As New York Enacts Bill, ASA Issues Analysis of State Laws

On July 7, Governor Andrew Cuomo signed a bill making New York the 23rd state to allow legal access to medical cannabis. The final version of the law reflects compromises demanded by the Gov. Cuomo that impose substantial restrictions on access, aligning the state with others that hamper patient care such as Illinois and Minnesota. The day of the signing, Americans for Safe Access issued a report analyzing the effectiveness and differences of the patchwork of state medical cannabis laws in the US.

ASA’s new report, Medical Marijuana Access in the U.S., evaluates state laws from a patient’s perspective. ASA’s analysis finds that no state has yet established an ideal, comprehensive program, and restrictive medical cannabis laws fail to meet the needs of most patients. Forty-seven percent of the U.S. population now lives in a state with a medical cannabis law.

National Trade Group Releases Manufacturing Guidelines

The American Herbal Products Association (AHPA) released medical cannabis manufacturing guidelines July 22, completing its seed-to-sale recommendations for industry and regulators. The non-profit AHPA, which has been for more than three decades the leading trade organization for the multi-billion dollar herbal products industry, has identified best-practice standards for cannabis operations ranging from cultivation and distribution to manufacturing and laboratory analytics.

Those standards are the basis of a new ASA program for the medical cannabis industry called Patient Focused Certification (PFC), which audits and certifies compliance for all types of medical cannabis businesses and organizations nationwide. The PFC program also incorporates the expert standards set by American Herbal Pharmacopoeia (AHP) for the plant’s identity, purity, and quality.

“Medical cannabis is one of the safest medicines used today,” said ASA Executive Director Steph Sherer. “But industry standards that ensure the quality and reliability of all cannabis products are critical to the confidence of both consumers and regulators.”

The first product recall of a medical cannabis product was announced by the Denver Department of Environmental Health on July 17. Although there have been no reports of problems with the line of edible products recalled from the dozens of Colorado dispensaries, Denver authorities determined that they were manufactured in part with “equipment not intended for food manufacturing” that could lead to “possible contamination from unsanitary equipment.”

Federal CBD-Only Bill Introduced in House

A House bill introduced July 29 would create an exception to federal prohibition for “therapeutic hemp” cannabis plants and derivatives with an extremely low THC content, potentially allowing the production of cannabidiol (CBD) medicines. HR 5226, introduced by Rep. Scott Perry (R-PA) with cosponsors Paul Broun (R-GA), Steve Cohen (D-TN) and Dana Rohrabacher (R-CA), would allow cannabis plants with a THC content of less than 0.3% to be grown everywhere in the United States.

The bill mirrors in some respects restrictive laws passed recently in states such as Alabama, Mississippi and Tennessee that would allow CBD-only extracts for a narrow group of qualifying patients. HR 5226 defines “therapeutic hemp” as cannabis with THC “not more than 0.3 percent.” Six of the state CBD-only laws passed this year allow between 0.5% and 3% THC. Most CBD-derivative medicines are defined by the ration of CBD to THC.

The bill has been referred to the House Energy and Commerce and Judiciary committees. To date, no federal medical cannabis legislation has obtained a Congressional hearing.
Chapter Profile: Michigan ASA

The focus of the Michigan ASA Chapter is to guide the conversation in both media and the legislature toward securing patient rights, and support the state’s informal league of organizations while chapter membership is building. To accomplish this, Michigan ASA has relied on a core group of notable activists currently led by Chair Jamie Lowell, co-founder of the 3rd Coast Compassion Center, the state’s longest-running medical marijuana safe access center.

One of the chapter’s first actions was a rally outside the federal courthouse in Detroit to protest the federal prison sentences for the Duval family and members of the Lansing 7, an action that garnered national media attention. Michigan ASA has also submitted position papers to the Michigan legislature on various patient-related bills, most notably those that would restore legal access to edible and concentrated forms of cannabis medicines and create access centers across the state.

In conjunction with other state-based organizations, Michigan ASA generated 10,000 self-addressed postcards to give citizens an easy way to contact their state Senators. The chapter has also promoted a Unity Letter sent to the Senate in support of legislation.

Michigan ASA’s public profile includes frequent media quotes and appearances on television and radio shows where members are identified by their ASA affiliation, as well as testimony to the House, Senate, and officials who oversee the medical marijuana act (LARA) program. Michigan ASA has had booths at most of the major marijuana and rights-based conventions and expos across the state, and speakers have been introduced as ASA representatives at the Hash Bash, Monroe Street Fair and the High Times Medical Cannabis Cup.

ASAs state report uses a point system to evaluate each state medical cannabis law on its effectiveness in four categories: 1) patients’ rights and protection from discrimination, 2) access to medicine, 3) ease of navigation, and 4) functionality. The report provides state legislators and regulators a way to compare approaches and identify what is important from the standpoint of patients. No state received a grade of “A” for their law, but the four highest-ranking states are California, Maine, Rhode Island, and Washington.

The full report with each state’s grade and a summary of its law, as well as an explanation of the detailed evaluation criteria, is online at AmericansForSafeAccess.org/accessreport.

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The state-by-state evaluation reveals that most provide patients with protection from both arrest and prosecution, incorporate a production and distribution program, and allow patients and their caregivers to cultivate a personal supply of medical cannabis. Recent state laws are more likely to protect patients from civil discrimination and incorporate product safety and industry standards.

Progress has not been steady. As some states have implemented production and distribution models, local governments have found ways to ban such activity, leaving patients without access. Other state laws remain inoperable for all practical purposes.

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from deducting business expenses when filing income taxes, requiring them to pay taxes on gross revenue rather than net income.

Despite the DOJ guidance, licensed dispensaries in California and Colorado are still being targeted by the IRS as a tactic for closing them down. The banking amendment — introduced by Representatives Denny Heck (D-WA), Dana Rohrabacher (R-CA), Ed Perlmutter (D-CO), and Barbara Lee (D-CA) — aims to curb these audits and give the banking industry the go-ahead to service medical cannabis businesses.

The House rejected, 186-236, an opposing amendment to the budget bill that would have prohibited Treasury from implementing Department of Justice (DOJ) guidance that permits banks to service medical cannabis businesses.

“We’re seeing a sea-change in Congressional support for state and local medical marijuana programs,” said Mike Liszewski, Government Affairs Director with ASA, which has been lobbying lawmakers on these issues. "The House has again told the Obama Administration to stop meddling with state medical marijuana laws."

The two latest votes in support of regulated medical cannabis businesses come two months after the House approved a budget amendment to restrict DOJ enforcement in medical cannabis states. A companion Senate amendment to the DOJ budget has been filed by Rand Paul (R-KY) and Cory Booker (D-NJ); a vote on it is expected later this summer.

ACTION ALERT: Get Informed at VoteMedicalMarijuana.org

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View grades for state medical marijuana programs; call or email your representative; request ASA’s Voter Guide; sign up for Action Alerts; view and promote our TV ads; register to vote.

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