



Progress Report: The District of Columbia's Medical Marijuana Program

Although 69% of District of Columbia voters approved an initiative removing district-level criminal penalties for the medical use of marijuana back in 1998, the District's medical program was blocked from taking effect for many years. That's because, unlike in the states, Congress can control D.C.'s budget and forbid the District government from spending local tax dollars on certain items through "riders" on Congressional appropriations bills. One such rider, the "Barr Amendment," authored by Georgia Congressman Bob Barr (R), blocked the District from spending federal or local funds to implement the medical marijuana law.

After Congressman Barr had a change of heart, MPP hired him to lobby to have the provision removed in 2007. The effort succeeded in late 2009, but immediately after the Barr Amendment was removed, the D.C. Council passed a law that disregarded the will of the voters and drastically narrowed the program. For example, while the 1998 initiative would have allowed doctors to recommend marijuana for any condition that the doctor thought could be alleviated by marijuana, the Council restricted the conditions for which marijuana could be recommended to HIV/AIDS, glaucoma, cancer, multiple sclerosis, and conditions treated by chemotherapy, AZT, protease inhibitors, or radiotherapy. Additionally, the Council eliminated patients' ability to grow their own marijuana or have caregivers grow it for them.

The Council reversed course in the fall of 2014, passing new legislation that partially restored the intent of the voters by allowing physicians to recommend medical marijuana for any debilitating condition they think would favorably respond to its use. While the medical marijuana law still does not allow patients and their caregivers to cultivate their own medicine, the passage of Initiative 71 in November 2014 has allowed anyone 21 and over, including patients, to cultivate up to six marijuana plants in their residences, up to three of which can be mature. Adults can possess up to two ounces of marijuana outside their homes, but public consumption is a criminal offense.

Patients can obtain marijuana from a dispensary licensed by the District's Health Department once they obtain a recommendation from their medical professional and an ID card from the Department. Dispensaries began serving patients in July 2013, and, as of December 2017, five dispensaries and eight cultivation facilities are operational, with an additional dispensary in the process of being added. The mayor may approve up to four more dispensaries and additional cultivation facilities.

Caregivers may be appointed to pick up marijuana on patients' behalf from their designated dispensary and to assist in the administration of marijuana. There is also an affirmative defense in the law for individuals who are not registered caregivers but can establish they were only assisting a patient with the administration of medical marijuana because the patient's caregiver was unavailable.

In 2016, the Council passed B21-0210, which further expanded and improved the program, including by adding a laboratory testing requirement and allowing advanced practice registered nurses, physicians' assistants, dentists, and naturopathic physicians, as well as doctors, to recommend medical cannabis. The law will also allow out-of-state patients to access D.C.'s dispensaries, and patients to visit more than one dispensary, once a District-wide system for tracking medical marijuana purchases is implemented. The law took effect on February 18, 2017, after the required 30-day Congressional review period. Also in February 2017, the mayor increased the amount of medical marijuana patients may purchase in a 30-day period from two ounces to four ounces.