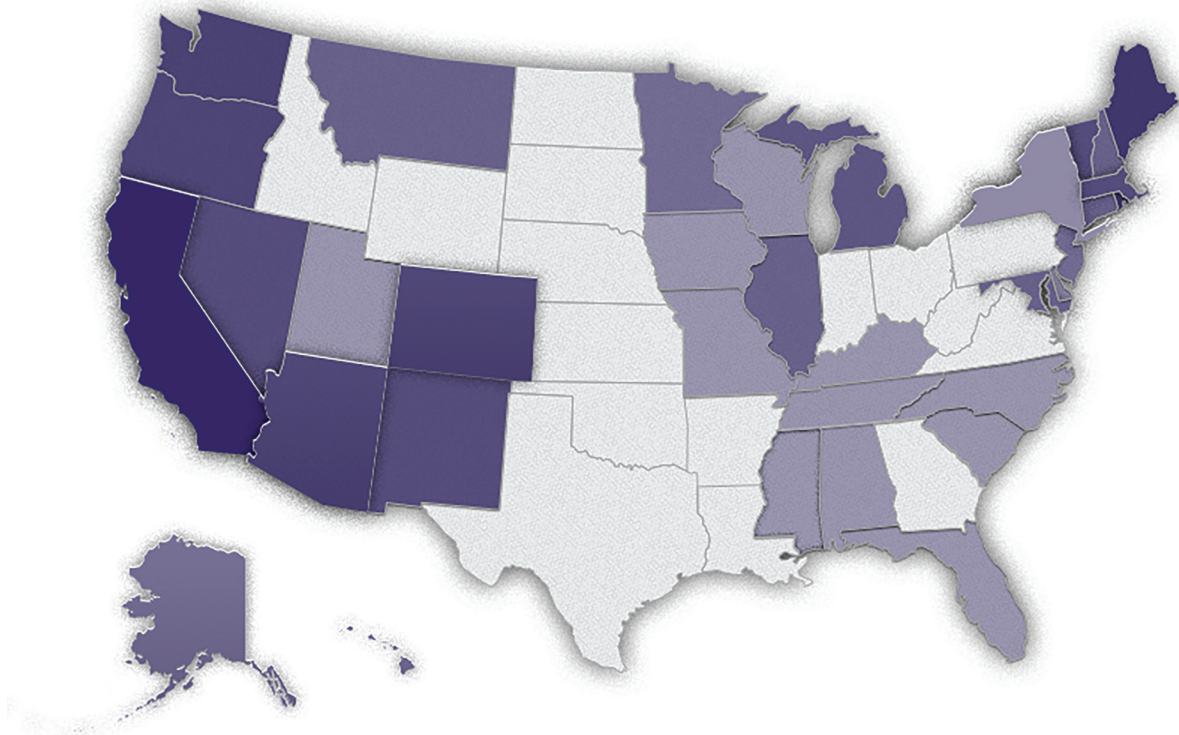


MEDICAL MARIJUANA ACCESS IN THE U.S.

A Patient-Focused Analysis of the Patchwork of State Laws

A White Paper
prepared by Americans for Safe Access

Issued July 7, 2014. Updated December 16, 2014.



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Since the publication of the original version of this report, the D.C. Council has passed legislation to expand its medical marijuana program, and its grades have been changed to reflect this action. The Patient Rights grades for Michigan have been revised to include case law decision that were not taken into account during the original grading. The Patient Rights section for New York has been revised to fully include all of the civil discrimination protections included in the statute. Additionally, ASA revised the evaluation metrics in the Functionality category to better reflect the ability of patients to obtain medicine and each state's efforts to implement safe access.

Americans for Safe Access Foundation works in tandem with Americans for Safe Access, the largest national member-based organization of patients, medical professionals, scientists, and concerned citizens promoting safe and legal access to marijuana for therapeutic use and research. ASA works in partnership with state, local and national legislators to overcome barriers and create policies that improve access to marijuana for patients and researchers. ASA has more than 50,000 active members with chapters and affiliates in all 50 states.

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Preface.....	1
1. Introduction	3
2. Snapshot of US Medical Cannabis Laws	7
3. Grading Criteria	
i. Patient Rights and Civil Protection from Discrimination	8
ii. Access to Medicine	10
iii. Ease of Navigation	12
iv. Functionality.....	15
4. The States and Their Grades	
i. Alabama	20
ii. Alaska	21
iii. Arizona	22
iv. California	23
x. Colorado	24
vi. Connecticut	25
vii. Delaware	26
viii. District of Columbia	27
ix. Florida	28
x. Hawaii	29
xi. Illinois	30
xii. Iowa	31
xiii. Kentucky	32
xiv. Maine	33
xv. Maryland	34
xvi. Massachusetts	35
xvii. Michigan	36
xviii. Minnesota	37
xix. Mississippi	38
xx. Missouri	39
xxi. Montana	40
xxii. Nevada	41
xxiii. New Hampshire	42
xxiv. New Jersey	43
xxv. New Mexico	44
xxvi. New York	45
xxvii. North Carolina	46
xxviii. Oregon	47
xxix. Rhode Island	48
xxx. Tennessee	49
xxxi. South Carolina	50
xxxii. Utah	51
xxxiii. Vermont	52
xxxiv. Washington	53
xxxv. Wisconsin	54
5. Conclusion	55
6. Model Legislation	56
7. Recommendations for Regulators.....	69

Preface

How many medical cannabis states are there? The answer depends. What medical condition do you have? Can you afford to purchase it? Are you a minor?

The national dialogue on medical cannabis is complicated because the solutions remain controversial. Individual states have adopted differing policies as part of an ongoing experiment that will one day lead federal policy into alignment with the overwhelming public support for legal access. These parallel experiments are a normal part of our federalist system.

Until recently, counting medical cannabis states boiled down to a “yes or no” analysis – either a state had some kind of medical cannabis law, or it did not. That simple analysis is no longer enough to understand the evolving landscape for medical cannabis in the United States. The laws are simply too different, and not all function as intended. At Americans for Safe Access (ASA), the nation’s leading medical cannabis patients’ advocacy organization, we have more than a dozen years of experience in state policy development and implementation. Our experience shows that not all medical cannabis laws are working equally for the patients they were designed to serve. We need a new way to talk about and evaluate state medical cannabis laws.

Support for legal access to medical cannabis is currently polling nationally at 85% or more. Within the last year, eight states have passed some kind of legislation recognizing acceptable medical use of cannabis. That makes 34 states and the District of Columbia that passed some kind of legislation. This is a great talking point, as we have now reached a majority of the United States. But as someone who has spent the last decade trying to make these laws actually work for patients, I see a much more complicated picture.

Some states have programs that work for patients with certain conditions but exclude others that could be effectively treated. Some accommodate the indigent; some cover minors. Some have such tight restrictions that almost no one is helped by the new law.

So why is there such a disparity in medical cannabis state laws?

It is fair to say that there is a learning curve when it comes to experiments in democracy. Some of the first states with medical cannabis laws quickly learned that just granting a defense in court was not enough to serve patients, and over time began to develop distribution models and operational standards. However, these laws have not been adopted or implemented in a vacuum. These laws have been shaped by federal interference and intimidation in the form of paramilitary-style raids and threats to medical professionals, landlords, and state employees. Legislators have had to implement laws in the midst of changing federal policies, often trying to anticipate the whims of US Attorneys.

Patients, scientists, and medical professionals have found themselves debating health policy with law enforcement lobbyists, municipal organizations, and other stakeholders in all of these states. In fact, law enforcement lobbies have often mounted campaigns against medical cannabis laws in defiance of the will of voters and lawmakers. More recently, some private companies and industry lobbyists have taken advantage of popu-

lar sentiment, offering policy makers a very different path forward that may only prove workable for a handful of patients with rare conditions. These new voices are not always primarily concerned with creating policies that work for all patients whose doctors recommend medical cannabis as a treatment.

Patient advocates across this country continue to fight for laws that will really work for them. They spend thousands of hours every year in legislative briefings and administrative hearings, analyzing new regulations and laws, and lobbying their elected officials to move their state closer to a functioning medical cannabis program. These patient advocates are seemingly tireless, after championing legislation or initiatives that should benefit their lives, they still do not get to focus on their health or that of their loved ones. Instead, they must become policy experts and fight for implementation of the access and protections patients need.

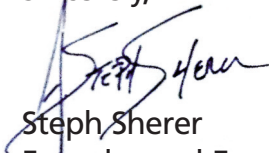
This report analyzes the effectiveness of the state medical cannabis laws in the U.S. as of November 2014. It uses a matrix ASA has developed from years of input from our base, as well as our experience in helping lawmakers across the country implement medical cannabis programs. This metric has been a useful tool for evaluating medical cannabis laws, giving feedback to policy makers, drafting legislation and regulations, and creating needed amendments. The point totals the metric produces for each state gives some measure of the effectiveness of its medical cannabis program, but there are other ways to evaluate these states, too.

For example, I use medical cannabis for inflammation and pain caused by Dystonia, a chronic movement disorder. When I look at the medical cannabis programs, I only see three medical cannabis states that would explicitly serve me. Thankfully, policy changes this year in the medical cannabis program for the District of Columbia, where I live, now include my condition and allow safe access for me.

If you are suffering from Post-Traumatic Stress Disorder (PTSD), only eight medical cannabis states will let you participate in their programs. Someone who needs to cultivate relatively large amounts cannabis for juicing or creating tinctures would say only three states have policies that work. If you ask someone with a child who needs cannabis to control a seizure disorder, they will have a very hard time identifying which are functional. And if you just found out you have cancer and need to start chemotherapy next week, there is only one state where the current law meets your need.

I look forward to the day when policymakers are boasting that their state's medical cannabis program will help the most patients rather than that it is the most restrictive in the country. Until then, patients and other stakeholders must continue to advocate for their needs in a complicated and controversial context. ASA hopes this report will help facilitate that conversation and a better understanding among lawmakers and regulators.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steph Sherer", is written over a light blue rectangular background.

Steph Sherer
Founder and Executive Director

Introduction

For more than a decade, Americans for Safe Access has engaged state governments, the courts, and regulators to improve the development and implementation of state medical cannabis laws. This experience has taught us how to assess whether or not state laws meet the practical needs of patients, and it has provided us with the tools to advocate for programs that will better meet those needs. Passing a medical cannabis law is only the first step in a lengthy implementation process, and the level of forethought and advance input sought from patients can make the difference between a well-designed or seriously flawed law. One of the most important markers of a well-designed medical cannabis law is whether patients who would benefit from medical cannabis have safe and legal access to their medicine.

States adopted the first medical cannabis laws in the late 1990s and early 2000s. These early laws anticipated that patients need to obtain their medicine from a legal market, but no state provided the framework to make that happen. States such as California, Oregon, and Washington passed laws to protect qualified patients from arrest and prosecution and allowed them to cultivate certain amounts of cannabis, but laws that regulated the production and distribution of cannabis were not considered until the mid-to-late 2000s. In fact, it was the groundswell of calls by patients for safe and legal access that compelled those policy changes. By the late 2000s, state legislators were including production and distribution programs as a matter of course. Further accommodating the needs of patients, state governments also began to incorporate product safety and industry standards in the laws developed during the early 2010s.

Today, we have a patchwork of medical cannabis laws across the United States. Twenty-three states^[1] and the District of Columbia have adopted laws that allow at least some patients legal access to medical cannabis. Most of those provide patients with protection from arrest and prosecution. Most incorporate a production and distribution program. And most still allow patients and their caregivers to cultivate a certain amount of regulated medical cannabis themselves. And, while it took a long time for states to recognize the importance of protecting patients from civil discrimination, more and more laws now include these explicit protections.

However, as of 2014, none of the state laws adopted thus far can be considered ideal from a patient's standpoint. Only a minority of states currently include the entire range of protections and rights that should be afforded to patients under the law, with some lagging far behind others. Because of these differences and deficiencies, patients have argued that the laws do not function equitably and are often poorly designed or executed or both. As production and distribution models are implemented, hostile local governments have found ways to ban such activity, leaving thousands of patients without the access state law was intended to create. Some states, such as Delaware, have taken years to implement their medical cannabis laws and, for all practical purposes,

[1] Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Jersey, New Mexico, New Hampshire, New York, Rhode Island, Oregon, Vermont, and Washington.

remain inoperable. Minnesota and New York's recently passed laws, despite setting up a regulatory system for the production, manufacturing and distribution of cannabis oil extracts, prohibiting qualified patients from using the actual plant and include sanctions for qualified patients who inhale or digest it, unnecessarily eliminating an important route of administration used by thousands of patients.

In addition to the 23 states and the District of Columbia, which are commonly recognized as having viable medical cannabis laws, another 11 states have adopted laws that only allow the possession of certain cannabis oil extracts rich in cannabidiol (CBD), one of many active compounds in medical cannabis. CBD is among the cannabinoids that have been shown to have a positive therapeutic effect on intractable seizure disorders, especially in young children. After a CNN documentary on the apparent benefits of CBD-rich cannabis aired in 2013, parents began to organize and put pressure on their state lawmakers to provide this medicine. As a result, the states of Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri, North Carolina, Tennessee, South Carolina, Utah, and Wisconsin have each passed CBD-only laws that apply only to a small set of patients and continue to criminalize other patients and the other therapeutic chemical compounds in the plant. Even for the patients the laws are ostensibly designed to serve, the lack of a regulated program for producing, manufacturing, or distributing the cannabis oil to qualified patients hinders their access to it.

Because of this new landscape of medical cannabis laws, it is no longer practical to assess or evaluate state laws on an "Up/Down" basis. For example, patient advocates debate whether or not to call Minnesota a medical cannabis state, due to the limitations of that state's law. Minnesota law ostensibly protects qualified patients from arrest and prosecution, but it has no such protections for patients in possession of dried cannabis or for those whose medical condition requires inhalation or digestion for therapeutic effect. Likewise, patient advocates have been reluctant to count those states that have adopted CBD-only laws as medical cannabis states because the protections offered extend only to a small set of patients using a certain type of medicine that may or may not be available at some point in the future. These distinctions are more subtle than just yes or no on medical cannabis.

That is why legislative proposals must be evaluated for strengths and weaknesses on a case-by-case basis within their political context. What is feasible in one state may be impossible in another. Sometimes, even the most supportive and compassionate legislators will make the mistake of passing laws that are overly restrictive and fail to adequately meet the needs of the patients they were designed to help. Other legislative and regulatory proposals are developed or implemented in bad faith with the intent of excluding patients and serving only the narrowest segment of that population. Flawed measures like these may technically be considered medical cannabis laws but are functionally deficient.

Fortunately, over the past few years, new product safety and industry standards have been developed to aid in these legislative and regulatory decisions. In 2011, the American Herbal Products Association (AHPA), the principal U.S. trade association and

voice of the herbal products industry, issued standards for the commercial production, manufacture, and distribution of medical cannabis products, as well as the reliability and quality of related services. Then, in 2013, the American Herbal Pharmacopoeia (AHP) issued a cannabis "monograph," a comprehensive description of the plant's botany and constituent components, providing scientifically valid methods of testing the identity, purity, potency, and quality of cannabis products. These standards will not only aid the industry in providing consistent and high-quality cannabis to patients, but they will also serve to educate legislators and regulators, enabling them to develop laws that keep the needs of patients at the forefront.

After hosting scores of community forums across the U.S. to obtain input from patients on what issues are most important to them, ASA created a matrix to deconstruct medical cannabis laws in order to evaluate and grade each component based on patient needs. Each year, more states adopt and improve medical cannabis laws, and it is ASA's hope that state legislators and regulators will use this matrix to help them design comprehensive, helpful laws for patients.

More information on the state laws and regulation that are the basis for this report can be found at AmericansForSafeAccess.org/state_law_and_regulation_citation_chart.

KEY FOR QUALIFYING CONDITIONS CHART (facing page)

* California, the District of Columbia, and Massachusetts authorize physicians to determine qualifying conditions, in addition to the conditions explicitly stated in each state's law.

** Kentucky does not restrict qualifying conditions for CBD, but does not authorize use of cannabis products containing THC, and therefore might not be able to adequately treat many conditions.

*** Maryland requires that each physician register for the conditions for which he or she intends to write recommendations, but allows that a physician could be approved to recommend for any condition if approved by the state Commission. State law indicates the Commission is highly encouraged to approve applications for conditions noted with a "X."

Minnesota allows for cancer or terminal illness only if they produce at least one of the following: severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting.

Qualifying Conditions for State Medical Cannabis Programs

Condition	AK	AL	AZ	CA	CO	CT	DC	DE	FL	HI	IA	IL	KY	MA	MD	ME	MI	MN	MT	MS	NC	NH	NJ	NM	NV	NY	OR	RI	TN	UT	VT	WA	WI
Admittance into hospice care				*			*							*	X				X						X								
ALS (Lou Gehrig's disease)			X	*			*	X				X		X	***		X	X				X	X	X		X							
Alzheimer's disease (including agitation of)			X	*			*	X				X		*	***		X					X						X					
Arnold-Chiari malformation and Syringomyelia				*			*					X		*	***																		
Anorexia				X			*							*	X			#						X									
Arthritis				X			*					X		*	***																		
Cachexia or wasting syndrome or nausea	X		X	X	X	X	*	X				X		*	X			#	X			X			X		X	X			X	X	
Cancer	X		X	X	X	X	*	X	X	X		X		X	***	X	X	#	X			X	X	X	X	X	X	X			X	X	
Causalgia				*			*					X		*	***																		
Chronic Inflammatory Demyelinating				*			*					X		*	***																		
Chronic pancreatitis				*			*							*	***							X											
Crohn's Disease			X	*			*			X		X		X	***		X	X				X	X	X									
CRPS (Complex Regional Pain Syndromes Type II)				*			*					X		*	***																		
Damage to the nervous tissue of the spinal cord w/ objective neurological indication of intractable spacidity				*		X	*					X		*	***										X	X							
Decompensated cirrhosis				*			*	X						*	***																		
Dystonia				*			*					X		*	***																		
Fibrous dysplasia				*			*					X		*	***																		
Glaucoma	X		X	X	X	X	*			X		X		X	***	X	X	X	X			X	X		X		X	X				X	
Hepatitis C			X	*			*					X		X	***	X	X					X		X				X					
HIV/AIDS	X		X	X	X	X	*	X		X		X		X	***	X	X	X	X			X	X	X	X	X	X	X	X		X	X	
Hydrocephalus				*			*					X		*	***																		
Huntington's disease				*			*							*	***								X			X							
Hydromyelia				*			*					X		*	***																		
Inflammatory Bowel Disease				*			*							*	***											X							
Interstitial Cystitis				*			*					X		*	***																		
Inclusion body myositis				*			*							*	***									X									
Lupus				*			*					X		*	***																		
Migrane				X			*							*	***																		
Muscular dystrophy				*			*					X		*	***							X	X										
Nail-patella syndrome				*			*					X		*	***	X																	
Neurofibromatosis				*			*					X		*	***																		
Neuropathesis				*			*							*	***											X							
1 or more injuries that significantly interferes w/ daily activities as documented by patient provider				*			*							*	***							X											
Other conditions as determined in writing by a qualifying patient's physician				X			*							*	***																		
Painful peripheral neuropathy				*			*							*	***				X					X									
Parkinson's disease				*		X	*					X		X	***									X		X							
Persistent muscle spasms, including spasms associated with Multiple Sclerosis	X		X	X		X	*		X	X		X		*	***	X	X	X	X			X	X	X	X	X	X	X	X		X	X	
Polyneuropathy				*			*					X		*	***																		
Post-Traumatic Stress Disorder				*		X	*	X						*	***	X	X							X	X		X						
Reflex Sympathetic Dystrophy				*			*					X		*	***																		
Residual limb pain				*			*					X		*	***																		
RSD (Complex Regional Pain Syndromes Type I)				*			*					X		*	***																		
Seizure disorders/epilepsy	X	X	X	X	X	X	*	X	X	X	X	#	#	*	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X
Severe and/or chronic pain	X		X	*	X		*	X	X					*	X	X	X	#	X			X		X	X		X	X			X	X	
Severe nausea			X	X	X		*	X	X					*	X	X	X	#	X					X	X		X				X		
Sjogren's syndrome				*			*					X		*	***																		
Spasmodic torticollis (cervical dystonia)				*			*							*	***									X									
Spinal cord disease or injury, including but not limited to arachnoiditis				*			*					X		*	***							X											
Spinocerebellar Ataxia (SCA)				*			*					X		*	***																		
Syringomyelia				*			*					X		*	***																		
Tarlov cysts				*			*					X		*	***																		
Terminal illness w/less than 12 months of life				*			*							*	***			#					X										
Tourette's				*			*					X		*	***			X															

State-by-State Grades

The grade for each state medical cannabis program is based on how well it meets the needs of patients in four categories described in detail in the pages that follow. Each of the four categories has a possible 100 points:

- I. Patient Rights & Civil Protection from Discrimination**
- II. Access to Medicine (Cannabis and/or Cannabis Products)**
- III. Ease of Navigation**
- IV. Functionality (Effectiveness of current program)**

STATE	I	II	III	IV	POSSIBLE: 400		GRADE
Alabama	12	12	26	6	Point Total: 56	Avg. 14	F
Alaska	52	55	73	77	Point Total: 257	Avg. 64	D
Arizona	95	60	76	88	Point Total: 319	Avg. 80	B-
California	52	84	91	93	Point Total: 320	Avg. 80	B-
Colorado	52	91	81	90	Point Total: 314	Avg. 79	C+
Connecticut	64	60	66	78	Point Total: 268	Avg. 67	D+
District of Columbia	50	55	79	84	Point Total: 278	Avg. 70	C-
Delaware	86	45	73	75	Point Total: 279	Avg. 70	C-
Florida	7	15	26	27	Point Total: 75	Avg. 19	F
Hawaii	37	63	82	77	Point Total: 259	Avg. 65	D
Illinois	73	63	62	68	Point Total: 266	Avg. 67	D+
Iowa	17	5	24	5	Point Total: 51	Avg. 13	F
Kentucky	13	3	37	55	Point Total: 59	Avg. 15	F
Maine	81	82	81	95	Point Total: 339	Avg. 85	B
Maryland	46	57	69	75	Point Total: 247	Avg. 62	D-
Massachusets	49	76	85	87	Point Total: 297	Avg. 74	C
Michigan	59	63	86	73	Point Total: 288	Avg. 72	C-
Minnesota	69	44	74	63	Point Total: 250	Avg. 63	D
Mississippi	12	5	25	5	Point Total: 47	Avg. 12	F
Missouri	12	7	20	8	Point Total: 47	Avg. 12	F
Montana	43	73	77	65	Point Total: 258	Avg. 65	D
Nevada	57	85	75	85	Point Total: 302	Avg. 76	C
New Hampshire	73	43	83	68	Point Total: 267	Avg. 67	D+
New Jersey	51	47	79	71	Point Total: 248	Avg. 62	D-
New Mexico	52	74	90	87	Point Total: 303	Avg. 76	C
New York	70	45	68	59	Point Total: 242	Avg. 61	D-
North Carolina	16	2	30	6	Point Total: 54	Avg. 14	F
Oregon	53	80	86	96	Point Total: 315	Avg. 79	C+
Rhode Island	81	66	86	91	Point Total: 324	Avg. 81	B-
South Carolina	13	2	21	5	Point Total: 41	Avg. 10	F
Tennessee	12	3	19	6	Point Total: 40	Avg. 10	F
Utah	7	4	26	6	Point Total: 43	Avg. 11	F
Vermont	49	75	79	88	Point Total: 291	Avg. 73	C
Washington	67	71	88	96	Point Total: 322	Avg. 81	B-
Wisconsin	13	3	24	6	Point Total: 46	Avg. 12	F

How States Were Evaluated

Each state was scored based on how well their current law and regulations accommodate patient needs, as broken down in four general categories:

1. Patient Rights and Civil Protection from Discrimination
2. Access to Medicine
3. Ease of Navigation
4. Functionality

Consumer Safety & Provider Requirements as they relate to distribution are scored separately as a component of the Access to Medicine category.

As mentioned in the introduction, ASA developed these criteria over several years, based on a series of over 100 public meetings across the US and surveys of our members. With laws and regulations changing daily, this matrix is a living document. For instance, grades will go up dramatically in states when distribution centers open, as in Maryland, or in states passing clean up legislation such as California and Hawaii. Some states have gone backwards through bad case law or legislation, as in Montana.

ASA has had to amend this chart several times since we began writing this report, and we expect that some of this information will be out of date as soon as ink hits paper. In the future, we hope to give states credit for items such as sun-grown medical cannabis as an environmental impact, hospice care, state-funded research and insurance coverage. The criteria we selected reflect the current realities of state medical cannabis laws. Definitions for each item can be found below.

Each category was broken down into the key components and scored, as described below.

1. PATIENT RIGHTS & CIVIL PROTECTION FROM DISCRIMINATION

Arrest — 20 pts

Does the law sufficiently protect patients from arrest?

Arrest protection refers to explicit legislative language that instructs law enforcement to refrain from arresting individuals who are in compliance with state law.

Affirmative Defense — 15 pts

Does the law offer a clear affirmative defense in state court?

An affirmative defense refers to a criminal defendant's right to argue medical necessity or compliance with state law as a defense in state court. With an affirmative defense, the burden is on the person being prosecuted to prove that they were not in violation of the law.

Child Custody Protections — 10 pts

Are parents at risk of losing their children or otherwise having their patient status used against them in a child custody or child welfare proceeding?

Most states consider marijuana use, possession, and cultivation by a parent or guardian to be an indication of child abuse and/or neglect. Explicit protections against such assumptions can and should instruct state agencies and family courts to recognize that a parent or legal guardian's status as a medical cannabis patient should not be a determining factor in any CPS or court intervention.

DUI Protections — 7 pts

Does the law recognize that patients may have residual THC metabolites in their bloodstream without being impaired?

Many states allow their Driving Under the Influence (DUI) or Driving Under the Influence of Drugs (DIUD) statutes to be used as a means of penalizing drivers who are medical cannabis patients, even without any evidence of impairment while driving. An individual's participation in a state medical cannabis program should not constitute probable cause for a sobriety test, nor does the presence of cannabis metabolites in the body, which can be detected days or weeks after last use, indicate actual impairment. By treating cannabis as any other medication under a state's DUI or DUID laws, patients will still be prohibited from driving while impaired or using cannabis while driving, but patients will not be unnecessarily subjected to arrest and prosecution solely for being a medical cannabis patient or having metabolites in their bodies.

Employment Protections — 7 pts

Can an employee be fired merely for being a patient or having cannabis in their system if it does not affect their job performance?

An individual's status as a medical cannabis patient or a positive test for cannabis metabolites should not be an employer's sole basis for either a refusal to hire or dismissal of that person. Because of their regular cannabis use, most patients will test positive without being impaired. Medical cannabis use should be treated like any other prescription medication under state law. While some states have explicit protections, many laws are inadequate to provide the necessary safeguards against employment discrimination.

Explicit Privacy Standards — 10 pts

Are patients medical records kept private from access by law enforcement or at risk of exposure to third parties?

Patient privacy is one of the cornerstones of an ideal medical cannabis law. Medical cannabis patients deserve the same healthcare privacy rights as other patients, but these rights are often abridged. Information about patients, caregivers, or healthcare providers contained in a registry should be kept confidential in perpetuity, and unneeded data should be destroyed. Some states explicitly protect patients' information, and some have even criminalized privacy violations. The unsanctioned release of registry information should carry substantial administrative penalties.

Housing Protections — 7 pts

Can landlords kick patients out of their homes based on their status?

Patients who use medical cannabis should not have to live in fear of losing their housing. Patients have routinely been evicted from public and private housing in medical cannabis states that have not created explicit protections against such discrimination. While some states do protect patients from housing discrimination, the federal government has left decisions to the discretion of local housing authorities.

Does Not Create New Criminal Penalties for Patients — 7 pts

Does the medical access law subject patients to new criminal misdemeanors or fines?

Some states create new criminal penalties related to their medical cannabis programs, including fraudulent use of the medical cannabis program (i.e. diversion), violation of privacy provisions, and falsely identifying oneself as a participant in the medical cannabis program. Non-medical use or possession of cannabis is already a crime in all but two states.

Organ Transplants — 7 pts

Are patients explicitly protected from being discriminated against for receiving organ transplants?

Several hospitals in the U.S. have removed medical cannabis patients from their organ transplant lists after the patients tested positive for marijuana. This exclusionary practice is based on outdated policies with no scientific basis that assume cannabis use automatically indicates substance abuse and a danger that the transplanted organ will be rejected. Transplant candidates should not be forced off of the treatment a doctor has recommended while they wait for an extension on their life.

Reciprocity — 5 pts

Are out-of-state patients who are legally recognized in their home jurisdiction protected when visiting the state?

Reciprocity refers to laws providing some measure of legal protections for non-resident medical cannabis patients. These laws generally require that patients carry documentation of their status within their home state's program. Reciprocity is important for traveling patients, as many state medical cannabis programs require residency for participation or legal protections.

Scheduling — 5 pts

Does the law alter the classification of cannabis in the state controlled substances act?

Currently, federal and state controlled substances laws classify drugs according to a particular class or "schedule." A state that has placed cannabis outside of the most restrictive schedule is declaring that cannabis has medical value and is worthy of therapeutic research.

2. ACCESS TO MEDICINE (Cannabis and/or Cannabis Products)

Allows Dispensing Facilities*(see point breakdown, page 17) — 25 pts

Are there locations where patients can legally purchase medicine?

While most states regulate the production and distribution of medical cannabis, some

states have failed to do so. ASA has found that a majority of patients rely on local dispensaries, and that access to medical cannabis in states without licensed dispensaries is severely limited. Many patients do not have the time, skills or resources to cultivate their own medicine, and cultivation is not a solution for a patient who needs medicine sooner than later. It is imperative that states provide for regulated distribution if they wish to have a functional, effective medical cannabis program. (Point totals for dispensaries were determined by their **Consumer Safety & Provider Requirements** score, as described on page 17.)

Personal Cultivation — 25 pts

Are patients allowed to grow their own medicine?

Personal cultivation is one of the cornerstones of effective medical cannabis laws. Unfortunately, states have been moving to limit personal cultivation by patients and their caregivers, restricting and in some cases completely obstructing access to medical cannabis. In states that have relied exclusively on regulated production and distribution programs, patients have frequently been left without any options if those programs fail to meet the basic needs of proximity, affordability, or privacy.

Collective Gardens — 10 pts

Can a group of patients form a group to mutually grow their medicine in order to offset costs and best utilize shared expertise?

Cooperative cultivation is a vital component of safe access. Allowing experienced caregivers to cultivate for a limited number of patients can ensure adequate access to a reliable supply of safe, affordable medicine. Cooperative cultivation intended strictly for private consumption among a small group of patients should not be subject to regulatory authority, provided the activity remains non-commercial. Cooperative cultivation is not associated with dispensaries or other commercial businesses that engage in sales, advertising, or trade.

Explicit Right to Edibles/Concentrates/Other Forms — 10 pts

Are patients explicitly allowed to obtain forms of cannabis other than dried flowers?

Some states explicitly provide for the manufacture and use of "edible" or concentrated forms of medical cannabis. Some states do not explicitly allow these forms of medicine, but may tolerate the sale and production of such items. Edibles are important, as this route of administration is ideal or preferred for certain ailments and can offer ease of use for certain patients. ASA encourages states to protect and regulate the manufacturing, use, and distribution of edible and concentrated medical cannabis products.

Does Not Impose Limits or Bans on THC — 10 pts

Does the state have a maximum level of THC allowed in strains or infused products?

THC is a proven therapeutic component of the cannabis plant that has FDA approval for medical use and has been demonstrated to work in synergy with other important therapeutic cannabinoids such as cannabidiol (CBD). In some states that have passed "CBD-enriched" or "CBD-only" legislation, there are limits on the amount of THC permitted in

the medical preparation or outright bans. The legislative intent behind this has been to eliminate the psychotropic properties of cannabis, however these preparations only benefit a small portion of a state's patient population because THC has far more proven medical applications than CBD alone, and CBD has been shown to work more effectively in tandem with other plant components.

Does Not Impose Minimum CBD Requirements — 10 pts

Does the state require that all forms of medical cannabis must have a minimum Cannabidiol (CBD) level?

Some states have mandated that cannabis medicines must contain a set percent of CBD, a non-psychoactive therapeutic cannabinoid. ASA believes that imposing any restrictions on the ratio of cannabinoids in medicine only limits a patient's therapeutic choices and provides no benefit. Such restrictions are unnecessary and counterproductive and would be better addressed through testing and labeling.

Allows Access to Dried Flowers — 10 pts

Does the state prohibit access to the most commonly used form of cannabis?

A majority of medical cannabis states have allowed patients access to the dried flowers of whole-plant cannabis either for direct inhalation or to process their own medicated edibles or concentrates. However, there is a new legislative trend of states limiting access to dried flowers in favor of non-inhaled cannabis preparations. This is most obvious in the new Minnesota law, but it is also part of many of the CBD bills passed in certain states that restrict patients only to a manufactured product. ASA's experience shows that restricting patients from whole-plant cannabis use can prevent patients from accessing the most effective medicine for their particular condition and make proper dosage more difficult to achieve.

3. EASE OF NAVIGATION

Comprehensive Qualifying Conditions — 25 pts

Does the state allow doctors or politicians to determine which patients have access to medical cannabis?

Every state that has enacted protections for medical cannabis patients has mentioned conditions that may be effectively treated by cannabis. Some states recognize the Constitutional right of physicians to recommend cannabis to any patients who could benefit from it, while other states limit the ability of physicians to certify patients for participation in their medical cannabis program with restrictive qualifying conditions lists. Many states provide for a rigorous process to expand their "approved ailment" list through the state department of health. ASA's position is that there should be access to medical cannabis for every patient who needs it, and that the decision to use cannabis as a treatment should be left to the patients and their physicians, not the state.

Adding New Conditions — 10 pts

Does the state allow for new qualifying conditions to be added through rulemaking without the need for legislative approval?

In most states that have a restrictive list of qualifying conditions, a procedure exists for the addition of new conditions to the list of approved ailments that may be effectively treated by cannabis. It is ASA's position that if these restrictions are imposed, then the procedure to add new conditions should be uncomplicated and timely. New studies are being published regularly, and treatments that are not contemplated by the law should be available to physicians, much like "off-label" use is available in the realm of prescription medication.

Reasonable Access For Minors — 10 pts

Are youth restricted from legal protections for medical cannabis necessity?

Though some states limit the age of a patient, many of these restrictions may be overcome through parents or guardians consenting to the treatment and agreeing to be in control of the minor patient's acquisition and administration of medical cannabis. More research has begun around using medical cannabis to treat young people and children, and it is important to allow parents, along with their physicians, to determine what the best, most effective medication is for their children.

Reasonable Caregiver Background Check Requirements — 5 pts

Does the state prohibit those with marijuana offenses from being caregivers?

A caregiver is a person who assists the patient with procuring and administering his or her medication. Some states prohibit patients from having caregivers with criminal histories related to drugs. It is ASA's position that this type of restriction serves no purpose, as they do not protect patients from criminals; rather, they punish the patient for having a family member or trusted confidant who may have a criminal past.

Number of Caregivers — 5 pts

Does the state recognize that a single caregiver per patient may not be sufficient?

The number of caregivers allowed for a qualified patient varies from state to state, as well as the number of patients a caregiver may serve. Some states are very restrictive and allow only one caregiver per patient, thus putting patients who have mobility problems in a situation where they must rely on a single person to assist with their access and use of cannabis. Although ASA is mindful about diversion to the illicit market, we support patients being able to designate caregivers as determined by their unique situations so that they always have access to cannabis when needed. For example, an elderly patient may need to have multiple family members serve as caregivers because no individual in a family has the availability to consistently assist the patient.

Patient/Practitioner-Focused Task Force or Advisory Board — 5 pts

Does the law create an oversight body, and does that body have sufficient representation by patients, caregivers, and relevant medical professionals?

Regulatory agencies for medical cannabis programs vary by state. ASA has found that keeping the medical cannabis program within the Department of Public Health or its equivalent provides the most effective assistance to patients and their providers. States that have developed a regulated program should create task forces or advisory boards

to help guide the administration of the medical cannabis program and to provide assistance in developing regulations. These task forces and advisory boards can be a boon to the program by providing a voice for those most knowledgeable about its effectiveness: patients and healthcare professionals. The makeup of such task forces or board should only include a minimal (if any) presence from law enforcement, as the priorities of police and prosecutors may be at odds with promoting public health. ASA supports the development of these programs and encourages the inclusion of patients and healthcare providers in them.

Reasonable Fees (Patients & Caregivers) — 15 pts

Are patients assessed a fee by the state simply to have legal protection and access to medicine?

Fees for patient registration should be set to meet reasonable administrative costs of the registry program. Patient fees should not cover costs of medical marijuana business oversight, nor should they be looked at as a source of revenue for any other purposes. Reasonable fees are particularly important due to the lack of health insurance coverage for medical cannabis expenses. Because of the financial challenges of many chronically ill patients, ASA recommends a sliding scale fee tied to state or federal benefits for which a patient qualifies.

Allows Multiple-Year Registrations — 5 pts

Must patients fill out renewal forms and pay a renewal fee on an annual basis?

Most medical marijuana patients with chronic illness see a primary physician regularly, while visiting their medical marijuana specialist for registry application and renewals only. It makes little sense to make patients with chronic, long-lasting conditions to have to go through an annual renewal process when their condition is almost certainly going to be with them for years to come. ASA recommends that multi-year registrations be available to these patients based on the condition listed on their application.

Reasonable Physician Requirements — 10 pts

Does the law contain provisions that would prevent physicians from utilizing medical cannabis as part of their practice?

Some states require patients to have an ongoing relationship with their doctor, often referred to as a "bona fide" relationship. Generally, states define the relationship to include a complete examination and medical history, along with an ongoing expectation of care provided by the physician. Some require that physicians register with the state, or impose education requirements on physicians, which may be beneficial to patients but could be onerous to physicians and are not required for them to write prescriptions for more dangerous pharmaceutical medications. ASA's position is that physicians should only treat ailments and recommend treatments that they are familiar with and feel comfortable discussing. Within the medical field, there are many specialties; prohibiting patients from choosing a doctor who specializes in medical cannabis is antithetical to the practice of medicine. Any physician in good standing with the State should be allowed to recommend the use of medical cannabis to his or her patients. Physicians who use medical cannabis themselves should not be restricted from recommending medical cannabis. Because patients with chronic illness seek health care serv-

es from a variety of sources, ASA prefers that nurse practitioners, naturopathic doctors, and chiropractors be allowed to recommend medical cannabis, if it is not prohibited by legislation. Health care professionals who are allowed to recommend medical cannabis should not be allowed to have direct or indirect financial interest in a dispensary, manufacturer, or cultivation operation or financially benefit from any business that might benefit from a patient's or caregiver's use, acquisition, or purchase of medical cannabis.

Financial Hardship (Fee Waivers/Discount Medicine) — 10 pts

Does the state offer discounted registration fees or require dispensaries to offer discounted medicine for low-income patients?

With medical cannabis not currently covered by health insurance, many patients are unable to afford treatment without experiencing undue hardship. To ease the financial burden, ASA encourages the adoption of sliding-scale fees and donation programs that cover all or part of the cost of doctor's visits, registration fees, and medicine for patients in need.

4. FUNCTIONALITY (Effectiveness of current program)

Patients able to obtain medicine at dispensaries or via cultivation — 30 pts

Are patients actually able to obtain medicine under the manner allowed by law?

Ideally a patient or caregiver should be able to gain access to their medicine through multiple means, including dispensaries, cooperative gardens, and personal cultivation. Dispensaries or other retail distribution centers provide the most common means that patients use for gaining access to medical cannabis. Many states that have passed medical cannabis laws have designated a dispensary-style distribution system as the primary means to obtain medicine for qualified patients, but these programs take time to implement. ASA strongly supports the right to access medicine through a dispensary, whether storefront or delivery, as many patients are unable to cultivate themselves or need immediate access. Personal cultivation is an important option to ensure access to medicine, especially if a state fails to expeditiously license sufficient dispensaries or if the federal government restricts access through raids and other enforcement tactics. Ultimately, whether a state allows access through dispensaries, patient cultivation, or both, the success of a program can be measured based on if patients are able to acquire their medicine in a reasonable manner.

No significant administrative or supply problems — 20 pts

Does the program work as intended and provide a sufficient supply of cannabis to meet patient needs?

While ASA supports the creation of a statewide regulatory framework for medical cannabis, administrative oversight has become a hindrance to safe access in some states. Some states have programs that inadvertently caused shortages (and therefore disruptions) in the supply of available medical cannabis. ASA discourages the development of policies that unnecessarily restrict or otherwise hamper the supply and/or give local governments the authority to prohibit dispensaries and cultivation centers altogether.

Patients can receive legal protections within reasonable time frame of doctors recommendation — 20 pts

Does medical need determined by a physician establish immediate legal protections?

Ideally, protection from arrest and prosecution should begin the moment a patient leaves the doctor's office with a recommendation. In cases where patients must register with the state to obtain arrest protection, an affirmative defense should be granted to defendants with a valid authorization, so as not to leave patients vulnerable while their documentation is processed.

Reasonable Possession Limit — 10 pts

Do limits accommodate type of administration and harvest amounts?

Increasingly, states are limiting the quantity of medical cannabis that a patient can access or possess at any given time. While it might make sense to have possession thresholds that give law enforcement guidance on personal medical use, it does not make sense for the state to determine what quantity any patient might need for his or her particular illness. The type and severity of symptoms, the strain of cannabis, and the route of administration each greatly impact the amount that a specific patient may need at any point in time. The decision of how much cannabis is sufficient to treat a patient's illness should ultimately be based on an amount that allows the patient an uninterrupted supply rather than arbitrary caps that can needlessly burden seriously ill patients.

Reasonable Purchase Limits — 10 pts

Do limits allow a 90-day supply of medicine?

When a state is considering imposing purchase limits on patients that will restrict the amount they can obtain from a dispensary, it should take into account the distance a patient must travel, the severity of an individual's medical condition, and any patient mobility issues. The best policy does not restrict patients' ability to purchase medicine to certain windows of time, as such limits may disrupt the consistent supply for patients.

Allows Patients to Medicate Where They Chose — 10 pts

Are patients allowed to use their medicine freely with respect to location, just as patients of Rx medication?

Some states restrict the locations where patients can use medical cannabis. While it may make sense to include the right to use inhaled cannabis in places where smoking is allowed, it is unfair to limit locations where a sick person can use his or her medicine. Cannabis should be treated like any other medication in this regard.

CONSUMER SAFETY & PROVIDER REQUIREMENTS

(This section describes the components of the 25 points available in the Access to Dispensaries category.)

Mandatory Testing and Labeling — 5 pts

Must every batch of medicine be tested before it can be sold to patients, and are labeling/pack-

aging requirements helpful to patients while being reasonable for providers to meet?

Cannabis has been proven to be one of the safest, least toxic substances available. As a result, states should not require mandatory testing in order to ensure the health, safety and welfare of qualified patients. No state authority should require the testing of medical cannabis as a prerequisite to the licensing of a lawful medical cannabis operation. However, it is also important for patients to make informed decisions about their medication. Licensed distribution centers should: a) provide patients with information about where their medicine was produced, and b) should carefully and consistently inspect their products for molds, mildews, and other contaminants. Patients should have a right to accurate labeling of cannabis products. Dispensaries, manufacturers, and cultivators should be required to provide patients and caregivers with identity statements for every cannabis product sold, manufactured, or cultivated. ASA's position is that if a business makes any potency or cannabinoid content claims for a product, they must have proof of a valid third-party analytical test. If third-party laboratory services are available, cultivators and manufacturers should be required to provide dispensaries with valid microbiological and chemical analysis results for each batch of cannabis products.

Training for Personnel — 3 pts

Are dispensary workers required to be trained in both medical cannabis knowledge and the state law?

Few local or state governments have training requirements for the staff of dispensaries. It is ASA's position that dispensary staff, as health care professionals, must be adequately trained in order to best understand the medication and products they sell, and be able to provide patients with the best up-to-date information. New medical cannabis patients are often unfamiliar with the strains and routes of administration available to them. A well-educated staff can and should provide answers to common questions. ASA maintains that proper training of employees is essential to deliver safe, quality cannabis products to patients and caregivers.

Consumer Safety Protocols — 4 pts

Do regulations ensure good practice standards for consumer safety?

Health and safety regulations should be designed to protect patients. Medical cannabis businesses should be required to comply with objective standards established to ensure safe products. ASA has worked with the American Herbal Products Association to provide recommendations to regulators for dispensaries, manufacturers, cultivators, and laboratories. The regulatory agencies charged with overseeing medical cannabis programs should ensure compliance with good-practice standards through agency or third-party inspectors. States should allow cultivators and manufacturers to certify medical cannabis products as "organic" in accordance with state statutes for organic food products.

Ownership/Employment Restrictions — 1 pt

Are owners with marijuana offenses or other misdemeanors or felonies prohibited from being medical cannabis providers?

Ownership and employment restrictions related to cannabis businesses are commonly

included in legislation. ASA recommends that regulatory agencies with rulemaking authority on these issues allow some level of secured investment from out of state. Limiting capital to intrastate investment restricts businesses from expanding to meet patient needs. In addition, marijuana-related convictions should not automatically exclude a person from ownership of or employment in a medical cannabis business and, instead, each individual should be considered on a case-by-case basis.

Does Not Require Vertical Integration — 1 pt

Does the state require that dispensaries must grow their own medicine?

Vertical Integration refers to the requirement that distribution centers must cultivate and manufacture all or most of their products. While vertical integration allows caregivers to maximize cost effectiveness, it can also lead to supply problems and increased costs for consumers. ASA's experience has shown that vertical integration is a decision best left to each individual provider. Policies that require a specified amount of vertical integration should be avoided.

Allows for a Reasonable Number of Dispensing Facilities — 3 pts

Does the state limit the number of locations such that it creates a great burden or inconvenience for patients to obtain their medicine?

Safe, affordable access is directly related to the number of dispensaries in any given geographical area. When there are insufficient dispensaries, the cost of medical cannabis goes up while the quality of care goes down. Limitations or arbitrary caps on the number of dispensaries should be avoided. When limits are imposed, they must account for patients who live outside urban areas and those with mobility issues or who are confined to their homes.

Provisions for Labor Standards — 2 pts

Are employees of medical cannabis businesses afforded protections?

Workplace safety and employment standards should be part of the development and implementation of medical cannabis laws, including consideration of such issues as living wages, sick pay, a standard 40-hour work week, as well as health care coverage and other benefit packages and/or a Neutrality, Recognition, or existing Collective Bargaining Agreement with a certified Labor Union.

Environmental Impact Regulations — 2 pts

Does the state have specific requirements for medical cannabis providers in terms of their impact on the environment?

ASA places a premium on policies that encourage sustainable practices including the implementation of Best Management Practices that promote environmentally sound production and processing methods that reduce the potential for high carbon footprints by allowing open air, row cover, and greenhouse methods of cultivation.

Choice of Dispensary Without Restrictions — 2 pts

Must patients designate a single dispensary from which they may acquire their medicine?

Some states require that patients designate a single dispensary from which they may acquire their medicine. While such an approach may be easier to regulate, it can result in patients bearing artificially high costs, reduced choice in available strains and products, and extra expense and bureaucratic delays if a patient wishes to designate another dispensary as the sole place where they can legally acquire medical cannabis. ASA's experience indicates patients should be allowed to obtain medical cannabis products from any dispensary they choose, without restrictions or change fees, so that they can best determine which products will be most beneficial for their particular condition.

Municipal Bans/Zoning — 1 pt

Are localities allowed to impose bans or zoning requirements on where patients may purchase or cultivate their medicine?

Even in states with dispensary licensing programs, local government often have final say as to where -- and sometimes whether -- such businesses can operate. Local zoning restrictions typically include reference to so-called "sensitive use" areas, prohibiting dispensaries within a set distance of schools and other areas where children are expected to gather. However, in the absence of proof that such businesses are a threat to children or public safety, per se, ASA urges an approach to zoning policies that treats dispensaries like pharmacies that provide similar services.

No sales tax or reasonable sales tax — 1 pt

Is there reasonable or no sales tax charged for medicine?

Some states collect revenue from taxing the sale of medical cannabis procured at a dispensary. Some states additionally apply excise taxes to various stages of production. It is ASA's position that taxes are burdensome and restrict the ability of patients to affordably obtain their medicine. Because cannabis is a quasi-prescribed medicine, it should not be subject to anything more than state sales taxes applied to over-the-counter drugs, and ideally should be treated more like an untaxed prescribed medicine. Medical cannabis programs are not the proper venues to raise funds for the states, and any fees related to medical cannabis should be directly applied to the cost of administering the program.

ALABAMA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	AL	ISSUE	Possible Points	AL
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	0	Comprehensive Qualifying Conditions.....	25	5
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	5	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	1
Employment Protections.....	7	0	Number of Caregivers.....	5	1
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	1
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	1
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	1
Scheduling.....	5	0	TOTAL for issue.....	100	26
TOTAL for issue.....	100	12			
Access to Medicine		F	*Consumer Safety & Provider Requirements (point breakdown)		
Allows Dispensing Facilities*.....	25	1	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	2	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	8	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	12	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		F	Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	0	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	1
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	2	Total out of 400.....	56	
Reasonable Purchase Limits.....	10	2	Average:.....	14	
Allows Patients to Medicate Where They Chose.....	10	1			
TOTAL for issue.....	100	6			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole-plant cannabis from dispensaries, allow patients to cultivate their own medicine, and establish consumer safety and provider requirements.

Background: In 2014, the Alabama state legislature passed SB 174, a restrictive cannabidiol (CBD) law. Officially entitled "Carly's Law," it offers an affirmative defense for the possession and use of CBD; however, the program is extremely limited and may not be able to provide CBD-rich medicine to patients in Alabama. The law only allows for CBD access after a medical practitioner at the University of Alabama-Birmingham's Department of Neurology has made a diagnosis for a "debilitating epileptic condition," at which point the physician may "prescribe" CBD-rich preparations that are less than 3% THC and "essentially free of plant material." Because CBD is classified as Schedule I under the federal Controlled Substances Act, no licensed physician in the United States may write "prescriptions" for it, therefore, the law cannot provide access to CBD medicines or protection to patients. Furthermore, the program does not provide for the production of CBD-rich products.

ALASKA**STATE REPORT CARD****Est. 1998**

ISSUE	Possible Points	AK	ISSUE	Possible Points	AK
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		C
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense	15	15	Adding New Conditions	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	0	Number of Caregivers	5	4
Explicit Privacy Standards	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	15
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling	5	0	TOTAL for issue	100	73
TOTAL for issue	100	52			
Access to Medicine		F	*Consumer Safety & Provider Requirements (point breakdown)		
Allows Dispensing Facilities*.....	25	0	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation	25	25	Training	3	0
Collective Gardens	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	0	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	55	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		C	Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	25	No sales tax or reasonable sales tax.....	1	0
Free of significant administrative or supply problems.....	20	20	TOTAL for issue	25	0
Legal protections within reasonable timeframe	20	16			
Reasonable Possession Limit (ounces).....	10	6			
Reasonable Purchase Limits	10	0			
Allows Patients to Medicate Where They Chose	10	10			
TOTAL for issue	100	77			
			Total out of 400	257	
			Average	64	

Final Grade**D**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, increase possession limits, include civil discrimination protection, establish medical cannabis dispensaries and consumer safety requirements, and permit the cultivation of cannabis in collective gardens.

Background: Safe access to medical cannabis was first approved in Alaska by Measure 8 (1998), an initiative supported by 58 percent of voters. Alaska Senate Bill 94 was passed in June 1999 and modified the law created by Measure 8 to require medical marijuana patients to register with the state health department and limit the amount of marijuana they and their caregivers may legally possess. Any patient with a valid registry card may legally use cannabis for medicinal purposes and their caregiver may assist them in doing so. Patients or their caregivers may possess up to one ounce of usable marijuana and cultivate up to six cannabis plants (three mature, three immature). Patients and caregivers can possess paraphernalia associated with growing or consuming cannabis for medical use. All patients and caregivers must enroll in the state patient registry and possess a valid identification card in order to be legally protected. A primary caregiver must be at least 21 years old, not currently on probation or parole, and can't have been convicted of a drug-related felony. Alaska law does not allow for commercial sales or production of medical cannabis.

ARIZONA**STATE REPORT CARD****Est. 2010**

ISSUE	Possible Points	AZ	ISSUE	Possible Points	AZ
Patient Rights and Civil Protection from Discrimination		A	Ease of Navigation		C
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	10	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	7	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	7	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	9
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	7	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	8
Scheduling.....	5	0	TOTAL for issue.....	100	76
TOTAL for issue.....	100	95			
Access to Medicine			*Consumer Safety & Provider Requirements (point breakdown)		
Consumer Safety & Provider Requirements*.....	25	15	Mandatory Testing and Labeling Requirements.....	5	4
Personal Cultivation.....	25	15	Training.....	3	3
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	60	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	2
Functionality			Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	28	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	15
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	8			
Allows Patients to Medicate Where They Chose.....	10	9			
TOTAL for issue.....	100	88			

Total out of 400.....319

Average:.....80

Final Grade**B-**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it; allow all patients to grow their own cannabis; create a patient/practitioner-focused task force; allow multi-year patient registrations; increase possession limits; and establish consumer safety protocols, environmental impact regulations and labor standards.

Background: The Arizona Medical Marijuana Act (AMMA), approved November 2, 2010, was the third statewide medical cannabis ballot measure to be passed in Arizona. In 1996, voters approved an initiative that would permit doctors to "prescribe" (rather than recommend) medical cannabis, but the initiative was rejected by the state legislature. In 1998, voters again approved a ballot measure allowing doctors to "prescribe." However, because only medicines approved by the U.S. Food and Drug Administration may be "prescribed," the measure never went into effect. AMMA allows a patient with an Arizona registry ID card to use cannabis for medical purposes. Patients may appoint a designated caregiver for assistance. Patients and their caregivers may possess up to 2.5 ounces of usable cannabis. Patients and designated caregivers may cultivate up to 12 plants if they live at least 25 miles from a registered dispensary. The rules for the Medical Marijuana Dispensary portion of the Arizona Medical Marijuana Act were filed April 11, 2012, by the Arizona Department of Health Services using an express rulemaking process to account for changes required by a Superior Court ruling from earlier in the year.

CALIFORNIA**STATE REPORT CARD****Est. 1996**

ISSUE	Possible Points	CA	ISSUE	Possible Points	CA
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		A
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	25
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	4
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	91
TOTAL for issue.....	100	52			
Access to Medicine		B	*Consumer Safety & Provider Requirements (points breakdown)		
Allows Dispensing Facilities*.....	25	9	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	10	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	84	Environmental Impact Regulations.....	2	0
Functionality		A	Choice of Dispensary Without Restrictions.....	2	2
Patients are able to obtain medicine.....	30	30	Municipal Bans/Zoning.....	1	1
Free of significant administrative or supply problems.....	20	15	No sales tax or reasonable sales tax.....	1	1
Legal protections within reasonable timeframe.....	20	20	TOTAL for issue.....	25	9
Reasonable Possession Limit (ounces).....	10	9			
Reasonable Purchase Limits.....	10	10	Total out of 400.....	320	
Allows Patients to Medicate Where They Chose.....	10	9	Average:.....	80	
TOTAL for issue.....	100	93			

Final Grade**B-**

Areas for improvement: Future legislation and regulation must: establish a state-regulated dispensary system, allow patient cultivation statewide, create civil discrimination protection for patients, institute a patient/practitioner-focused task force, and create consumer safety and provider requirements.

Background: In 1996, California became the first medical cannabis state when voters approved Prop. 215, the Compassionate Use Act. That law allows doctors to recommend cannabis for any serious or persistent medical condition, and allows patients to legally use, possess, and grow cannabis and designate caregivers to assist them. In 2003, the California legislature passed the Medical Marijuana Program Act, establishing a voluntary ID card program, protections for transporting cannabis, and a legal framework to protect not-for-profit dispensing collectives and cooperatives. The voluntary registry issues ID cards offer protection from arrest for patients and caregivers in possession of no more than eight ounces of useable cannabis or cultivating no more than six mature or 12 immature plants. Patients and designated caregivers without a state ID card or those in possession of larger quantities are afforded an affirmative defense. Qualified patients on probation or parole may legally use medical cannabis with the consent of their probation or parole officer. Municipalities may restrict or ban the operation of not-for-profit dispensing collectives and cooperatives in their jurisdiction.

COLORADO**STATE REPORT CARD****Est. 2000**

ISSUE	Possible Points	CO	ISSUE	Possible Points	CO
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	15
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	7
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	9
Scheduling.....	5	0	TOTAL for issue.....	100	81
TOTAL for issue.....	100	52			
Access to Medicine		A	*Consumer Safety & Provider Requirements (points breakdown)		
Allows Dispensing Facilities*.....	25	18	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	8	Product Safety Protocols.....	4	4
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	91	Environmental Impact Regulations.....	2	2
			Choice of Dispensary Without Restrictions.....	2	2
Functionality		A	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	30	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	18
Legal protections within reasonable timeframe.....	14	16			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	9			
Allows Patients to Medicate Where They Chose.....	10	8			
TOTAL for issue.....	100	90			

Total out of 400.....314

Average: 79

Final Grade**C+**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive benefit from it, and establish civil discrimination protection, reciprocity, a patient/practitioner-focused task force, multi-year patient registrations, provider training and labor standards.

Background: Colorado has two medical cannabis laws. Colorado's original medical cannabis law is a citizens' initiative passed in 2000 called Amendment 20 that amends the state constitution to authorize patients to use and possess up to two ounces of medical cannabis and cultivate up to six plants (3 mature, 3 immature) and be assisted by a caregiver. Colorado's second medical cannabis law, the Colorado Medical Marijuana Code (C.R.S. 12-43.3-101 et seq.), was enacted by the legislature in the summer of 2010 to establish a dual licensing mechanism that regulates medical cannabis business at both the state and local level. Colorado allows local governments to adopt regulations regarding medical marijuana businesses and patient and caregiver conduct, which has led to unequal application of the law, selective enforcement, and different interpretations of the law. In addition, the Colorado Medical Marijuana Code permits various state agencies to continuously enact new regulations for the medical cannabis community.

CONNECTICUT**STATE REPORT CARD****Est. 2012**

<i>ISSUE</i>	<i>Possible Points</i>	<i>CT</i>	<i>ISSUE</i>	<i>Possible Points</i>	<i>CT</i>
Patient Rights and Civil Protection from Discrimination		D	Ease of Navigation		D
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	15
Affirmative Defense.....	15	12	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	0
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	7	Number of Caregivers.....	5	3
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	15
Does Not Create New Criminal Penalties for Patients.....	7	5	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	3	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	8
Scheduling.....	5	3	TOTAL for issue.....	100	66
TOTAL for issue.....	100	64			
Access to Medicine		D	*Consumer Safety & Provider Requirements (points breakdown)		
Allows Dispensing Facilities*.....	25	20	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	0	Training.....	3	3
Collective Gardens.....	10	0	Product Safety Protocols.....	4	4
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	60	Environmental Impact Regulations.....	2	2
		C	Choice of Dispensary Without Restrictions.....	2	0
Functionality			Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	20	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	20
Legal protections within reasonable timeframe.....	14	16			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	8			
Allows Patients to Medicate Where They Chose.....	10	7			
TOTAL for issue.....	100	78			
			Total out of 400.....	268	
			Average:.....	67	

Final Grade**D+**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, allow patients the right to cultivate their own medical cannabis, create reasonable means for minors to be legally recognized as patients, establish a patient/practitioner-focused task force, allow multi-year patient registrations, ease restrictions on caregivers, and allow patients to obtain more than a 30-day supply of their medicine.

Background: In 2012, Connecticut became the 17th medical cannabis state with the signing of HB 5389, "An Act Concerning the Palliative Use of Marijuana," which provides registered patients with protection from arrest when using or possessing up to a one-month supply of medical cannabis in accordance with the law and allows them to designate caregivers to assist them. Patients and caregivers registered with the Department of Consumer Protection may purchase medical cannabis from state-licensed dispensaries; no personal cultivation is allowed. Final regulations pertaining to patients, caregivers, physicians, and dispensaries were issued on September 6, 2013.

DELAWARE**STATE REPORT CARD****Est. 2011**

ISSUE	Possible Points	DE	ISSUE	Possible Points	DE
Patient Rights and Civil Protection from Discrimination		B	Ease of Navigation		C
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	15	Adding New Conditions	10	10
Child Custody Protections	10	10	Reasonable Access For Minors	10	0
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	4
Employment Protections	7	7	Number of Caregivers	5	5
Explicit Privacy Standards	10	10	Patient/Practitioner Focused Task Force/Advisory Board	5	5
Housing Protections	7	7	Reasonable Fees (Patients & Caregivers)	15	9
Does Not Create New Criminal Penalties for Patients	7	5	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	7	Reasonable Physician Requirements	10	10
Reciprocity	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	10
Scheduling	5	0	TOTAL for issue	100	73
TOTAL for issue	100	86			
Access to Medicine			*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	15	Mandatory Testing and Labeling Requirements	5	5
Personal Cultivation	25	0	Training	3	2
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	0	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	2
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	45	Environmental Impact Regulations	2	2
			Choice of Dispensary Without Restrictions	2	2
Functionality			Municipal Bans/Zoning	1	1
Patients are able to obtain medicine	30	20	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	15	TOTAL for issue	25	15
Legal protections within reasonable timeframe	20	14			
Reasonable Possession Limit (ounces)	10	9	Total out of 400	279	
Reasonable Purchase Limits	10	8	Average:	70	
Allows Patients to Medicate Where They Chose	10	9			
TOTAL for issue	100	75			

Final Grade**G**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, allow patients to cultivate their own medicine, create reasonable means for minors to be legally recognized as patients, increase the number of dispensaries from which patients may obtain medicine, and improve consumer safety and provider requirements.

Background: In 2011, the Delaware state legislature approved Senate Bill 17, the Delaware Medical Marijuana Act, making it legal for a patient with a registry identification card to use and possess cannabis for medical purposes and designate a caregiver. Registered patients and designated caregivers may possess up to six (6) ounces of usable cannabis; no personal cultivation is allowed. Qualifying patients and caregivers are protected from discrimination with employment, education, housing, parental rights, or medical care, including transplants. Delaware lawmakers adopted regulations for the Medical Marijuana Program in 2012; however, before the regulation were finalized, the program was suspended by Governor Jack Markell as the result of a letter sent to him from the U.S. Attorney for Delaware threatening legal action against state employees. In August 2013, Gov. Markell lifted the suspension. The first distribution center will open in summer 2014.

DISTRICT of COLUMBIA**REPORT CARD****Est. 2010**

ISSUE	Possible Points	DC	ISSUE	Possible Points	DC
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	25
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	4
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	4
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	13
Does Not Create New Criminal Penalties for Patients.....	7	5	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	8
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	89
TOTAL for issue.....	100	50			
Access to Medicine		F	* Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	15	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	0	Training.....	3	3
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	55	Environmental Impact Regulations.....	2	2
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		B	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	28	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	15	TOTAL for issue.....	25	15
Legal protections within reasonable timeframe.....	20	18			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	8			
Allows Patients to Medicate Where They Chose.....	10	8			
TOTAL for issue.....	100	84			

Total out of 400.....278

Average:.....70

Final Grade

Areas for improvement: Future legislation and regulations must: establish civil discrimination protection for patients, allow patients to cultivate their own medicine, allow multi-year patient registrations, and improve consumer safety and provider requirements.

Background: The voters of Washington, D.C. approved medical cannabis in 1998 with the passage of Initiative 59 (I-59), but the law was blocked by Congress under its authority over the laws of the District. Congress blocked I-59 through a budget rider attached every year until December 2009. Once Congress dropped its opposition, the D.C. Council in January 2010 introduced B18-0622 as a replacement for I-59, which was non-binding. B18-0622, which went into effect on July 27, 2010 and is substantially different than I-59, created a "closed system" in which medical cannabis is tracked from cultivation to sales. Registered patients are allowed up to two ounces of usable cannabis or its equivalent in other forms (ie. edibles, tinctures, topicals, etc.). I-59 allowed personal cultivation but the current law does not. Registered cultivation centers supply medical cannabis dispensaries from which patients and their caregivers may purchase no more than two (2) ounces of cannabis in a 30-day period. Patients whose income is less than 200% of the federal poverty level are entitled to purchase medicine at a reduced rate. In 2014, the Council removed the restricted conditions list, replacing it with physician-controlled qualifying conditions, and increased the plant limit at cultivation centers from 95 to 500 plants.

FLORIDA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	FL	ISSUE	Possible Points	FL
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	5	Comprehensive Qualifying Conditions.....	25	10
Affirmative Defense.....	15	0	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	0
Employment Protections.....	7	0	Number of Caregivers.....	5	0
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	0
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling.....	5	0	TOTAL for issue.....	100	26
TOTAL for issue.....	100	7			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	4	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	0	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	0	Allows for a Reasonable Number of Dispensing Facilities.....	3	1
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	15	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	1
Functionality		F	Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	10	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	4
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	6	Total out of 400.....	75	
Reasonable Purchase Limits.....	10	5	Average:.....	19	
Allows Patients to Medicate Where They Chose.....	10	5			
TOTAL for issue.....	100	27			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create access to THC and whole plant cannabis, allow patients to cultivate their own medicine, and improve consumer safety and provider requirements.

Background: In 2014, the Florida legislature passed SB 1030, which creates a registry ID card system for patients with cancer, seizure disorders, or severe and persistent muscle spasms that would allow them to possess and use only cannabis products rich in cannabidiol (CBD) and low in THC. SB 1030 allows the state to license up to five businesses to grow cannabis plants to produce medicine with at least 10% CBD and no more than 0.8% THC. Cultivation licenses will require a \$5 million performance bond. Regulation will determine the number of retail outlets for CBD products in the state. In November 2014, Florida voters will decide on Amendment 2, a state constitutional ballot question that would create a comprehensive medical cannabis program that would allow physicians to recommend medical cannabis to any patient that they feel could benefit from it, and does not impose arbitrary limits on the concentration of THC and CBD in medical products.

HAWAII**STATE REPORT CARD****Est. 2000**

ISSUE	Possible Points	HI	ISSUE	Possible Points	HI
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		B
Arrest.....	20	17	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	3
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	15
Does Not Create New Criminal Penalties for Patients.....	7	5	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	9
Scheduling.....	5	0	TOTAL for issue.....	100	82
TOTAL for issue.....	100	37			
Access to Medicine		D	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	2	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	6	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	63	Environmental Impact Regulations.....	2	2
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		C	Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	25	No sales tax or reasonable sales tax.....	1	0
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	2
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	9			
Reasonable Purchase Limits.....	10	0			
Allows Patients to Medicate Where They Chose.....	10	7			
TOTAL for issue.....	100	77			

Total out of 400.....259

Average: 65

Final Grade**D**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, establish state-regulated dispensaries, create civil discrimination protection for patients, create a patient/practitioner-focused task force, allow multi-year registrations for patients, and institute consumer safety and provider requirements.

Background: In 2000, Hawaii passed SB 862 HD1, making Hawaii the first state to legalize medical cannabis via the legislature, as opposed to voter initiative. The legislature amended the law in 2013 with two bills that take effect in January 2015, House Bill 668 and Senate Bill 642. HB 668 moves the medical marijuana program from the Department of Public Safety to the Department of Health and establishes a Medical Marijuana Registry special fund. SB 642 redefines "adequate supply," "medical use," "primary caregiver," "usable marijuana," and "written certification." SB 642 amends registration requirements and creates a mechanism for law enforcement to immediately verify registration status 24 hours a day, 7 days a week. Registered medical cannabis patients and their registered caregivers may possess up to three ounces of usable cannabis and cultivate up to seven plants (3 mature, 4 immature). Registered patients and caregivers are entitled to an affirmative defense in court, but because Hawaii has a registry verification system that law enforcement can access 24 hours/day, 7 days/week, registered patients and caregivers who are in clear compliance with the law are often not subject to arrest.

ILLINOIS**STATE REPORT CARD****Est. 2013**

ISSUE	Possible Points	IL	ISSUE	Possible Points	IL
Patient Rights and Civil Protection from Discrimination		C	Ease of Navigation		D
Arrest	20	20	Comprehensive Qualifying Conditions	25	18
Affirmative Defense	15	12	Adding New Conditions	10	10
Child Custody Protections	10	10	Reasonable Access For Minors	10	0
DUI Protections	7	5	Reasonable Caregiver Background Check Requirements	5	3
Employment Protections	7	7	Number of Caregivers	5	4
Explicit Privacy Standards	10	0	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	7	Reasonable Fees (Patients & Caregivers)	15	9
Does Not Create New Criminal Penalties for Patients	7	5	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	7	Reasonable Physician Requirements	10	10
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	8
Scheduling	5	0	TOTAL for issue	100	62
TOTAL for issue	100	73			
Access to Medicine		D	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	23	Mandatory Testing and Labeling Requirements	5	5
Personal Cultivation	25	0	Training	3	3
Collective Gardens	10	0	Product Safety Protocols	4	4
Explicit Right to Edibles/Concentrates/Other Forms	10	10	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	1
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	2
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	2
TOTAL for issue	100	63	Environmental Impact Regulations	2	2
			Choice of Dispensary Without Restrictions	2	2
Functionality		D	Municipal Bans/Zoning	1	1
Patients are able to obtain medicine	30	16	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	20	TOTAL for issue	25	23
Legal protections within reasonable timeframe	20	10			
Reasonable Possession Limit (ounces)	10	7			
Reasonable Purchase Limits	10	8			
Allows Patients to Medicate Where They Chose	10	7			
TOTAL for issue	100	68			
			Total out of 400	266	
			Average:	67	

Final Grade**D+**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create better privacy standards, allow patients to cultivate their own medicine, establish a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 2013, The Compassionate Use of Medical Cannabis Pilot Program Act (HB 1) was enacted to create a temporary statewide distribution program for qualifying patients. HB 1 specifies 35 qualifying conditions but excludes chronic pain, the leading indication for use of medical cannabis. HB 1 allows patients to obtain up to 2.5 ounces of cannabis every two weeks from one of the 60 dispensing organizations that will be supplied by the 22 cultivation centers. Cultivation by patients or their caregivers is prohibited. Minors, public safety officials, school bus and commercial drivers, police and correctional officers, firefighters, and anyone convicted of a drug-related felony are not eligible for the program. The law has a sunset clause that means the legislature will have to extend it or pass a new law by December 31, 2017.

IOWA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	IA	ISSUE	Possible Points	IA
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	0	Comprehensive Qualifying Conditions.....	25	5
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	1
Employment Protections.....	7	0	Number of Caregivers.....	5	1
Explicit Privacy Standards.....	10	7	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	1
Reciprocity.....	5	3	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling.....	5	0	TOTAL for issue.....	100	24
TOTAL for issue.....	100	17			
Access to Medicine			*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	1	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	2	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	1	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	5	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality			Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	0	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	1
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	2	Total out of 400.....		51
Reasonable Purchase Limits.....	10	1	Average:.....		13
Allows Patients to Medicate Where They Chose.....	10	1			
TOTAL for issue.....	100	5			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: create civil discrimination protection for patients, establish access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, and institute consumer safety and provider requirements.

Background: In 2014, the Iowa legislature passed SF 2360, the "Medical Cannabidiol Act," which allows licensed neurologists to certify patients with intractable epilepsy to use cannabidiol (CBD) products with 3% or less THC content. The law does not allow other types of physicians to write qualifying recommendations, nor does it allow for patients with any other conditions to obtain legal protections. Qualifying patients must obtain a state registry ID card in order to receive legal protection; qualifying patients may designate a caregiver to assist them. The law does not impose a minimum amount of CBD, but does not extend legal protections for products with more than 3% THC.

KENTUCKY**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	KY	ISSUE	Possible Points	KY
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest	20	5	Comprehensive Qualifying Conditions	25	15
Affirmative Defense	15	5	Adding New Conditions	10	2
Child Custody Protections	10	0	Reasonable Access For Minors	10	6
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	1
Employment Protections	7	0	Number of Caregivers	5	0
Explicit Privacy Standards	10	0	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	10
Does Not Create New Criminal Penalties for Patients	7	2	Allows Multiple-Year Registrations	5	1
Organ Transplants	7	0	Reasonable Physician Requirements	10	1
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	1
Scheduling	5	1	TOTAL for issue	100	37
TOTAL for issue	100	13			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	1	Mandatory Testing and Labeling Requirements	5	0
Personal Cultivation	25	0	Training	3	0
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	1	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	0	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	1	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	0	Provisions for Labor Standards	2	0
TOTAL for issue	100	3	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		F	Municipal Bans/Zoning	1	0
Patients are able to obtain medicine	30	0	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	0	TOTAL for issue	25	1
Legal protections within reasonable timeframe	20	1			
Reasonable Possession Limit (ounces)	10	2	Total out of 400		59
Reasonable Purchase Limits	10	2	Average:		15
Allows Patients to Medicate Where They Chose	10	1			
TOTAL for issue	100	6			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: create civil discrimination protection for patients, establish access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, and institute consumer safety and provider requirements.

Background: In 2014, the Kentucky legislature revised the definition of marijuana under state law to create legal protection for patients who use a cannabidiol (CBD) medicine as part of an approved clinical trial or on the written order of "a physician practicing at a hospital or associated clinic affiliated with a Kentucky public university having a college or school of medicine." The law does not create a production or distribution model within Kentucky, so patients with a qualifying Kentucky physician's recommendation can only obtain their medicine by traveling to a medical cannabis state that both has production of CBD medicines and would recognize a Kentucky physician's order as valid. States that offer reciprocity for medical cannabis patients who are not residents typically require a valid medical cannabis registry ID card, which Kentucky does not currently offer.

MAINE**STATE REPORT CARD****Est. 1998**

ISSUE	Possible Points	ME	ISSUE	Possible Points	ME
Patient Rights and Civil Protection from Discrimination		B	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	10	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	7	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	14
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	8
Scheduling.....	5	0	TOTAL for issue.....	100	81
TOTAL for issue.....	100	81			
Access to Medicine		B	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	11	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	6	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	82	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		A	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	30	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	11
Legal protections within reasonable timeframe.....	20	20			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	9			
Allows Patients to Medicate Where They Chose.....	10	9			
TOTAL for issue.....	100	95			

Total out of 400.....339

Average: 85

Final Grade**B**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, enhance civil discrimination protection for organ transplant recipients, improve consumer safety and provider requirements, create a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 1998, voters enacted the Maine Medical Marijuana Act to protect patients who use cannabis medically on the advice of their doctor. In 2002, the Maine legislature approved SB 611, which increased the medical cannabis possession limit for those who could legally acquire medicine under the 1998 act. In 2009, the voters of Maine modified the 1998 act with another initiative, Question 5. Question 5 added several qualifying conditions and created both a statewide distribution program and a statewide patient registry system. In 2012, the Maine legislature amended the law to provide better patient privacy. Registered patients or their designated caregivers may possess up to 2.5 ounces of usable cannabis and cultivate up to six mature plants.

MARYLAND**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	MD	ISSUE	Possible Points	MD
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		D
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	15	Adding New Conditions	10	8
Child Custody Protections	10	0	Reasonable Access For Minors	10	10
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	5
Employment Protections	7	0	Number of Caregivers	5	4
Explicit Privacy Standards	10	8	Patient/Practitioner Focused Task Force/Advisory Board	5	5
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	10
Does Not Create New Criminal Penalties for Patients	7	3	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	0	Reasonable Physician Requirements	10	7
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	0
Scheduling	5	0	TOTAL for issue	100	69
TOTAL for issue	100	46			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	17	Mandatory Testing and Labeling Requirements	5	5
Personal Cultivation	25	0	Training	3	3
Collective Gardens	10	0	Product Safety Protocols	4	1
Explicit Right to Edibles/Concentrates/Other Forms	10	10	Ownership/Employment Restrictions	1	1
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	1
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	2
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	57	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	2
Functionality		C	Municipal Bans/Zoning	1	1
Patients are able to obtain medicine	30	16	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	20	TOTAL for issue	25	17
Legal protections within reasonable timeframe	20	16			
Reasonable Possession Limit (ounces)	10	7			
Reasonable Purchase Limits	10	8			
Allows Patients to Medicate Where They Chose	10	8			
TOTAL for issue	100	75			

Total out of 400247
Average: 62

Final Grade**D-**

Areas for improvement: Future legislation and regulations must: allow patients to cultivate their own medicine, create civil discrimination protections for patients, ease regulatory burdens on physicians, improve consumer safety and provider requirements, establish a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 2014, the Maryland legislature approved HB 881/SB 923, a comprehensive medical cannabis program that expanded and clarified legal protections for patients, caregivers, and physicians, and created a distribution system. Registered patients and their designated caregivers will be allowed to obtain and possess up to a 30-day supply of cannabis. Personal cultivation is prohibited. There are no explicit qualifying medical conditions in Maryland; instead, physicians must apply for permission to write recommendations for conditions they specify. Maryland's first legal protections for patients were established in 2003 with the Darrell Putman Compassionate Use Act, which created an affirmative defense for patients possessing less than one ounce of marijuana that reduced convictions to a misdemeanor offense with a maximum \$100 fine. In 2011, Maryland passed SB 308 to recognize specific medical conditions and remove the misdemeanor penalty, but not the \$100 fine. In 2013, HB 180 expanded the affirmative defense to caregivers, while HB 1101 allowed "Academic Medical Centers" to conduct medical cannabis research studies and established a commission to create regulations.

MASSACHUSETTS**STATE REPORT CARD****Est. 2012**

ISSUE	Possible Points	MA	ISSUE	Possible Points	MA
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	25
Affirmative Defense.....	15	12	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	0	Number of Caregivers.....	5	4
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	85
TOTAL for issue.....	100	49			
Access to Medicine		C	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	21	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	15	Training.....	3	3
Collective Gardens.....	10	0	Product Safety Protocols.....	4	4
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	76	Environmental Impact Regulations.....	2	2
Functionality		B	Choice of Dispensary Without Restrictions.....	2	2
Patients are able to obtain medicine.....	30	20	Municipal Bans/Zoning.....	1	1
Free of significant administrative or supply problems.....	20	20	No sales tax or reasonable sales tax.....	1	1
Legal protections within reasonable timeframe.....	20	18	TOTAL for issue.....	25	21
Reasonable Possession Limit (ounces).....	10	10			
Reasonable Purchase Limits.....	10	10			
Allows Patients to Medicate Where They Chose.....	10	9			
TOTAL for issue.....	100	87			

Total out of 400.....297

Average:.....74

Final Grade

Areas for improvement: Future legislation and regulations must: include civil discrimination protections, allow patient cultivation, create a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 2012, 63 percent of Massachusetts voters approved Question 3, "An Initiative Petition for a Law for the Humanitarian Medical Use of Marijuana," establishing legal protection for medical cannabis patients, caregivers, physicians and medical professionals, cultivators, and providers. Some provisions went into effect as of January 1, 2013; other details are under development by the state Department of Public Health (DPH). Registered patients and their designated caregivers may possess up to a 60-day supply of usable cannabis, defined as 10 ounces.

"Registered marijuana dispensaries" will be licensed to both grow and sell medical cannabis; they will be required to provide medicine at discounted rates for low-income residents. Homebound patients will be allowed secure home delivery, and personal caregivers can pick up medicine at dispensaries on behalf of patients under their care. Personal cultivation may be permitted in rare hardship cases.

MICHIGAN**STATE REPORT CARD****Est. 2008**

ISSUE	Possible Points	MI	ISSUE	Possible Points	MI
Patient Rights and Civil Protection from Discrimination		D	Ease of Navigation		B
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	15	Adding New Conditions	10	10
Child Custody Protections	10	8	Reasonable Access For Minors	10	10
DUI Protections	7	7	Reasonable Caregiver Background Check Requirements	5	4
Employment Protections	7	0	Number of Caregivers	5	5
Explicit Privacy Standards	10	7	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	12
Does Not Create New Criminal Penalties for Patients	7	4	Allows Multiple-Year Registrations	5	5
Organ Transplants	7	0	Reasonable Physician Requirements	10	10
Reciprocity	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	10
Scheduling	5	0	TOTAL for issue	100	86
TOTAL for issue	100	66			
Access to Medicine		D	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	0	Mandatory Testing and Labeling Requirements	5	0
Personal Cultivation	25	25	Training	3	0
Collective Gardens	10	8	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	0	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	63	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		C	Municipal Bans/Zoning	1	0
Patients are able to obtain medicine	30	26	No sales tax or reasonable sales tax	1	0
Free of significant administrative or supply problems	20	15	TOTAL for issue	25	0
Legal protections within reasonable timeframe	20	16			
Reasonable Possession Limit (ounces)	10	7	Total out of 400	288	
Reasonable Purchase Limits	10	0	Average:	72	
Allows Patients to Medicate Where They Chose	10	9			
TOTAL for issue	100	73			

Final Grade

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, include better civil discrimination protection, establish access to state-regulated dispensaries, institute consumer safety and provider requirements, and create a patient/practitioner-focused task force.

Background: In 2008, Michigan voters passed the Michigan Medical Marihuana Act, which allows qualifying patients or their designated caregivers to cultivate up to 12 cannabis plants and possess up to 2.5 ounces of usable cannabis. Patients certified by their doctor and registered with the Department of Licensing and Regulatory Affairs are not subject to arrest or prosecution and are protected from civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau. There are currently no statewide regulations covering dispensaries; however, certain municipalities have passed ordinances that permit the businesses. The Michigan legislature is considering a dispensary bill that that could be passed sometime in 2014.

MINNESOTA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	MN	ISSUE	Possible Points	MN
Patient Rights and Civil Protection from Discrimination		D	Ease of Navigation		C
Arrest.....	20	15	Comprehensive Qualifying Conditions.....	25	18
Affirmative Defense.....	15	10	Adding New Conditions.....	10	8
Child Custody Protections.....	10	10	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	7	Number of Caregivers.....	5	4
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	4
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	9
Does Not Create New Criminal Penalties for Patients.....	7	3	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	7	Reasonable Physician Requirements.....	10	7
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	74
TOTAL for issue.....	100	69			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	14	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	0	Training.....	3	2
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	44	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	2
Functionality		D	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	16	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	16	TOTAL for issue.....	25	14
Legal protections within reasonable timeframe.....	20	8			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	8			
Allows Patients to Medicate Where They Chose.....	10	8			
TOTAL for issue.....	100	63			

Total out of 400.....250

Average:.....63

Final Grade**D**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create access to the dried flower form of cannabis, allow patients to cultivate their medicine, improve consumer safety and provider requirements, create a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 2014, the Minnesota legislature passed SF 2470, which provides legal protections for patients with certain debilitating medical conditions who obtain a physician's recommendation for the use of medical cannabis products. Minnesota law does not provide legal access to cannabis in its most commonly used form, dried flowers. Patients may only legally obtain and use medical cannabis products which may be vaporized or consumed by a means other than smoking, such as oils, pills, or liquids. The law does not impose concentration requirements for THC or CBD. The law contains some of the strongest privacy protections for patients, though the state seeks to collect medical data from physicians on the patients for whom they recommend medical cannabis.

MISSISSIPPI**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	MS	ISSUE	Possible Points	MS
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest	20	0	Comprehensive Qualifying Conditions	25	5
Affirmative Defense	15	5	Adding New Conditions	10	0
Child Custody Protections	10	5	Reasonable Access For Minors	10	6
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	0
Employment Protections	7	0	Number of Caregivers	5	1
Explicit Privacy Standards	10	0	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	10
Does Not Create New Criminal Penalties for Patients	7	2	Allows Multiple-Year Registrations	5	1
Organ Transplants	7	0	Reasonable Physician Requirements	10	1
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	1
Scheduling	5	0	TOTAL for issue	100	25
TOTAL for issue	100	12			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	3	Mandatory Testing and Labeling Requirements	5	2
Personal Cultivation	25	0	Training	3	0
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	1	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	1	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	0	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	0	Provisions for Labor Standards	2	0
TOTAL for issue	100	5	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		F	Municipal Bans/Zoning	1	0
Patients are able to obtain medicine	30	0	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	0	TOTAL for issue	25	3
Legal protections within reasonable timeframe	20	1			
Reasonable Possession Limit (ounces)	10	2	Total out of 400		47
Reasonable Purchase Limits	10	2	Average:		12
Allows Patients to Medicate Where They Chose	10	0			
TOTAL for issue	100	5			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: include civil discrimination protection for patients, establish access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, and institute consumer safety and provider requirements.

Background: In 2014, Mississippi passed HB 1231, which creates an affirmative defense for the possession and use of CBD oil in very limited circumstances. Known as "Harper Grace's Law," the bill only provides legal protection to patients diagnosed with a debilitating epileptic condition, and only if the CBD oil was either obtained from or tested by the National Center for Natural Products Research at the University of Mississippi and dispensed by the Department of Pharmacy Services at the University of Mississippi Medical Center. The law requires that CBD oil must have at least 15% CBD and no more than 0.5% THC. Patients with conditions other than a debilitating epileptic condition are not entitled to any legal protections, nor are there any legal protections for the possession and use of any other type of cannabis product.

MISSOURI**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	MO	ISSUE	Possible Points	MO
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	5	Comprehensive Qualifying Conditions.....	25	1
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	1
Employment Protections.....	7	0	Number of Caregivers.....	5	1
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	1
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling.....	5	0	TOTAL for issue.....	100	20
TOTAL for issue.....	100	12			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	6	Mandatory Testing and Labeling Requirements.....	5	2
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	0	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	0	Allows for a Reasonable Number of Dispensing Facilities.....	3	1
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	7	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	1
Functionality		F	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	0	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	6
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	2			
Reasonable Purchase Limits.....	10	4			
Allows Patients to Medicate Where They Chose.....	10	1			
TOTAL for issue.....	100	8			

Total out of 400..... 47
Average:..... 12

Final Grade:**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, and institute consumer safety and provider requirements.

Background: In 2014, Missouri passed HB 2238, which creates a legal right for certain patients to obtain, possess, and use "hemp extracts" in limited circumstances. The law defines a "hemp extract" as a preparation of cannabis that contains at least 5% CBD and no more than 0.3% THC. Only patients with a seizure disorder and a recommendation from a neurologist are eligible to obtain a "hemp registration card," which entitles to them to access and legal protections. Patients are allowed to purchase hemp extracts from two state-regulated "Cannabidiol oil care centers." The law also allows the Department of Agriculture to license and regulate growers of cannabis plants to produce the oil to make sure they conform to the CBD and THC stipulations.

MONTANA**STATE REPORT CARD****Est. 2004**

ISSUE	Possible Points	MT	ISSUE	Possible Points	MT
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		C
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	15	Adding New Conditions	10	8
Child Custody Protections	10	0	Reasonable Access For Minors	10	10
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	5
Employment Protections	7	0	Number of Caregivers	5	4
Explicit Privacy Standards	10	0	Patient/Practitioner Focused Task Force/Advisory Board	5	4
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	12
Does Not Create New Criminal Penalties for Patients	7	3	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	0	Reasonable Physician Requirements	10	7
Reciprocity	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	7
Scheduling	5	0	TOTAL for issue	100	77
TOTAL for issue	100	43			
Access to Medicine		C	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	2	Mandatory Testing and Labeling Requirements	5	0
Personal Cultivation	25	25	Training	3	0
Collective Gardens	10	6	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	10	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	73	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		D	Municipal Bans/Zoning	1	1
Patients are able to obtain medicine	30	24	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	12	TOTAL for issue	25	2
Legal protections within reasonable timeframe	20	16			
Reasonable Possession Limit (ounces)	10	6			
Reasonable Purchase Limits	10	0			
Allows Patients to Medicate Where They Chose	10	7			
TOTAL for issue	100	65			
			Total out of 400	258	
			Average:	65	

Final Grade:**D**

Areas for improvement: Future legislation and regulations must: establish access to state-regulated dispensaries, create civil discrimination protection for patients, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, institute consumer safety and provider requirements, and allow multi-year patient registrations.

Background: In 2004, 62 percent of Montana voters passed Initiative I-148, allowing registered patients to use, possess and cultivate medical cannabis and designate a caregiver to assist them. The Montana legislature has amended that initiative in 2011, and new regulations were issued in 2011 and 2012. Currently, registered patients and their designate caregivers may possess up to one ounce of usable cannabis and cultivate up to four mature plants and 12 immature. The changes enacted by SB 423 in 2011 repealed several of the original provisions, including those concerning dispensaries and caregivers. Current regulations limit the number of patients "providers" may supply and prohibits them from being reimbursed for their services.

NEVADA**STATE REPORT CARD****Est. 2012**

ISSUE	Possible Points	NV	ISSUE	Possible Points	NV
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		C
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	3
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	9
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	8
Scheduling.....	5	0	TOTAL for issue.....	100	75
TOTAL for issue.....	100	57			
Access to Medicine		B	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	20	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	2
Collective Gardens.....	10	0	Product Safety Protocols.....	4	4
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	85	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	2
Functionality		B	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	27	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	20
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	6			
Reasonable Purchase Limits.....	10	9			
Allows Patients to Medicate Where They Chose.....	10	7			
TOTAL for issue.....	100	85			

Total out of 400.....302

Average:.....76

Final Grade:

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, establish labor standards and environmental impact regulations, create a patient/practitioner-focused task force, and allow multi-year patient registrations.

Background: In 2000, 65% of Nevada voters approved Question 9, amending the state constitution to allow the use, possession, and cultivation of marijuana by qualifying patients who have been approved by the confidential state-run patient registry that issues identification cards. Registered patients may possess up to one ounce of usable cannabis, cultivate up to seven plants (3 mature, 4 immature), and designate a caregiver to assist them. Patients who do not have a card or who possess more than the law allows can still be prosecuted, but are allowed to raise a medical necessity defense. In June, 2013, the Nevada legislature enacted SB 374, establishing a statewide medical cannabis distribution program. The law allows for the creation of up to 66 dispensaries regulated by the Department of Health and Human Services.

NEW HAMPSHIRE**STATE REPORT CARD****Est. 2013**

ISSUE	Possible Points	NH	ISSUE	Possible Points	NH
Patient Rights and Civil Protection from Discrimination		C	Ease of Navigation		B
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	15	Adding New Conditions	10	10
Child Custody Protections	10	10	Reasonable Access For Minors	10	10
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	3
Employment Protections	7	0	Number of Caregivers	5	5
Explicit Privacy Standards	10	10	Patient/Practitioner Focused Task Force/Advisory Board	5	5
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	10
Does Not Create New Criminal Penalties for Patients	7	6	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	7	Reasonable Physician Requirements	10	10
Reciprocity	5	5	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	10
Scheduling	5	0	TOTAL for issue	100	83
TOTAL for issue	100	73			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	13	Mandatory Testing and Labeling Requirements	5	4
Personal Cultivation	25	0	Training	3	3
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	0	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	2
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	43	Environmental Impact Regulations	2	0
		D	Choice of Dispensary Without Restrictions	2	2
Functionality			Municipal Bans/Zoning	1	1
Patients are able to obtain medicine	30	14	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	14	TOTAL for issue	25	13
Legal protections within reasonable timeframe	20	16			
Reasonable Possession Limit (ounces)	10	7			
Reasonable Purchase Limits	10	9			
Allows Patients to Medicate Where They Chose	10	8			
TOTAL for issue	100	68			
			Total out of 400	267	
			Average:	67	

Final Grade:**D+**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create better civil discrimination protections for patients, allow patients to cultivate their own medicine, institute consumer safety and provider requirements, and allow multi-year patient registrations.

Background: In 2013, New Hampshire became the 19th medical cannabis state when Gov. Maggie Hassan signed HB 573, Use of Cannabis for Therapeutic Purposes, into law after similar bills had been vetoed twice before. Patients and caregivers registered with the New Hampshire Department of Health's medical cannabis program and in possession of a registry ID card and no more than two ounces of cannabis are protected from arrest or prosecution. If charged, registration provides an affirmative defense for patients or caregivers in compliance with the law. Patients and caregivers may not be denied any right or privilege on the basis of their status. Personal cultivation of cannabis is prohibited. Medicine must be obtained by the patient or registered caregiver from one of four "Alternative Treatment Centers" to be licensed by the state; up to two ounces may be purchased every ten days. The law requires the Department of Health to issue licenses to two centers by January 2015. A patient may designate only one caregiver, but a caregiver may assist up to five patients. Caregivers are limited to transporting medicine from licensed centers and assisting with administration.

NEW JERSEY**STATE REPORT CARD****Est. 2010**

ISSUE	Possible Points	NJ	ISSUE	Possible Points	NJ
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		C
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	15
Affirmative Defense.....	15	12	Adding New Conditions.....	10	10
Child Custody Protections.....	10	6	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	3
Employment Protections.....	7	0	Number of Caregivers.....	5	4
Explicit Privacy Standards.....	10	6	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	5
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	79
TOTAL for issue.....	100	51			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	12	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	0	Training.....	3	3
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	10	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	5	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	47	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		C	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	20	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	12	TOTAL for issue.....	25	12
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	8			
Allows Patients to Medicate Where They Chose.....	10	8			
TOTAL for issue.....	100	71			

Total out of 400.....248

Average:.....62

Final Grade:**D-**

Areas for improvement: Future legislation and regulations must: include civil discrimination protection for patients, allow patients to cultivate their own medicine, increase the number of dispensaries available to patients, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, institute consumer safety and provider requirements, and establish a patient/practitioner-focused task force.

Background: In January 2010, New Jersey lawmakers approved Senate Bill 119, which was to become effective six months after enactment, but Governor Chris Christie delayed the program. The first draft rules issued by the New Jersey Department of Health (DOH) were rejected by the bill's lead sponsor. New draft rules were issued in February 2011 and adopted in November that included changes to the licensing process for cultivators and distributors, prohibited home delivery, and required a recommending physician to certify that a patient's qualifying condition is "resistant to conventional medical therapy." Patients must obtain their medicine from one of six licensed "Alternative Treatment Centers." The certifying physician must indicate the quantity a registered patient is allowed to obtain, not to exceed two ounces in a 30-day period. The first patient registrations were accepted in August 2012, and the first Alternative Treatment Center opened in December 2012. In August 2013, Senate Bill 2842 lifted the limits on the number of cannabis strains that may be cultivated and allowed for the manufacture and distribution of edible cannabis products solely to minors.

NEW MEXICO**STATE REPORT CARD****Est. 2007**

ISSUE	Possible Points	NM	ISSUE	Possible Points	NM
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		A
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	12	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	5
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	15
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	3	TOTAL for issue.....	100	90
TOTAL for issue.....	100	52			
Access to Medicine		C	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	13	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	3
Collective Gardens.....	10	6	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	74	Environmental Impact Regulations.....	2	0
		B	Choice of Dispensary Without Restrictions.....	2	2
Functionality			Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	30	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	12	TOTAL for issue.....	25	13
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	9	Total out of 400.....	303	
Reasonable Purchase Limits.....	10	10	Average:.....	76	
Allows Patients to Medicate Where They Chose.....	10	10			
TOTAL for issue.....	100	87			

Final Grade:

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, and establish labor standards and environmental impact regulations.

Background: In 2007, the New Mexico legislature passed Senate Bill 523, "The Lynn and Erin Compassionate Use Act," allowing approved New Mexico patients with registry IDs to legally possess and use medical cannabis and to designate a caregiver for assistance. A qualifying patient may either receive a Personal Production License (PPL) to grow medical cannabis for personal use or obtain their medicine from a Licensed Non-Profit Producers (LNPP). Registered caregivers may assist up to four qualifying patients. Registered patients or their caregivers may possess up to six ounces of usable cannabis. Those licensed to produce their own medicine may cultivate up to 16 plants, of which no more than 4 can be mature. The state Department of Health originally issued rules for the Medical Cannabis Program in 2008 and revised those rules in 2010. Currently 19 medical conditions can qualify patients to participate in the program.

NEW YORK**STATE REPORT CARD****Est. 2014**

<i>ISSUE</i>	<i>Possible Points</i>	<i>NY</i>	<i>ISSUE</i>	<i>Possible Points</i>	<i>NY</i>
Patient Rights and Civil Protection from Discrimination		C	Ease of Navigation		D
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	15
Affirmative Defense.....	15	10	Adding New Conditions.....	10	8
Child Custody Protections.....	10	10	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	3	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	7	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	0	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	3	Reasonable Physician Requirements.....	10	5
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	8
Scheduling.....	5	0	TOTAL for issue.....	100	68
TOTAL for issue.....	100	70			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	16	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	3
Explicit Right to Edibles/Concentrates/Other Forms.....	10	8	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	8	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	3	Provisions for Labor Standards.....	2	2
TOTAL for issue.....	100	45	Environmental Impact Regulations.....	2	0
Functionality		F	Choice of Dispensary Without Restrictions.....	2	2
Patients are able to obtain medicine.....	30	14	Municipal Bans/Zoning.....	1	1
Free of significant administrative or supply problems.....	20	10	No sales tax or reasonable sales tax.....	1	1
Legal protections within reasonable timeframe.....	20	14	TOTAL for issue.....	25	16
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	7	Total out of 400.....	242	
Allows Patients to Medicate Where They Chose.....	10	7	Average:.....	61	
TOTAL for issue.....	100	59			

Final Grade:**D-**

Areas for improvement: Future legislation and regulations should authorize patients to cultivate medicine, remove restrictions on forms of cannabis available and dosage requirement language imposed on physicians, authorize physicians to make the determination on which patients can benefit from medical marijuana therapy, and set training requirements and environmental impact regulations for registered organizations.

Background: In June 2014, the New York Assembly passed S7923, which creates legal protections for patients and caregivers and authorizes the state to license and regulate “registered organizations” to cultivate and sell medical cannabis to patients. Patients must obtain a registration identification card after getting written certification from their physician. The law requires physicians to take education courses and have medical expertise for a qualifying condition they wish to recommend for, and provide continuous care of the patient in order for the patient to maintain legal protection. Physicians must also state the “dosage” patients should use, which determines the 30-day supply of medicine that the patient may possess. The state may license up to five registered organizations, and each may have up to four retail locations from which patients may purchase their medicine. The law forbids the smoking of cannabis by patients but does not explicitly ban patients from accessing cannabis in its dried flower form; however, the Commissioner must approve all forms of medical cannabis that are made available to patients.

NORTH CAROLINA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	NC	ISSUE	Possible Points	NC
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest	20	5	Comprehensive Qualifying Conditions	25	1
Affirmative Defense	15	5	Adding New Conditions	10	0
Child Custody Protections	10	0	Reasonable Access For Minors	10	6
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	4
Employment Protections	7	0	Number of Caregivers	5	3
Explicit Privacy Standards	10	4	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	12
Does Not Create New Criminal Penalties for Patients	7	2	Allows Multiple-Year Registrations	5	1
Organ Transplants	7	0	Reasonable Physician Requirements	10	2
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	1
Scheduling	5	0	TOTAL for issue	100	30
TOTAL for issue	100	16			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	1	Mandatory Testing and Labeling Requirements	5	1
Personal Cultivation	25	0	Training	3	0
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	1	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	0	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	0	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	0	Provisions for Labor Standards	2	0
TOTAL for issue	100	2	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality		F	Municipal Bans/Zoning	1	0
Patients are able to obtain medicine	30	0	No sales tax or reasonable sales tax	1	0
Free of significant administrative or supply problems	20	0	TOTAL for issue	25	1
Legal protections within reasonable timeframe	20	1			
Reasonable Possession Limit (ounces)	10	2	Total out of 400		54
Reasonable Purchase Limits	10	2	Average:		14
Allows Patients to Medicate Where They Chose	10	1			
TOTAL for issue	100	6			

Final Grade:**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole-plant cannabis from dispensaries, allow patients to cultivate their own medicine, and establish consumer safety and provider requirements.

Background: In July 2014, North Carolina enacted HB 1220, known as North Carolina Epilepsy Alternative Treatment Act, creating a pilot program that allows medical use of CBD-rich oil only for registered patients diagnosed by a neurologist at one of four universities as having intractable epilepsy that has not been responsive to at least three other treatment options. Access is to be only through a registered caregiver who must be a parent, guardian, or legal custodian and who must obtain the CBD oil in a state with reciprocity to purchase medical cannabis products. Most medical cannabis jurisdictions that honor reciprocity for other state registration cards do not allow patients/caregivers from out of state to purchase any medical cannabis products. The CBD-rich oil must contain at least 10% CBD, and no more than 0.3% CBD, and must have no other psychoactive components.

OREGON**STATE REPORT CARD****Est. 1998**

ISSUE	Possible Points	OR	ISSUE	Possible Points	OR
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		B
Arrest.....	20	17	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	0	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	5
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	7	Allows Multiple-Year Registrations.....	5	0
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	4	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	86
TOTAL for issue.....	100	53			
Access to Medicine		B	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	17	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	8	Product Safety Protocols.....	4	4
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	3
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	80	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	2
Functionality		A	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	30	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	17
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	10			
Reasonable Purchase Limits.....	10	10			
Allows Patients to Medicate Where They Chose.....	10	10			
TOTAL for issue.....	100	96			

Total out of 400.....315

Average:.....79

Final Grade:**C+**

Areas for improvement: Future legislation and regulations must: include civil discrimination protection for patients, recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, allow multi-year registration for patients, and improve consumer safety and provider requirements.

Background: In 1998, Oregon voters approved the Oregon Medical Marijuana Act (OMMA), allowing a patient with a valid ID card to use, possess, and cultivate cannabis for medicinal purposes, and designate a primary caregiver to assist them. Qualifying patients may possess up to 24 ounces of usable cannabis and may cultivate up to 24 plants (6 mature, 18 immature). To be protected from arrest, patients must enroll in the Oregon Health Authority patient registry and possess a valid Oregon Medical Marijuana Program (OMMP) identification card. Non-registered patients with a valid recommendation who are within the possession or cultivation limits set by the OMMA are entitled to an affirmative defense. In August 2013, House Bill 3460 established regulations for state-licensed medical cannabis facilities; as of April 2014, 58 licenses have been approved. In March 2014, Senate Bill 1531 granted cities and counties the right to pass moratoriums on the opening of medical marijuana facilities until May 1, 2015.

RHODE ISLAND**STATE REPORT CARD****Est. 2006**

<i>ISSUE</i>	<i>Possible Points</i>	<i>RI</i>	<i>ISSUE</i>	<i>Possible Points</i>	<i>RI</i>
Patient Rights and Civil Protection from Discrimination		B	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	7	Reasonable Caregiver Background Check Requirements.....	5	4
Employment Protections.....	7	10	Number of Caregivers.....	5	5
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	7	Reasonable Fees (Patients & Caregivers).....	15	12
Does Not Create New Criminal Penalties for Patients.....	7	5	Allows Multiple-Year Registrations.....	5	5
Organ Transplants.....	7	7	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	86
TOTAL for issue.....	100	81			
Access to Medicine		D	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	11	Mandatory Testing and Labeling Requirements.....	5	5
Personal Cultivation.....	25	25	Training.....	3	2
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	2
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	66	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		A	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	30	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	11
Legal protections within reasonable timeframe.....	20	16			
Reasonable Possession Limit (ounces).....	10	7			
Reasonable Purchase Limits.....	10	9			
Allows Patients to Medicate Where They Chose.....	10	9			
TOTAL for issue.....	100	91			

Total out of 400324

Average: 81

Final Grade:**B-**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, allow patients to collectively cultivate medicine, institute consumer safety and provider requirements, and establish a patient/practitioner-focused task force.

Background: In 2006, the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act was enacted, allowing patients with a Rhode Island registry ID card to use, possess, and cultivate cannabis. Registered patients may possess up to 2.5 ounces of usable cannabis and may cultivate up to 12 plants. In 2009, the Department of Health was authorized to license not-for-profit compassion centers to distribute medical cannabis. In 2011, Gov. Lincoln Chafee suspended licensing of compassion centers in response to threats from federal prosecutors; he then resumed the program in January 2012 after background checks and additional plant limits were added to the licensing requirements. Rules for the program were revised seven times between 2006 and 2012. Patients may currently appoint up to two primary caregivers for assistance or designate a compassion center as one of the caregivers. Qualified patients and caregivers are entitled to an affirmative defense at trial or dismissal of charges upon demonstrating that they were in compliance. Any property seized in connection with qualified medical use of cannabis is to be returned.

SOUTH CAROLINA**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	SC	ISSUE	Possible Points	SC
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	5	Comprehensive Qualifying Conditions.....	25	1
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	1
Employment Protections.....	7	0	Number of Caregivers.....	5	1
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	1
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	1
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	0
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling.....	5	1	TOTAL for issue.....	100	21
TOTAL for issue.....	100	13			
Access to Medicine			*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	1	Mandatory Testing and Labeling Requirements.....	5	1
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	0	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	0	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	2	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality			Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	0	No sales tax or reasonable sales tax.....	1	0
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	1
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	2	Total out of 400.....		41
Reasonable Purchase Limits.....	10	1	Average:.....		10
Allows Patients to Medicate Where They Chose.....	10	1			
TOTAL for issue.....	100	5			

Final Grade:**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, and institute consumer safety and provider requirements.

Background: In 2014, the South Carolina legislature passed S 1035/H 4803, also known as "Julian's Law." The law creates an exemption for the possession and use of CBD from the criminal definition of marijuana in limited circumstances. Only patients with severe forms of seizure disorders are eligible for legal protections after the patient obtains a recommendation for CBD oil from a physician. The law requires that the CBD oil be at least 15% CBD and no more than 0.9 % THC. The law also creates the ability for physicians to apply to take part in a statewide medical study of CBD oil for other conditions; however, the CBD oil for these studies must be at least 98% CBD and must come from a USDA-approved source.

TENNESSEE**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	TN	ISSUE	Possible Points	TN
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	5	Comprehensive Qualifying Conditions.....	25	1
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	0
Employment Protections.....	7	0	Number of Caregivers.....	5	0
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	1
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	1
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	0
Scheduling.....	5	0	TOTAL for issue.....	100	19
TOTAL for issue.....	100	12			
Access to Medicine		F	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	1	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	1	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	0	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	1	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	3	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	0
Functionality		F	Municipal Bans/Zoning.....	1	0
Patients are able to obtain medicine.....	30	0	No sales tax or reasonable sales tax.....	1	0
Free of significant administrative or supply problems.....	20	0	TOTAL for issue.....	25	1
Legal protections within reasonable timeframe.....	20	1			
Reasonable Possession Limit (ounces).....	10	2	Total out of 400.....	40	
Reasonable Purchase Limits.....	10	2	Average:.....	10	
Allows Patients to Medicate Where They Chose.....	10	1			
TOTAL for issue.....	100	6			

Final Grade:**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, and institute consumer safety and provider requirements.

Background: In 2014, Tennessee legislators passed SB 2531, which changes the definition of marijuana to create a legal exception for the possession and use of low-THC, CBD-rich cannabis oil solely by patients with intractable seizures. The law authorizes a state university to grow and manufacture the oil, which can have no more than 0.9% THC.

UTAH**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	UT	ISSUE	Possible Points	UT
Patient Rights and Civil Protection from Discrimination			F Ease of Navigation		
Arrest	20	0	Comprehensive Qualifying Conditions	25	5
Affirmative Defense	15	5	Adding New Conditions	10	0
Child Custody Protections	10	0	Reasonable Access For Minors	10	6
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	1
Employment Protections	7	0	Number of Caregivers	5	1
Explicit Privacy Standards	10	0	Patient/Practitioner Focused Task Force/Advisory Board	5	0
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	10
Does Not Create New Criminal Penalties for Patients	7	2	Allows Multiple-Year Registrations	5	1
Organ Transplants	7	0	Reasonable Physician Requirements	10	1
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	1
Scheduling	5	0	TOTAL for issue	100	26
TOTAL for issue	100	7			
Access to Medicine			*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	2	Mandatory Testing and Labeling Requirements	5	1
Personal Cultivation	25	0	Training	3	0
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	1	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	1	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	0	Allows for a Reasonable Number of Dispensing Facilities	3	0
Allows Access to Dried Flowers	10	0	Provisions for Labor Standards	2	0
TOTAL for issue	100	4	Environmental Impact Regulations	2	0
			Choice of Dispensary Without Restrictions	2	0
Functionality			Municipal Bans/Zoning	1	0
Patients are able to obtain medicine	30	0	No sales tax or reasonable sales tax	1	1
Free of significant administrative or supply problems	20	0	TOTAL for issue	25	2
Legal protections within reasonable timeframe	20	1			
Reasonable Possession Limit (ounces)	10	2	Total out of 400	43	
Reasonable Purchase Limits	10	2	Average:	11	
Allows Patients to Medicate Where They Chose	10	1			
TOTAL for issue	100	6			

Final Grade:**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, and institute consumer safety and provider requirements.

Background: In 2014, Utah passed HB 105, which creates a legal right to possess and use CBD-rich extracts of the cannabis plant for patients diagnosed by neurologist with intractable epilepsy who obtain a registration ID card from the state. The state requires that extracts must contain at least 15% CBD, have not more than 0.3% THC, and must be free of other psychoactive substances.

VERMONT**STATE REPORT CARD****Est. 2004**

ISSUE	Possible Points	VT	ISSUE	Possible Points	VT
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		C
Arrest	20	20	Comprehensive Qualifying Conditions	25	20
Affirmative Defense	15	12	Adding New Conditions	10	7
Child Custody Protections	10	0	Reasonable Access For Minors	10	10
DUI Protections	7	0	Reasonable Caregiver Background Check Requirements	5	3
Employment Protections	7	0	Number of Caregivers	5	4
Explicit Privacy Standards	10	10	Patient/Practitioner Focused Task Force/Advisory Board	5	5
Housing Protections	7	0	Reasonable Fees (Patients & Caregivers)	15	15
Does Not Create New Criminal Penalties for Patients	7	7	Allows Multiple-Year Registrations	5	0
Organ Transplants	7	0	Reasonable Physician Requirements	10	7
Reciprocity	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine)	10	8
Scheduling	5	0	TOTAL for issue	100	79
TOTAL for issue	100	49			
Access to Medicine		C	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*	25	10	Mandatory Testing and Labeling Requirements	5	5
Personal Cultivation	25	25	Training	3	1
Collective Gardens	10	0	Product Safety Protocols	4	0
Explicit Right to Edibles/Concentrates/Other Forms	10	10	Ownership/Employment Restrictions	1	0
Does Not Impose Limits or Bans on THC	10	10	Does Not Require Vertical Integration	1	0
Does Not Impose Minimum CBD Requirements	10	10	Allows for a Reasonable Number of Dispensing Facilities	3	2
Allows Access to Dried Flowers	10	10	Provisions for Labor Standards	2	0
TOTAL for issue	100	75	Environmental Impact Regulations	2	0
Functionality		B	Choice of Dispensary Without Restrictions	2	0
Patients are able to obtain medicine	30	30	Municipal Bans/Zoning	1	1
Free of significant administrative or supply problems	20	20	No sales tax or reasonable sales tax	1	1
Legal protections within reasonable timeframe	20	14	TOTAL for issue	25	10
Reasonable Possession Limit (ounces)	10	7			
Reasonable Purchase Limits	10	8	Total out of 400	291	
Allows Patients to Medicate Where They Chose	10	9	Average:	73	
TOTAL for issue	100	88			

Final Grade:**C**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, increase access to dispensaries, and institute consumer safety and provider requirements.

Background: In 2004, Vermont Senate Bill 76 established a patient registry that provided legal protections for qualifying patients and their primary caregivers who possess or cultivate small amounts of medical cannabis. Patients and their designated caregivers may possess up to two ounces of usable cannabis. In 2007, Senate Bill 7 increased the cultivation limits to two mature and seven immature plants and allowed licensed physicians in neighboring states to recommend cannabis for Vermont residents. SB7 also expanded the qualifying conditions to include any chronic, debilitating condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, or seizures. In June 2011, Senate Bill 17 authorized up to four state-licensed distribution facilities to serve up to 1,000 patients each. Once dispensaries are operating in the state, patients may designate one for accessing medicine but may no longer cultivate cannabis.

WASHINGTON**STATE REPORT CARD****Est. 1998**

ISSUE	Possible Points	WA	ISSUE	Possible Points	WA
Patient Rights and Civil Protection from Discrimination		D	Ease of Navigation		B
Arrest.....	20	20	Comprehensive Qualifying Conditions.....	25	20
Affirmative Defense.....	15	15	Adding New Conditions.....	10	10
Child Custody Protections.....	10	10	Reasonable Access For Minors.....	10	10
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	5
Employment Protections.....	7	0	Number of Caregivers.....	5	4
Explicit Privacy Standards.....	10	10	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	15
Does Not Create New Criminal Penalties for Patients.....	7	5	Allows Multiple-Year Registrations.....	5	4
Organ Transplants.....	7	7	Reasonable Physician Requirements.....	10	10
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	10
Scheduling.....	5	0	TOTAL for issue.....	100	88
TOTAL for issue.....	100	67			
Access to Medicine		C	*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	6	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	25	Training.....	3	0
Collective Gardens.....	10	10	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	1
Does Not Impose Limits or Bans on THC.....	10	10	Does Not Require Vertical Integration.....	1	1
Does Not Impose Minimum CBD Requirements.....	10	10	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	10	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	71	Environmental Impact Regulations.....	2	0
			Choice of Dispensary Without Restrictions.....	2	2
Functionality		A	Municipal Bans/Zoning.....	1	1
Patients are able to obtain medicine.....	30	28	No sales tax or reasonable sales tax.....	1	1
Free of significant administrative or supply problems.....	20	20	TOTAL for issue.....	25	6
Legal protections within reasonable timeframe.....	20	20			
Reasonable Possession Limit (ounces).....	10	10			
Reasonable Purchase Limits.....	10	10			
Allows Patients to Medicate Where They Chose.....	10	8			
TOTAL for issue.....	100	96			

Total out of 400.....322

Average:.....81

Final Grade**B-**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, establish a patient/practitioner-focused task force, and institute consumer safety and provider requirements.

Background: In 1998, Washington voters approved state Initiative Measure No. 692, allowing a qualifying patient or designated provider to have a 60-day supply of medical cannabis, defined as 24 ounces and 15 plants. Qualifying patients and caregivers within those limits are protected from arrest and prosecution; a patient who exceeds those limits is entitled to an affirmative defense of medical necessity. Designated providers must be 18 years of age or older. It is not legal to buy or sell cannabis if you are a patient or provider. Dispensaries are not permitted under Washington law, but up to ten (10) patients may participate in a collective garden with no more than fifteen (15) plants per patient, a maximum total of 45 plants, and no more than 24 ounces of usable cannabis per patient. In 2011, the state legislature changed the requirements for recommending cannabis to patients; currently, recommendations must be on tamper-resistant paper and include an original signature by the healthcare provider, a date, and a statement that the patient may benefit from the medical use of marijuana. In November 2012, voters approved I-502, an initiative relating to the adult use of cannabis, but that law does not affect the additional rights and protections afforded patients.

WISCONSIN**STATE REPORT CARD****Est. 2014**

ISSUE	Possible Points	WI	ISSUE	Possible Points	WI
Patient Rights and Civil Protection from Discrimination		F	Ease of Navigation		F
Arrest.....	20	5	Comprehensive Qualifying Conditions.....	25	5
Affirmative Defense.....	15	5	Adding New Conditions.....	10	0
Child Custody Protections.....	10	0	Reasonable Access For Minors.....	10	6
DUI Protections.....	7	0	Reasonable Caregiver Background Check Requirements.....	5	0
Employment Protections.....	7	0	Number of Caregivers.....	5	0
Explicit Privacy Standards.....	10	0	Patient/Practitioner Focused Task Force/Advisory Board.....	5	0
Housing Protections.....	7	0	Reasonable Fees (Patients & Caregivers).....	15	10
Does Not Create New Criminal Penalties for Patients.....	7	2	Allows Multiple-Year Registrations.....	5	1
Organ Transplants.....	7	0	Reasonable Physician Requirements.....	10	1
Reciprocity.....	5	0	Financial Hardship Program (Fee Waivers/Discount Medicine).....	10	1
Scheduling.....	5	1	TOTAL for issue.....	100	24
TOTAL for issue.....	100	13			
Access to Medicine			*Consumer Safety & Provider Requirements		
Allows Dispensing Facilities*.....	25	1	Mandatory Testing and Labeling Requirements.....	5	0
Personal Cultivation.....	25	0	Training.....	3	0
Collective Gardens.....	10	0	Product Safety Protocols.....	4	0
Explicit Right to Edibles/Concentrates/Other Forms.....	10	0	Ownership/Employment Restrictions.....	1	0
Does Not Impose Limits or Bans on THC.....	10	1	Does Not Require Vertical Integration.....	1	0
Does Not Impose Minimum CBD Requirements.....	10	1	Allows for a Reasonable Number of Dispensing Facilities.....	3	0
Allows Access to Dried Flowers.....	10	0	Provisions for Labor Standards.....	2	0
TOTAL for issue.....	100	3	Environmental Impact Regulations.....	2	0
Functionality			Choice of Dispensary Without Restrictions.....	2	0
Patients are able to obtain medicine.....	30	0	Municipal Bans/Zoning.....	1	0
Free of significant administrative or supply problems.....	20	0	No sales tax or reasonable sales tax.....	1	1
Legal protections within reasonable timeframe.....	20	1	TOTAL for issue.....	25	1
Reasonable Possession Limit (ounces).....	10	2			
Reasonable Purchase Limits.....	10	2	Total out of 400.....	46	
Allows Patients to Medicate Where They Chose.....	10	1	Average:.....	12	
TOTAL for issue.....	100	6			

Final Grade**F**

Areas for improvement: Future legislation and regulations must: recognize physicians' right to recommend medical cannabis to any patient who can receive medical benefit from it, create civil discrimination protection for patients, allow access to THC and whole plant cannabis from dispensaries, allow patients to cultivate their own medicine, and institute consumer safety and provider requirements.

Background: In 2014, Wisconsin passed AB 726, which creates a legal right for patients with seizure disorders to possess and use CBD-rich medicines if they have a written recommendation. The law allows medical practitioners to dispense CBD but provides no guidance on how they may obtain it, nor does the law address production or distribution. The law only removes criminal penalties for CBD and does not authorize the possession or use of THC in any quantity. Nearly all CBD-rich products have at least some amount of THC, making the production of qualifying medicine practically impossible.

5. CONCLUSION

Thirty-four states and the District of Columbia have now passed some kind of medical cannabis law that recognizes the acceptable medical use of the plant or its components and provides some degree of legal protection to qualifying patients. A handful of these laws are meeting the needs of patients, but many are not functioning at all. Policy makers who want to make medical cannabis laws work for patients and the communities they live in do not have to reinvent the wheel. They need only to look past special interest groups and listen to their patient population. ASA calls on lawmakers to create laws and regulations that include product safety measures, complete access plans, and civil protections. It is our hope that policymakers engaged in these thirty-four experiments in democracy prioritize patients' needs as they further implement these programs, and that other states are mindful of those needs as they create new ones.

This matrix has the potential to help policymakers improve medical cannabis laws so they provide patients with better services and protections, but many of the inequities that result from current state laws are the direct result of outdated federal policy. The intransigence of the federal government in maintaining cannabis as a Schedule I substance, defining it as a dangerous drug with no medical value, is at the root of our patchwork system in which many legislators pride themselves on passing the "most restrictive law." Rather than hoping to satisfy the shifting and questionable priorities of the federal government, however, states must be encouraged to keep patients' needs a priority. This is why ASA has maintained a dual approach of working to pass functional state medical cannabis laws while urging the federal government to develop a comprehensive public health policy for medical cannabis. Only once a comprehensive policy is in place will the needs of patients across the country be met, no matter where they live.

Americans for Safe Access looks forward to the day when policymakers boast that their state's medical cannabis program will help patients the most, rather than it is the most restrictive in the country.

6. MODEL LEGISLATION

WHEREAS cannabis has been used as a medicine for at least 5,000 years and can be effective for serious medical conditions for which conventional medications fail to provide relief;

WHEREAS modern medical research has shown that cannabis can slow the progression of such serious diseases as Alzheimer's and Parkinson's and stop HIV and cancer cells from spreading; has both anti-inflammatory and pain-relieving properties; can alleviate the symptoms of epilepsy, PTSD and multiple sclerosis; is useful in the treatment of depression, anxiety and other mental disorders; and can help reverse neurological damage from brain injuries and stroke;

WHEREAS the World Health Organization has acknowledged the therapeutic effects of cannabinoids, the primary active compounds found in cannabis, including as an anti-depressant, appetite stimulant, anticonvulsant and anti-spasmodic, and identified cannabinoids as beneficial in the treatment of asthma, glaucoma, and nausea and vomiting related to illnesses such as cancer and AIDS;

WHEREAS the American Medical Association has called for the review of the classification of cannabis as a Schedule I controlled substance to allow for clinical research and the development of cannabinoid-based medicines;

WHEREAS the National Cancer Institute has concluded that cannabis has antiemetic effects and is beneficial for appetite stimulation, pain relief, and improved sleep among cancer patients;

WHEREAS the American Herbal Pharmacopoeia and the American Herbal Products Association have developed qualitative standards for the use of cannabis as a botanical medicine;

WHEREAS the U.S. Supreme Court has long noted that states may operate as "laboratories of democracy" in the development of innovative public policies;

WHEREAS twenty-three states and the District of Columbia have enacted laws that allow for the medical use of cannabis (marijuana);

WHEREAS ten additional states have enacted laws authorizing the medical use of therapeutic compounds extracted from the cannabis plant;

WHEREAS more than 17 years of state-level experimentation provides a guide for state and federal law and policy related to the medical use of cannabis;

WHEREAS accredited educational curricula concerning the medical use of cannabis have been established that meets Continuing Medical Education requirements for practicing physicians;

WHEREAS the Department of Justice has issued guidance to U.S. Attorneys indicating that enforcement of the Controlled Substances Act is not a priority when individual

patients and their care providers are in compliance with state law, and that federal prosecutors should defer to state and local enforcement so long as a viable state regulatory scheme is in place;

Be it enacted by the People of (State) and by their authority:

Section 1. Purpose and Intent.

The citizens of (State) intend that there should be no criminal or civil penalty under state law for qualifying patients who use cannabis as a medical treatment or for the personal caregivers who may assist those patients, the physicians and health care professionals who certify patients as qualifying for medical use, or the individuals who provide medical cannabis to qualified patients or otherwise participate in accordance with state law and regulations in the medical cannabis program, as defined herein.

The purpose of this act is to:

- (a) provide legal protections to persons with medical conditions who engage in the use of cannabis to alleviate the symptoms of a medical condition under the supervision of a medical professional; and
- (b) allow for the regulated cultivation, manufacture, processing, delivery, and possession of cannabis as permitted by this chapter;

Section 2. Definitions

As used in this Law, the following words shall, unless the context clearly requires otherwise, have the following meanings:

(A) “Bona fide medical professional-patient relationship” means a patient and a licensed health care professional that includes:

- 1) Referral from a primary care practitioner or a physical examination and review of medical history
- 2) An explanation of the benefits and risks of medical use of cannabis
- 3) On-going expectation of care

(B) “Cannabis” has the meaning given “marijuana” in [insert state-relevant code citation] of the General Laws.

(C) “Cannabis-derived product” means: a product other than whole-plant cannabis which is manufactured from cannabis and is intended for use or consumption by humans through means such as, but not limited to, food stuffs, extracts, oils, tinctures, topicals, and suppositories.

(D) “Card holder” shall mean a qualifying patient, a personal caregiver, or a medical cannabis agent who possesses a valid registration card issued by the Department.

(E) "Cultivation facility" means a business that:

1. Is registered with the Department of Agriculture; and
2. Acquires, possesses, cultivates, harvests, dries, cures, and packages cannabis and other related supplies for the purpose of delivery, transfer, transport, supply, or sales to:
 - (a) dispensing facilities;
 - (b) processing facilities;
 - (c) manufacturing facilities;
 - (d) other cultivation facilities;
 - (e) research facilities.
 - (f) independent testing laboratories.

(F) "Department" shall mean the Department of Public Health of (STATE), or its successor agency.

(G) "Dispensing facility" shall mean a business that:

1. is registered with the Department; and
2. acquires and possesses cannabis and cannabis-derived products for the purpose of sales, delivery transport, transfer, and distribution to:
 - a) cardholding qualifying patients;
 - b) cardholding personal caregivers;
 - c) other dispensing facilities;
 - d) independent testing laboratories.

(H) "Excluded felony offense" means:

1. A criminal offense for which the sentence, including any term of probation, incarceration or supervised release, was completed more than 10 years before the date of application to participate in the state medical cannabis program described herein; or
2. An offense involving conduct that would be immune from arrest, prosecution or penalty pursuant to this law,

(I) "Independent testing laboratory" shall mean a private and independent testing facility that tests cannabis and/or cannabis-derived products that are to be sold by a licensed medical cannabis establishment to identify the content of the cannabis or cannabis-

derived products, including but not limited to such constitutive elements as cannabinoids, to detect the presence of any pesticides, bacteria, or other contaminants, and/or for other purposes determined by the Department.

(J) "Manufacturing facility" means a business that

1. Is registered with the Department; and
2. Acquires, possesses, manufactures, and packages cannabis-derived products for the purpose of delivery, transfer, transport, supply or sale to
 - a) dispensing facilities;
 - b) other manufacturing facilities;
 - c) processing facilities;
 - d) independent testing laboratories.

(K) "Medical cannabis agent" shall mean an employee, staff volunteer, officer, or board member of a "medical cannabis establishment,"

(L) "Medical cannabis establishment" shall mean an entity, as defined by State law, registered under this law including: medical cannabis 1) cultivation facilities; (2) processing facilities (3) manufacturing facilities; (4) independent testing laboratories; (5) dispensing facilities, and (6) a business that is authorized to operate more than one of the types of businesses listed in (L)(1)-(5).

(M) "Medical cannabis establishment registration certificate" means a registration certificate that is issued by the Department pursuant to authorize the operation of a medical cannabis establishment pursuant to this statute.

(N) "Medical use of cannabis" shall mean the acquisition, cultivation, possession, processing, manufacturing, transfer, transportation, sale, distribution, dispensing, or administration of cannabis and/or cannabis derived products for the benefit of qualifying patients

(O) "Ninety-day supply" means the amount of cannabis that a qualifying patient or their personal caregiver may presumptively possess for the qualifying patient's personal medical use.

(P) "Nonresident card" means a card or other identification that:

1. Is issued by a state or jurisdiction other than [State]; and
2. Is the functional equivalent of a registration card

(Q) "Paraphernalia" means accessories, devices and other equipment that is necessary or used to assist (or facilitate) in the consumption of medical cannabis

(R) "Personal caregiver" shall mean a person who has agreed to assist with a qualifying

patient's medical use of cannabis.

(S) "Processing facility" means a business that:

1. Is registered with the Department; and
2. Acquires, possesses, trims, inspects, or grades cannabis or places cannabis in bulk storage or retail containers for the purpose of delivery transfer, transport, supply or sales to:
 - (a) dispensing facilities;
 - (b) manufacturing facilities;
 - (c) other processing facilities;
 - (d) independent testing laboratory

(T) "Qualified medical professional" is any individual authorized in the STATE to prescribe medications or any other medical professional authorized by the Department to recommend cannabis pursuant to this statute.

(U) "Qualifying medical condition" shall mean any condition for which treatment with medical cannabis would be beneficial, as determined by a patient's qualified medical professional, including but not limited to cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, post-traumatic stress disorder, arthritis, chronic pain, neuropathic and other intractable chronic pain, and multiple sclerosis.

(V) "Qualifying patient" shall mean a person who has a written recommendation from a qualified medical professional for the medical use of cannabis.

(W) "Registration card" shall mean a personal identification card issued by the Department to authorize participation in [STATE]'s medical cannabis program of a qualifying patient, personal caregiver, or medical cannabis agent. The registration card shall identify for the Department and law enforcement those individuals who are exempt from State criminal and civil penalties for conduct pursuant to this Chapter.

(X) "Restricted access area" shall mean a location where cannabis is cultivated, including open air, green house, row cover, or other structure that secures the cultivating cannabis from non-card holders or individuals authorized by the Department while obscuring the view of cannabis from any public right of way.

(Y) "Written recommendation" means a document authorizing a patient's medical use of cannabis that is written on tamper-resistant paper and signed by a qualified medical professional. Such recommendation shall be made only in the course of a bona fide medical professional-patient relationship and shall specify the qualifying patient's qualifying medical condition(s).

Section 3: Scheduling of Cannabis

Under section [STATE STATUTE] Cannabis will be classified as a Schedule 4 substance.

Section 4. Protection from State Prosecution and Penalties for Qualified Medical Professionals

A qualified medical professional shall not be penalized under [State] law, in any manner, or denied any right or privilege, for:

- (A) advising a qualifying patient about the risks and benefits of the medical use of cannabis; or
- (B) providing a qualifying patient with a written recommendation, based upon a full assessment of the qualifying patient's medical history and condition, that the use of cannabis may prove beneficial for the patient's condition(s).

Section 5. Protection From State Prosecution and Penalties for Card Holders

A card holder shall not be subject to arrest, prosecution, or civil penalty, under (STATE) law, provided the card holder:

- (A) is in possession of his or her registration card;
- (B) if the cardholder is a patient, has no more than a 90-day supply of cannabis;
- (C) if the card holderr is a personal caregiver, has no more than a 90-day supply for each qualifying patient who has designated the card holder as a personal caregiver under this Chapter; and
- (C) is acting in accordance with all the requirements of this law.

Section 6. Affirmative Defense

An individual may establish an affirmative defense to charges of violations of state law relating to cannabis through proof at trial, by a preponderance of the evidence, that their use was medical if the individual is:

- (A) a qualifying patient or a personal caregiver who is not registered with the (STATE) but is in compliance with all other terms and conditions of the state law; or
- (B) a qualifying patient or a personal caregiver who is in possession of more than a 90-day supply of cannabis and can demonstrate the amount possessed in excess of the 90-day supply was necessary to provide a consistent and reliable source of medical cannabis to treat the qualifying patient.
- (C) a non-resident of [STATE] shall be considered a qualifying patient for this Section if they have can establish through a preponderance of the evidence that an individual authorized in their state of residence who is authorized to prescribe medications has recommended the therapeutic use of cannabis for the non-resident.

Section 7. Protection Against Forfeiture and Arrest

(A) The lawful possession, cultivation, processing, transfer, transport, distribution, or manufacture of medical cannabis and/or cannabis-derived products as authorized by this law shall not result in the forfeiture or seizure of any property.

(B) No person shall be arrested or prosecuted for any criminal or civil offense solely for being in the presence of medical cannabis or its use as authorized by this law.

[C] No person shall be subject to arrest or prosecution for a marijuana offense if that person is in possession of a valid registry identification card and is in compliance with this law.

Section 8. Discrimination Prohibited

(A) Unless a failure to do so would cause the employer to lose a monetary or licensing-related benefit under federal law or federal regulations, an employer may not discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, based upon either of the following:

1. The person's status as a qualifying patient, caregiver, or cardholder; or
2. A qualifying patient, caregiver, or cardholder tests positive for cannabis components or metabolites, unless the individual was impaired by cannabis on the premises of the place of employment or during the hours of employment.

(B) Unless required by federal law or required to obtain federal funding, no landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of an individual's status of a qualifying patient or cardholder under this act.

(C) For the purposes of medical care, including organ transplants, a qualifying patient's medical use of cannabis does not constitute the use of an illicit substance or otherwise disqualify a qualifying patient from medical care.

(D) Neither the presence of cannabinoid components or metabolites in a person's bodily fluids, nor conduct related to the medical use of cannabis by a custodial or noncustodial parent, grandparent, pregnant woman, legal guardian, or other person charged with the well-being of a child, shall form the sole or primary basis for any action or proceeding by a child welfare agency or a family or juvenile court. This subsection shall apply only to conduct in compliance with this chapter.

Section 9. Driving Protections

A qualifying patient shall not operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of cannabis. A qualifying patient shall not be considered to be under the influence of cannabis solely because of the detectable presence of cannabis components or metabolites.

A person's status as a qualified patient is not a sufficient basis for conducting roadside sobriety tests or the suspension of a driver's license. The officer must have an independ-

ent, factual basis giving reasonable suspicion that the person is driving under the influence of cannabis to conduct standardized field sobriety tests.

Section 10. Recognition of nonresident cards.

(A) The (STATE) and the medical cannabis dispensing facilities in this State which hold valid medical cannabis establishment registration certificates will recognize a medical cannabis registry identification card issued by another state or the District of Columbia only under the following circumstances:

- (1) The state or jurisdiction from which the holder or bearer obtained the nonresident card grants an exemption from criminal prosecution for the medical use of cannabis;
- (2) The nonresident card has an expiration date and has not yet expired;
- (3) The holder or bearer of the nonresident card signs an affidavit in a form prescribed by the Department which sets forth that the holder or bearer is entitled to engage in the medical use of cannabis in his or her state or jurisdiction of residence; and
- (4) The holder or bearer of the nonresident card is in possession of no more than a 90-day supply of cannabis.

(B) For the purposes of the reciprocity described in this section:

- (1) The amount of medical cannabis that the holder or bearer of a nonresident card is entitled to possess in his or her state or jurisdiction of residence is not relevant; and
- (2) Under no circumstances, while in this State, may the holder or bearer of a nonresident card possess cannabis for medical purposes in excess of a 90-day supply of cannabis.

Section 11. Limitations of Law

(A) Nothing in this law requires any physician to recommend the use of medical cannabis for a patient.

(B) Nothing in this law requires any accommodation of on-site medical use of cannabis in a place of employment, school bus or on school grounds or in any youth center, or in any correctional facility.

(C) Nothing in this law supersedes (STATE) law prohibiting the possession, cultivation, transport, distribution, or sale of cannabis for nonmedical purposes.

(D) Nothing in this law prohibits any place of employment from creating accommodations for use of medical cannabis

(E) Nothing in this law authorizes personal caregivers to consume medical cannabis

acquired for a qualifying patient that they serve.

Section 12. Department to define presumptive 90-day supply for qualifying patients.

Within 120 days of the effective date of this law, the Department shall issue regulations defining the quantity of cannabis that may reasonably be presumed to be a ninety-day supply for qualifying patients, based on the best available medical evidence. This amount shall determine that amount of medical cannabis a qualifying patient or their personal caregiver may possess.

Section 13. Registration of medical cannabis establishments

(A) Within 120 days of the effective date of this law, the Department shall establish a method for licensing medical cannabis establishments and begin accepting applications for medical cannabis establishments to register with the Department. Medical cannabis establishments must register with the Department pursuant to this method.

(B) Not later than ninety days after receiving an application for a medical cannabis establishment, the department shall register the medical cannabis establishment if:

1. The prospective medical cannabis establishment has submitted:
 - (a) An application fee in an amount to be determined by the Department or Department of Agriculture consistent with Section 20 of this law.
 - (b) An application, including:
 - (i) the legal name and physical address of the establishment;
 - (ii) the name, address and date of birth of each principal officer and board member.
 - (c) Operating procedures consistent with Department rules for oversight
2. None of the principal officers or board members has served as a principal officer or board member for a medical cannabis establishment that has had its registration certificate revoked.

(C) In the first year after the effective date, the Department shall issue registrations for up to [XXX] medical cannabis establishments, provided that at least one dispensing facility shall be located in each county, and not more than five shall be located in any one county. In the event the Department determines in a future year that the number of dispensing facilities is insufficient to meet patient needs, the Department shall have the power to increase the number of registered medical cannabis dispensing facilities in the state, or raise the limit of medical cannabis dispensing facilities in a county.

(D) A medical cannabis establishment registered under this section shall not be penalized, and its registered medical cannabis agents shall not be penalized or arrested under [STATE] law for acquiring, possessing, cultivating, processing, transferring, trans-

porting, selling, distributing, or dispensing cannabis, and cannabis derived products to qualifying patients who are cardholders or their personal caregivers who are cardholders.

Section 14. Registration of medical cannabis agents.

(A) A medical cannabis agent shall be registered with the Department before volunteering or working at a medical cannabis establishment.

(B) A medical cannabis establishment must apply to the Department for a registration card for each affiliated medical cannabis agent by submitting the name, address, and date of birth of the agent.

(C) A registered medical cannabis establishment shall notify the department within one business day if a medical cannabis agent ceases to be associated with the facility, and the agent's registration card shall be immediately revoked.

Section 15. Patient Cultivation Registrations.

The Department shall issue a cultivation registration to a qualifying patient or their personal caregiver. No more than 10 qualified patients may collectively cultivate, and each participating patient must obtain a cultivation registration. The Department may deny a registration based on the provision of false information by the applicant. Such registration shall allow the qualifying patient or their personal caregiver to cultivate an area of limited square footage of plant canopy, sufficient to maintain a 90-day supply of cannabis, and shall require cultivation and storage only in a restricted access area.

The Department shall issue regulations consistent with this section within 120 days of the effective date of this law. Until the department issues such final regulations, the written recommendation of a qualifying patient's physician shall constitute a limited cultivation registration.

A qualifying patient or personal caregiver shall not be considered to be in possession of more than a 90-day supply at the location of a restricted access area used collectively by more than one patient, so long as the total amount of cannabis within the restricted access area is not more than a 90-supply for all the participating qualifying patients. A copy of each qualifying patient's written recommendation shall be retained at the shared enclosed locked facility.

Section 16. Medical cannabis registration cards for qualifying patients and designated caregivers.

(A) A qualifying patient may apply to the Department for a single or multiple-year medical cannabis registration card by submitting:

1. Written certification from a physician.
2. An application, including:
 - (a) Name, address unless homeless, and date of birth.

(b) Name, address, and date of birth of the qualifying patient's personal caregiver, if any.

(B) A physician may deem a card valid for one year or two years

(C) Until the Department begins to issue registration ID cards, a licensed physician's written certification shall provide a qualifying patient the same legal status as a card holder.

(D) The Department shall issue any rules necessary for how an employee of a hospice provider, nursing, or medical facility providing care to a qualifying patient may serve as a personal caregiver for the purposes of administering medical cannabis to a qualifying patient.

Section 17. Registration of Independent testing laboratory

(A) The Department shall establish analytic standards based on the American Herbal Pharmacopeia's Cannabis Monograph and certify private and independent testing laboratories to test medical cannabis and cannabis-derived products that are to be sold by a licensed medical cannabis establishment.

(B) Such a laboratory must be able to accurately determine the following for all medical cannabis and cannabis-derived products sold by medical cannabis establishments:

- (1) The concentration therein of delta-9 tetrahydrocannabinol (THC), and cannabidiol (CBD) .
- (2) The presence and identification of molds and fungi.
- (3) The presence and concentration of pesticides, fertilizers and other nutrients.

(C) The Department shall establish within 120 days of the effective date of this law an application process for the registration of independent testing laboratories.

Section 18. Creation of an Advisory Committee on Medical Cannabis.

(A) Within 120 days of the effective date of this law, the Director of the Department shall create the Advisory Committee on Medical Cannabis (Committee), consisting of 11 members to be appointed by the Director.

(B) The Director shall appoint as members of the Committee: at least one person who possesses a qualifying patient registry identification card, at least one person who is a designated primary caregiver of one or more qualifying patients, at least one person who is an officer, board member, or other responsible party for a licensed medical cannabis dispensing facility, and at least one person who is a licensed medical professional with knowledge of and experience with treating patients with medical cannabis; provided that the Director shall appoint of an officer, board member, or other responsible party for a licensed medical cannabis dispensing facility within 270 days of the effective date of the this law. The Director shall appoint nine members of the Committee within 120 days of the effective date of this law, and shall appoint an additional 2 members to the Committee within 270 days of the effective date of this law.

(C) The Committee shall advise the director on the administrative aspects of the [STATE] Medical Cannabis Program, review current and proposed administrative rules of the program, and provide annual input on the fee structure of the program.

(D) The Committee shall meet at least four times per year, at times and places specified by the Director.

(E) The Department shall provide staff support to the committee.

(F) All agencies of state government are directed to assist the Committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish information and advice that the members of the committee consider necessary to perform their duties.

(G) Committee members shall serve a term of four years; provided that in order to maintain five of the members initially appointed to the Committee, as determined by the Director at the time of appointment, shall serve terms of two years. Appointments to fill vacancies shall be appointed by the Director no later than 30 days prior to the end of a term of a current Director, or within 30 days of a resignation or vote of removal of a Committee member by a three-quarters majority vote of the other members of the Committee.

Section 19. Product Safety

The Department will adopt product safety standards for the cultivation, processing, manufacturing, labeling, testing, and distribution of cannabis based on the American Herbal Products Association Cannabis Guidelines and determine a comprehensive plan for inspection, oversight, and enforcement of such guidelines.

Section 20. Implementation of Regulations and Fees.

Within 120 days of the effective date of this law, the Department with the Department of Agriculture shall issue regulations for the implementation of Sections 15 through 22 of this Law. The Department shall create a Merit Based Approval Process, to solicit the best applications for Medical Cannabis Establishments that include solutions to foreseeable environmental, product safety, public safety, and labor & employment issues. The Department shall set application fees for medical cannabis establishments so as to defray the administrative costs of the medical cannabis program and thereby make this law revenue neutral. The Department shall establish different categories of medical cannabis establishment agent registration cards, including, without limitation, criteria for mandatory training and certification for each of the different types of medical cannabis establishments at which such an agent may be employed or volunteer. Fees shall be on a sliding scale based on the projected and/or annual gross of the medical cannabis establishment.

Until the approval of final regulations, written certification by a physician shall constitute a registry identification card for a qualifying patient. Until the approval of final regulations, a certified mail return receipt showing compliance with Section 12 (A) (2) (b) above by a qualifying patient, and a photocopy of the application, shall constitute a

registry identification card for that patient's personal caregiver.

Section 21. Confidentiality

The Department shall maintain a confidential list of the persons issued medical cannabis registry identification cards. Individual names and other identifying information on the list shall be exempt from the provisions of (STATE) Public Records Law, and not subject to disclosure, except to employees of the department in the course of their official duties.

It shall be a crime, punishable by up to one hundred eighty (180) days in jail and a one thousand dollar (\$1,000) fine, for any person, including an employee or official of the department or another state agency or local government, to breach the confidentiality of information obtained pursuant to this chapter. Notwithstanding this provision, the Department employees may notify law enforcement about falsified or fraudulent information submitted to the department.

Non-public data maintained by the Department may not be used for any purpose not provided for in this Act, and may not be combined or linked in any manner with any other list, dataset, or database.

Section 22. Effective Date.

This law shall be effective [MONTH DAY, YEAR].

Section 22. Severability.

The provisions of this law are severable, and if any clause, sentence, paragraph, or section of this measure, or an application thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof but shall be confined in its operation to the clause, sentence, paragraph, section, or application adjudged invalid.

7. RECOMMENDATIONS FOR REGULATORS

The American Herbal Products Association's (AHPA) Cannabis Committee has issued regulatory recommendations for medical cannabis operations. The recommendations found below specifically address standards for cultivation, laboratory analysis, distribution, and manufacturing.

AHPA, the leading group representing the herbal products industry, founded the Cannabis Committee in 2010 with Americans for Safe Access (ASA) to establish guidelines for safe use and responsible commerce of these legally marketed products.

AHPA CANNABIS CULTIVATION AND PROCESSING OPERATIONS

www.ahpa.org/Portals/0/pdfs/13_1113_Cannabis_Cultivation_Recommendations.pdf

AHPA CANNABIS DISPENSING OPERATIONS

www.ahpa.org/Portals/0/pdfs/13_0709_Cannabis_Dispatching_Recommendations.pdf

AHPA CANNABIS LABORATORY OPERATIONS

www.ahpa.org/Portals/0/pdfs/13_0709_Cannabis_Lab_Recommendations.pdf

AHPA CANNABIS MANUFACTURING OPERATIONS

www.ahpa.org/Default.aspx?tabid=267