ASA’s 2014 YEAR IN REVIEW

Congress Calls Ceasefire in Medical Cannabis States

Congress in 2014 called a ceasefire in the federal war on medical cannabis. In the first change in federal law affecting patients since 1970, when it classified cannabis as a dangerous drug with no medical use, Congress approved a budget amendment that prohibits Justice Department funds from being used to prevent states from implementing medical cannabis laws. The new restrictions on federal enforcement are part of the 2015 funding bill for the Commerce-Justice-Science (CJS) budgets and expire at the end of the fiscal year, September 30, 2015.

Known as the Rohrabacher-Farr or CJS amendment, it first passed the House in May 2014 by a bipartisan 219-189 vote and was then passed by both houses of Congress as part of an omnibus spending bill on December 13, 2014. The bill was signed into law by President Obama on December 16, 2014.

States Pass or Implement Safe Access Laws

2014 was a remarkable year for safe access. New medical access programs were set in motion by the legislatures in Maryland, Minnesota and New York, a host of conservative states enacted bills limited to cannabis extracts, and three more approved adult use.

On April 14, Maryland Governor Martin O’Malley signed into law HB 881, which replaces a flawed program that only reduced criminal penalties for patients with a robust one that provides both legal protections and regulated distribution to qualifying patients. In 2003, the legislature adopted the Darrel Putnam Compassionate Use Act, which provided an affirmative defense but did not prevent patients from being arrested, prosecuted or having to pay a fine. Last year, the legislature passed HB 1101, which would allow "Academic Medical Centers" to distribute cannabis to patients, but eligible hospitals declined to participate. The new law gives regulatory control of dispensaries to a Medical Cannabis Commission that was established last year.

On May 29, Minnesota Governor Mark Dayton signed SF 2470 into law, creating a medical cannabis program that will license two manufacturers of medical cannabis oil extracts and eight distribution centers across the state.

The Minnesota law prohibits any use and possession of the dried, whole-plant flowers, including smoking, which is the method and form most widely used. Only concentrated oil extracts are permitted. Registered patients are protected from arrest, prosecution and civil discrimination. The state is to start supplying patients with medical cannabis oil by July 1.

On July 7, New York Governor Andrew Cuomo signed a restrictive bill making it the latest state to allow legal access to medical cannabis. New York’s law will protect qualified patients from arrest, prosecution and discrimination, and allow as many as 20 licensed distribution facilities across the state. However, the law only allows for products that use an extracted form of medical cannabis, like oil and edibles, which are to be produced under a state-licensed manufacturing process.

Implementation Moving Forward

States that enacted medical cannabis laws recently -- Minnesota, New Hampshire and Illinois -- are in the licensing phase for businesses that will serve patients, while several with delayed programs -- Massachusetts, New Jersey, Maryland and Rhode Island -- are also moving forward to serve patients.

The Rohrabacher-Farr amendment will dramatically curtail DOJ enforcement,” said ASA Government Affairs Director Mike Liszewski, who lobbied tirelessly on Capitol Hill on behalf of this historic measure. “The legislative intent is clear: this doesn’t just prevent direct interference with state implementation but should also end federal medical cannabis raids, arrests, criminal prosecutions, and civil asset forfeiture lawsuits, as well as providing current medical cannabis prisoners with a way to petition for their release.”

The Rohrabacher-Farr amendment was not brought up for a separate vote in the Senate, but it survived conference committee negotiations thanks to the efforts of Sen. Barbara Mikulski (D-MD), chair of the Appropriations Committee, and the patients and parents-activists from Alabama, Kentucky and Virginia who successfully lobbied Sen. Richard Shelby (R-AL), Rep. Hal Rogers (R-KY) and Rep. Frank Wolf (R-VA), the conference committee’s chief opponents to the amendment.

Similar bipartisan amendments to limit federal enforcement in medical cannabis states have been offered seven times over the past 12 years without success. ASA has worked on several fronts to pressure Congress, including citizen lobbying as part of its annual National Medical Cannabis Unity Conference and Lobby Day in Washington, DC. Hundreds of visits from patients and advocates have helped demonstrate to Congress that this is an issue important to their constituents.

Following the House vote on the CJS Amendment, ASA ran 30-second TV advertisements in Maryland, South Florida, and Washington State targeting Members of Congress who opposed medical cannabis reform. The ads are part of ASA’s “Vote Medical Marijuana” campaign, launched in 2014, which includes an interactive online tool (VoteMedicalMarijuana.org) that provides voting statistics and a report card for each Member of Congress. The campaign has also run educational print ads in USA Today and will have a national print ad for the Super Bowl.

When the House vote took place in May, 49 Republicans joined 170 Democrats in favor. The amendment was sponsored this year by six Republicans and six Democrats: Reps. Sam Farr (D-CA), Don Young (R-AK), Earl Blumenauer (D-OR), Tom McClintock (R-CA), Steve Cohen (D-TN), Paul Broun (R-GA), Jared Polis (D-CO), Steve Stockman (R-TX), Dina Titus (D-NV), Justin Amash (R-MI) and Barbara Lee (D-CA).
ASA has extended early registration pricing for ASA’s third annual National Medical Cannabis Unity Conference March 27-31, in Washington, DC. Register before January 31 to save $100 on registration. The tentative agenda for the conference is up on the website, as well as scholarship applications. You can also save money by booking your room now at the Lowes Madison Hotel in the heart of DC. Be sure to tell them you’re with ASA’s National Unity Conference when you make your reservation.

Find out more and register today at nationalmedicalcannabisunityconference.org.

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**Cannabis Business Guidelines Released, Certification Program Launched**

The American Herbal Products Association (AHPA) released the last in a series of medical cannabis 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 representing 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 entities nationwide. PFC also incorporates the expert standards set by American Herbal Pharmacopoeia (AHP) for the plant’s identity, purity, quality and botanical properties.

PFC industry trainings and certifications are co-produced with the Cannabis Training Institute (CTI) to certify that cultivators, manufacturers, distributors, and laboratory technicians adhere to AHP and AHP standards. The PFC certification process is overseen by a review board of scientists, doctors, and industry and regulatory experts. They conduct both a scheduled and surprise facility audit, as well as a staff training audit, and establish procedures for validating complaints. Certified medical cannabis businesses and products can exhibit the PFC seal to help patients make educated purchasing decisions. Dozens of medical cannabis businesses have either achieved certification or begun the PFC process, including in Arizona, California, Colorado, Maine, New Mexico, Washington, and the District of Columbia.

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ASA Report Revealed Limits of State Laws

The day New York enacted its limited new law, Americans for Safe Access issued a report analyzing the effectiveness of all the state medical cannabis laws in the US. Nearly half of the U.S. population now lives in a state with a medical cannabis program.

ASA’s report, Medical Marijuana Access in the U.S., finds that no state has yet established an ideal, comprehensive program, and restrictive medical cannabis laws fail to meet the needs of most patients.

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 recognize the importance of protecting patients from civil discrimination, and more product safety and industry standards have been established in the past few years.

Progress has not been steady. As some states have implemented production and distribution models, local governments have found ways to ban such activity. After years of failed implementation, state laws such as those in Connecticut, Delaware, and New Jersey remain largely inoperable.

Eleven States Enact Extract Bills

Eleven states enacted laws in 2014 making allowance for limited medical use of cannabis extracts rich in CBD, a non-psychoactive cannabinoid with many therapeutic benefits. Most of make no provision for producing or acquiring the medicines, and most restrict qualifying conditions to a short list. Nonetheless, that brings to 35 the number of states that have repudiated the federal government’s position that cannabis has no accepted medical use. The states also expand the political support of medical access, adding many “Red States” to the list of Congressional delegations with a stake in reforming outdated federal policy. The 11 are: Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Wisconsin and Utah.

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In Connecticut, officials have approved six dispensaries to serve the patients the state has been registering for the past two years while the distribution system was being established.

In the District of Columbia, outgoing Mayor Vincent Gray in August signed The Medical Marijuana Expansion Emergency Amendment Act of 2014, which removes the restrictive list of qualifying conditions and increases the plant limit at licensed cultivation centers from 95 to 500 plants. D.C. joins Massachusetts and California as the only jurisdictions that entrust physicians with evaluating which patients and conditions may respond to medical cannabis. The District Department of Health has also taken steps to improve the program.

In November, voters in Alaska, Oregon and the District of Columbia approved ballot measures to allow legal access to cannabis for all adults over the age of 21. Each measure will create a different type of program, with Oregon establishing a broad regulated distribution system, Alaska allowing for cultivation and possession of small amounts of cannabis as well as limited sales, and the District of Columbia simply removing all criminal penalties for personal possession. The three join Colorado and Washington in allowing all adults to use cannabis if the choose.