THE STATE OF THE STATES’ MARIJUANA POLICIES: STATE MARIJUANA PROGRAMS & RELATED STATE LAWS OVERVIEW
- PRESENTED TO THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES - MAY 18, 2015

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HISTORY OF MEDICAL MARIJUANA LAWS

- CA: First state to pass with Prop. 215 in 1996
- Since then, 22 states, DC and Guam have followed: AK, AZ, CO, CT, DE, HI, IL, ME, MD, MA, MI, MN, MT, NV, NH, NJ, NM, NY, OR, RI, VT, WA (23 states + 2 territories total)
- 13 became legal through voter/ballot initiative process
- 12 legal through legislation (CT, DE, HI, IL, MD, MN, NH, NJ, NM, NY, RI, VT)
MMJ Programs Vary
Some require or allow for:

- Patient Registries: 23
- Grower/Caregiver Registries and Limits: varies
- Dispensaries: 17~
- Specific Conditions: 24 + all CBD programs
- Recognize Patients from Other States: 7
- Testing: varies
HISTORY OF LIMITED MEDICAL MJ LAWS

- New “low THC” or “high cannabidiol” (CBD) medical programs: 14 states (2014 + GA, ID (vetoed), VA 2015)
- Vary widely by source of CBD products, % of CBD or THC, research, distribution, conditions, etc…
CBD PROGRAM COMPARISON

- Definition of “low THC”
  - Lowest: below .3% THC and ≥ 5%-15% CBD by weight
  - Highest: Below 3% THC and/or above 10% CBD by weight

- Conditions for use
  - Severe intractable seizure disorders/Dravet syndrome, epilepsy, muscle spasms, neuro disorders, cancer pain and others

- Source of product
  - Universities with medical schools: AL*, KY, MS, NC, TN, (UT and GA –universities)
  - Dispensaries NOT affiliated with schools: FL, MO
  - University Mississippi (federal grow): MS and NOT defined: AL, IA, SC, WI

- Protections: some allow for patient’s legal defense, some protect referring doctors, some may put doctors or universities/providers at risk of breaking federal laws
MEDICAL & FEDERAL OPINIONS

- Institute of Medicine: May help some people
- Treatment Research Institute: Not advised
- Other conditions/groups vary on the issue
- Marijuana still Schedule I federally: No accepted medical use
- USDOJ is not prosecuting those adhering to state laws for medical distribution, but reserves the right
- Organizations have lists of groups' positions:
LEGALIZED ADULT USE IN 4 STATES

- Colorado (A 64-2012) and Washington (I 502-2012)
- Colorado has 24-member Implementation Task Force at work. Includes 4 state legislators. Chairs are executive director of Dept. Revenue and the Gov’s chief legal counsel.
- Washington implementation with the state Liquor Control Board.
- Alaska- currently finalizing details
- Oregon- currently finalizing details
- DC- limited personal growing and sharing allowed (not regulated)
States/territories with proposals to legalize and regulate adult use: “similar to alcohol” that are still pending: AZ, CT, FL, HI, LA, MD, MA, MO, NJ, NY, PA, RI, TX, VT, DC.

States with pending bills to create new comprehensive medical marijuana programs: AL, FL, IA, MO, NE, NC, PA, SC, TN, TX.
FAQs

Q: How much diversion out of established medical programs?

Q: Medical organizations that approve/disapprove of marijuana for medical use?


A: Disapprove: Hard to find a comprehensive list, many have concerns from lack of rigorous, scientific research, which is now starting in the US.

Q: What are the current bills and which seem likely to pass?

A: Bills vary, however NCSL does not prognosticate. Nearly all states with existing programs have bills to make adjustments.
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