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"We change laws."

The Twenty-One States and One Federal District With Effective Medical Marijuana Laws

Twenty-one U.S. states and the District of Columbia 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 home cultivation, dispensaries, or both. In addition, several states have laws that recognize the medical benefits of medical marijuana — or at least certain strains — but that do not actually provide access to medical marijuana due to federal law or policies.[1]

In each of the states, a doctor's recommendation or certification is required for a patient to qualify. In all of those laws, except California, Massachusetts, and Maryland's, a physician must certify that the patient has a specific serious medical condition or symptom that is listed in the law. The laws generally include cancer, AIDS, multiple sclerosis, severe or debilitating pain, and severe nausea. The laws also protect physicians who make the recommendations and include designated caregivers who may assist one or more patients, such as by picking up their medicine for them from a dispensary. In all of the jurisdictions except Washington state, a patient can obtain a state or county-issued ID card after the department 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 employees working while impaired, and several specify that they do not protect conduct that would be considered negligent. All but Maryland's law specify that insurance is not required to cover the costs of medical marijuana.

Fifteen of the laws allow at least some patients to cultivate a modest amount of marijuana at their homes. In one of those states, Arizona, patient cultivation is only allowed if the patient lives at least 25 miles away from a dispensary. Nevada's law only allows certain patients to cultivate, including those living 25 miles or more from a dispensary. In Massachusetts, patient cultivation is allowed only under certain circumstances, such as due to financial hardship. Other than New Mexico, each of the states that allow home cultivation allow patients to designate a caregiver to cultivate for them.

Fifteen states' and D.C.'s laws allow for state regulated dispensing, though some of the laws are so new their dispensaries are not yet up and running. The states with state-registered dispensary laws are Arizona, Delaware, Colorado, Connecticut, Illinois, Maryland, Nevada, New Hampshire, New Mexico, Maine, Massachusetts, New Jersey, Oregon, Rhode Island, and Vermont. In addition, California has hundreds of dispensaries, many of which are regulated at the local level, but there is no statewide licensing or regulation of them. Finally, Washington state's law does not provide for regulated dispensaries, but it does allow marijuana stores for adults.

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[1] In addition to those 21 states, 11 states have laws that recognize marijuana's medical value but these laws are ineffective because they rely on federal cooperation. In 2014, Alabama, Kentucky, Utah, and Wisconsin enacted bills intended to allow at least some patients to use CBD (a component of marijuana) or high-CBD marijuana. Unfortunately, they all fail to include reasonable means for accessing marijuana.

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 22 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.

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. The next year, in 2013, the legislature passed SB 1443 to clarify that federally approved medical marijuana research could still be conducted at universities.

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, 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 can approve additional medical conditions. The department 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. In 2012, Gov. Brewer signed HB 2349, which banned medical marijuana on all schools, including college campuses and vocational schools.

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, which would total about 125 dispensaries.

The Department of Health Services issued certificates to more than 90 dispensaries in August 2012, and 64 are up and running as of August 2013.

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 2010, the legislature passed AB 2650, adding a buffer zone between dispensaries and schools. In California, the legislature cannot amend a voter-initiative, so SB 420 and AB 2650 are only supplementary. The laws are codified at Cal. Health and Safety Code §**11362.5** and **11362.7 et seq**.

Qualifying for the Program: California's law is the only one to allow 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.

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 is 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 greater amounts that are for "personal medical purposes."

SB 420 provides that patients and caregivers "who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions ... ." It also specifies that it does not "authorize any individual or group to cultivate or distribute marijuana for profit." Based on this collective language, dispensaries are operating in many parts of California. While then-Attorney General Jerry Brown issued guidelines on medical marijuana, state law provides no regulation or registration of collectives and cooperatives. Instead, many localities have moved to regulate them, while others have enacted bans, some of which are being challenged in court. In early 2012, the California Supreme Court granted review to several cases relating to dispensaries, including whether dispensaries can be banned and whether cities issuing licenses to dispensaries are federally preempted. Those cases are currently pending.

In 2012, AB 2650 prohibited a collective, cooperative, or dispensary with a storefront or mobile retail unit from dispensing medical marijuana within a 600-foot radius of a school for students between kindergarten and 12th grade.

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. In 2011, two more revisions, **HB 1250** and HB 1043, were signed into law. 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, 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 may also be 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, which went into effect on July 1, 2011. The Medical Marijuana Enforcement Division has the authority to impose penalties, including suspending and revoking licenses. The state's medical marijuana center fees range from $7,500 to $18,000. The infused products and cultivation fees are each $1,200. With the exception of new medical marijuana centers and those granted a waiver due to a catastrophic event related to inventory, medical marijuana centers must cultivate at least 70% of the marijuana they dispense, and the rest can only be purchased from other medical marijuana centers. Although there is an exception, a center generally can possess no more than six plants and two ounces per patient who designates it.

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 will be appropriated to services related to substance abuse. The medical marijuana center licensing provisions sunset on July 1, 2015. For fiscal year 2012, the Medical Marijuana Enforcement Division reported there were 532 medical marijuana centers either licensed and operating or allowed to operate while awaiting the review of their license applications.

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 will also allow the retail sales of marijuana for recreational use.

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

Connecticut — The Connecticut Legislature passed and 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 submitted proposed regulations to the Regulation Review Committee on June 21, 2013.

Qualifying for the Program: From October 1, 2012 until 30 days after the department issues permanent registrations, patients and their caregivers may obtain a temporary registry identification card from the Department of Consumer Protection. To qualify for an ID card, a patient will be 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. Patients must be 18 or older and must be Connecticut residents. The law does not protect patients with out-of-state ID cards.

The qualifying conditions 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, or a condition added by the Department of Consumer Protection.

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, or on any school or university grounds, including in dorm rooms.

Possession Limits and Access: Connecticut's law does not provide for home cultivation. It provides for dispensaries, which will be licensed by the Department of Consumer Protection. Only pharmacists can file applications for dispensaries. The draft rules would require the department to allow at least one dispensary facility and would allow it to authorize more if "additional dispensary facilities are desirable to assure access to marijuana for qualifying patients."

Dispensaries will only be allowed to obtain marijuana from licensed producers. The Department of Consumer Protection will also decide how many producers to license, and the number must be between no less than three and no more than 10. The draft rules seem to favor a lower number of producers. The non-refundable application fee for producers must be at least $25,000. The department has proposed an annual fee of $75,000 for producers. Dispensary facility application fees would be $1,000, with their annual fees being $5,000.

The Department of Consumer Protection will decide how much usable marijuana patients can possess, which will be a one-month supply. An eight member board of physicians will review and recommend protocols to decide the amount that would be reasonably necessary for a one-month supply, including for topical treatment. The board will also make 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, allowing a single pilot dispensary, which could possess up to 150 plants and have up to 1,500 ounces of marijuana.

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. Patients must be 18 or older. The qualifying conditions in Delaware are cancer, HIV/AIDS, decompensated cirrhosis, 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. The department will also administer the ID card program.

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 honors visiting patients' out-of-state registry identification cards for up to 30 days if they have conditions that qualify in Delaware. However, patients must obtain a Delaware registry card to obtain marijuana from a Delaware compassion center. 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 is expected to be registered in 2014. 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. It issued final rules for the registry identification card program on June 1, 2012.

The department is 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, as was mentioned, that

part of the law was put on hold. Now, a single center will be approved in 2014.

Hawaii — S.B. 862 was passed by the Hawaii Legislature in 2000. It was the first medical marijuana bill to be passed legislatively. Its citation is **Haw. Rev. Stat. § 329-121** et seq. The rules are at **HAR Chapter 23-202**.

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." Although most states house their medical marijuana programs in their health departments, Hawaii's is administered by the state Department of Public Safety. The qualifying conditions in Hawaii are cancer, HIV/AIDS, glaucoma, 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.

Protections, Access, and Possession Limits: Hawaii's law allows a patient with a registry identification card and his or her caregiver to collectively possess three ounces of processed marijuana and cultivate three mature plants and four immature plants. Hawaii's law does not provide for dispensaries and a primary caregiver can only assist one patient at a time. There is also a "choice of evils" defense patients can raise.

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, and the executive branch issued draft rules in February.

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 patient "is likely to receive therapeutic or palliative benefit" from medical marijuana.

Restrictions on Who May Be a Patient: Minors cannot qualify as patients. Patients also cannot not 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.

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; 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; residual limb pain; or the treatment of these conditions. The public health department may approve additional conditions.

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 will be allowed to obtain medical marijuana from one of up to 60 state-regulated medical marijuana dispensaries, which may be for-profit. Dispensaries will be subject to rules created by the Department of Financial and Professional Regulation. They will obtain medical marijuana from one of up to 22 cultivation centers. Prospective cultivation centers will have to submit detailed plans to the Department of Agriculture. All cultivation centers will have 24-hour surveillance that law enforcement can access. They will also be required to have cannabis-tracking systems and perform weekly inventories. Grow centers will be required to abide by department rules, including for labeling, safety, security, and record keeping. Centers will 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 will be determined by the department.

Other: The law was created with a "sunset" provision, meaning that if the legislature does not renew the program or create a new law, the program will cease to operate four years from the date it goes into effect. Medical marijuana will be 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. It was then amended by LD 1811 in 2010, by LD 1296 in 2011, and by LD 480, LD 1062, LD 1404, LD 1423, LD 1462, and LD 1531 in 2013. Its citation is **Me. Rev. Stat. Ann. tit 22 § 2421** et seq. Rules are available at **10-144 C.M.R, Chapter 122**.

Qualifying for the Program: Registry identification cards are voluntary for patients and for caregivers who are members of their patients' families or households. They are mandatory for other caregivers. To qualify for protection from arrest, a patient must have a qualifying condition and a statement from a physician with which the patient has a bona fide relationship. The statement must be on tamper-resistant paper, is valid for no more than a year, and must state that the patient is "likely to receive therapeutic or palliative benefit" from the medical use of marijuana. 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.

The qualifying conditions in Maine are cancer, HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis, nail patella, glaucoma, agitation related to Alzheimer's disease, and conditions causing one or more of the following: intractable pain, cachexia or wasting, severe nausea, seizures, or severe and persistent muscle spasms. Beginning in mid-October 2013, post-traumatic stress disorder, inflammatory bowel disease, and dyskinetic and spastic movement will also qualify. A health department-created advisory panel can approve additional medical conditions and make recommendations about what an adequate supply of marijuana would be. The department of health also administers the ID card program.

Caregivers must be 21 or older and cannot have a disqualifying drug conviction. They can also

be hospice providers or nursing facilities, but those entities cannot grow for patients. They may have a single employee.

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 or registry ID card to possess 2.5 ounces of processed marijuana per patient. A total of six mature plants may be cultivated for each patient in an enclosed, locked location. The patient can choose to cultivate and/or can designate either a caregiver or a dispensary to cultivate for the patient, as long as the total amount of plants per patient does not exceed six mature plants. Plants in other stages of harvest may also be cultivated. The law has an affirmative defense for patients needing additional amounts of marijuana. Adult patients can have a single caregiver, and a caregiver can assist no more than five patients. Caregivers can receive reasonable monetary compensation. Collective cultivation by caregivers is expressly forbidden, except that two patients or two caregivers may share an enclosed, locked facility if they live together. Caregivers may donate excess marijuana to patients, other caregivers, or to dispensaries. Beginning on October 3, 2013, they may also sell up to two pounds of marijuana to dispensaries each year.

Maine's law also provides for state-regulated not-for-profit dispensaries, of which there can be no more than eight in the first year. As of August 2013, eight non-profit dispensaries have been registered. The department charged $15,000 for each registration. In addition, each dispensary employee must register with the department. The state health department developed rules for dispensaries' oversight, record keeping, and security, in addition to several specific requirements from the law. Dispensaries must be at least 500 feet from schools, they must have on-site parking, sufficient lighting, and electronic monitoring. 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 2.5 ounces of marijuana to a patient every 15 days. The department may determine the number and location of dispensaries.

Maryland — Twin bills HB 881 and SB 923 were passed by the General Assembly and signed by Gov. Martin O'Malley in April 2014. The law is codified in the Annotated Code of Maryland at Section 13-3301 et seq. The 2014 law expands and renders effective a medical marijuana program first established in 2013, which relied upon academic medical centers to implement the law and distribute the medical marijuana.

Qualifying for the Program: In Maryland, physicians must apply to the Natalie M. LaPrade Medical Marijuana Commission before certifying patients. A doctor's application must include the qualifying conditions for which he or she will recommend marijuana, along with exclusion criteria (what types of patients would not qualify), and the physician's plans for screening for dependence and follow-up treatment. Then, the physician must send in a written certification for individual patients. Upon approval of the application and receipt of the written certifications, the Commission will issue the appropriate identification cards. Patients less than 18 years old must have a caregiver.

Qualifying Medical Conditions: The Commission is encouraged to approve applications for

medical conditions — or 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 has yet to be determined by the Commission. There is also an affirmative defense of "medical necessity" that patients and caregivers can raise for possession of up to an ounce of marijuana.

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

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**.

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 health department's draft 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 will issue 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 will deliver to — the

patient.

Patients may also obtain marijuana from state-regulated nonprofit dispensaries. Question 3 requires the department to issue registration certificates to qualified applicants wishing to operate medical marijuana treatment centers within 90 days of receiving their applications. Up to 35 centers were expected to be registered by January 1, 2014, but as of April 2014, none have been granted final approval. If the department determines 35 centers are insufficient, it may decide to increase the number. At least one center must be located in each county, and no more than five may locate in a single county.

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.

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, 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. 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. While Michigan law does not provide for dispensaries, several cities have enacted ordinances recognizing, licensing, and regulating them.

Other: The legislature added a requirement that marijuana must be in a case in a trunk while it is transported, or — if the vehicle has no trunk — it must be in a case that isn't readily accessible from inside the vehicle.

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 and some was enjoined in court. As of August 2013, litigation is still ongoing. 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, 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 provision that is currently enjoined provides that physicians will be investigated at their own expense by the medical board if they make 25 or more recommendations in a 12-month period.

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

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: Montana's revised law allows a registered patient or his or her registered provider to possess four mature plants, 12 seedlings, and one ounce of usable marijuana per patient. If a patient cultivates, his or her provider may not. Although the initial law did not mention dispensaries, it also did not limit the number of patients a caregiver could serve. Under I-148, caregivers could receive reasonable compensation, and some cities and counties enacted regulations on dispensaries. However, under parts of SB 423 that were enjoined, providers could only assist up to three patients and could not receive any compensation.

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, 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. Nevada's revised 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."

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 who were already cultivating can continue to cultivate until March 31, 2016. In addition, all 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.

There will be a total of up to 66 licensed and regulated dispensaries in the state. 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 Health Division will regulate 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 will also have to comply with local rules and those crafted by the Health Division.

Other: Medical marijuana sales will be subject to a 2% excise tax at the wholesale level, along with a 2% excise tax at the retail level. Standard sales taxes also apply. Seventy-five percent of the tax revenue will go to education and 25% to regulatory oversight.

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.

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. 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 will 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.

Qualifying Medical Conditions: The law allows patients to qualify if they have one of the listed medical conditions and one of the listed qualifying symptoms. In addition, on a case-by-case basis, the department may allow patients to register who do not have a listed medical condition if their providers certify that they have a debilitating medical condition. The qualifying conditions are cancer, glaucoma, HIV/AIDS, hepatitis C, ALS, muscular dystrophy, Crohn's disease, Alzheimer's, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, and injuries that significantly interfere with daily activities. The qualifying symptoms are severely debilitating or terminal medical conditions or their treatments that have produced elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, 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). ATCs will 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 — will 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 will be required to 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, terminal illness, conditions resistant to conventional treatments, seizure disorders, intractable skeletal muscular spasticity, glaucoma, HIV/AIDS, cancer, or, conditions 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. A minor patient only qualifies with parental consent and if the adult controls 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. The first alternative treatment center opened in December 2012.

At least six of the dispensaries will have to be nonprofit. The department set the fee for applications and has drafted regulations to monitor and oversee the dispensaries and to ensure security and adequate record keeping for dispensing. Every two years, the department will evaluate whether there are enough dispensaries in the state and whether the amount of marijuana allowed is sufficient.

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. 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 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, and HIV/AIDS. 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. Caregivers cannot produce for patients and patients can only produce marijuana for themselves.

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 August 2013, 23 producers are licensed. It 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 150 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.

Oregon — Measure 67, a ballot initiative, passed with 55% of the vote in 1998, and was modified throughout the years. It is codified at **Or. Rev. Stat. § 475.300** and rules are available at **OAR 333-008-0000**. In 2013, the state legislature approved and Gov. John Kitzhaber signed HB 3640, which allows regulated dispensaries.

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, 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 additional medical conditions.

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 to create medical marijuana facilities that will be allowed to transfer usable marijuana and immature marijuana plants to patients and their designated primary caregivers. The facilities will not grow marijuana; they will obtain it from patients, caregivers, or people responsible for grow sites. The legislation becomes operative on March 1, 2014. Until then, medical marijuana facilities that are currently operating will be exempted from certain criminal laws so long as they are operating in accordance with the law.

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 will adopt rules related to security, which must require a security system, video surveillance, an alarm system, and a safe. It will also set fees and adopt rules for testing.

Rhode Island — S. 710 was passed by the Rhode Island legislature in 2006 and amended by S. 791 in 2007, H. 5359 in 2009, S 2834 in 2010, and H 7888 in 2012. It 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, or persistent muscle spasms. 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.

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. However, Gov. Lincoln Chafee placed the compassion center program on hold after U.S. attorneys in Rhode Island and other states said large-scale, commercial growers could be prosecuted. In May 2012, Gov. Chafee and the legislature approved compromise legislation to restart the program. The legislation capped the amount of plants a compassion center can grow at 150, with 99 mature, and the amount of usable marijuana at 1,500 ounces. In addition, the amount of marijuana can't exceed 2.5 ounces per patient. Caregivers and patients can sell compassion centers their overages under the revised law. The first two compassion centers opened in Spring 2013.

The state health department charges $5,000 annually for each 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.

Vermont — S. 76 was passed by the Vermont legislature in 2004. The law was expanded by S. 7 in 2007 and S. 17 in 2011. The law's citation is **Vt. Stat. Ann. tit. 18 § 4472** et seq.

Qualifying for the Program: Vermont is one of two states where the department issuing ID cards is the department of public safety. (The other state, Hawaii, will move its program to the health department by 2015.) To qualify for an ID card, a patient must have a statement from a Vermont, Massachusetts, New York, or New Hampshire-licensed physician, advance practice nurse, or physician's assistant who has treated the patient for at least six months that the patient has had a qualifying medical condition. The qualifying conditions are cancer, multiple sclerosis, or HIV/AIDS if the disease results in severe and intractable symptoms, or a chronic, debilitating condition causing one or more of the following, which can not have responded to reasonable medical efforts over a reasonable period of time: severe pain, cachexia, severe

nausea, or seizures. Patients must also be Vermont residents. A minor patient 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, the department of public safety was directed to approve four nonprofit dispensaries. In the first round of applications, only two applicants met the standards, and they both opened in late Spring 2013. One more dispensary was approved, but has not yet opened. 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. Fees will include a $2,500 application fee, a $20,000 registry fee for the first year, and a $30,000 annual fee in subsequent years.

A patient must designate the dispensary he or she wishes to utilize, though the patient can change the designation. Dispensaries cannot deliver unless the legislature affirmatively allows them to in the future, and they can only dispense by appointment. 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 that will 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.

Washington — Measure 692, a ballot initiative, passed with 59% of the vote in 1998. It was modified by SB 6032 in 2007, SB 5798 in 2010, and SB 5073 in 2011. It 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 is the only medical marijuana state without a registry identification card program (not counting Maryland's partial law). In 2011, Gov. Christine Gregoire vetoed the sections of a bill, SB 5073, that included a patient and caregiver registry and dispensary regulation and licensing. To qualify for protection under Washington's law, 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." Qualifying conditions include cancer, HIV, multiple sclerosis, epilepsy, seizure and spasm disorders, intractable pain, glaucoma, Crohn's disease, 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 does not provide protection from

arrest. Instead, it 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 law allows a patient with valid documentation and his or her designated provider to collectively possess 24 ounces of processed marijuana and 15 plants. A patient also 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. 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.

SB 5073 provides that localities may regulate dispensaries, but due to the sectional veto by Gov. Gregoire, Washington law fails to provide any clear legal protections for them. However, 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.

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. The D.C. Council then put the law on hold temporarily and enacted amendments to it, B18-622. The revised law went into effect in late July 2010, and regulations were issued on April 15, 2011. A few modifications were made in 2011. The law 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 will have to have a qualifying condition and physician's recommendation that medical marijuana is necessary for the patient's treatment. The physician must be licensed in D.C., have a bona fide relationship with the patient, and have responsibility for ongoing treatment of the patient. The physician must review other approved treatments before making the recommendations. The board of medicine may audit physician recommendations and must audit recommendations for any physician who provides more than 250 recommendations in a 12-month period. 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 D.C. are cancer, HIV/AIDS, glaucoma, and conditions with severe and persistent muscle spasms, such as multiple sclerosis. In addition, conditions treated with chemotherapy, azidothymidine or protease inhibitors, and radiotherapy qualify. The health department administers the ID card program and can approve additional qualifying conditions for which marijuana would be beneficial if the conditions are chronic or long lasting, debilitating, and either cannot be treated by ordinary measures or marijuana would be significantly less addictive than the ordinary treatment. It can also approve medical marijuana for treatments whose side effects require medical marijuana treatment. A minor patient only qualifies with parental consent and if the adult controls the dosage, frequency of use, and acquisition of marijuana.

Patient Protections: Registered qualifying patients may possess and administer medical

marijuana, and caregivers can do so for the purpose of assisting a patient. The marijuana and paraphernalia must be obtained from a registered dispensary. Medical marijuana can only be administered in a patient's residence or a medical facility that permits its administration. Marijuana cannot be used where its exposure would negatively affect a minor. Marijuana can only be transported in a container or sealed package that has a label received from a dispensary.

The ordinance also provides an affirmative defense for an adult who assists a patient in administering medical marijuana in their home or a permitted medical facility where the caregiver was not reasonably available to assist.

Possession Limits and Access: A patient or caregiver can possess no more than two ounces in a 30-day period, which must be obtained from a dispensary. However, the mayor may increase the amount to up to four ounces. The law provides for regulated cultivation facilities and dispensaries. The facilities and their staff are required to register with the mayor. Cultivation facilities will be allowed to produce up to 95 marijuana plants and to sell them to dispensaries. The ordinance allows for between five and eight dispensaries. The mayor set the number of dispensaries at five and cultivation centers at 10.

On March 30, 2012, the District granted preliminary licenses to six cultivation centers, after having developed standards for deciding who would be licensed. When selecting centers, it was required to consider the security plan, staffing plan, product safety and labeling plan, the suitability of the proposed facility, and input from neighborhood commissions. On April 12 2012, the District announced that four dispensaries had met minimum requirements to move forward to the next stage. The first dispensary began serving patients in July 2013.

No employee with access to marijuana at a cultivation facility or dispensary can have a misdemeanor for a drug-related offense or any felony conviction. Dispensaries and cultivation centers cannot locate in residential districts or within 300 feet of schools or recreation centers. The ordinance requires records to be kept on each transaction, the quantity of medical marijuana stored, and how marijuana is disposed of. Police must be notified immediately of loss, theft, or destruction. Dispensaries may not operate between 9:00 p.m. and 7:00 a.m. Rules also include requirements for signage, labeling, and security — which includes security cameras. Rules include provisions to revoke or suspend a license if the law is violated and for inspections. The dispensary selection criteria include the location’s convenience, the suitability of the building, the staffing plan and knowledge, the security plan, the product safety and labeling plan.

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. It also provides for the committee to make recommendations to the Council, including whether home cultivation should be allowed and, if so, how to implement it.

Other: The D.C. rules specify that the department will make an educational program on medical marijuana and side effects for physicians and medical institutions. They also provide to allow people or entities to apply to be a “medical marijuana certification provider,” which would conduct education and training, including on medical marijuana’s effects, procedures for handling and dispensing, the medical marijuana law, advertising, and security.