



Summary of State Medical Marijuana Laws

Thirty-two U.S. states, the District of Columbia, Guam, Puerto Rico, and the Northern Mariana Islands have enacted laws that remove criminal sanctions for the medical use of marijuana, define eligibility for such use, and allow some means of access — either through dispensaries, home cultivation, or both. In addition, 17 states have limited laws that recognize the medical benefits of marijuana — or at least certain strains — but typically do not provide realistic, in-state access to medical marijuana.¹

In each of the 32 states with comprehensive laws, a medical professional's recommendation or certification is required for a patient to qualify for the program. Most of those laws rely on a physician (or in some cases, another health practitioner who has the authority to prescribe drugs) certifying that the patient has a specific serious medical condition or symptom that is listed in the law. In the other cases, any condition or any serious condition qualifies. Qualifying medical conditions generally include cancer, AIDS, PTSD, multiple sclerosis, severe or debilitating pain, and severe nausea. The laws also protect the practitioners who issue the certifications and include designated caregivers who may assist patients, such as by picking up their medicine for them from a dispensary. In all of the jurisdictions, a patient can obtain a state or county-issued ID card after a state agency receives the patient's application, a fee, and the physician's certification. The cards typically have to be renewed each year, though some states allow them to be renewed every two years.

Most of the laws specify that they do not allow marijuana to be smoked in public or possessed in correctional facilities. The laws generally specify that employers do not have to allow on-site marijuana use or tolerate employees working while impaired, and several specify that they do not protect conduct that would be considered negligent. Most specify that insurance is not required to cover the costs of medical marijuana.

Eighteen of the laws allow at least some patients to cultivate a modest amount of marijuana at their homes. In one of those states, Arizona, home cultivation is only allowed if the patient lives a specific distance away from a dispensary. Nevada's and Massachusetts' laws also only allow patients to cultivate under certain circumstances. The states that allow home cultivation also allow patients to designate a caregiver to cultivate for them.

Thirty states and D.C. allow for state-regulated dispensing, though some of the laws are so new their dispensaries are not yet up and running. The other two states — Alaska and Washington — allow marijuana stores for adults, but do not have a separate, regulated medical marijuana dispensary program. Alaska lacks a system allowing businesses that cater specifically to medical marijuana patients, and Washington State's law allows adult-use stores to include a medical endorsement.

¹ In addition to those 32 states, 17 states have laws that are too limited to meet MPP's definition of an effective law or are limited to certain low-THC strains. Most of the low-THC laws also fail to provide workable in-state access.

Disclaimer: This is not intended for or offered for legal advice. It is for informational and educational purposes only. It also does not capture many nuances of the laws, many of which are a dozen or more pages. Please consult with an attorney licensed to practice in the state in question for legal advice.

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This paper provides an overview of key provisions of each of the effective medical marijuana laws.

Alaska — Measure 8, a ballot initiative, passed with 58% of the vote in 1998, and was modified by S.B. 94 in 1999. The law's citation is [Alaska Stat. § 17.37.010](#) et seq.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from an Alaska-licensed physician who has personally examined the patient stating that “the physician has considered other approved ... treatments that might provide relief ... and that the physician has concluded that the patient might benefit from the medical use of marijuana.” A minor patient only qualifies with the consent of his or her parent or guardian and if the adult controls the dosage, acquisition, and frequency of use of the marijuana. The qualifying conditions in Alaska are cancer, HIV/AIDS, glaucoma, and conditions causing one or more of the following: cachexia, severe pain, severe nausea, seizures, or persistent muscle spasms, including those that are characteristic of multiple sclerosis. The health department can approve additional medical conditions.

Protections, Access, and Possession Limits: Alaska's law allows a patient with a registry identification card to possess one ounce of processed marijuana and cultivate six plants, only three of which can be mature plants. It only provides an affirmative defense, not protection from arrest. Each patient may have one primary caregiver and one alternate caregiver. Caregivers must be 21 years of age or older and can only serve one patient, unless the caregiver is a relative of more than one patient. They cannot be on parole or probation and cannot have certain drug felonies. Alaska's law does not include any protections for unregistered patients.

Voters approved an adult use marijuana law in 2014, which includes regulated production and sales. Adult use stores began opening in late 2016.

Arizona — Proposition 203, a ballot initiative, passed with 50.1% of the vote on November 2, 2010. It went into effect when the election results were certified on December 14, 2010. The law is codified at [Ariz. Rev. Stat. Chapter 36-28.1](#). The Department of Health Services issued [rules](#) on March 28, 2011. In 2011, the legislature passed two laws to undermine Prop. 203 — H.B. 2585, which adds the medical marijuana registry to the prescription drug monitoring registry, and H.B. 2541, which relates to employment law. In 2012, the legislature passed another law to undermine Prop. 203 — HB 2349 — which prohibited medical marijuana on college campuses, later ruled unconstitutional by the state supreme court.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition, must be "likely to receive therapeutic or palliative benefit" from the medical use of marijuana, and must obtain a statement from a physician with whom the patient has a bona fide relationship. A minor patient only qualifies with two physician certifications and the consent of his or her parent or guardian. Moreover, the adult must control the dosage, acquisition, and frequency of use of the marijuana. The qualifying conditions in Arizona are cancer, HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, glaucoma, agitation related to Alzheimer's disease, symptoms related to PTSD, and conditions causing one or more of the following: severe and chronic pain, cachexia or wasting, severe nausea, seizures, or persistent muscle spasms. The Department of Health Services (DHS) can approve additional medical conditions — PTSD was added by DHS in 2014. The DHS also administers the ID card program.

Patient Protections: Arizona’s law allows a patient with a registry identification card to possess 2.5 ounces of processed marijuana. Registered caregivers may possess up to 2.5 ounces for each patient they assist. The law provides that registered patients and caregivers abiding by the act are "not subject to arrest, prosecution or penalty in any manner, or denial of any right or privilege, including any civil penalty or disciplinary action ..." for doing so. It also prevents landlords, employers, and schools from discriminating based on a person’s status as a caregiver or patient, unless they would otherwise lose a federal monetary or licensing benefit.

Employers generally cannot penalize staff for testing positive for marijuana unless they ingest marijuana at work or are impaired at work. In 2011, the legislature passed and Gov. Brewer signed a bill that undermines employment protections, allowing employers to depend on reports of impairment by a colleague who is “believed to be reliable” and seeming to allow termination based on a positive drug test. Prop. 203 also provides some protection for child custody and visitation rights and some protections for residents of nursing homes and other assisted living facilities.

Arizona honors visiting patients’ out-of-state registry identification cards for up to 30 days, but they are not valid for obtaining marijuana. The law has an affirmative defense for unregistered patients with doctors’ recommendations and their caregivers, but it sunset once the Department of Health Services began issuing ID cards.

Possession Limits and Access: If a patient lives more than 25 miles away from a dispensary, the patient can cultivate up to 12 plants in an enclosed, locked location, or he or she can designate a caregiver to do so. Patients can have a single caregiver and a caregiver can assist no more than five patients. Caregivers can receive reimbursement for their actual expenses, but cannot receive any compensation for their services.

Arizona’s law provides for state-regulated nonprofit dispensaries. The department may charge up to \$5,000 for each dispensary application and up to \$1,000 for each renewal. Each dispensary employee must register with the department. The department developed rules for dispensaries’ oversight, record keeping, and security. In addition, the initiative included several regulations. Dispensaries must be at least 500 feet from schools. Dispensaries may cultivate their own marijuana, either at the retail site or a second enclosed, locked cultivation location that must be registered with the department. They may also sell usable marijuana to one another, but dispensaries cannot purchase marijuana from anyone other than another dispensary. Patients and caregivers may donate marijuana to one another and to dispensaries. Dispensaries can dispense no more than 2.5 ounces of marijuana to a patient every 14 days. The total number of dispensaries cannot exceed one for every 10 pharmacies, or a total of about 130 dispensaries.

The Department of Health Services issued certificates to more than 90 dispensaries in August 2012 and around 130 were operational as of mid-2018.

Arkansas — Issue 6, a ballot initiative approved by 53% of state voters on November 8, 2016, established the Arkansas Medical Marijuana Amendment to the state’s constitution.

Qualifying for the Program: To qualify for the program, patients must submit to the Department of Health a written certification from an Arkansas-licensed physician certifying that they suffer from a qualifying medical condition. Qualifying conditions include cancer, glaucoma, HIV/AIDS, hepatitis C, ALS, Tourette’s syndrome, Crohn’s disease, ulcerative

colitis, PTSD, severe arthritis, fibromyalgia, Alzheimer's disease, or the treatment of any of these conditions. In addition, patients with doctors' certifications qualify if they have a chronic or debilitating medical condition (or its treatment) that produces cachexia or wasting syndrome, peripheral neuropathy, intractable pain that has not responded to other treatment for at least six months, severe nausea, seizures, and severe or persistent muscle spasms. The Department of Health has the authority to approve new qualifying conditions. Members of the U.S military of the Arkansas National Guard are not permitted to participate in the program.

Patient Protections and Possession Limits: Registered patients and caregivers with registry ID cards are not subject to arrest, prosecution, or penalty for using and possessing up to two and one-half ounces of marijuana. Patients and caregivers may not be subject to "disciplinary action by a business, occupational, or professional licensing board or bureau" for medical marijuana. Further, employers cannot discriminate or penalize patients or caregivers based on their enrollment in the program. Employers are not required to accommodate ingestion in a workplace or an employee working under the influence. Landlords are also not required to permit consumption by smoking in a leased property.

Medical Cannabis Access: The state will initially allow five licensed cultivation facilities and may permit another three in time. Litigation related to cultivation licensing has slowed the program's rollout. The Medical Marijuana Commission has retained a consultant to score applications for 32 dispensary permits. They are expected to be issued in December 2018.

Patient ID card applications were first accepted in mid-2017, but cards will not be issued until 30 days before cannabis is made available for purchase. Home cultivation is not allowed.

Other: Patients visiting Arkansas from out of state can qualify for the program if the Arkansas law covers their condition and they are in actual possession of an ID card.

California — Proposition 215, a ballot initiative, passed with 56% of the vote in 1996, and the legislature added protections by passing SB 420 in 2003. In 2015, it approved a significant revision to provide for regulated access, and in 2017, the legislature made modifications to harmonize regulations with adult-use businesses. The laws are codified at Cal. Health and Safety Code §[11362.5](#) and [11362.7](#) et seq. and Business and Professions Code, Article 6.

Qualifying for the Program: California's law is one of only three that allows doctors to recommend medical marijuana for any condition. Medical marijuana can be recommended for "cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief." Patients may get a registry identification card from their county health departments, but cards are not mandatory and the vast majority of patients rely on a written recommendation from a physician. Registered patients do not have to pay sales taxes on their cannabis purchases (cannabis excise taxes still apply).

Patient Protections: A patient is protected from "criminal prosecution or sanction" if he or she has a physician's recommendation for medical marijuana. To qualify as a primary caregiver in California, one must be designated by a patient and must have "consistently assumed responsibility for the housing, health, or safety of [the] patient." The law allows primary caregivers to cultivate marijuana for any number of patients. The California Supreme Court ruled in *Ross v. Ragingwire* that the law does not provide protection from being fired for testing positive for marijuana metabolites, even if the patient is never impaired at work.

Possession Limits and Access: California’s law allows a patient with a physician’s recommendation to possess at least eight ounces of processed marijuana and cultivate six mature plants or 12 immature plants, or greater amounts if the county allows a greater amount. Patients may also assert a defense in court for larger amounts that are for “personal medical purposes.”

Until recently, the legal basis for dispensaries was S.B. 420, which allowed collective and cooperative cultivation of cannabis, but it could not be for profit. In 2015, the legislature approved the California Medical Cannabis Regulation and Safety Act (MCRSA) — a comprehensive law that created a regulatory and licensing system for medical marijuana businesses.

In addition to California’s medical marijuana law, voters approved Amendment 64 in November 2016, which allows any adult, 21 and older, to possess up to an ounce of marijuana and up to six plants. It also allows sales of marijuana for adults’ use, which began in January 2018. Prior to that launch, the legislature made some modifications to MCRSA to harmonize the programs.

Colorado — Amendment 20, a constitutional amendment ballot initiative, passed with 54% of the vote in 2000. In 2010, two bills were enacted to amend the medical marijuana law, H.B. 1284 and S.B. 109. More minor revisions have been subsequently approved by the legislature. The citations of the statutes are Colo. Rev. Stat. § [12-43.3-101](#), [18-18-406.3](#), and [25-1.5-106](#) et seq. The constitutional amendment is [Article XVIII, Section 14](#). Department of Health Rules on medical marijuana are available at [5 CCR 1006-2](#). The Medical Marijuana Enforcement Group rules are [available online](#). The rule on residency is available at [1 CCR 212-1](#).

Qualifying for the Program: To qualify for an ID card, a patient must reside in Colorado and submit a fee and written documentation from a physician in good standing in Colorado certifying that the patient "might benefit from the medical use of marijuana" in connection with a specified qualifying medical condition. The physician must have a treatment or consulting relationship with the patient and must have done a physical exam and be available for follow-up care. The qualifying conditions in Colorado are cancer, HIV/AIDS, glaucoma, PTSD, and conditions causing one or more of the following: severe pain, cachexia, severe nausea, seizures, or persistent muscle spasms. The health department administers the ID card program and can approve additional qualifying conditions. A minor patient only qualifies with two physicians’ authorizations, parental consent, and if the adult controls the dosage, frequency of use, and if they acquire the medical marijuana.

Patient Protections: Colorado's law created an exception from the state's criminal laws for any patient or caregiver in possession of an ID card and a permissible amount of marijuana. The department is required to issue an ID card to a qualified applicant within 35 days of receiving an application. However, if the department fails to do so, 35 days after the submission of the application the patient's applications materials and proof of mailing will serve as an ID card. A patient and his or her caregiver may raise an affirmative defense for more than the specified amount only if the patient’s physician specified that that patient needs a specific greater amount. It seems the defense can also be raised whether or not a patient has a registry ID card. The law also says that "the use of medical marijuana is allowed under state law" to the extent it is carried out in accordance with the state constitution, statutes, and regulations.

Possession Limits and Access: Each patient can possess up to two ounces of marijuana and

can cultivate up to six plants, three of which may be mature. Patients can designate a single caregiver or a medical marijuana center to cultivate for them. A caregiver can assist no more than five patients, unless the department of health determines exceptional circumstances exist. A caregiver must have "significant responsibility for managing the well-being of a patient."

Under a law that passed in 2010, medical marijuana centers (dispensaries) and entities that make marijuana-infused products are explicitly allowed and must be licensed by their locality and a state licensing authority under the Department of Revenue. Labs are also licensed to test marijuana. There are several regulations spelled out in the law including for medical marijuana centers' security, proximity to schools, and hours of operation. On-site marijuana use is forbidden. Specific labels and packaging are required for marijuana sold in food products. Caregivers must have a waiver from the department to be allowed to pick up marijuana for homebound patients. In addition, the licensing authority — the Medical Marijuana Enforcement Division, which is part of the Department of Revenue — set fees and developed additional regulations. The Medical Marijuana Enforcement Division has the authority to impose penalties, including suspending and revoking licenses.

Medical marijuana is subject to sales tax, except for individual patients who the department finds are indigent. Up to \$2 million per year in tax revenue is appropriated to services related to substance abuse. In July 2018, there were 495 approved medical marijuana centers. In addition to Colorado's medical marijuana law, voters approved Amendment 64 in November 2012, which allows any adult, 21 and older, to possess up to an ounce of marijuana and up to six plants. It also allows sales of marijuana for adults' use. Typically, the same retailer has separate counters or rooms for medical cannabis sales and adult-use sales. However, businesses are medical-only.

Other: The state licensing authority is directed to petition the federal DEA to reschedule marijuana.

Connecticut — The Connecticut Legislature passed and then-Gov. Dannel Malloy signed HB 5389 in 2012. The law is available at [Conn. Gen. Stat. § 21a-408 to 21a-408o](#). The effective date for part of the law — including for patients' temporary registry ID cards — was October 1, 2012. The Department of Consumer Protection regulations are available at Sec. 21a-408-1 to 21a-408-70 of the Regulations of Connecticut State Agencies. In 2016, the legislature expanded the program, including by allowing minors to qualify.

Qualifying for the Program: To qualify for an ID card, a patient is required to have a qualifying condition and a physician's written certification stating that the potential benefits of the palliative use of marijuana would likely outweigh the health risks. The law does not protect patients with out-of-state ID cards.

Connecticut is one of the only states that lacks a general qualifying condition for severe or chronic pain. The qualifying conditions for adults in Connecticut are: cancer, glaucoma, HIV/AIDS, Parkinson's disease, multiple sclerosis, spinal cord damage causing intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, PTSD, and any condition that is added by the Department of Consumer Protection. The DCP has added several conditions: sickle cell disease, post laminectomy syndrome ("failed back syndrome"), severe psoriasis, psoriatic arthritis, ulcerative colitis, complex regional pain syndrome, cerebral palsy, amyotrophic lateral sclerosis, cystic fibrosis, uncontrolled intractable seizure disorder, spasticity or neuropathic pain associated with fibromyalgia, severe rheumatoid arthritis, post

herpetic neuralgia, intractable headache syndromes, neuropathic facial pain, muscular dystrophy, osteogenesis imperfecta, and certain terminal illnesses.

Patients under 18 can qualify if they have 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, an uncontrolled intractable seizure disorder, muscular dystrophy, or osteogenesis imperfecta. Minors' registrations require certification from two doctors, a general practitioner and a specialist in the qualifying condition. A parent or legal guardian must submit written consent and attest they will be responsible for the minor patient's acquisition and possession of medical marijuana and related paraphernalia.

Patient Protections: Connecticut's law provides that registered patients, registered caregivers, dispensaries and their employees, producers and their employees, and physicians may not be "subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action" by a professional licensing board for acting in accordance with the law.

The law also includes protections from discrimination by landlords, employers, and schools, with an exception for if discrimination is required to obtain federal funding or to comply with federal law. These civil protections are all based on one's status as a patient or caregiver.

Patients cannot ingest marijuana anywhere in public, in a workplace, in any moving vehicle, in the line of sight of a person under 18 (unless that minor is a qualified patient), or on any school or university grounds, including in dorm rooms. Minor patients are prohibited from smoking, inhaling, or vaporizing medical marijuana.

Possession Limits and Access: Connecticut's law does not allow home cultivation. It provides for dispensaries, which are licensed by the Department of Consumer Protection. Only pharmacists were allowed to file applications for dispensaries. The rules required the department to allow at least one dispensary facility and allow it to authorize more if "additional dispensary facilities are desirable to assure access to marijuana for qualifying patients." It has approved nine dispensaries and, as of October 2018, is reviewing applications to license additional dispensaries.

Dispensaries are only allowed to obtain marijuana from licensed producers. The Department of Consumer Protection was granted the power to decide how many producers to license, but the number had to be no less than three and no more than 10. The department approved four growers. As of mid-2018, it is expected to approve additional producers.

The Department of Consumer Protection decided patients may possess no more than 2.5 ounces of cannabis per month, unless a patient's physician allows a greater amount. An eight member board of physicians was charged with reviewing and recommending protocols to decide the amount that would be reasonably necessary for a one-month supply, including for topical treatment. The board also makes recommendations on whether to add qualifying conditions.

Primary caregivers can serve a single patient, unless they are close relatives or guardians to each patient, and each patient can have only one caregiver. Caregivers cannot have convictions for selling or manufacturing drugs. The need for a caregiver must be evaluated by the physician and be included in a written certification.

Other: Connecticut’s law directs the Commissioner of Consumer Protection to submit regulations to reclassify marijuana as a Schedule II substance under state law.

Delaware — Gov. Jack Markell signed SB 17 on May 13, 2011. The bill is codified at [Title 16, Chapter 49A of the Delaware Code](#). Following a February 2012 letter from the U.S. attorney for Delaware, Gov. Markell placed the dispensary portion of the bill on hold. Gov. Markell announced on August 15, 2013 that he would restart the program, but he did so in a much more restrictive manner than provided for in the law. In 2015, the legislature expanded the program, including by allowing minors to qualify.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a physician’s statement that the patient is “likely to receive therapeutic or palliative benefit” from the medical use of marijuana. The physician must be the patient’s primary care physician or physician responsible for treating the patient’s qualifying condition. The qualifying conditions in Delaware are cancer, HIV/AIDS, decompensated cirrhosis, cachexia, glaucoma, certain migraines, autism with aggressive behavior, terminal illness, amyotrophic lateral sclerosis, agitation related to Alzheimer’s disease, post-traumatic stress disorder, and conditions causing one or more of the following: severe debilitating pain that has not responded to other treatments for more than three months or for which other treatments produced serious side effects, intractable nausea, seizures, or severe and persistent muscle spasms. The Department of Health and Social Services can approve additional medical conditions, and it has done so. The department also administers the ID card program.

Pediatric patients only qualify if they have severe debilitating autism, seizure disorder, terminal illnesses in some circumstances, or 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.

Patient Protections: The law provides that registered patients and caregivers abiding by the act are "not subject to arrest, prosecution, or denial of any right or privilege, including but not limited to civil penalty or disciplinary action ..." for doing so. It also prevents landlords, employers, and schools from discriminating based on a person’s status as a caregiver or patient, unless they would otherwise lose a federal monetary or licensing benefit. Employers generally cannot penalize staff for testing positive for marijuana unless they used, possessed, or were impaired by marijuana at work or during work hours. It provides some protection for child custody and visitation rights and receiving organ donations.

Delaware’s statute provides that it honors visiting patients’ out-of-state registry identification cards for up to 30 days if they have conditions that qualify in Delaware. However, the executive branch has said the state will not recognize out-of-state ID cards. Visiting patients must obtain a Delaware registry card to obtain marijuana from a Delaware compassion center, but they are not being granted.

In addition, the law has an affirmative defense for unregistered patients with doctors’ recommendations, but it only applies until the department begins issuing cards and between when a patient submits a valid application and when the patient receives his or her ID card.

Possession Limits and Access: Delaware’s law allows a patient with a registry identification card to possess six ounces at once and to obtain up to three ounces of processed marijuana

every 14 days. When patients or caregivers are out of their residences, marijuana must be stored in an approved, sealed container obtained from a compassion center, unless the marijuana is being administered or prepared for administration. Registered caregivers may possess up to six ounces for each patient they assist.

Home cultivation is not allowed in Delaware. Patients are allowed to obtain marijuana from state-registered non-profit compassion centers. The first pilot compassion center opened in 2015, and two more have opened since. A fourth has been approved and is expected to open in 2019. Patients can have a single caregiver, and a caregiver can assist no more than five patients. The law directed the health department to develop rules for compassion centers' oversight, record keeping, and security, and to set application and registration fees, which (along with donations) must cover the costs of administering the program.

The department was also charged with selecting compassion centers, based on a scored, competitive application process. Dispensaries must be at least 500 feet from schools. They must cultivate their own marijuana, either at the retail site or at additional enclosed, locked cultivation locations that must be registered with the department. Dispensaries can dispense no more than three ounces of marijuana to a patient every 14 days. The department was supposed to register three compassion centers by January 1, 2013 and three more by January 1, 2014. Additional ones could also be approved if they are needed. However, that part of the law was put on hold and only four have been approved.

Florida — On November 8, 2016, Florida voters approved Amendment 2 with 71% of the vote. It took effect January 3, 2017. In 2017, the legislature enacted an implementing law, some aspects of which are being challenged in court, such as a ban on smoked cannabis. The Department of Health oversees the program.

Qualifying for the Program: To qualify, a patient must have a debilitating medical condition, a certification from a physician licensed to practice medicine in Florida, and an ID card from the Department of Health. The physician must conduct a physical exam, assess the patient's medical history, and certify that the patient suffers from a debilitating medical condition, that the medical use of marijuana would likely outweigh the potential health risks for the patient, and for how long the physician recommends the medical use of marijuana for the patient. Written parental consent is required for minors.

Debilitating medical conditions are: cancer, epilepsy, glaucoma, HIV/AIDS, post-traumatic stress disorder, amyotrophic lateral sclerosis, Crohn's disease, Parkinson's disease, multiple sclerosis, "other debilitating medical conditions of the same kind or class as or comparable to those enumerated," terminal conditions, or chronic nonmalignant pain caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.

Caregivers must be at least 21 years old and have an ID card. The number of caregivers per patient, and patients per caregiver, as well as any other requirements, will be set by regulation.

Patient Protections and Possession Limits: Registered patients and their designated caregivers are protected from arrest, prosecution, and civil sanctions for actions in compliance with the program. Educational institutions and employers need not accommodate medical marijuana use.

Patients may possess no more than 70 “daily dosage amounts.” The health department will determine daily dosage amounts, but has not done so as of December 2018.

The legislature prohibited the smoking of medical cannabis. A district court ruled against the ban, but the ruling has been put on hold while an appeal is heard.

Access: The Florida Department of Health registers and regulates dispensaries, which are called “medical marijuana treatment centers,” that can produce and distribute marijuana for medical purposes. Amendment 2 required that businesses begin to be licensed within nine months of its effective date and contemplates a variety of medical marijuana products, including food, tinctures, aerosols, oils, and ointments. As of July 2018, 13 treatment centers had been authorized, and the department lists more than 40 dispensing locations among them.

Home cultivation is not currently allowed, but a patient is challenging that prohibition in court.

Hawaii: S.B. 862 was passed by the Hawaii Legislature in 2000. It was the first medical marijuana bill to be passed legislatively. A number of changes have been made over the years. Most notably, in 2015, the legislature expanded the law to include a regulated dispensary and cultivation system. The law’s citations are [Haw. Rev. Stat. § 329-121](#) et seq. and [Chapter 329D](#). The rules are at [HAR Chapter 23-202 and Chapter 11-185 HAR](#).

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from a Hawaii physician that the "potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient." The qualifying conditions in Hawaii are cancer, HIV/AIDS, glaucoma, PTSD, lupus, epilepsy, multiple sclerosis, rheumatoid arthritis, and conditions causing one or more of the following: severe pain, cachexia or wasting, severe nausea, seizures, or severe and persistent muscle spasms. The health department can approve additional conditions. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana.

The health department is developing rules to allow patients from other medical cannabis states to use and obtain medical cannabis. They are anticipated in 2019.

Protections, Access, and Possession Limits: Hawaii’s law allows a patient with a registry identification card and his or her caregiver to collectively possess four ounces of marijuana and cultivate 10 tagged plants. Caregivers will no longer be able to cultivate for patients after December 1, 2023. A primary caregiver can only assist one patient at a time.

Pursuant to amendments enacted in 2015, Hawaii granted eight medical marijuana licenses to produce, manufacture, and dispense medical marijuana and manufactured marijuana products. The sale and manufacture of edibles is not allowed, however. Each licensee may have up to two cultivation locations and up to three dispensing locations.

Illinois: Gov. Patrick Quinn signed [HB 1](#) into law on August 1, 2013, after it was approved by the General Assembly. The new law went into effect on January 1, 2014. The legislature has expanded and modified the law several times since the initial enactment.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying medical condition and a statement from an Illinois-licensed MD or DO who is caring for the

patient's condition. The physician must certify that the physician has a bona fide physician-patient relationship with the patient and that he or she has a qualifying condition.

Restrictions on Who May Be a Patient: Patients also cannot be active police officers, firefighters, correctional officers, probation officers, or bus drivers. They cannot have a commercial driver's license or a felony drug conviction. Until July 2014, patients under the age of 18 could not qualify. The 2014 law allows minors to qualify if they suffer from seizures, and it allows the Department of Public Health to adopt rules allowing for minors with other conditions to qualify.

Qualifying Medical Conditions: The qualifying conditions in Illinois are HIV/AIDS; hepatitis C; amyotrophic lateral sclerosis (ALS); Crohn's disease; agitation of Alzheimer's disease; cachexia/wasting syndrome; muscular dystrophy; severe fibromyalgia; spinal cord disease; Tarlov cysts; hydromyelia; syringomyelia; spinal cord injury; traumatic brain injury and post-concussion syndrome; multiple sclerosis; rheumatoid arthritis; Arnold Chiari malformation; Spinocerebellar Ataxia (SCA); Parkinson's disease; post-traumatic stress disorder (PTSD); Tourette's syndrome; Myoclonus; Dystonia; Reflex Sympathetic Dystrophy (RSD); Causalgia; CRPS; Neurofibromatosis; Chronic Inflammatory Demyelinating Polyneuropathy; Sjogren's syndrome; Lupus; Interstitial Cystitis; Myasthenia Gravis; Hydrocephalus; nail patella syndrome; PTSD; residual limb pain; seizures; or the treatment of these conditions; or any terminal illness in which the life expectancy is six months or less. The public health department may approve additional conditions.

Pursuant to a 2018 law, any patient who has a condition for which opioids could be prescribed also qualifies.

Caregivers: Patients may have a single caregiver who may pick up medical marijuana for them. Caregivers must be 21 or older and cannot have a disqualifying drug conviction. They may only assist a single patient.

Patient Protections: Registered patients may not be arrested or prosecuted or face criminal or other penalties, including property forfeiture for engaging in the medical use of marijuana in compliance with the law. There are also protections against patients being discriminated against in medical care — such as organ transplants — and in reference to child custody. In addition, landlords may not refuse to rent to a person solely due to his or her status as a registered patient or caregiver unless doing so violates federal law on the part of the landlord. Landlords may prohibit smoking medical marijuana on their premises. Similarly, schools and employers are prohibited from discriminating based on patient status unless they face restrictions under federal law. However, employers may continue to enforce drug-free workplace policies, and they do not have to allow employees to possess marijuana at work or work while they are impaired.

Possession Limits and Access: Illinois' law allows a patient or caregiver with a registry ID card to possess 2.5 ounces of processed marijuana. Patients and caregivers may not grow marijuana. Instead, they are allowed to obtain medical marijuana from one of up to 60 state-regulated medical marijuana dispensaries, which may be for-profit. Dispensaries are also subject to rules created by the Department of Financial and Professional Regulation. They must obtain medical marijuana from one of up to 22 cultivation centers. Prospective cultivation centers submit detailed plans to the Department of Agriculture. All cultivation centers must have 24-hour surveillance that law enforcement can access. They are also required to have

cannabis-tracking systems and perform weekly inventories. Grow centers are required to abide by department rules, including for labeling, safety, security, and record keeping. Centers must also have to comply with local zoning laws and must be located at least 2,500 feet from daycare centers, schools, and areas zoned for residential use.

Fees for both dispensaries and cultivation centers were determined by the regulatory departments. The cultivation fees are the highest in the nation: Applicants must pay a non-refundable application fee of \$25,000 and a first-year registration fee of \$200,000.

Other: The law was created with a “sunset” provision. Originally, the program would have ended in January 2018. In 2016, a bill extended the program until at least July 1, 2020. Medical marijuana is subject to a 7% privilege tax and a 1% sales tax.

Maine — Question 2, a ballot initiative, passed with 61% of the vote in 1999. It was modified in 2002 by S.B. 611 and in 2009 by Question 5, an initiative that passed with 59% of the vote. Several modifications have been made since then, including a major revision in 2018. The law’s citation is [Me. Rev. Stat. Ann. tit 22 § 2421](#) et seq.

Qualifying for the Program: Patients qualify if they have any medical diagnosis for which a physician believes the patient “is likely to receive therapeutic or palliative benefit from the medical use of marijuana.” They are not required to obtain registry identification cards. A minor patient only qualifies with the consent of his or her parent or guardian, and the adult must control the dosage, acquisition, and frequency of use of the marijuana.

Patient Protections: Maine’s law provides that those abiding by the act may not “be denied any right or privilege or be subjected to arrest, prosecution, penalty or disciplinary action” for those medical marijuana-related actions. It also generally prevents landlords and schools from discriminating based on a person’s status as a caregiver or patient, though it allows landlords to prevent cultivation and landlords and businesses to prevent smoking in their properties. It also provides some protection for child custody and visitation rights. Maine protects patients from states that allow medical marijuana if they have a written certification, the required identification, and if Maine’s health department adds the other state’s law to a list.

Possession Limits and Access: Maine’s law allows a patient or caregiver with the required documentation to possess eight pounds of cannabis, up to six mature plants, plus 12 immature plants, and unlimited seedlings.

Caregivers can assist any number of patients and can receive reasonable monetary compensation. Caregivers may transfer marijuana to patients, other caregivers, or to dispensaries for no remuneration. They may provide harvested marijuana to a manufacturing facility. In addition, caregivers are allowed to operate a storefront in cities and towns that allow them, and to employ staff.

Maine’s law also provides for state-regulated dispensaries. In the first year, no more than eight were allowed. As of fall 2018, eight dispensaries have been registered. Six more will be issued in 2019. The number of dispensaries will not be limited starting in 2021.

Dispensaries and caregivers may transfer up to 2.5 ounces to a patient in one transaction. The limit for visiting patients is 2.5 ounces each 15 days.

Other: In addition to Maine’s medical marijuana law, voters approved Question 1 in November 2016, which allows any adult, 21 and older, to possess, grow, and use cannabis. It will also allow sales of marijuana for adults’ use.

Maryland — Twin bills, HB 881 and SB 923, were passed by the General Assembly and signed by Gov. Martin O’Malley in April 2014 and codified in the Health General Article of the Maryland Code at § 13-3301 et seq. The 2014 law expands upon a 2013 law, which relied upon academic medical centers to distribute medical marijuana; none did so, as it would have put their federal funding at risk. A number of modifications have been made since then.

Qualifying for the Program: In Maryland, doctors, dentists, podiatrists, nurse midwives, and nurse practitioners may certify patients for medical cannabis. Practitioners must first apply to the Natalie M. LaPrade Medical Marijuana Commission and include the qualifying conditions for which they will recommend marijuana, along with exclusion criteria (what types of patients would not qualify), and their plans for screening for dependence and follow-up treatment. Then, the practitioner must submit online certifications for individual patients. Patients must also submit an online application to register as a qualifying patient. Registrations are valid for two years. Patients less than 18 years old must have a caregiver.

Qualifying Medical Conditions: The commission encourages practitioners to apply to treat patients with glaucoma and PTSD, who are receiving palliative care, or who suffer from medical conditions — or receive medical treatments — that cause: cachexia, anorexia, or wasting syndrome; severe or chronic pain; severe nausea; seizures; or severe or persistent muscle spasms. In addition, the commission may approve applications that include “any other condition that is severe and for which other medical treatments have been ineffective if the symptoms reasonably can be expected to be relieved by the medical use of marijuana.”

Caregivers: For patients under the age of 18, any parent or legal guardian may qualify as a caregiver. For everyone else, a caregiver is simply “a person who has agreed to assist with a qualifying patient’s medical use of marijuana.”

Patient Protections and Possession Limits: Patients and their caregivers may not be subject to arrest, prosecution, or “any civil or administrative penalty” for the possession of a 30-day supply of marijuana, which is 4.23 ounces of dried cannabis or 1.27 ounces of concentrates, although a doctor can increase this amount. While patients can only legally purchase cannabis at a licensed dispensary, there is also an affirmative defense that patients and caregivers can raise in a prosecution for possession of up to an ounce of marijuana.

Access: In 2016, the commission issued preliminary licenses to 15 cultivators, 15 processors, and 104 dispensaries. Medical cannabis businesses began opening in late 2017. In 2018, the legislature and governor approved a bill aimed at increasing the number of minority-owned businesses in the industry. The bill will allow additional grower/ processor licenses.

Massachusetts — Question 3, a ballot initiative, passed with 63% of the vote in 2012. The citation for the law is [Mass. Gen. Laws ch. 94C § 1-2 to 1-17](#). Rules are available at [105 CMR 725.000](#).

Qualifying for the Program: To qualify for protection from arrest, a patient generally must have a registry identification card issued by the health department. To obtain a card, a patient must have a qualifying condition and a statement from a physician with whom the patient has a

bona fide relationship. The qualifying conditions in Massachusetts are cancer, glaucoma, HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Parkinson's disease, multiple sclerosis, and other debilitating conditions as determined in writing by a qualifying patient's physician. Until the department has fully implemented the law, a patient's written certification will serve as his or her ID card.

Personal caregivers must be 21 or older and must also generally be registered with the health department.

Patient Protections: Massachusetts' law provides that "Any person meeting the requirements under this law shall not be penalized under Massachusetts law in any manner, or denied any right or privilege, for such actions." Patients, caregivers, and dispensary agents who present their ID cards to law enforcement and possess a permissible amount of marijuana may not be subject to arrest, prosecution, or civil penalty.

Massachusetts' law does not provide recognition for out-of-state ID cards.

Possession Limits and Access: Massachusetts' law allows a patient or caregiver to possess a 60-day supply of marijuana. The rules define a presumptive 60-day supply as 10 ounces, but physicians can certify that a greater amount is needed if they document the rationale.

A patient with limited access to dispensaries may cultivate if he or she receives a hardship registration allowing the patient or his or her caregiver to cultivate a 60-day supply of medical marijuana. The department issues cultivation registrations to patients whose access to dispensaries is limited by financial hardship, the physical incapacity to access reasonable transportation, or the lack of dispensaries reasonably close to — or that deliver to — the patient.

Question 3 called for up to 35 dispensaries (more if deemed necessary by regulators), but only 15 dispensary applicants were selected by the department in 2014. In June 2015, the department announced that it would scrap its controversial scoring system for applicants and that it would instead begin considering applications on a rolling basis. The first dispensaries opened in June 2015.

Other: In addition to Massachusetts' medical marijuana law, voters approved Question 4 in November 2016, which allows any adult, 21 and older, to possess up to one ounce of marijuana and grow up to six marijuana plants. Adults may possess 10 ounces of marijuana at home. It will also allow sales of marijuana for adults' use.

Michigan — Proposition 1, a ballot initiative, passed with 63% of the vote in 2008. In late 2012, the Michigan Legislature made some additions and modifications to the act. Michigan's medical marijuana act is codified at [MCL § 333.26421](#) et seq. Rules are at [Rule 333.101](#) et seq. In 2016, the legislature adopted a regulatory framework to allow access through licensed dispensaries, known as provisioning centers, along with a new system for medical cannabis production and testing.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from a physician that the patient has a bona fide relationship with that physician and that the patient is "likely to receive therapeutic or palliative benefit" from the medical use of marijuana. The qualifying conditions in Michigan are cancer,

HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's diseases, nail patella, glaucoma, agitation related to Alzheimer's disease, PTSD, and conditions causing one or more of the following: severe and chronic pain, cachexia or wasting, severe nausea, seizures, or severe and persistent muscle spasms. The health department processes ID card applications and can approve additional medical conditions. The department has approved PTSD, autism, arthritis, inflammatory bowel disease, obsessive compulsive disorder, Parkinson's, rheumatoid arthritis, spinal cord injury, and Tourette's syndrome. A minor patient only qualifies with two physician recommendations, parental consent, and if the adult controls the dosage, frequency of use, and acquisition of marijuana.

Patient Protections: Michigan's law allows a patient or caregiver with a registry identification card to possess 2.5 ounces of processed marijuana. It provides that those abiding by the act cannot 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" for actions allowed by the law. Michigan honors visiting patients' out-of-state registry identification cards.

If a patient applies for an ID card but has not received a response within 20 days, their doctor's certification and application materials function as an ID card. The law has an affirmative defense available to patients and their caregivers whose physicians believe the patients are "likely to receive therapeutic or palliative benefit" from medical marijuana if they possess "a quantity of marihuana that was not more than was reasonably necessary to ensure the uninterrupted availability" of medical marijuana.

Possession Limits and Access: A patient can choose to cultivate up to 12 plants in an enclosed, locked area, or can designate a caregiver to do so for the patient. Patients can have a single caregiver and caregivers can assist no more than five patients. Caregivers can receive reasonable compensation. In 2016, the legislature passed a law that allows licensed provisioning centers to dispense marijuana. It also creates a system for medical cannabis production and testing.

Other: On November 6, 2018, 56% of voters voted in favor of Prop. 1, which allows adults 21 and older to possess and cultivate limited amounts of marijuana and to access cannabis through regulated retail stores.

Minnesota — Gov. Mark Dayton signed SF 2470 on May 29, 2014. The bill is codified at **Chapter 152, Section 152.22 to 152.37** of the Minnesota Statutes.

Qualifying for the Program: To enroll in the program, a patient must have a qualifying condition and submit a certification to the health department from their treating practitioner. The practitioner — who may be a physician, a nurse practitioner, or a physician's assistant — must agree to enroll in the program as well and is required to submit data on the patient's health records. Qualifying conditions are: cancer (if the patient has severe pain, nausea, or wasting), HIV/AIDS, Tourette's, ALS, seizures, severe and persistent spasms, Crohn's disease, terminal illnesses (if the patient has severe pain, nausea, or wasting), intractable pain, PTSD, autism, and obstructive sleep apnea. The last four conditions were added by the health commissioner. The health commissioner may add additional conditions but only after giving the legislature an opportunity to overturn the commissioner's recommendation. Only Minnesota residents may enroll, and patients must renew their enrollment annually.

Caregivers: Patients may have a single caregiver who may pick up and administer medical marijuana for/to them only if a health care practitioner has determined that the patient is unable to administer or acquire their medicine due to a developmental or physical disability. Caregivers must be 21 or older and cannot have a disqualifying drug conviction.

Patient Protections: Registered patients are protected from criminal and civil penalties for possessing and using liquids, oils or pills made out of marijuana in compliance with the medical marijuana law. Patients may not use marijuana in any other form — including its natural state — unless the health commissioner approves the form. While vaporization of extracts is allowed, smoking is forbidden. The law also provides for protections from discrimination in employment, housing, child custody disputes, organ transplants, and other medical care.

Possession Limits and Access: The state has been among the quickest to fully implement a comprehensive medical marijuana program. The law required the state to register two medical marijuana manufacturers and it did so by July 1, 2015. Each of the manufacturers was required to establish a total of four distribution points. The law requires that only pharmacists working with the manufacturers may distribute marijuana products to qualified patients. They may only dispense up to a 30-day supply as determined by the on-site pharmacist after consulting with the individual patient.

Missouri — On November 6, 2018, Missouri voters approved Amendment 2 by a 66% – 34% margin. The constitutional change became effective on December 6 of the same year. The law directs the Department of Health and Senior Services to begin issuing applications for qualifying patients 180 days after the effective date. Based on deadlines included in the law, medical marijuana products are expected to be available for sale to patients via dispensaries by the end of 2019 or the beginning of 2020.

Qualifying for the Program: To qualify for an ID card in Missouri, a patient must have a qualifying condition and a certification from a Missouri-licensed physician, which must be recertified annually. A patient under the age of 18 only qualifies with consent of a parent or guardian. The qualifying conditions in Missouri are: cancer, epilepsy, glaucoma, intractable migraines unresponsive to other treatment, conditions that cause persistent pain or muscle spasms (including MS, Parkinson’s disease, and Tourette’s syndrome), debilitating psychiatric disorders such as PTSD, HIV or AIDS, a chronic medical condition normally treated with prescription medication that can lead to dependence, when a physician determines that medical marijuana could be an effective and safer treatment, any terminal illness, Hepatitis C, ALS, inflammatory bowel disease, Crohn’s disease, Huntington’s disease, autism, neuropathies, sickle cell anemia, Alzheimer’s disease, cachexia, wasting syndrome. Missouri’s law contains reciprocity provisions, which recognize patients from other medical marijuana states. Missouri’s registered patients may have a single caregiver. Caregivers must have significant responsibility for managing a qualifying patient’s wellbeing. The law does not specify any limits on how many patients a single caregiver may be associated with.

Patient and Caregiver Protections: Registered patients and caregivers with a valid ID card or physician certification are exempt from arrest and criminal and civil liability for the acts allowed under Missouri law. Patients may not be denied organ transplants.

Possession Limits: Patients and their caregivers may possess up to one ounce of marijuana. With a cultivation registration card, they may cultivate up to six plants.

Access: Missouri law sets forth a process for the Department of Health and Senior Services (DHSS) to develop rules and procedures to ensure safe access for patients through a regulated system of cultivation and sales. The department may establish purchase limits for patients, but this may be overridden if two physicians certify that a greater amount is needed.

The department is directed to accept marijuana facility applications and award licenses to medical marijuana businesses, including dispensaries, cultivation centers, testing facilities, and infused-product manufacturers. All facilities are required to implement a seed-to-sale tracking system. The department will begin accepting during 2019, according to a timeline outlined in Amendment 2.

In addition to the rule-making authority granted to DHSS, the state legislature may adopt additional laws to further specify regulations and rules governing the program, so long as they are consistent with Amendment 2.

Other: Dispensaries are required to keep a record of all retail sales to patients.

Montana — I-148, a ballot initiative, passed with 62% of the vote in 2004. It was amended by SB 325 in 2009, and it was replaced with a much more restrictive law, SB 423, in 2011. Some of SB 423 went into effect on July 1, 2011, while certain provisions were enjoined in court for a number of years. In March 2016, the state Supreme Court upheld most of the restrictions in the law, leading to significant changes to the program that took place on August 31, 2016. Then, on November 8, 2016, voters adopted I-182, an amendment to the law that restored the protections lost under the Supreme Court ruling, added PTSD as a qualifying medical condition, and created a framework for regulated access to licensed businesses for patients. The law is codified at [MCA § 50-46-301](#) et seq. The original law was codified at [MCA § 50-46-101](#) et seq.

Qualifying for the Program: To qualify for an ID card under the revised law, a patient must submit an extensive written certification form, completed by the patient's physician that, among other things, states that the patient has a qualifying condition. The qualifying conditions are now: cachexia or wasting syndrome, intractable nausea or vomiting, epilepsy or intractable seizure disorder, multiple sclerosis, Crohn's disease, painful peripheral neuropathy, admittance to hospice, a nervous system disease causing painful spasticity or spasms, conditions whose symptoms severely adversely affect the patient's health, cancer, glaucoma, HIV/AIDS, PTSD, and severe pain that significantly interferes with daily activities and for which there is objective proof and is verified by an independent second physician. Patients must be Montana residents. Patient ID cards under the original law are valid until they expire.

Under SB 423, physicians must describe all other attempts at treatment and that the treatments have been unsuccessful. Physicians also have to state that they have a "reasonable degree of certainty" that each patient would benefit from medical marijuana.

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

Protections or Lack Thereof: Montana's law provides that those abiding by the act "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" for the medical use of marijuana in accordance with

the act.

SB 423 allows landlords to ban tenants who are patients from using medical marijuana and requires a landlord's written permission for cultivation. SB 423 also bans advertising of marijuana or related products, including on the internet, but that part of the law is currently enjoined.

Previously, Montana honored visiting patients' out-of-state registry identification cards and included an affirmative defense for unregistered patients or those needing larger amounts of marijuana. SB 423 eliminated both of those protections.

Possession Limits and Access: A registered patient or his or her registered provider may possess four mature plants, 12 seedlings, and one ounce of usable marijuana per patient. If a patient cultivates medical marijuana for personal use, his or her provider may not also cultivate for that same person. Pursuant to a November 2016 initiative and related rules, dispensaries are allowed subject to regulations and licensing.

Nevada — Question 9, a constitutional amendment ballot initiative, passed first in 1998 and then with 65% of the vote in 2000. It was implemented by AB 453 in 2001, which was revised by AB 130 in 2003, AB 519 in 2005, and AB 538 in 2009. In 2013, the legislature enacted S.B. 374, which added a dispensary program. Question 9 is codified at [Article 4, section 38](#) of the Nevada Constitution. The statutory provisions are codified at [Nev. Rev. Stat. 453A](#). Rules are at [NAC 453A](#).

Qualifying for the Program: To qualify for an ID card in Nevada, a patient must have a qualifying condition and a statement from a Nevada physician who has responsibility for caring for or treating the patient that marijuana "may mitigate the symptoms or effects" of their condition. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana. The qualifying conditions in Nevada are cancer, HIV/AIDS, glaucoma, PTSD, and conditions causing one or more of the following: severe pain, cachexia, severe nausea, seizures, or persistent muscle spasms. The department can approve additional conditions, and it added PTSD. Nevada's law contains reciprocity provisions, which recognize patients from other medical marijuana states as long as the other state programs are substantially similar to the requirements of Nevada law.

Nevada's registered patients may have a single caregiver. Caregivers must have significant responsibility for managing a qualifying patient's wellbeing and may serve only one patient.

Patient Protections: Registered patients are exempt from prosecution for the acts allowed under Nevada law. Patients may also not be disciplined by a professional licensing board and employers must "attempt to make reasonable accommodations for the medical needs" of employees who are registered patients.

Patients with qualifying conditions may also assert an affirmative defense if they have been advised by a physician that marijuana may mitigate their condition, even if they do not have an ID card. This defense may also be raised by people assisting patients and for greater amounts of marijuana if the amounts are "medically necessary as determined by the person's attending physician."

Nevada allows out-of-state patients from most medical marijuana states to get access from

state-licensed dispensaries. Visitors must visit a dispensary, fill out and submit paperwork, and may get access for a limited period of time.

Possession Limits: Patients and their caregivers may collectively possess two and a half ounces of marijuana. They can obtain that amount each 14-day period. Those patients or caregivers who are allowed to grow may cultivate up to 12 plants.

Access: The voter-enacted constitutional amendment directed lawmakers to enact a medical marijuana law, including “authorization of appropriate methods for supply of the plant to patients authorized to use it.” However, Nevada's law initially did not allow anyone to deliver marijuana for compensation, including to qualified patients. It allowed patients and their caregivers to cultivate, but did not allow dispensaries. In 2013, the legislature and governor modified the law to allow dispensaries. The revised law also limits which patients can cultivate marijuana. Under the revised law, patients may cultivate if they do not live near a dispensary, if they cannot travel to one, or if the dispensaries near them do not have an adequate supply of marijuana or of the strain that works for the patient.

Nevada law now allows a total of up to 66 licensed and regulated dispensaries, and the first ones opened in the summer of 2015. Clark County may have up to 40 dispensaries. Washoe County may have 10. Carson City can have two, and each of the other 14 counties can have one. In addition to dispensaries, the state regulates cultivators, infused product manufacturers, and laboratories. All of the establishments may be for-profit.

Dispensaries must have a single, secure entrance for patrons. All cultivation by cultivation centers must occur in an enclosed, locked facilitation that is registered with the department. Marijuana must be tested and labeled, including with the concentration of THC and weight. Medical marijuana businesses may not allow on-site marijuana consumption. Medical marijuana businesses must also have inventory control systems, their staff must register with the state, and they must enter information on patrons into an electronic verification system. Businesses must also comply with local rules and those crafted by regulators. The regulatory authority was initially the Health Division, but it transferred to the Department of Taxation to harmonize the medical cannabis and adult-use programs.

Other: On November 8, 2016, 54% of voters voted in favor of Question 2, which allows adults 21 and older to possess and in some case cultivate cannabis, and to access cannabis through regulated retail shops.

New Hampshire: Gov. Maggie Hassan signed HB 573 into law on July 23, 2013, after it was approved by the legislature. The new law went into effect immediately, but the health department was given a year to craft rules for the patient registry and 18 months for alternative treatment center rules. It only began issuing ID cards after a patient successfully sued. Gov. Chris Sununu signed multiple bills expanding the program in 2017. The statute is [RSA 126-X](#), and the administrative rules are [He-C 400](#).

Qualifying for the Program: To qualify for an ID card, a patient must obtain a written certification from a physician or an advanced practice registered nurse and send it in to the Department of Health and Human Services (DHHS). The provider must be primarily responsible for treating the patient’s qualifying condition. Minors with qualifying serious medical conditions may register if the parent or guardian responsible for their health care decisions submits written certifications from two providers, one of which must be a

pediatrician. The parent must also serve as the patient's caregiver and control the frequency of the patient's marijuana use. Out-of-state patients with a valid medical marijuana card from another state are supposed to be allowed to bring their cannabis into New Hampshire and use it in the state. They must also have documentation from their physicians that they have a condition that qualifies under New Hampshire law.

Despite the law's requirement that DHHS develop the form and content of patient applications within a year, DHHS said it would refuse to issue ID cards until alternative treatment centers opened, pursuant to an opinion from the attorney general, who opposed the program. Linda Horan, who has since passed away, filed suit and won and was issued the first ID card in December 2015. The department then began issuing ID cards to other patients.

Qualifying Medical Conditions: The law allows patients to qualify if they have moderate to severe PTSD, moderate to severe chronic pain, or any injury or condition that has resulted in one of the following symptoms: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer's, severe pain if it has not responded to other treatments or if treatments produced serious side effects, severe nausea, vomiting, seizures, or severe, persistent muscle spasms.

Caregivers: Patients may have a single caregiver who may pick up medical marijuana for them. Caregivers must be 21 or older and cannot have a felony conviction. Caregivers typically may assist no more than five patients.

Patient Protections: Registered patients may not be arrested or prosecuted or face criminal or other penalties for engaging in the medical use of marijuana in compliance with the law. The law also offers protections against discrimination in child custody cases and in medical care — such as organ transplants.

Possession Limits and Access: New Hampshire's law allows a patient with a registry ID card to obtain up to two ounces of processed marijuana every 10 days. Caregivers may possess that amount for each patient they assist. Patients and caregivers may not grow marijuana. Instead, they will be allowed to obtain medical marijuana from one of up to four state-regulated alternative treatment centers (ATCs). Three ATC applicants — representing four locations — were approved in June 2015 and began opening in 2016. In 2018, the legislature approved allowing a second location for two of the ATCs.

ATCs must be non-profit and may not be located within 1,000 feet of the property of a drug-free zone or school. They must provide patients with educational information on strains and dosage and must collect information patients voluntarily provide on strains' effectiveness and side effects. Staff must be at least 21, wear ATC-issued badges, and cannot have any felony convictions. The law includes numerous additional requirements, including for periodic inventories, staff training, reporting incidents, prohibiting non-organic pesticides, and requiring recordkeeping. ATCs cannot possess more than either 80 mature plants and 80 ounces total, or three mature plants and six ounces per patient. The health department — with input from an advisory council — set additional rules, including for electrical safety, security, sanitary requirements, advertising, hours of operations, personnel, liability insurance, and labeling. Rules on security must include standards for lighting, physical security, video security, alarms, measures to prevent loitering, and on-site parking

Other: Marijuana cannot be *used* on someone else's property without the written permission of

the property owner or, in the case of leased property, without the permission of the tenant. Marijuana cannot be *smoked* on leased premises if doing so would violate rental policies. Marijuana cannot be *smoked or vaporized* in a public place, including a public bus, any other public vehicle, a public park, a public beach, or a public field.

New Jersey — Gov. Jon Corzine signed S.B. 119 into law in early 2010. Its effective date was delayed by S. 2105, which was also enacted in 2010. The law is codified at N.J. Stat. Ann. [C.24:6I](#) et seq. Regulations are available at N.J.A.C 8:64.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a physician’s certification authorizing the patient to apply to use medical marijuana. The physician must be licensed in New Jersey and must be the patient’s primary care or hospice physician, or the physician responsible for treatment for the patient’s debilitating medical condition. The qualifying conditions in New Jersey are: amyotrophic lateral sclerosis; multiple sclerosis; muscular dystrophy; inflammatory bowel disease; and terminal illness; as well as seizure disorders, intractable skeletal muscular spasticity, PTSD, or glaucoma if they are resistant to conventional therapies; and HIV/AIDS or cancer if those conditions or their treatments are accompanied by severe pain, severe nausea, vomiting, or cachexia. The department of health and senior services administers the ID card program and can approve additional qualifying conditions. In 2018, it added anxiety, chronic pain of visceral origin, chronic pain related to musculoskeletal disorders, migraines, and Tourette’s syndrome. A minor patient only qualifies with the consent of a parent or guardian, who must control the dosage, frequency of use, and acquisition of marijuana.

Patient Protections: New Jersey’s law provides that patients, caregivers, and others acting in accordance with the law “shall not be subject to any civil or administrative penalty, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a professional licensing board, related to the medical use of marijuana.” It also provides that the medical marijuana authorization is an “exemption from criminal liability” and that it shall also be an affirmative defense.

Possession Limits and Access: New Jersey’s law does not allow for home cultivation but it does provide for “alternative treatment centers” that are registered with the state to produce and dispense medical marijuana to qualified patients and their caregivers. The department of health and senior services decides how many centers to authorize. It registered the minimum number, six, in March 2011, and all of these are required to be non-profit. The first alternative treatment center (ATCs) opened in December 2012, and all six centers are finally open as of December 2018.

Every two years, the department is directed to evaluate whether there are enough dispensaries in the state and whether the amount of marijuana allowed is sufficient. In July 2018, the department began accepting applications for six more ATCs.

No more than two ounces can be dispensed to a patient in 30 days. Physicians must provide written instructions, which can be for up to a 90-day supply, each time marijuana is dispensed. The dispensing must happen within a month of the written instruction. Physicians also are required to furnish information to the division of consumer affairs about their written instructions.

Primary caregivers can serve a single patient, and each patient may have two caregivers. Caregivers and dispensary employees cannot have a drug conviction unless they demonstrate

rehabilitation as is provided for in the act or if the conviction is a federal conviction for medical marijuana.

New Jersey was the first state to allow medical cannabis to be administered in schools.

New Mexico — S.B. 523 was passed by the New Mexico legislature in 2007. Its citation is [N.M. Stat. Ann. § 26-2B-1](#) et seq. Rules are available at [7.34.2-7.34.4 NMAC](#).

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from a person licensed to prescribe drugs in New Mexico that "the practitioner believes that the potential health benefits of the medical use of cannabis would likely outweigh the health risks for the patient." The qualifying conditions in New Mexico are severe chronic pain, painful peripheral neuropathy, inflammatory autoimmune-mediated arthritis, intractable nausea/vomiting, severe anorexia/cachexia, hepatitis C receiving antiviral treatment, Crohn's disease, amyotrophic lateral sclerosis, post-traumatic stress disorder, amyotrophic lateral sclerosis, cancer, glaucoma, multiple sclerosis, spinal cord damage with intractable spasticity, epilepsy, HIV/AIDS, Huntington's disease, inclusion body myositis, and Parkinson's disease. Hospice patients also qualify. "Severe chronic pain" only qualifies if the person's primary care physician and a specialist certify all standard treatments have been tried and failed to provide adequate relief.

The health department administers the ID card program and it approved adding several of the qualifying conditions. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana. The law required the health department set up an advisory board with medical practitioners to make recommendations on whether to add qualifying conditions and to recommend how much marijuana should be allowed so that patients can possess an adequate supply.

Patient Protections: New Mexico's law provides that qualified patients "shall not be subject to arrest, prosecution, or penalty in any manner for the possession of or the medical use of cannabis if the quantity of cannabis does not exceed an adequate supply."

Possession Limits and Access: Patients may possess up to six ounces of marijuana, and caregivers can possess this amount for each patient who has designated the caregiver. Patients may also request permission to possess a larger supply. Though the law itself was silent on home cultivation, by rule, the state health department has allowed patients to apply for a separate personal cultivation license. If granted, they can cultivate up to four mature plants and 12 seedlings.

The law granted the health department broad discretion to develop rules to regulate licensed nonprofit producers of medical marijuana. The health department developed rules and, as of April 2017, 53 producers have been approved. The department determines the number of producers based on factors that include supply of marijuana to patients statewide and the safety of the public. The department conducts an on-site visit. They also consider the applicants' plans for purity and consistency of dose as well as testing, their skills and knowledge, and the board members' experience.

To be producers, applicants must submit a great deal of information, including a \$1,000 fee, security plans, the names of persons with authority over the facility's policies, and a description of packaging that will be used. Each producer's board members must include at least one

physician and at least three registered patients. Producers may produce 450 total plants and seedlings and supply marijuana to their patients. Producers cannot be located within 300 feet of schools, churches, or daycare centers. Once a patient registers, the health department provides patients with information on how to contact licensed producers. Annual registration fees range from \$5,000 to \$30,000 for producers and vary based on how long the producers have been operational.

New York — Gov. Andrew Cuomo signed twin bills, A.6357-E and S.7923, known as the Compassionate Care Act, into law on July 5, 2014. This law is codified at N.Y. [Public Health Law Art. 33, Title 5-A](#).

Qualifying for the Program: To qualify, a patient must have a written certification from his or her physician, nurse practitioner, or physicians' assistant (although the PA's supervising physician must also be registered with the program).

Practitioners must first register with the health department and pay to take an approved online medical cannabis course, which is not approved to count toward continuing medical education requirements. A certification must specify that: the patient is in the practitioner's continuing care for the condition, the patient is likely to receive therapeutic or palliative benefits from marijuana, and the patient has a qualifying condition. The certification may specify the recommended brand; the THC:CBD ratio; the specific product; administration methods; any limitations; and the amount that constitutes a 30-day supply.

The qualifying conditions are cancer, HIV/AIDS, ALS, Parkinson's disease, multiple sclerosis, spinal cord damage causing spasticity, epilepsy, inflammatory bowel disease, neuropathies, any condition for which an opioid could be prescribed, or Huntington's disease. Patients must also have one of the following associated or complicating conditions: cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, severe or persistent muscle spasms, or opioid use disorder. Additionally, patients who have chronic pain qualify if other treatments are contraindicated or were not effective. The health commissioner may also add or delete conditions and has done so.

Caregivers: Patients may designate up to two caregivers, who may pick up their medical marijuana for them. Caregivers generally must be at least 21, and they may not serve more than five patients. A minor's caregiver must be his or her parent, guardian, or — if neither is available — other appropriate person who is approved by the department.

Patient Protections: Patients have no legal protection until they have an ID card. They are not permitted to smoke, and all forms of marijuana must be approved by the health commissioner. Approved forms include liquids and oil for vaporization or administration via inhaler as well as capsules to take orally. The health department issues registry identification cards to patients and caregivers who submit valid applications, written certifications, and a fee of \$50, which can be waived in cases of documented financial hardship. Registry identification cards generally expire after a year, unless the patient has a terminal illness or the practitioner specified an earlier date. An appropriate person who is 21 or older must fill out an application for a minor patient.

Patients, caregivers, practitioners, and staffers of state-legal medical marijuana organizations are not subject to arrest or prosecution, or subject to any civil penalty, for the actions allowed under the act. In addition, being a medical marijuana patient is considered a disability for

purposes of the state's anti-discrimination laws. The law also includes language to protect patients from discrimination in family law or domestic relations cases.

Possession Limits: Patients may possess a 30-day supply of medical marijuana, an amount that is determined by the physician or the dispensary. They may refill their 30-day supply seven days before it runs out.

Access: The health department initially selected five registered organizations to manufacture medical marijuana, which can have no more than four dispensing locations each. The entities, which may be for-profit or non-profit, began opening in January 2016. In 2017, the health department approved five additional ROs.

Some registered organizations offer home delivery.

Registered organizations need to consult the prescription monitoring program database to ensure they are not dispensing more than a 30-day supply to a patient. They are also required to provide a safety insert, which includes information on potential dangers, with the medical marijuana. Registered organizations may submit marijuana to labs for testing and must provide information about the products' potency and safety. In most cases, registered organizations' staff members may not have had felony drug convictions within the past 10 years. The governor may immediately terminate all registered organizations' licenses based on a recommendation from the head of the state police that there is a risk to public health or safety.

Other: After extensive criticism of the program as being unduly restrictive, the Department of Health issued a report in August 2016 announcing numerous planned improvements to the program, which have been implemented.

North Dakota – Measure 5, a ballot measure, passed with 64% of the vote in November 2016. The law went into effect on December 8, 2016.

Qualifying for the program: To participate in the program, patients must have a written certification from a physician and a qualifying condition: any terminal illness, cancer, HIV/AIDS, hepatitis C, ALS, PTSD under certain circumstances, agitation of Alzheimer's disease, dementia, Crohn's disease, fibromyalgia, spinal stenosis, chronic back pain (including neuropathy or damage to the nervous tissues of the spinal cord with objective neurological indication of intractable spasticity), glaucoma, epilepsy, a medical condition that produces cachexia or wasting, severe and 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.

Possession Limits and Access: Patients and caregivers are allowed to possess no more than two and one half ounces of useable marijuana per 30-day period. Registered patients and caregivers can obtain medical cannabis from a licensed nonprofit compassion center. The Department of Health is charged with licensing compassionate care centers and cultivators. The centers are required to maintain appropriate security, including well-lit entrances, an alarm system that contacts law enforcement, and video surveillance. They may not be located within 1,000 feet of a school, and they will be subject to inspections and other rules.

Dispensaries are expected to open in the middle of 2019.

While the voter initiative allows for limited home cultivation by patients living greater than 40 miles from a compassionate care center, the legislature removed this provision, so no home cultivation is permitted.

Patients are prohibited from using marijuana in a public place or a workplace.

Ohio — Gov. John Kasich signed HB 523 on June 8, 2016. The text of the bill may be found [here](#). Oversight of the program is split among three agencies — the Department of Commerce, the Board of Pharmacy, and the state medical board, which has between nine months and a year to write and adopt rules.

Qualifying for the Program: To qualify, a patient must have a listed medical condition and approval from a qualified physician. The doctor must apply to the state program on the patient's behalf. Physicians will be required to register with the board of pharmacy and take a two-hour course in order to register patients in the state system. The doctor must indicate that a bona fide physician-patient relationship exists, the patient has been diagnosed with a qualifying medical condition, make an inquiry into the state drug database on the patient's history, inform the patient of the risks and benefits of medical marijuana, and inform the patient that the benefits of medical marijuana outweigh its risks.

The qualifying conditions are HIV/AIDS, 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, chronic or intractable pain, Parkinson's disease, PTSD, sickle cell anemia, spinal cord disease or injury, Tourette's syndrome, traumatic brain injury, and ulcerative colitis. Other diseases and medical conditions may be added by the state medical board.

Caregivers: Caregivers must register with the state board of pharmacy. Patients may designate up to two caregivers, and unless the department approves a waiver, caregivers may serve up to two patients.

Caregivers must be 21 or older, unless they are the parent of a minor patient.

Patient Protections: Registered patients and their designated caregivers are protected from arrest, prosecution, and discrimination in child custody matters. Registration status alone may not be used as the basis for a DUI investigation, nor can patients be discriminated against when seeking either organ transplants or housing. Employers do not have to accommodate employees' on-site use, but prospective employers cannot refuse to hire due to a person's registry status. Legal protections do not take effect until the patient has been issued a medical cannabis registration card. Beginning September 8, 2016, some patients could at least theoretically obtain limited protections in the form of an affirmative defense. But ambiguity in the state law seems to require doctors to be approved ("certified") by the state before making a recommendation, even for the affirmative defense, and the state's certification process was not established when the provision went into effect. It is not clear when the state will issue certifications, so the current status of the affirmative defense is less than clear.

Possession Limits: Ohio's law allows patients and their caregivers to collectively possess a 90-day supply of medical marijuana. A 90-day supply has been defined as either 3.5 or eight ounces of cannabis, depending on the potency; up to 26.55 grams of THC in topicals; up to 9.9

grams of THC in oil, tincture, capsule, or edibles; and/or 53.1 grams of THC in oils for vaping. Higher thresholds are allowed for terminally ill patients.

Access: The Board of Pharmacy will determine the operating rules, number, and approximate geographic locations for the state’s dispensaries, and the Department of Commerce will determine the number of cultivators to serve the state. It is not yet clear when businesses will operate, but the licensing process will likely begin for cultivators in summer 2017, with other types of licensees to follow.

Other: Raw cannabis along with other cannabis products will be available through the program. While medical cannabis may be vaporized, patients may not smoke it under the law. It is possible that out-of-state patients will be allowed to access medical marijuana in Ohio-licensed dispensaries. The law allows the state to enter into agreements with particular medical marijuana states if regulators wish to do so, although reciprocity is not automatic under the state law.

Oklahoma — Voters enacted SQ 788 on June 26, 2018, and the Oklahoma Medical Marijuana Authority issued final emergency rules on August 1, 2018.

Qualifying for the Program: Adult residents of Oklahoma may apply for a medical marijuana license if an Oklahoma board-certified physician signs their application. Unlike most medical marijuana states, there is no list of qualifying conditions. “A medical marijuana license must be recommended according to the accepted standards a reasonable and prudent physician would follow when recommending or approving any medication.” The licenses must be renewed every two years.

Patients who are under 18 years of age only qualify for the program if two physicians sign their applications.

Visiting Patients: Patients who can prove they are registered in another medical marijuana state with a regulated program may apply for and be issued a temporary, 30-day medical marijuana license.

Caregivers: Caregivers may receive a license to assist homebound patients.

Patient Protections: In addition to protecting patients and others from criminal penalties, the law includes protections from being penalized by a school, employer, or landlord based on one’s status as a medical cannabis patient unless failing to do so would result in the entity losing a benefit under federal law or regulations. Employers also may not take action based on a patient failing a drug test, but they may prohibit marijuana use at work and during work hours. The measure also includes protections against discrimination in medical care (including organ transplants) and in child custody, visitation, and child welfare.

Possession Limits: Licensed medical marijuana patients and caregivers may possess up to: three ounces of cannabis on their person and eight ounces at their residence; one ounce of concentrates; 72 ounces of edible cannabis products; and six mature medical marijuana plants and up to six seedlings. Cities and counties may enact guidelines to allow patients and caregivers to exceed these limits.

Access: In addition to cultivating their own cannabis, patients may obtain cannabis from

licensed dispensaries, which in turn purchase marijuana from licensed commercial growers and licensed processors. Dispensaries may not be located within 1,000 feet of a school entrance.

The health department must approve every applicant for a medical marijuana license that meets requirements, such as being 25 years old or older and an Oklahoma resident. Applicants must also pay a \$2,500 fee. Individuals with non-violent felonies in the past two years or violent felonies in the past five do not qualify, nor do individuals who apply while they are incarcerated. The first dispensary opened in September 2018.

No municipality may “unduly change or restrict zoning laws to prevent the opening of a retail marijuana establishment.”

Other: The law imposes a 7% retail sales tax on medical cannabis. Individuals who possess up to 1.5 ounces of cannabis face a reduced penalty — a misdemeanor fine of up to \$400 — if they “can state a medical condition.”

Oregon — Measure 67, a ballot initiative, passed with 55% of the vote in 1998, and was modified throughout the years. Most notably, in 2013, the state legislature approved and Gov. John Kitzhaber signed HB 3640, which allows regulated dispensaries. The law is codified at [Or. Rev. Stat. § 475.300](#). Temporary rules for the dispensary program are available at [OAR 333-008-1000](#) et seq.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from a physician who has primary responsibility for treating the patient that marijuana may mitigate their symptoms. A minor patient only qualifies with the consent of his or her parent or guardian and if the adult controls the dosage, acquisition, and frequency of use of the marijuana. The qualifying conditions in Oregon are cancer, HIV/AIDS, glaucoma, a degenerative or pervasive neurological condition, agitation related to Alzheimer’s disease, and conditions causing one or more of the following: cachexia, severe pain, severe nausea, seizures, or persistent muscle spasms, including those that are characteristic of multiple sclerosis. The health department can approve medical conditions, and it has done so.

Patient Protections: Registered patients and caregivers are exempted from the state’s criminal laws for acting in accordance with the medical marijuana law. Patients may also assert an affirmative defense if they have a qualifying condition and a physician has recommended medical marijuana even with if they do not have a registry identification card. In April 2010, the Oregon Supreme Court ruled in *Emerald Steel v. BOLI* that patients are not protected from being penalized by their employers.

Possession Limits and Access: Patients can have one designated caregiver, who must have “significant responsibility for managing the well-being” of the patient. Patients can reimburse caregivers for the actual cost of supplies and utilities, but not for their labor. Oregon’s law allows a patient with a registry identification card or a primary caregiver to possess 24 ounces of processed marijuana and cultivate six mature plants and 18 immature plants for each patient the caregiver cultivates for. Each grow site must be registered with the health department. The law includes an advisory committee made of patients and advocates to advise the department.

In August 2013, Gov. Kitzhaber signed a bill into law that allows medical marijuana facilities to sell useable marijuana and immature marijuana plants to patients and their designated

primary caregivers. The facilities may not grow marijuana; they obtain it from patients, caregivers, or people responsible for grow sites. While there were 310 licensed dispensaries in the fall of 2015, there were only five registered in fall of 2018 — most having switched to adult non-medical cannabis licenses.

Medical marijuana facilities cannot be located within 1,000 feet of elementary or secondary schools and cannot be located within 1,000 feet of another facility. The Oregon Health Authority adopted rules related to testing and security, including requiring a security system, video surveillance, an alarm system, and a safe.

Pennsylvania — Gov. Tom Wolf signed S.B. 3 into law on April 17, 2016. The law went into effect on May 17, 2016. The first medical cannabis sales began in February 2018.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying medical condition and a certification from a Pennsylvania-licensed physician. The physician must have taken a four-hour course on medical cannabis and must be registered with the state, and the patient must be in the physician’s continuing care for the qualifying condition.

Qualifying Medical Conditions: Patients can qualify for medical cannabis if they have a terminal illness or if they suffer from cancer — including remission therapy, HIV/AIDS, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, Crohn’s disease, post-traumatic stress disorder, intractable seizures, glaucoma, autism, sickle cell anemia, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, severe chronic or intractable pain, neurodegenerative diseases, dyskinetic and spastic movement disorders, and substitute therapy for opiate addiction. An advisory board makes recommendations on adding additional conditions, and the health department may approve them. In 2018, it added several conditions, including relaxing the definition of pain and adding substitute therapy for opiate addiction.

Caregivers: Patients may have up to two caregivers who may pick up medical marijuana for them. Caregivers cannot have a disqualifying drug conviction. They may assist up to five patients.

Patient Protections: Registered patients may not be arrested or prosecuted, or face criminal or other penalties, for engaging in the medical use of marijuana in compliance with the law. There are also protections in reference to child custody and employment discrimination. However, the law does not require employers to accommodate medical marijuana at work, nor does it “limit an employer's ability to discipline an employee for ... working while under the influence of medical marijuana when the employee's conduct falls below the standard of care normally accepted for that position.” Government agencies will develop rules for medical marijuana at schools and daycares.

Possession Limits and Access: The law allows a patient or caregiver with a registry ID card to obtain and possess a 30-day supply (and to refill it when no more than seven days of supply is left). If the physician does not voluntarily recommend dosing, a provider at the dispensary will do so. Patients may obtain medical marijuana from one of up to 50 state-regulated medical marijuana dispensaries — each of which may have up to three locations and which may be for-profit.

Dispensaries are also subject to rules created by the Department of Health. They must obtain medical marijuana from one of up to 25 growers/processors. They are required to use seed-to-sale tracking, thorough record keeping and retention, surveillance systems, and additional security measures.

Applicants will pay \$5,000 per dispensary application and \$10,000 for grower/processor applications. Medical cannabis business licensees will pay registration fees of \$30,000 for every dispensary location and \$200,000 for grower/processors.

Limitations: Smoking is prohibited but vaporization is allowed. Edibles are not allowed to be sold initially, though in some cases patients and caregivers can make them at home. Initially the actual flower or leaves of marijuana were not allowed. In February 2018, after a recommendation by an advisory board, the health department allowed whole plant, flower cannabis.

Other: Portions of the law related to dispensaries will expire three years after the federal government completes rescheduling of marijuana. Each grower will pay a 5% tax on medical cannabis sales.

Rhode Island — S. 710 was passed by the Rhode Island legislature in 2006 and amended several times, including by S. 791 in 2007, H. 5359 in 2009, S 2834 in 2010, H 7888 in 2012, and H 7454 and H 7142 in 2016. The law is codified at R.I. Gen. Laws [Chapter 21-28.6](#). Regulations are at [R21-28.6-MMP\(5923\)](#).

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying condition and a statement from a prescriber who is licensed in Rhode Island or a physician licensed in Massachusetts or Connecticut that the patient has a bona fide relationship with that physician and that the “potential benefits of the medical use of marijuana would likely outweigh the health risks” for the patient. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana. The qualifying conditions in Rhode Island are cancer, HIV/AIDS, hepatitis C, glaucoma, agitation related to Alzheimer’s disease, and conditions causing one or more of the following: severe, debilitating pain, cachexia or wasting syndrome, severe nausea, seizures, persistent muscle spasms, PTSD, or autism. The health department administers the ID card program and may approve additional qualifying conditions.

Patient Protections: Rhode Island’s law provides that cardholders abiding by the act “shall 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, for the medical use of marijuana.” It also explicitly prevents landlords, employers, and schools from discriminating based on a person’s status as a caregiver or patient. The law also provides that medical marijuana shall be considered a treatment, not an illicit substance, for the purposes of medical care, such as qualification for an organ transplant. Rhode Island honors visiting patients’ out-of-state registry identification cards. The law has an affirmative defense for patients with doctors’ recommendations and permissible amounts of marijuana.

Possession Limits and Access: Each patient can possess up to 2.5 ounces of marijuana and can cultivate up to 12 plants and 12 seedlings in an enclosed, locked area. Patients can also designate up to two caregivers or compassion centers to cultivate for them. A caregiver can

assist no more than five patients. Caregivers can possess 2.5 ounces per patient they assist and 12 plants per patient, but their total cap is 24 plants and 5 ounces. Caregivers can receive reimbursement for their costs associated with assisting a patient.

Cardholders who collectively cultivate may only do so at a single location. A residential collective grow is limited to 10 ounces of usable marijuana, 24 mature marijuana plants, and 12 seedlings. Non-residential collective grows are limited to 10 ounces of usable marijuana, 48 mature marijuana plants, and 24 seedlings. Collective grows must be inspected for compliance with zoning.

Rhode Island's law provides for up to three state-regulated not-for-profit compassion centers, and the state approved three centers in March 2011 based on a competitive application scoring process. After delays and modifications due to interference from the U.S. attorney in Rhode Island, the first two compassion centers opened in Spring 2013. The modified law limited the number of plants a center could grow and allowed compassion centers to purchase overages from caregivers and patients. In 2014, in light of a 2013 memo from the U.S. Department of Justice, a budget bill removed the cap on the number of plants compassion centers could cultivate.

The state health department charges \$5,000 annually for each compassion center registration and \$250 for applications. Each compassion center employee must register with the health department. In 2010, the department developed rules for compassion centers' oversight, record keeping, and security. Compassion centers may cultivate either at the retail site or a second cultivation location that must be registered with the department. Dispensaries can dispense no more than 2.5 ounces of marijuana to a patient every 15 days.

Pursuant to passage of Article 14 in the state budget for FY 2017, regulations require all patients and caregivers to obtain unique identifier tags for each marijuana plant they cultivate from the Department of Business Regulation. The fee for a single tag is \$25, though patients who qualify as disabled or low-income are not required to pay the fee. The amendment to the law in 2016 also establishes a system for additional licensed cultivators. These cultivation facilities are regulated by the Department of Business Regulation and are permitted to sell medical marijuana products to compassion centers.

Utah — On November 6, 2018, Utah voters approved Proposition 2, which legalized the use of medical marijuana for qualified patients. The law went into effect on December 1, 2018, but a special legislative session was convened shortly thereafter. Lawmakers replaced Prop 2 with a "compromise" bill agreed to by both proponents and opponents of Prop 2 prior to the election. The replacement legislation includes tighter restrictions on patient access and a greater level of state oversight.

Qualifying for the Program: A patient may submit an application to the Utah Department of Health to receive a medical cannabis registration card if he or she has received a recommendation from a registered healthcare provider. Patient registration cards are initially valid for one month. Thereafter, the registration card can be renewed continually in six-month intervals. Qualifying conditions include: HIV, Alzheimer's disease, amyotrophic lateral sclerosis, cancer, cachexia, persistent nausea that is not significantly responsive to traditional treatment (except nausea caused by pregnancy, cannabis-induced vomiting syndrome, or cannabinoid hyperemesis syndrome), Crohn's disease, ulcerative colitis, epilepsy, debilitating seizures, multiple sclerosis, debilitating muscle spasms, PTSD (provided certain conditions are

met), autism, a terminal illness (with six months or fewer remaining), a condition resulting in an individual receiving hospice care, and chronic pain (provided that certain conditions are met). Patients may also petition the "compassionate use board" to become a qualifying patient for other conditions. Patients may designate up to two caregivers to assist with the access and use of medical marijuana. Caregivers are not permitted to cultivate marijuana. Patients under the age of 18 may register as a qualifying patient if they receive approval from the compassionate use board. A parent or guardian must also obtain a "medical cannabis guardian card." Minor patients are not permitted to enter medical cannabis pharmacies. Patients aged 18, 19, or 20 must petition the compassionate use board in order to receive a patient license.

Patient and Caregiver Protections: Registered healthcare providers, caregivers, and patients are protected from criminal and civil liability, provided they comply with the law. Patients may not be denied access to organ transplants. State employees may not be disciplined or discriminated against on the basis of their status as a registered patient and their use of medical marijuana in compliance with the law. The law prohibits courts from considering the lawful use of medical marijuana in custody hearings.

Possession Limits: Patients are only permitted to possess medical cannabis in single-dosage forms in amounts prescribed by their doctor or a pharmacist from a state-licensed medical cannabis pharmacy. Flower or bud is only permitted in single-dose increments contained in blister packs. Marijuana may also be dispensed in the following forms: tablets, capsules, concentrated oil, liquid suspension, topicals, transdermal patches, sublingual preparations, and lozenges. Patients are not permitted to cultivate their own medical marijuana.

Access: The Utah Medical Cannabis Act requires registered patients to purchase cannabis from medical cannabis pharmacies, which must employ at least one state-licensed pharmacist and may dispense cannabis products only in specific dosages based on the patient's medical needs. Seven to 10 pharmacies will be established within the state. Pharmacies may not sell an amount greater than a 14-day supply to patients based on their allotted dosage requirements. The state will also regulate and license cultivation facilities, testing facilities, and processors. State agencies will establish an electronic monitoring system to track all marijuana products from the point of cultivation to the point of sale to registered patients.

On or before January 1, 2020, the Department of Agriculture and Food will begin accepting medical marijuana facility applications. On or before March 1, 2020, the Department of Health will begin accepting applications for patient registration cards. The department has 15 days to approve or reject patient applications.

Other: Out-of-state patients have legal protections if they aren't a resident, have a card from another state, and possess cannabis in a form allowed under Utah law.

A healthcare provider may not issue recommendations for medical marijuana unless he or she has registered and been deemed qualified by the health department. Qualifications include: completing appropriate continuing medical education courses, having authority to prescribe Schedule II drugs, and being a state-licensed physician, registered nurse, or physician's assistant. Physicians must pay a fee of \$300 to complete the registration process. Registrations must be renewed every two years.

Smoking is prohibited under Utah's medical marijuana law. The Utah Medical Cannabis Act does not protect individuals from criminal liability for possessing devices that facilitate the

combustion of cannabis. The vaporization of cannabis products with use of a heated nail is also prohibited.

Vermont — S. 76 was passed by the Vermont legislature in 2004. The law was expanded by S. 7 in 2007, S. 17 in 2011, S. 247 in 2014, and S. 14 in 2016. The law's citation is [Vt. Stat. Ann. tit. 18 § 4472](#) et seq.

Qualifying for the Program: Vermont is the only state where the department issuing ID cards is the department of public safety. To qualify for an ID card, a patient must have a statement from a Vermont, Massachusetts, New York, or New Hampshire-licensed physician, naturopath, advance practice nurse, or physician's assistant who has treated the patient for at least three months that the patient has had a qualifying medical condition. The three-month requirement may be waived if the patient is in hospice care or has been diagnosed with cancer, AIDS, or a terminal illness. The qualifying conditions are cancer, multiple sclerosis, glaucoma, PTSD, Crohn's, Parkinson's, HIV/AIDS, or a chronic, debilitating condition causing one or more of the following: chronic pain, cachexia, severe nausea, or seizures. Patients must also be Vermont residents. A minor only qualifies if his or her parent or guardian also signs the application.

Protections, Access, and Possession Limits: Vermont's law allows a patient to choose to cultivate up to two mature and seven immature plants or to designate either a caregiver or a dispensary to cultivate for the patient. A patient with a registry identification card and his or her caregiver may collectively possess two ounces of processed marijuana. Cultivation must occur in a locked, indoor location. Caregivers must be 21 and have no drug-related convictions. They can only assist one patient.

Pursuant to a law enacted on June 2, 2011, and subsequent revisions to it, there are now five medical cannabis dispensaries with a total of seven locations. A sixth dispensary will be allowed once there are 7,000 patients enrolled in the program. Under the law, dispensaries are chosen based on a competitive process, including factors like convenience to patients, the applicants' experience, and their ability to provide for patients. Each dispensary employee must register with the state, and they generally cannot have drug convictions or convictions for violent felonies. Dispensaries must be at least 1,000 feet from schools. Municipalities can regulate their locations and operations and may also ban them within the locality. The state's department of public safety developed rules for dispensaries' oversight, record keeping, and security

A patient must designate the dispensary he or she wishes to utilize, though the patient can change the designation. Dispensaries may only dispense by appointment, but they may deliver. Dispensaries must cultivate their own marijuana, either at the retail site or a second enclosed, locked cultivation location that must be registered with the department. Dispensaries can dispense no more than two ounces of marijuana every 30 days to a given patient. The law also included a survey of patients and an oversight committee to assess the effectiveness of the compassion centers and security measures.

Vermont's law does not include any protections for unregistered patients or out-of-state patients.

Other: Pursuant to a 2018 law, any adult 21 or older may possess and cultivate a limited amount of marijuana. The law doesn't provide for adult-use stores.

Washington — Measure 692, a ballot initiative, passed with 59% of the vote in 1998. It was modified multiple times by the legislature, including a significant revision in 2015. The law is codified at [Wash. Rev. Code § 69.51A.010](#) et seq. An administrative rule is available at [WAC 246-75-010](#).

Qualifying under the Law: Washington’s medical marijuana law did not initially include a state registry. In July 2016, the Cannabis Patient Protection Act was fully implemented, allowing patients to register. Those who participate in the voluntary system receive additional protections and privileges, including increased possession limits and protection from arrest or charges — as opposed to the affirmative defense available for non-registered patients.

For those who are not in the registry, a patient must have a signed statement on tamper-resistant paper from a Washington-licensed physician, physician assistant, naturopath, or advanced registered nurse practitioner who advised the patient of marijuana’s risks and benefits and advised the patient that he or she “may benefit from the medical use of marijuana.” Those who are listed in the registry are issued a “recognition card.”

Qualifying conditions include cancer, HIV, multiple sclerosis, epilepsy, seizure and spasm disorders, intractable pain, glaucoma, Crohn’s disease, PTSD, traumatic brain injury, hepatitis C, and diseases causing nausea, vomiting, or appetite loss. Some of those conditions only qualify if they have been unrelieved by standard medical treatments. The health department’s Medical Quality Assurance Commission may also add additional conditions and has done so. In Washington, the possession, acquisition, and cultivation of marijuana by a minor patient is the parent or legal guardian’s responsibility.

Patient Protections: Washington’s medical marijuana law provides protection from arrest for those who hold a state-issued recognition card. Otherwise, state law provides an affirmative defense that patients and caregivers may raise in court.

In June 2011, the state Supreme Court ruled against a person who was fired for being a medical marijuana patient in *Roe v. Teletech Customer Care Management*. The law that passed in 2011, SB 5073, provides that an employer does not have to accommodate medical marijuana if it establishes a drug-free workplace and that it also does not require employers to allow the on-site medical use of marijuana. Medical marijuana cannot be the “sole disqualifying factor” for an organ transplant unless it could cause rejection or organ failure. Washington’s law also restricts when parental rights and residential time can be limited due to the medical use of marijuana.

Access, and Possession Limits: Washington’s possession limits vary based on whether or not a patient participates in the state’s optional registry. For those who do not participate, the law allows a patient with valid documentation and his or her designated provider to collectively possess three ounces of processed marijuana, or six ounces if the marijuana is produced from plants the patient or caregiver grows, and four plants. For those who elect to be registered in the state system, patients may possess six plants and up to eight ounces of usable marijuana. Patients may also be authorized by their healthcare practitioner to possess up to 15 plants and 16 ounces of usable marijuana. Registrants will also be able to purchase from a medically endorsed retail store licensed by the Liquor and Cannabis Board.

Any patient has the ability to argue in court that more marijuana is needed. Up to 10 patients may form a collective garden, which may contain no more than 72 ounces and 45 plants. Caregivers may work with and on behalf of medical marijuana patients, but a person may only

serve as a designated provider to one patient at a time and must wait 15 days between serving two different patients. Providers must be 18 or older and must be designated by a patient in writing.

In November 2012, voters approved I-502, allowing the regulated sales of marijuana to all adults 21 and older — including for recreational use. Under the initiative, all adults 21 and older may possess up to an ounce of marijuana. Beginning in July 2016, medical marijuana patients that are registered in the state database may purchase medical marijuana at medically endorsed retail stores.

West Virginia — Gov. Jim Justice signed S.B. 386 into law on April 19, 2017.

Qualifying for the Program: To qualify for an ID card, a patient must have a qualifying medical condition and a certification from a West Virginia-licensed physician. The physician must have taken a four-hour course on medical cannabis and must be registered with the state, and the patient must be in the physician’s continuing care for the qualifying condition. The doctor must certify the patient is “likely to receive therapeutic or palliative benefit from the use of medical cannabis, and other treatments, including treatments involving opioids, have proven ineffective or otherwise are contraindicated.”

Qualifying Medical Conditions: Patients can qualify for medical cannabis if they have a terminal illness or if they suffer from cancer, HIV/AIDS, ALS, Parkinson’s disease, multiple sclerosis, spinal cord damage, epilepsy, neuropathies, Huntington’s disease, Crohn’s disease, post-traumatic stress disorder, intractable seizures, sickle cell anemia, or “severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or has proved ineffective as determined as part of continuing care.” An advisory board will make recommendations on adding additional conditions, and the health bureau may approve them.

Caregivers: Patients may have up to two caregivers who may pick up medical marijuana for them. Caregivers cannot have a disqualifying drug conviction. They may assist up to five patients.

Patient Protections: A registered patient or caregiver is protected from arrest, prosecution, and the denial of other privileges. Employers may not discriminate against a person for their status as a registered patient, though they do not have to accommodate employees’ on-site use. The bureau will promulgate rules regarding medical cannabis at schools and daycares.

Possession Limits and Access: The law allows a patient or caregiver with a registry ID card to obtain and possess a 30-day supply (and to refill it when no more than seven days of supply is left). Patients will be allowed to obtain medical marijuana from one of up to 30 state-regulated medical marijuana dispensaries.

Dispensaries are also subject to rules created by the Health Bureau. They must obtain medical marijuana from one of up to 10 growers permits, with up to two locations each (up to 10 grower permits and up to 10 processor permits are allowed). They are required to use seed-to-sale tracking, thorough record keeping and retention, surveillance systems, and additional security measures.

Applicants will pay \$2,500 per dispensary application and \$5,000 per grower or processor

application. Registration fees are \$10,000 for each dispensary location and \$50,000 for growers and processors. A 10% tax is levied on sales from growers/processors to dispensaries.

Limitations: The only types of medical cannabis allowed initially are pills, oils, gels, creams, ointments, tinctures, liquid, and non-whole plant forms for administration through vaporization. Dispensaries cannot sell edibles, but medical cannabis products could be mixed into food or drinks by patients themselves. Vaporization (or oils) is allowed, but smoking is prohibited. Patients may only obtain a 30-day supply of cannabis at a time. It is not clear who will determine the definition of a 30-day supply.

Other: Patients will be forbidden from driving and from undertaking some other activities if they have more than three nanograms of THC per milliliter of blood serum. This standard could make it illegal for some patients to ever drive, since many patients have THC levels at this amount or greater many hours or days after last administering cannabis.

Washington, District of Columbia — On November 3, 1998, 69% of D.C. voters approved Initiative 59. Congress blocked the implementation of the law until December 2009, when the D.C. Council put the law on hold and enacted amendments severely restricting it in B18-622. The revised law went into effect in late July 2010, and regulations were issued in April 2011. The law was expanded in 2011, 2014, and late 2016, and is codified at District of Columbia Official Code [§ 7-1671.13](#) et seq.

Qualifying for the Program: To qualify for an ID card, a patient must have a recommendation from a practitioner licensed in D.C. who has a bona fide relationship with the patient and responsibility for their ongoing treatment. In addition to physicians, naturopathic physicians, dentists, physician’s assistants, and advanced practice registered nurses may recommend. The practitioner must review other approved treatments before making the recommendations. The relevant boards shall review and audit recommendations. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana.

A practitioner can certify a patient for medical cannabis for any condition they think will benefit from its use. In addition, the listed qualifying conditions in D.C. are cancer, HIV/AIDS, glaucoma, severe and persistent muscle spasms, ALS, decompensated cirrhosis, wasting (for adults), Alzheimer’s, seizure disorders, and conditions treated with chemotherapy, AZT, protease inhibitors, or radiotherapy. Terminally ill hospice patients also qualify. The health department administers the ID card program and can approve additional qualifying conditions.

Patient Protections: Registered qualifying patients may possess and administer medical marijuana, and caregivers can do so for the purpose of assisting a patient. There is also an affirmative defense for an adult who assists a patient in administering medical marijuana if the caregiver is not reasonably available. Marijuana cannot be used where its exposure would negatively affect a minor. Under the medical program’s rules, medical marijuana must be obtained from a dispensary and transported in a sealed package, but D.C. law also allows all adults 21 and over to grow up to six plants and possess up to two ounces of marijuana and to give away up to one ounce to another adult.

Visiting Patients: In addition, a 2016 ordinance provided that once implementing regulations and a District-wide electronic tracking system for patients’ purchases were put into place, patients who are registered with other states’ medical marijuana programs would be able to

shop at D.C.'s dispensaries. As of November 2018, the D.C Department of Health has authorized certified patients from 17 states to make purchases at D.C. dispensaries: Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Montana, New Hampshire, New Jersey, Oregon, Pennsylvania, Rhode Island, and Washington.

Possession Limits and Access: A patient or caregiver can possess no more than four ounces in a 30-day period. The law provides for regulated cultivation facilities and between five and eight dispensaries. Cultivation facilities are allowed to produce up to 1,000 marijuana plants (up from an initial cap of 95) and to sell them to dispensaries. The first dispensary began serving patients in July 2013. There are currently five dispensaries, with another being licensed in an underserved part of the city, and there are eight cultivation centers as of fall 2018. Once at least one independent laboratory is licensed, each batch of medical marijuana will have to be tested prior to being sold.

No employee with access to marijuana at a cultivation facility or dispensary can have a felony conviction, except that a felony for possession with intent to distribute marijuana prior to D.C. enacting decriminalization in 2014 shall not result in disqualification.

Other: The D.C. rules instruct the department to create an educational program on medical marijuana and its side effects for physicians and medical institutions. D.C.'s law also establishes an advisory committee to monitor other states' best practices, scientific research, and the effectiveness of D.C.'s medical marijuana program and make recommendations to the council or mayor. In addition, in November 2014, District voters made the possession and cultivation of limited amounts of marijuana legal for adults 21 and older.