRD or PRP may not have been: (1) convicted for the manufacture or delivery of a controlled substance in Schedule I or Schedule II within the past two years; or (2) convicted more than once for such an offense. |
| Dispensaries and producers – operational requirements and restrictions | • Processing site cannot be located in a residential zoned area if the site processes cannabinoid extracts.  
• Dispensary cannot be located in a residential zoned area.  
• Dispensary cannot be located at the same address as a grow site.  
• Dispensary cannot be within 1,000 feet of: (1) the real property comprising a public or private elementary, secondary or career school attended primarily by minors; or (2) another dispensary.  
• PRPs and PRDs must submit certain information about marijuana transfers to the Authority on a monthly basis.  
• Minors may not enter any premises containing marijuana, even if they are patients.  
• All usable marijuana must be kept in a safe and all immature plants in a locked room. |
<table>
<thead>
<tr>
<th>OREGON</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dispensaries and producers – operational requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Consumption, ingestion, inhalation or topical application of usable marijuana on premises is not allowed, except that an employee of a facility who is a patient may consume usable marijuana during his or her work shift if the employee is alone in a closed room that is not visible to the public or others on premises.</td>
</tr>
<tr>
<td>• May receive usable marijuana or immature marijuana plants only from a patient, caregiver or grower.</td>
</tr>
<tr>
<td>• May not transfer any THC-infused product that is meant to be swallowed or inhaled, unless the product is packaged in child-resistant safety packaging that is not attractive to minors.</td>
</tr>
<tr>
<td>• Must use an electronic data management system for the recording of transfers of usable marijuana and immature plants.</td>
</tr>
<tr>
<td>• Documents and information required to be maintained must be retained for at least one year.</td>
</tr>
<tr>
<td>• Usable marijuana and immature plants must be kept on-site at the facility.</td>
</tr>
<tr>
<td>• Cannot transfer at any one time more usable marijuana or immature plants than a patient or caregiver is permitted to possess.</td>
</tr>
</tbody>
</table>

| **Dispensaries and producers - inspections** |
| • Authority must conduct an initial inspection of every registered facility within six months of approving an application and must conduct a routine inspection at least every year. |
| • Authority may, at any reasonable time, inspect the premises and records of a facility to ensure compliance with the law. |
| • PRD and PRP must provide the Authority with any documentation required by rules upon request, in the format requested by the Authority, or permit the Authority access to such documentation on-site. |

| **Local control** |
| • Governing body of a city or county may adopt to prohibit a marijuana dispensary or processing site. |
| • Unless the adopting city/county voted against the ballot measure to allow recreational use of marijuana by at least a 55/45 margin and that ordinance was in effect by December 2015, the ordinance to prohibit must be submitted for public vote at the next general election. |
| • Governing body of a city or county may adopt ordinances that impose reasonable regulations on the operation of marijuana grow sites of persons designated to produce marijuana by registry identification cardholders, marijuana processing sites and medical marijuana dispensaries that are located in the area subject to the jurisdiction of the city or county. |
### Oregon

#### Registry tracking system
- Authority must create and maintain a confidential list of the persons issued registry cards, the names of any caregivers, the names of PRFs, the addresses of grow sites and the addresses of registered marijuana facilities.
- Authority must establish by rule a marijuana grow site registration system to track and regulate the production of marijuana by a cardholder or grower.
- Authority must develop and maintain a database of information related to the production of marijuana by persons designated to produce marijuana by a registry identification cardholder, the processing of marijuana by a processing site and the transfer of usable marijuana, medical cannabinoid products, cannabinoid concentrates and cannabinoid extracts by medical marijuana dispensaries.
- Authority must establish an interactive method to allow authorized employees of state and local law enforcement agencies to use the Oregon State Police Law Enforcement Data System to query the list to verify at any time whether a particular patient, designated primary caregiver, grower, person responsible for a medical marijuana facility, grow site location, or medical marijuana facility is listed or registered with the Authority.

#### Use of registry information
- Authority may allow the release of reports related to verification if it is without identifying data.
- Authority may release information to other persons (such as, but not limited to, employers, lawyers, family members) upon receipt of a properly executed release of information signed by the patient, the patient’s parent or legal guardian, designated primary caregiver or grower.

#### Marijuana testing and labeling
- As of October 2016, any laboratory that tests marijuana items must be accredited by ORELAP and licensed by Oregon Liquor Control Commission.
- All marijuana items transferred or sold to a dispensary or retail shop must be accompanied by documentation of passing test results. Documentation may include a marijuana product passing process validation
  - If marijuana or marijuana products are intended for sale from a retail shop or dispensary, testing must address: (1) pesticide; (2) water activity/moisture content; (3) THC / CBD levels; and (4) micro (random)
- Regulations contain extensive guidance and restrictions on testing.
**OREGON**

| Marijuana testing and labeling (continued) | • Standards for labels of marijuana products must include: (1) health and safety warnings; (2) activation time; (3) testing results; (4) potency; (5) for cannabinoid products and cannabinoid concentrates and extracts, serving size and the number of servings included in a cannabinoid product or cannabinoid concentrate or extract package; and (6) content of the marijuana item.  
• Regulations contain substantial guidance on labels. |
| Driving during / after use | Law does not entitle a person to drive under the influence of marijuana as provided in ORS § 813.010. |
| Exemption from penalty provided by law | • Person lawfully engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element.  
• It is an affirmative defense to a criminal charge of possession or production of marijuana, or any other criminal offense in which possession or production of marijuana is an element, that the person charged with the offense is a person who: (1) has been diagnosed with a debilitating medical condition within 12 months prior to arrest and been advised by the person’s attending physician that the medical use of marijuana may mitigate the symptoms or effects of that debilitating medical condition; (2) is engaged in the medical use of marijuana; and (3) possesses or produces marijuana only in amounts permitted under the law.  
• Possession of a registry card, caregiver card or proof of registration as a marijuana facility does not alone constitute probable cause to search the person or property of the cardholder or otherwise subject the person or property of the cardholder to inspection by any governmental agency.  
• Usable marijuana and paraphernalia used to administer marijuana that was seized by any law enforcement office shall be returned immediately upon a determination by the district attorney that the person is entitled to the protections in the law.  
• No attending physician may be subjected to civil penalty or discipline by the Oregon Medical Board for: (1) advising a person diagnosed as having a debilitating medical condition about the risks and benefits of medical use of marijuana; or (2) providing the written documentation necessary for issuance of a registry card. |
<p>| Effect of law on employers and landlords | An employer is not required to accommodate the medical use of marijuana in any workplace. |
| Taxes | Not addressed in law or regulations. |</p>
<table>
<thead>
<tr>
<th>Fund(s) created</th>
<th>Not addressed in law or regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies required or requested</td>
<td>Not addressed in law or regulations.</td>
</tr>
</tbody>
</table>
## PENNSYLVANIA

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>35 P.S. §§ 10231.101 to 10231.2110.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>May 17, 2016.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed grower/processors and dispensaries.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Pennsylvania Department of Health (“Department”).</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/MedicalMarijuana/Pages/default.aspx#.WH5KQVMrLIV">http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/MedicalMarijuana/Pages/default.aspx#.WH5KQVMrLIV</a></td>
</tr>
<tr>
<td>Usage</td>
<td>Program is not operational to date. Department is accepting applications for grower/processors and dispensaries through March 20, 2017.</td>
</tr>
</tbody>
</table>
| Conditions treated               | “Serious medical condition,” which means:  
- cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, Crohn’s disease, post-traumatic stress disorder, intractable seizures, glaucoma, sickle cell anemia, autism; or  
- severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective. |
| Patients – requirements and restrictions |  
- Patient must be a Pennsylvania resident.  
- Practitioner (physician) must have been approved Department for inclusion in the registry with a valid, unexpired, unrevoked, unsuspended state license to practice medicine.  
- Department to develop a four-hour training course for physicians, pharmacists, certified registered nurse practitioners and physician assistants regarding the latest scientific research on medical marijuana.  
- Practitioner must have taken course prior to registering.  
- Patient must be under the practitioner’s continuing care for the serious medical condition.  
- Practitioner: (1) must determine that patient has a serious medical condition and has included the condition in the patient’s health care record; and (2) in the practitioner’s professional opinion and review of past treatments, the practitioner determines the patient is likely to receive therapeutic or palliative benefit from the use of medical marijuana. |
<table>
<thead>
<tr>
<th>PENNSYLVANIA</th>
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<tbody>
<tr>
<td><strong>Patients – requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>- Prior to issuing a certification or recommending a change to the amount/form of marijuana, a practitioner must review the state’s prescription drug monitoring program.</td>
</tr>
<tr>
<td>- Patient may designate up to two caregivers at any one time.</td>
</tr>
<tr>
<td>- Patient must possess an identification card whenever the patient or caregiver is in possession of medical marijuana.</td>
</tr>
<tr>
<td>- Registered practitioner has ongoing responsibility to immediately notify the Department if: (1) the patient no longer has the serious medical condition for which the certification was issued; (2) marijuana would no longer be therapeutic or palliative; or (3) the patient has died.</td>
</tr>
<tr>
<td>- If a patient is under 18 years of age: (1) the patient shall have a caregiver; and (2) the caregiver must be a parent, legal guardian, or person appointed by a parent or legal guardian.</td>
</tr>
<tr>
<td><strong>Out-of-state reciprocity</strong></td>
</tr>
<tr>
<td>- Not addressed to date by law.</td>
</tr>
<tr>
<td><strong>Caregivers - requirements and restrictions</strong></td>
</tr>
<tr>
<td>- Must be at least age 21, unless an underage person makes a sufficient showing to Department to allow.</td>
</tr>
<tr>
<td>- Department specifically allows the person to act as caregiver.</td>
</tr>
<tr>
<td>- Cannot act as caregiver for more than five patients at once.</td>
</tr>
<tr>
<td>- Subject to background check prior to approval (including fingerprinting).</td>
</tr>
<tr>
<td>- Application to be denied if the person has been convicted of a criminal offense that occurred within the past five years relating to the sale or possession of drugs, narcotics or controlled substances.</td>
</tr>
<tr>
<td>- Department may deny application if person has a history of drug abuse or of diverting controlled substances or illegal drugs.</td>
</tr>
<tr>
<td><strong>Amount of marijuana allowed</strong></td>
</tr>
<tr>
<td>- Patient or caregiver may not receive from a dispensary more than a 30-day supply of individual doses. During the last seven days of any 30-day period, a patient may obtain and possess a 30-day supply for the subsequent 30-day period.</td>
</tr>
<tr>
<td><strong>Home cultivation - requirements and restrictions</strong></td>
</tr>
<tr>
<td>- Law does not authorized home cultivation of marijuana.</td>
</tr>
<tr>
<td><strong>Restrictions on the use of marijuana</strong></td>
</tr>
<tr>
<td>- Allowed forms of marijuana: (1) pill; (2) oil; (3) topical forms, including gels, creams or ointments; (4) a form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form; (5) tincture; or (6) liquid.</td>
</tr>
<tr>
<td>- Unless specifically allowed by the Department, marijuana cannot be dispensed to a patient or caregiver in dry leaf or plant form.</td>
</tr>
<tr>
<td>- Marijuana cannot be incorporated into edible form, except by the end patient as a means of ingestion.</td>
</tr>
</tbody>
</table>
### PENNSYLVANIA

**Restrictions on the use of marijuana (continued)**

- Up to May 2018, a parent, legal guardian, caregiver or spouse of a minor under 18 years of age with a serious medical condition who lawfully obtains medical marijuana from another state, may administer the marijuana without violating the law.
- Patient may not operate or be in physical control the following while under the influence with a blood content of more than 10 nanograms of active THC per milliliter of blood in serum: (1) chemicals which require a permit; or (2) high-voltage electricity or any other public utility.
- Pennsylvania Department of Education to promulgate regulations within 18 months of the effective date of this section regarding: (1) possession and use of medical marijuana by a student on the grounds of a preschool, primary school and a secondary school; and (2) possession and use of medical marijuana by an employee of a preschool, primary school and a secondary school on the grounds of such school.
- Pennsylvania Department of Human Services to promulgate regulations within 18 months of the effective date of this section regarding: (1) possession and use of medical marijuana by a child under the care of a child-care or social service center licensed or operated by the Department of Human Services; or (2) possession and use of medical marijuana by an employee of a child-care or social service center licensed or operated by the Department of Human Services.

**Registry application review**

Not addressed to date by law.

**Registry fees – patients and caregivers**

$50 processing fee associated with patient and caregiver cards; fee can be waived for financial hardship. Cards expire one year from issuance (or upon death), unless the practitioner states in certification that use should cease prior to one year.

**Registry fees – dispensaries and producers**

- Application fees → $10,000 (grower/processor); $5,000 (dispensary).
- Initial permit fee → $200,000 (grower/processor); $30,000 (dispensary).
- Annual renewal fee → $10,000 (grower/processor); $5,000 (dispensary).

**Insurance**

Law does not require an insurer or a health plan, whether paid for by Commonwealth funds or private funds, to provide coverage for the medicinal use of marijuana.

© 2017 Research is current as of January 13, 2017. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Jon Woodruff at (703) 836-6100, ext. 100 or jwoodruff@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 100 ½ East Main Street, Suite C, Manchester, IA 52057.
<table>
<thead>
<tr>
<th><strong>PENNSYLVANIA</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dispensaries and producers - ownership requirements and restrictions</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • Practitioner may not hold a direct or economic interest in a medical marijuana organization.  
| • Principals, financial backers, operators, and employees of marijuana establishments are subject to a criminal history record check.  
| • Principals, financial backers, or employees may not be affiliated with a marijuana establishment if the individual has been convicted of any criminal offense related to the sale or possession of illegal drugs, narcotics or controlled substances.  
| • Initially, Department may not issue more than 25 grower/processors licenses.  
| • Initially, Department may not issue more than 50 dispensary licenses; each dispensary may provide marijuana at no more than three separate locations.  
| • No person may obtain more than five dispensary licenses.  
| • No person may obtain more than one grower/processor license.  
| • No more than five grower/processor licensees may be issued dispensary licenses.  
| • An executive-level public employee, public official or party officer, or an immediate family member thereof, may not intentionally or knowingly hold a financial interest in a medical marijuana organization. |
| **Dispensaries and producers – operational requirements and restrictions** |  
| • Dispensary may not be located within 1,000 feet of the property line of a public, private or parochial school or a day-care center.  
| • Dispensary may only dispense medical marijuana in an indoor, enclosed, secure facility located in state.  
| • Dispensary may not operate on the same site as a facility used for growing and processing medical marijuana.  
| • Establishment cannot be located in a personal residence or any other location where the Department or its authorized agents or law enforcement would have limited access.  
| • Department to establish a minimum of three regions within this Commonwealth for the purpose of granting permits to grower/processors and dispensaries.  
| • Department to develop a two-hour course required for the principals and employees of a medical marijuana organization who either have direct contact with patients or caregivers or who physically handle medical marijuana.  
| • Establishments must implement an electronic inventory tracking system that is directly accessible to the Department through its electronic database that electronically tracks all marijuana from seed-to-sale on a daily basis. |
## PENNSYLVANIA

### Dispensaries and producers – operational requirements and restrictions (continued)
- At time of purchase, a dispensary must provide a receipt to a purchaser that contains at least: (1) name, address, and any identification number assigned to the dispensary by the department, (2) name and address of the patient and caregiver; (3) date the medical marijuana was dispensed; (4) any requirement or limitation by the practitioner as to the form of medical marijuana for the patient; and (5) form and the quantity of medical marijuana dispensed.
- Dispensary must have a physician or a pharmacist onsite at all times during the hours the dispensary is open to receive patients and caregivers (but cannot issue certifications).
- Advertising restrictions must be consistent with the Federal regulations governing prescription drug advertising and marketing.
- Department and the state Department of Revenue will monitor the price of marijuana sold by grower/processors and by dispensaries and they may implement a cap for a period of six months, if necessary.

### Dispensaries and producers - inspections
- Department to develop enforcement procedures, including announced and unannounced inspections of facilities of the grower/processors and dispensaries and all records of the medical marijuana organizations.
- Inspection may include: (1) inspection of site, facility, vehicles, books, records, papers, documents, data, and other physical or electronic information; (2) questioning of employees, principals, operators and financial backers of the medical marijuana organization; and (3) inspection of a grower/processor facility’s equipment, instruments, tools and machinery that are used to grow, process and package medical marijuana, including containers and labels.
- Department and its authorized agents will have free access to review books, records, papers, documents, data, or other physical or electronic information that relates to the business of the medical marijuana organization, including financial data, sales data, shipping data, pricing data and employee data.

### Local control
- Grower/processor must meet the same municipal zoning and land use requirements as other manufacturing, processing and production facilities in the same zoning district.
- Dispensary must meet the same municipal zoning and land use requirements as other commercial facilities in the same district.
## PENNSYLVANIA

### Registry tracking system

Department must establish and maintain an electronic database to include activities and information relating to medical marijuana organizations, certifications, and identification cards issued, practitioner registration, and electronic tracking of all medical marijuana as required.

### Use of registry information

- The following information is a public record and subject to disclosure: (1) applications for permits submitted by medical marijuana organizations; (2) names, business addresses, and medical credentials of practitioners authorized to provide certifications; and (3) information relating to penalties or other disciplinary actions taken against a medical marijuana organization or practitioner.

- Department to post the following information on website: (1) amount of medical marijuana sold by a grower/processor during each three-month period; (2) price of amounts of medical marijuana sold by grower/processors; (3) amount of medical marijuana purchased by each dispensary; (4) cost of amounts of medical marijuana to each dispensary in amounts as determined by the department; and (5) total amount and dollar value of medical marijuana sold by each dispensary in the three-month period.

- Department to produce report containing: (1) an assessment of the use of marijuana; (2) assessment of the benefits and risks to patients using marijuana, including adverse events; and (3) recommendations for amendments.

### Marijuana testing and labeling

- Grower/processor must contract with a Department-approved independent laboratory to test the medical marijuana produced by the grower/processor.

- Products packaged by a grower/processor or sold by a dispensary shall only be identified by the name of the grower/processor, the name of the dispensary, the form and species of medical marijuana, the percentage of tetrahydrocannabinol and cannabidiol contained in the product and any other labeling required by the department.

- Marijuana must be dispensed to a patient/caregiver in a sealed and labeled package.

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### PENNSYLVANIA

<table>
<thead>
<tr>
<th><strong>Marijuana testing and labeling (continued)</strong></th>
<th><strong>Driving during / after use</strong></th>
<th><strong>Exemption from penalty provided by law</strong></th>
</tr>
</thead>
</table>
| • Label at dispensary must include: (1) information required to be included in the receipt provided to the patient or caregiver, as appropriate, by the dispensary; (2) packaging date; (3) any applicable date by which the medical marijuana should be used; (4) amount of individual doses contained within the package and the species and percentage of THC and cannabidiol; (5) warning stating: “This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant’s pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children”; (6) warning that the medical marijuana must be kept in the original container in which it was dispensed; and (7) warning that unauthorized use is unlawful and will subject the person to criminal penalties. | • In Pennsylvania, a person may not drive while the person is under the influence of a drug or combination of drugs to a degree that impairs the individual’s ability to safely drive.  
• In addition, a person may not drive a vehicle if there is in the individual’s blood any amount of a Schedule I controlled substance or a Schedule II or Schedule III controlled substance that has not been medically prescribed for the individual.  
• For purposes of the any amount standard, the THC level in blood must exceed one ng/ml in order for the test results to be admissible in a criminal trial. | • Growth, processing, manufacture, acquisition, transportation, sale, dispensing, distribution, possession and consumption of marijuana as allowed under the law is not a violation of the state Controlled Substance, Drug, Device and Cosmetic Act.  
• Patients, caregivers, physicians, grower/processors, and dispensaries may not be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of marijuana or manufacture or sale or dispensing of marijuana. |
**Pennsylvania**

| Effect of law on employers and landlords | • No employer may discharge, threaten, refuse to hire or otherwise discriminate or retaliate against an employee regarding an employee’s compensation, terms, conditions, location or privileges solely on the basis of such employee’s status as an individual who is certified to use marijuana.  
• Law does not require an employer to make any accommodation of the use of medical marijuana on the property or premises of any place of employment.  
• Law does not limit an employer’s ability to discipline an employee for being under the influence of marijuana in the workplace or for working while under the influence of marijuana when the employee’s conduct falls below the standard of care normally accepted for that position.  
• Law does not require an employer to commit any act that would put the employer or any person acting on its behalf in violation of Federal law.  
• Fact that an individual is certified to use marijuana and acting in accordance with the law does should not, by itself, be considered by a court in a custody proceeding. |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Taxes</td>
<td>Tax of 5% on the sale of marijuana from a grower/processor to a dispensary; grower/processor is responsible for payment of the tax.</td>
</tr>
<tr>
<td>Fund(s) created</td>
<td>Medical Marijuana Program Fund (“Fund”) is established by the law and funded by the fees and taxes payable. Any amount unspent at the end of a fiscal year must be appropriated to the Department for its operations.</td>
</tr>
</tbody>
</table>
| Studies required or requested | • Department must submit an annual report summarizing the participation and utilization of diverse groups.  
• Department must establish and develop a research program to study the impact of marijuana on the treatment and symptom management of serious medical conditions.  
• Department may register up to eight clinical registrants and approve the dispensing of marijuana by a clinical registrant to an academic clinical research center for purposes of scientific research. |
### RHODE ISLAND

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>January 3, 2006.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed compassion centers and cultivators.</td>
</tr>
<tr>
<td>Regulations</td>
<td>R.I. Admin. Code 31-2-7:1.0 to 31-2-7:11.0; 11-4-1:1 to 11-4-1:6; 60-1-224:1 to 60-1-224:10.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Rhode Island Department of Health (“Department”).</td>
</tr>
<tr>
<td>Usage</td>
<td>As of January 2017, there are three operating compassion centers and three licensed cultivators. Recent statistics showing the number of registered patients and caregivers do not appear to be published. According to a January 2017 news article, there are 16,360 registered patients and 2,800 registered caregivers.</td>
</tr>
</tbody>
</table>
| Conditions treated | **“Debilitating medical condition,”** which means:  
- cancer, glaucoma, HIV positive, AIDS, Hepatitis C, post-traumatic stress disorder (only if patient is age 18 or older);  
- a chronic or debilitating disease or medical condition, or its treatment, that produces one or more of the following: (1) cachexia or wasting syndrome; (2) severe, debilitating, chronic pain; (3) severe nausea; (4) seizures, including but not limited to, those characteristic of epilepsy; (5) severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn’s disease; (6) agitation of Alzheimer’s Disease; or  
- any other medical condition or its treatment approved by the Department, as provided for in R.I. Gen. Laws § 21-28.6-5.  
Department will review a written petition from any person requesting that a particular disease or condition be included among the diseases. |
| Patients – requirements and restrictions |  
- Resident of Rhode Island and diagnosed by a practitioner as having a debilitating medical condition.  
- Practitioner must be a Rhode Island, Massachusetts or Connecticut-licensed physician with the authority to prescribe drugs.  
- Practitioner’s written certification must be in the course of a bona fide, practitioner-patient relationship and must include patient’s medical records and a statement that in the practitioner’s professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient. |
**RHODE ISLAND**

### Patients – requirements and restrictions (continued)
- If patient is a minor, the practitioner must explain the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient.
- If patient is a minor, their parent / guardian must consent in writing to: (1) allow the qualifying patient’s medical use of marijuana; (2) serve as one of the patient’s caregivers; and (3) control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the patient.
- Must notify the Department within 10 days if patient ceases to have his or her debilitating medical condition.
- Fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is punishable by a fine of $500.
- Department will revoke the registry card of anyone who is convicted of or pleads no contest to a felony offense under chapter 28 of title 21 (“Rhode Island Controlled Substances Act”) or a similar offense from any other jurisdiction.

### Out-of-state reciprocity
Registry card issued under the laws of another state, U.S. territory or the District of Columbia, to permit the medical use of marijuana (or to assist such person) has the same force and effect as a Rhode Island-issued card.

### Caregivers - requirements and restrictions
- If caregiver is a person, they must be at least age 21.
- Patient can designate a compassion center as a caregiver.
- Individual caregiver cannot assist more than five patients at a time.
- Caregivers cannot sell marijuana to dispensaries.
- As part of application, must submit fingerprints to allow a national criminal records check.
- Cannot serve as caregiver if previously convicted of a felony offense under chapter 28 of title 21 (“Rhode Island Controlled Substances Act”), murder, manslaughter, rape, first-degree sexual assault, second-degree sexual assault, first-degree child molestation, second-degree child molestation, kidnapping, first-degree sexual assault, second-degree arson, mayhem, robbery, burglary, breaking and entering, assault with a dangerous weapon, assault or battery involving grave bodily injury.
- May receive reimbursement for costs associated with assistance.
- Patient may also appoint one registered authorized purchaser who can assist patient with purchases; purchaser must be at least age 21 and cannot assist more than one patient.
## RHODE ISLAND

### Amount of marijuana allowed

- Patient may not possess more than 12 mature marijuana plants and 2.5 ounces of usable marijuana.
- Plants must be stored in an indoor facility and, effective April 2017, each must have a marijuana tracking tag (cost $25) affixed to it.
- Allowed to possess a reasonable amount of unusable marijuana, including up to 12 seedlings.
- An individual caregiver may not possess, in total for all patients, more than 24 plants or five ounces of usable marijuana.
- As of January 2019, a patient must choose to either cultivate marijuana themselves or have a caregiver do it, but not both.

### Home cultivation - requirements and restrictions

Two or more cardholders may cooperatively cultivate marijuana in residential or non-residential locations subject to the following restrictions:
- can cooperatively cultivate in one location;
- no single location may have more than one cooperative cultivation;
- cannot be visible from the street or other public areas;
- must sign and post a written acknowledgement of the limitations of the right to use and possess marijuana for medical purposes in Rhode Island;
- as of January 2017, must register the location of the cooperative cultivation and pay an annual license fee;
- each plant must have a marijuana tracking tag (cost $25) affixed.

Cooperative cultivations are restricted to the following possession limits:
- non-residential, cooperative cultivations may have no more than 10 ounces of usable marijuana, 48 mature marijuana plants and 24 seedlings.
- residential, cooperative cultivations may have no more than 10 ounces of usable marijuana, 24 mature marijuana plants and 12 seedlings.

Cooperative cultivations must be inspected as follows:
- non-residential, cooperative cultivations must display proof that cultivation has been inspected by the municipal building and/or zoning official and the municipal fire department; and
- residential cooperative cultivations must have displayed prominently on the premises an affidavit by a licensed electrician that the cultivation has been inspected and is in compliance with any applicable state or municipal housing and zoning codes.

### Restrictions on the use of marijuana

- Cardholder may give marijuana to another cardholder to whom they are not connected by the registry if no consideration is paid for the marijuana.
<table>
<thead>
<tr>
<th>RHODE ISLAND</th>
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<tbody>
<tr>
<td><strong>Restrictions on the use of marijuana (continued)</strong></td>
</tr>
<tr>
<td>- Cannot smoke marijuana: (1) in a school bus or other form of public transportation; (2) on any school grounds; (3) in any correctional facility; (4) in any public place; (5) in any licensed drug treatment facility in this state; or (6) where exposure to the marijuana smoke significantly adversely affects the health, safety, or welfare of children.</td>
</tr>
<tr>
<td>- Patients, caregivers, and cultivators cannot create marijuana extractions that involve the use of compressed, flammable gas as a solvent.</td>
</tr>
<tr>
<td>- Cannot undertake any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice.</td>
</tr>
<tr>
<td><strong>Registry application review</strong></td>
</tr>
<tr>
<td>- Department shall verify the information contained in an application or renewal and shall approve or deny an application within 15 days of receipt.</td>
</tr>
<tr>
<td>- If applicant is under hospice care or chemotherapy, the application must be processed within five days.</td>
</tr>
<tr>
<td>- If application approved, card must be issued within five days.</td>
</tr>
<tr>
<td>- Department may deny an application or renewal only if the applicant did not provide the information required or if the Department determines that the information provided was falsified.</td>
</tr>
<tr>
<td>- Rejection of an application is a final Department action, subject to judicial review in the Rhode Island Superior Court.</td>
</tr>
<tr>
<td>- If Department fails to issue a valid card in response to a valid application within 35 days of its submission, the registry card is granted.</td>
</tr>
<tr>
<td><strong>Registry fees – patients and caregivers</strong></td>
</tr>
<tr>
<td>- For patients, fee is $100; reduced fee of $25 available if patient is a recipient of Medicaid, SSI or SSDI.</td>
</tr>
<tr>
<td>- For caregiver, fee is $200; reduced fee of $25 available if the caregiver is a recipient of Medicaid, SSI or SSDI.</td>
</tr>
<tr>
<td>- As of January 2017, registry cards a valid for one year.</td>
</tr>
<tr>
<td><strong>Registry fees – dispensaries and producers</strong></td>
</tr>
<tr>
<td>- Application fee of $250.</td>
</tr>
<tr>
<td>- Registration fee of $5,000.</td>
</tr>
<tr>
<td>- Registration expires two years after card issued; renewal application can be submitted up to 60 days before expiration of current license.</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
</tr>
<tr>
<td>- Law does not require a government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana.</td>
</tr>
<tr>
<td><strong>Dispensaries and producers - ownership requirements and restrictions</strong></td>
</tr>
<tr>
<td>- No more than three compassion centers may hold valid registration certificates at one time.</td>
</tr>
<tr>
<td>- Must be operated on a not-for-profit basis for the mutual benefit of its patients but does not have to be recognized as a tax-exempt organization by the IRS.</td>
</tr>
</tbody>
</table>
## RHODE ISLAND

### Dispensaries and producers - ownership requirements and restrictions (continued)
- All principal officers and board members must be residents of the state of Rhode Island.
- All card applicants must submit fingerprints for a national criminal identification records check.
- Subject to Department exception, no registry card will be issued to any principal officer, board member, agent, volunteer, or employee of a compassion center who has been convicted of a felony drug offense or has entered a plea of nolo contendere for a felony drug offense and received a sentence of probation.

### Dispensaries and producers – operational requirements and restrictions
- Allowed to acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply or dispense marijuana, and/or related supplies and educational materials, to patients / caregivers.
- Cannot be located within 1,000 feet of the property line of a preexisting public or private school.
- Each time a new patient visits a compassion center, it shall provide the patient with a FAQ document about the law.
- Cannot dispense more than 2.5 ounces of usable marijuana to a patient (directly or through their caregiver) during a 15-day period.
- Must limit inventory of seedlings, plants and usable marijuana to reflect the projected needs of designated patients.
- Cannot transfer marijuana to a person other than a patient who has designated the compassion center or their caregiver.
- At any one time, center is limited to 150 marijuana plants (of which no more than 99 can be mature) and 1,500 ounces of usable marijuana.
- Must conduct an initial comprehensive inventory of all marijuana, and conduct a monthly inventory review.
- Must maintain inventory and maintenance inspection/test data in an auditable form for at least 24 months after the event.
- Must keep information describing the center’s outreach activities to patients or their caregivers that includes: (1) providing the FAQ document; (2) ingestion options of useable marijuana provided by the compassion center; (3) safe smoking techniques; and (4) potential side effects.

### Dispensaries and producers - inspections
Subject to reasonable inspection by the Department which may include review of the center’s confidential records, including its dispensing records, which shall track transactions according to patients’ registry identification numbers to protect their confidentiality.

### Local control
Any time a compassion center application is being considered, the Department will also allow for comment by the public and solicit input from the towns or cities where the center would be located. Also, as part of a registration application, the center must provide evidence of compliance with the local zoning laws for each physical address.
<table>
<thead>
<tr>
<th>RHODE ISLAND</th>
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</thead>
</table>
| **Registry tracking system** | - Department to maintain a confidential list of persons issued registry identification cards subject to disclosure only to authorized employees of the Department as necessary to perform official duties. The Department also will verify to law enforcement personnel whether a registry identification card is valid solely by confirming the random registry identification number or name.  
- By 2019, the Department and Department of Business Regulation will create a shared database that will allow law enforcement to verify the validity of registry identification cards at all times. |
| **Use of registry information** | - On application, patient may indicate that they want the Department to notify him or her of the existence of ongoing clinical studies about marijuana’s risk or efficacy.  
- Department will track the number of patients who designate each compassion center as a caregiver and issue a written statement to the compassion center of the number of patients.  
- Every other year, the Department will issue a report to the legislature regarding: (1) number of applications for registry identification cards; (2) number of patients and caregivers approved; (3) nature of the debilitating medical conditions of the patients; (4) number of registry identification cards revoked; (5) number of practitioners providing written certification for patients; (6) an evaluation of the costs permitting the use of marijuana for symptom relief, including any costs to law enforcement agencies and costs of any litigation; (7) statistics regarding the number of marijuana-related prosecutions against patients and caregivers, and an analysis of the facts underlying those prosecutions; (8) statistics regarding the number of prosecutions against physicians for violations of this chapter; and (9) whether the United States Food and Drug Administration has altered its position regarding the use of marijuana for medical purposes or has approved alternative delivery systems for marijuana. |
| **Marijuana testing and labeling** | The packaging of the useable marijuana that the compassion center uses must include: (1) a label containing the name of the strain, batch and quantity; and (2) a statement that the product is for medical use and not for resale. |
| **Driving during / after use** | - No person may operate, navigate or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marijuana.  
- Patient shall not be considered to be under the influence solely for having marijuana metabolites in his or her system. |
### RHODE ISLAND

**Exemption from penalty provided by law**
- Patient or caregiver who possesses a registry card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, for the medical use of marijuana; provided, that the patient possesses no more than 12 mature marijuana plants (stored in an indoor location) and 2.5 ounces of usable marijuana.
- There exists a presumption that a cardholder is engaged in the medical use of marijuana if the cardholder: (1) is in possession of a registry card; and (2) is in possession of an amount of marijuana that does not exceed the amount permitted.
- Practitioner is not subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, solely for providing written certifications, or for otherwise stating that, in their professional opinion, the potential benefits of the medical marijuana would likely outweigh the health risks for a patient.
- For the purposes of medical care, including organ transplants, a patient’s authorized use of marijuana is the equivalent of the authorized use of any other medication.
- Possession of, or application for, a registry identification card shall not constitute probable cause or reasonable suspicion, nor shall it be used to support the search of the person or property of the person possessing or applying for the card, or otherwise subject the person or property to inspection by any governmental agency.

**Effect of law on employers and landlords**
- Law does not require an employer to accommodate the medical use of marijuana in any workplace.
- No school, employer, or landlord may refuse to enroll, employ, or lease to, or otherwise penalize, a person solely for his or her status as a registry cardholder.
- Due to the safety and welfare concern for other tenants and property, however, a landlord may have the discretion not to lease, or continue to lease, to a cardholder who cultivates marijuana in the leased premises.

**Taxes**
A surcharge of 4.0% is charged on “net patient revenue” received each month by every compassion center.

**Fund(s) created**
Not addressed in law or regulations.

**Studies required or requested**
Legislative Oversight Committee created that meets at least six times per year for the purpose of evaluating and making recommendations to the legislature every two years regarding:
- patients’ access to marijuana;
- efficacy of compassion centers;
- physician participation;
- definition of qualifying medical condition; and
- research studies regarding health effects.
## VERMONT

<table>
<thead>
<tr>
<th>Statute(s)</th>
<th>18 V.S.A. §§ 4471 to 4474m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective date</td>
<td>May 26, 2004.</td>
</tr>
<tr>
<td>Type of law</td>
<td>Registry of authorized patients and caregivers; licensed non-profit dispensaries.</td>
</tr>
<tr>
<td>Registry administrator</td>
<td>Vermont Department of Public Safety (“Department”).</td>
</tr>
</tbody>
</table>

### Conditions treated
“Debilitating medical condition,” which means reasonable medical efforts have been made over a reasonable amount of time without success to relieve the symptoms of one of these diseases or conditions:

- cancer, multiple sclerosis, HIV positive or AIDS, glaucoma, 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 one or more of the following intractable symptoms: cachexia or wasting syndrome, chronic pain, severe nausea, or seizures.

### Patients – requirements and restrictions

- Vermont resident diagnosed with a debilitating medical condition by a health care professional in the course of a bona fide health care professional-patient relationship.
- Health care professional may be licensed in Vermont, New York, New Hampshire or Massachusetts.
- “Bona fide health care professional-patient relationship” means a treating or consulting relationship of not less than three months’ duration, including a full assessment of the patient’s medical history and current medical condition.
- Three-month requirement is not required in certain circumstances, including if patient has been diagnosed with a terminal illness, cancer with distant metastases, AIDS, or is under hospice care.
- Physician must complete a medical verification form.
- If patient is under 18 years of age, the registry application must be signed by both the patient and a parent or guardian.
- Patients can elect to cultivate marijuana for their own use or designate one dispensary.
- If patient designates a dispensary, neither the patient nor their caregiver may grow marijuana.
- If health professional notifies Department that patient cases to suffer from debilitating condition, their card becomes void in 10 days.
<table>
<thead>
<tr>
<th>VERMONT</th>
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</thead>
<tbody>
<tr>
<td><strong>Patients – requirements and restrictions (continued)</strong></td>
</tr>
<tr>
<td>• Knowingly giving to any law enforcement officer false information</td>
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<tr>
<td>to avoid arrest or prosecution, or to assist another in avoiding</td>
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<tr>
<td>arrest or prosecution, shall be imprisoned for not more than one</td>
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<tr>
<td>year or fined not more than $1,000 or both.</td>
</tr>
<tr>
<td>• Patient cannot change designated dispensary more than once in a</td>
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<tr>
<td>30-day period.</td>
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<tr>
<td><strong>Out-of-state reciprocity</strong></td>
</tr>
<tr>
<td>Not addressed to date in law or regulations.</td>
</tr>
<tr>
<td><strong>Caregivers - requirements and restrictions</strong></td>
</tr>
<tr>
<td>• Must be at least age 21, a Vermont resident, and not a registered</td>
</tr>
<tr>
<td>patient.</td>
</tr>
<tr>
<td>• Patient can select only one caregiver, except that minor patients</td>
</tr>
<tr>
<td>may select two caregivers.</td>
</tr>
<tr>
<td>• Caregiver can assist only one patient at a time.</td>
</tr>
<tr>
<td><strong>Amount of marijuana allowed</strong></td>
</tr>
<tr>
<td>• At any one time, the amount of marijuana collectively possessed</td>
</tr>
<tr>
<td>between the patient and caregiver is two mature marijuana plants,</td>
</tr>
<tr>
<td>seven immature plants and two ounces of usable marijuana.</td>
</tr>
<tr>
<td>• Dispensary can provide no more than two ounces of prepared</td>
</tr>
<tr>
<td>marijuana to a patient/caregiver during a 30-day period.</td>
</tr>
<tr>
<td><strong>Home cultivation - requirements and restrictions</strong></td>
</tr>
<tr>
<td>Home cultivation is not allowed if a patient chooses to have marijuana</td>
</tr>
<tr>
<td>supplied by dispensary. Plants must be kept in a single, secure indoor</td>
</tr>
<tr>
<td>facility.</td>
</tr>
<tr>
<td><strong>Restrictions on the use of marijuana</strong></td>
</tr>
<tr>
<td>• Cannot consume marijuana on dispensary property.</td>
</tr>
<tr>
<td>• Cannot smoke marijuana in any public place, including: (1) a school</td>
</tr>
<tr>
<td>bus, public bus, or other public vehicle; (2) a workplace or place</td>
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<tr>
<td>of employment; (3) any school grounds; (4) any correctional facility;</td>
</tr>
<tr>
<td>or (5) any public park, public beach, public recreation center, or</td>
</tr>
<tr>
<td>youth center.</td>
</tr>
<tr>
<td><strong>Registry application review</strong></td>
</tr>
<tr>
<td>• Department transmits the medical verification form to health care</td>
</tr>
<tr>
<td>professional and contacts them for verification.</td>
</tr>
<tr>
<td>• Application to be approved or denied within 30 days of receipt.</td>
</tr>
<tr>
<td>• If approved, registry card to be issued within five days of approval.</td>
</tr>
<tr>
<td>• Department can deny application if: (1) application fails to provide</td>
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<tr>
<td>required information; or (2) information materially inaccurate.</td>
</tr>
<tr>
<td>• If application denied, patient can appeal the denial to the Marijuana</td>
</tr>
<tr>
<td>Review Board.</td>
</tr>
<tr>
<td><strong>Registry fees – patients and caregivers</strong></td>
</tr>
<tr>
<td>• For patients and caregivers, $50 application fee and renewal fee.</td>
</tr>
<tr>
<td>• Cards expire no more than one year after issuance.</td>
</tr>
<tr>
<td>• Renewal applications due at least 30 days before expiration of</td>
</tr>
<tr>
<td>current card.</td>
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</table>
### VERMONT

#### Registry fees – dispensaries and producers
- Application fee (non-refundable) of $2,500.
- Initial registration fee of $20,000.
- Annual renewal registration fee of $25,000.
- $50 fee for each identification card needed for officers, board members and employees.
- Cards are valid for one year.

#### Insurance
Law does not require that coverage or reimbursement for the use of marijuana be provided by:
- a health insurer, or any insurance company;
- Medicaid or any other public health care assistance program;
- an employer; or
- for purposes of workers’ compensation, an employer as defined in 21 V.S.A. § 601(3).

#### Dispensaries and producers - ownership requirements and restrictions
- Nonprofit entity allowed to acquire, possess, cultivate, manufacture, transfer, transport, supply, sell and dispense marijuana, marijuana-infused products, and marijuana-related supplies and educational materials for or to a registered patient who has designated it.
- Not required to be a tax-exempt organization under IRS Code.
- Total number of dispensaries in state limited to four.
- Must be open and dispensing marijuana within six months of receiving a registration certificate.
- Can dispense marijuana at only one location, but allowed to have a second location where the marijuana is cultivated or processed.
- Department may not issue or renew a registry identification card to any principal officer, board member, agent or employee of a dispensary who has been convicted of a drug-related offense or a violent felony or who has a pending charge in Vermont or another jurisdiction for such offense.
- Department will obtain a Vermont criminal history record, an out-of-state criminal history record and a criminal history record from the Federal Bureau of each principal officer, board member and employee of registered dispensaries.

#### Dispensaries and producers – operational requirements and restrictions
- Must have a sliding-scale fee system that takes into account a registered patient’s ability to pay.
- Cannot be located within 1,000 feet of the property line of a pre-existing public or private school or licensed or regulated childcare facility.
- If 14 or fewer patients have designated the dispensary, it may cultivate and possess at any one time up to 28 mature marijuana plants, 98 immature marijuana plants, and 28 ounces of useable marijuana.
| Dispensaries and producers – operational requirements and restrictions (continued) | • If more than 14 patients designate, the dispensary may cultivate and possess at any one time two mature marijuana plants, seven immature plants, and four ounces of useable marijuana for every registered patient for which it serves.  
• Must submit the result of an annual financial audit to the Department of Public Safety no later than 60 days after the end of the dispensary’s fiscal year.  
• Department may require its own audit.  
• Allowed to receive reasonable monetary compensation for costs associated with assisting or for cultivating marijuana for a patient who designated the dispensary as long as the dispensary has a sliding-scale fee system that takes into account a registered patient’s ability to pay.  
• Cultivation must take place in an enclosed, locked facility.  
• Operating documents must include procedures for the oversight of the registered dispensary and procedures to ensure accurate record keeping.  
• Must maintain business records including manual or computerized records of assets and liabilities, monetary transactions, various journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers which the dispensary keeps as its books of accounts.  
• Dispensary policies must include a provision that requires dispensaries to provide educational materials about marijuana to registered patients and their registered caregivers.  
• May donate marijuana, marijuana-infused products and marijuana related supplies to another dispensary in Vermont if no consideration is paid and that the recipient does not exceed the possession limits.  
• Marijuana infused products must be dispensed in child-resistant packaging. |
|---|---|
| Dispensaries and producers - inspections | • Dispensary location (and off site cultivation area) may be entered by Department for inspection without notice.  
• Submission of an application for a dispensary certificate of registration constitutes permission for entry and inspection of the dispensary. |
| Local control | Vermont municipality may prohibit the establishment of a dispensary (including the marijuana cultivation area) within its boundaries and/or regulate the time, place, and manner of dispensary operation through zoning or other local ordinances. |
## VERMONT

### Registry tracking system
- Department must maintain a separate secure electronic database accessible to law enforcement personnel 24 hours a day that uses a unique identifier system to allow law enforcement to verify that a person or entity is a registered patient, a registered caregiver, a dispensary, or the principal officer, a board member, or an employee of a dispensary.
- Records are not to be disclosed except: (1) to Department employees who are responsible for carrying out these rules; (2) pursuant to a court order; (3) with the written permission of the patient or the patient’s legal guardian; (4) for prosecution for false swearing under 13 V.S.A. § 2904; (5) to a law enforcement official in response to person-specific or property-specific inquiry by a law enforcement officer or agency made in the course of a bona fide investigation or prosecution; or (6) to a patient’s treating health care professional and to a patient’s caregiver for the purpose of carrying out these rules.
- Department must maintain a list of dispensaries and the registered patients who have designated each dispensary to cultivate marijuana for the patient’s use.

### Use of registry information
- Department will issue a monthly written statement to the dispensary identifying the number of registered patients who have designated that dispensary and the registry unique identification number of the each patient and each patient’s caregiver, if any.
- Department may disclose to an agency of State Government designated by the commissioner and employees of that agency any information necessary to produce registry identification cards or manage the identification card program and may disclose data for statistical or research purposes in such a manner that individuals cannot be identified.

### Marijuana testing and labeling
- Registered dispensaries are responsible for the cost of laboratory testing of marijuana that may be required by these rules.
- Dispensary must include a label on the packaging of all marijuana that is dispensed containing: (1) the particular strain of marijuana that is contained in the package; (2) the amount of THC in each single dose of a marijuana infused product; and (3) the statement “The State of Vermont does not attest to the medicinal value of cannabis.”

### Driving during / after use
- Law authorizing the medicinal use of marijuana does not allow a person to be under the influence of marijuana while operating a motor vehicle, boat, or vessel, or any other vehicle propelled or drawn by power other than muscular power.
### VERMONT

**Exemption from penalty provided by law**
- Person is not be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for simply being in the presence or vicinity of a registered patient or registered caregiver.
- Person whose conduct is allowed under the law may not be denied any right or privilege or be subjected to any penalty or disciplinary action, for lawfully engaging in such conduct.
- Person who has in his or her possession a valid registration card and who is in compliance with the law is exempt from arrest or prosecution and from seizure of marijuana, marijuana-infused products, and marijuana-related supplies.
- Law enforcement is not required to return marijuana, marijuana-infused products, and marijuana-related supplies seized from a registered patient or registered caregiver.

**Effect of law on employers and landlords**
- Cannot smoke marijuana in any workplace.

**Taxes**
- Not addressed by law or regulation.

**Fund(s) created**
- Registration Fee Fund, containing all fees collected by the Department.

**Studies required or requested**
- Law establishes a Marijuana for Symptom Relief Oversight Committee which is tasked with submitting an annual report to the legislature with its evaluations and recommendations regarding:
  - the ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief;
  - the effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provisions of educational and support services; and
  - the sufficiency of the regulatory and security safeguards adopted by the Department to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.
<table>
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<tr>
<th><strong>WASHINGTON</strong></th>
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<tr>
<td><strong>Statute(s)</strong></td>
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<tr>
<td><strong>Effective date</strong></td>
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<tr>
<td><strong>Type of law</strong></td>
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<tr>
<td><strong>Regulations</strong></td>
</tr>
</tbody>
</table>
| **Registry administrator** | • Washington Department of Health (“Department”) oversees and regulates the patient and provider registry.  
• Dispensaries selling marijuana for personal and medical use are regulated by the Washington Liquor and Cannabis Control Board (“Board”). |
| **Usage** | As of December 2016, the Department has created 15,184 patient registry cards (56 for minors) and 1,105 designated provider cards. Since the patient and caregiver registry is voluntary, this underestimates the actual number of patients. Prior to adoption of the registry, the Marijuana Policy Project (www.mmp.org) estimated that the number of patients was approximately 125,000, assuming the same percentage of Washington residents as Colorado/Oregon residents are patients (1.8%). Also, as of December 2016, 412 of the state’s marijuana dispensaries obtained a medical endorsement, although only 161 are considered active in the medical market, in that these dispensaries employ a “certified medical marijuana consultant.” |
| **Conditions treated** | “Terminal or debilitating medical condition,” which means a condition severe enough to significantly interfere with the patient’s activities of daily living and ability to function, and is limited to:  
• cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders, intractable pain (meaning pain unrelieved by standard medical treatments and medications), glaucoma (either acute or chronic), post-traumatic stress disorder, traumatic brain injury;  
• Crohn’s disease with debilitating symptoms unrelieved by standard treatments or medications;  
• Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications; or  
• diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity. |
### Washington

**Patients – requirements and restrictions**
- Must be a Washington resident.
- Must be a patient of a health care professional, diagnosed as having a terminal or debilitating medical condition who has an authorization from the health care professional.
- Patients age 18 or older may choose to enter the medical marijuana authorization database and receive an identification card.
- In order to receive card, patient must take authorization to a medically endorsed retail marijuana store that has a “medical marijuana consultant” on staff and consultant will create card.
- Parent or guardian of a patient under the age of 18 must: (1) agree to the use of marijuana by the minor; (2) participate in the minor’s treatment; (3) maintain sole control over the minor’s marijuana; and (4) be entered into the marijuana database as the minor’s designated provider.
- All authorizations must be on a standard form developed by the Department.
- Health care professional means a Washington-licensed physician, osteopathic physicians’ assistant or an advanced registered nurse practitioner.
- Health care professional must have advised about the risks and benefits of the medical use of marijuana and that they may benefit from the medical use of marijuana.
- Health care professional must: (1) have a documented relationship with the patient, as a principal care provider or a specialist, relating to the diagnosis and ongoing treatment or monitoring of the patient’s terminal or debilitating medical condition; (2) complete an in-person physical examination of the patient; (3) document the condition in the patient’s medical record; and (4) inform the patient of other options for treating the condition.
- State medical board(s) must develop and approve continuing education programs for health care providers.

**Out-of-state reciprocity**
- Not addressed in law or regulations.

**Caregivers - requirements and restrictions**
- Referred to as “designated providers.”
- Must be at least age 21 unless a parent / guardian of a minor patient.
- May not consume marijuana obtained for the personal, medical use of the patient for whom they are the provider.
- May act as a provider for only one person at a time.
- If prior patient terminates their service, the provider must wait 15 days before becoming a provider for a new patient.
**WASHINGTON**

| Amount of marijuana allowed | • Registered patients and providers may: (1) possess six plants and eight ounces of useable marijuana; (2) purchase from a retail store licensed by the Board three ounces of useable marijuana, 48 ounces of marijuana-infused products in solid form, 216 ounces of marijuana-infused products in liquid form or 21 grams of marijuana concentrates; and (3) purchase high-THC products, if available.  
  • Non-registered patients and providers may: (1) possess no more than four plants and six ounces of useable marijuana; and (2) purchase from retail stores (with medical endorsements) only up to non-patient limits (see below).  
  • Health care practitioners may authorize up to 15 plants and 16 ounces of useable marijuana, however non-registered patients are providers cannot legally possess this much.  
  • As part of recreational marijuana law, any adult age 21 may buy any combination of the following from a licensed retail store: (1) one ounce of useable marijuana; (2) 16 ounces of marijuana-infused product in solid form; (3) 72 ounces of marijuana-infused product in liquid form; or (4) seven grams of marijuana concentrate.  
  • If a person is both a patient and a provider for another, the person may possess twice these amounts.  
  • No more than 15 plants may be grown or located in any one housing unit even if multiple patients or providers reside in the housing unit.  
  (subject to the exception for cooperative gardens). |

| Home cultivation - requirements and restrictions | • No portion of production, processing, storing or growing of marijuana can be readily seen by normal unaided vision or readily smelled from a public place or the private property of another housing unit.  
  • No more than 15 plants may be grown or located in any one housing unit even if multiple patients or providers reside in the housing unit (subject to exception for cooperative gardens).  
  • Up to four registered patients or providers may form a marijuana cooperative if: (1) all patients are at least age 21; (2) the cooperative is within the home of one participant; and (3) the cooperative registers with the LCB.  
  • A person can be a member of only one cooperative and he or she may not grow plants elsewhere.  
  • Cooperatives may not grow more plants than the sum of the allowable amount for all members. |
### Washington

#### Restrictions on the use of marijuana
- Cannot use or display marijuana in a manner or place which is open to the view of the general public.
- Cannot produce, process, store or grow marijuana in a way that can be readily seen by normal unaided vision or readily smelled from a public place or the private property of another housing unit.
- Law does not require any accommodation of any on-site medical use of cannabis in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking cannabis in any public place or hotel or motel.
- Cannot use butane to extract marijuana resins or to produce any form of marijuana concentrates unless licensed as a marijuana processors.
- LCB to adopt rules permitting patients and providers to extract or separate the resin from marijuana using non-combustible methods.

#### Registry application review
There is no review of authorizations or card applications at the Department level.

#### Registry fees – patients and caregivers
$1 fee for each initial and renewal recognition card issued by a marijuana retailer with a medical marijuana endorsement. Cards are valid for one year for patients age 18 and older and six months for minor patients.

#### Registry fees – dispensaries and producers
Retail dispensaries face an application fee of $266 and a licensee fee of $1,062. There is no cost to apply for an added medical marijuana endorsement.

#### Insurance
Law does not establish a right of care as a covered benefit or require any state purchased health care or other health carrier or health plan to be liable for any claim for reimbursement for the medical use of cannabis.

#### Dispensaries and producers - ownership requirements and restrictions
- All sales of marijuana for any purpose must be made by retailers licensed by the LCB.
- Health care professionals cannot: (1) hold an economic interest in an enterprise that produces, processes, or sells marijuana if the health care professional authorizes the medical use of marijuana; or (2) accept / solicit any remuneration from a retailer, processor or producer.
- See the NAMSDL document *Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use* for a description of some of the requirements for retail marijuana dispensaries.
### Washington

- **Dispensaries and producers – operational requirements and restrictions**
  - Marijuana cannot be used at the retail store
  - Retail store employees age 21 or older may be trained and certified as medical marijuana consultants upon application to the Department, which includes a criminal background check.
  - Consultant may not provide medical advice or diagnose any conditions.
  - Must keep copies of the patient or designated provider’s recognition card or equivalent records to document the validity of tax exempt sales for a minimum of three years.
  - See the NAMSDL document *Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use* for a description of some of the requirements for retail marijuana dispensaries.

- **Dispensaries and producers - inspections**
  - See the NAMSDL document *Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use* for a description of some of the requirements for retail marijuana dispensaries.

- **Local control**
  - See the NAMSDL document *Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use* for a description of some of the requirements for retail marijuana dispensaries.

- **Registry tracking system**
  - Department (or its contractor) must create, administer and maintain a secure and confidential medical marijuana authorization database.
  - Database must allow local, state, tribal, and federal law enforcement or prosecutorial officials who are engaged in a bona fide specific investigation of suspected marijuana-related activity to confirm the validity of the recognition card.
  - Database administrator must retain database records for at least five calendar years.
  - Database must allow: (1) a retailer to add a patient or provider to the database; (2) a retailer to record the amount of marijuana concentrates, useable marijuana, marijuana-infused products or plants for which the patient is authorized; (3) patients or persons authorized to prescribe or dispense controlled substances to access health care information on their patients for the purpose of providing medical or pharmaceutical care for their patients; (4) a retailer to confirm the validity of the recognition card; and (5) the Department and the health care professional’s disciplining authorities to monitor authorizations.

- **Use of registry information**
  - Information in registry may be released in aggregate form, with all personally identifying information redacted, for the purpose of statistical analysis and agency oversight.
  - Information cannot be shared with the federal government or its agents unless the patient or provider at issue is convicted in state court for violating the law.
### WASHINGTON

| Use of registry information (continued) | • Department to report to the Governor and Legislature by November 2016: (1) the cost of implementation and administration of the registry; and (2) initial enrollment figures and estimates of expected future enrollment. |
| Marijuana testing and labeling | See the NAMSDL document *Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use* for a description of some of the requirements for retail marijuana dispensaries. |
| Driving during / after use | • Patients cannot claim protection under the law if engaged in the medical use of marijuana in a way that endangers the health or well-being of any person by using a motorized vehicle on a street, road, or highway.  
  • It is illegal to drive while “under the influence of . . . marijuana.”  
  • It is illegal to drive with a THC level in the blood of 5.0 (ng/ml) or more for persons 21 and older or with a THC level above 0.0 (ng/ml) for persons under age 21. |
| Exemption from penalty provided by law | • Patients or providers acting in compliance with law may not be arrested, prosecuted or subject to other criminal sanctions or civil consequences, for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver cannabis under state law.  
  • Patients or providers acting in compliance with law may not have real or personal property seized or forfeited for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, cannabis under state law  
  • Patients and providers should keep a copy of his or her proof of registration posted prominently next to any cannabis plants, cannabis products, or useable cannabis.  
  • Health care professionals may not be arrested, searched, prosecuted, disciplined, or subject to other criminal sanctions or civil consequences or liability under state law, or have real or personal property searched, seized, or forfeited pursuant to state law if, in compliance with the law, they: (1) advise a patient about the risks and benefits of medical use of marijuana; or (2) provide an authorization.  
  • Patient’s medical use of cannabis as authorized by a health care professional may not be a sole disqualifying factor in determining the patient’s suitability for an organ transplant, unless it is shown that this use poses a significant risk of rejection or organ failure. |
### WASHINGTON

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<th>Exemption from penalty provided by law (continued)</th>
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<td>• Patient or provider may not have his or her parental rights or residential time with a child restricted solely due to his or her medical use of cannabis in compliance with the terms of this chapter absent written findings supported by evidence that such use has resulted in a long-term impairment that interferes with the performance of parenting functions.</td>
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<th>Effect of law on employers and landlords</th>
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<tr>
<td>Law does not require any accommodation of any on-site medical use of cannabis in any place of employment and employers may establish drug-free work policies.</td>
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<th>Taxes</th>
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<td>• Sales of marijuana for medicinal use are subject to business/operations taxes, sales/use taxes (subject to exception below) and 37% excise tax on marijuana.</td>
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<tr>
<td>• Registered patients and designated providers do not pay state sales taxes (8%) on marijuana, marijuana concentrates, or marijuana-infused products purchased from retail stores licensed by the LCB.</td>
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<th>Fund(s) created</th>
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<tr>
<td>See the NAMSDL document <em>Marijuana: Comparison of State Laws Legalizing Personal, Non-Medical Use</em> for a description of the fund created for retail marijuana sales.</td>
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<th>Studies required or requested</th>
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<td>Not addressed by law or regulations.</td>
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