MEDICAL MARIJUANA ACCESS IN THE UNITED STATES

A PATIENT-FOCUSED ANALYSIS OF THE PATCHWORK OF STATE LAWS

2017 Annual Report
prepared by ASA

AmericansFor SafeAccess

AmericansForSafeAccess.org

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MEDICAL CANNABIS BY THE NUMBERS

44
States with Medical Cannabis Laws

0
Deaths Caused by Cannabis

2 MIL.+
Medical Cannabis Patients in the US

$ 500+ MIL.
Federal Tax Dollars Spent on Federal Interference in Medical Cannabis States before Rohrabacher-Farr CJS Amendment

9,000
Clinical Trial Data Using Cannabis for Pain in Patient Years

50+
Qualifying Medical Conditions in Medical Cannabis Programs

30,000
Studies Published on the Endocannabinoid System

↓25%
Average Drop in Opiate Related Deaths in States with Medical Cannabis Laws

$ 165 MIL.
Federal Prescription Drug Cost Savings in Medical Cannabis States in 2013

89%
Americans Supporting Medical Cannabis

66+
Known Cannabinoids

128,000
Annual Deaths Caused by Prescription Drugs

100 MIL.
Number of Americans Suffering from Chronic Pain

PREFACE: THE STATE OF THE STATES

For the past 15 years, Americans for Safe Access (ASA) has been working nationally to overcome political, social, and legal barriers to medical cannabis (marijuana) by creating policies that improve access for patients and researchers through legislation, education, litigation, research, grassroots empowerment, advocacy and services for patients, government, medical professionals, and medical cannabis providers.

In 2014, with states passing more and more medical cannabis legislation, the laws, programs, and regulations taking shape varied greatly. ASA recognized the need for a rubric for evaluating the individual components of each state's medical cannabis programs to help guide program improvements and inform new legislation and regulations. Now in its third year, we are finding that states have been using our reports for guidance to help them move forward on new legislation and make improvements on existing programs for patients. Legislators and advocates have spent thousands of hours this year making the sweeping changes that are necessary for safe access to medical cannabis.

Since 1996, forty-four states, the District of Columbia, Puerto Rico and Guam have passed laws which grant their residents the right to possess, cultivate, and/or obtain cannabis or cannabis-based products under the care of their physician. These laws address healthcare needs of residents who may benefit from cannabis-based treatments, often where conventional medications have failed. Patient populations include people living with or treating cancer, HIV/AIDS, Multiple Sclerosis, Crohn's Disease, Amyotrophic Lateral Sclerosis (ALS), epilepsy, severe childhood epilepsy disorders such as Dravet Syndrome, Post-Traumatic Stress Disorder (PTSD), chronic pain, and a myriad of other conditions.

Today, more than 300 million Americans live under state medical cannabis laws – about 85% of the U.S. population. ASA estimates that these medical cannabis programs serve approximately two million patients. For every legal medical cannabis patient in the U.S., there is a doctor who has recommended its use.

In a 2013 New England Journal of Medicine poll, 76% of physicians were supportive of the use of medical cannabis in certain circumstances. Physicians may now recommend cannabis-based treatments for over fifty medical conditions and symptoms approved through these programs. State medical boards in medical cannabis states across the country have worked with regulatory agencies and legislators to provide guidance for doctors. In April 2016, the Federation of State Medical Boards (FSMB) adopted "Model Guidelines for the Recommendation of Marijuana in Patient Care."

For the past three years, state sponsored medical cannabis programs have operated under the guidance of federal agency memos (2013 "Cole memo") and Congressionally imposed spending restrictions, which have limited federal interference and effectively created a federal "ceasefire" for states implementing medical cannabis programs. The relative détente between state programs and federal enforcement has spurred an increase in the number of states with medical cannabis laws, allowing these states to move forward with more robust licensing requirements and product safety protocols.

TODAY, MORE THAN 300 MILLION AMERICANS LIVE UNDER STATE MEDICAL CANNABIS LAWS – ABOUT 85% OF THE U.S. POPULATION.

The first medical cannabis states such as California, Oregon, and Washington passed state laws to protect qualified patients from arrest and prosecution and allowed them to cultivate limited amounts of cannabis. These laws anticipated that patients would need to obtain their medicine from a legal market but provided no framework to make that happen. This problem was eventually addressed, and by the late 2000s, production and distribution programs were included in every new law, (with exception of the states allowing limited Cannabidiol (CBD) use). Over the last 20 years, medical cannabis laws have evolved from "criminal exemption laws" into highly regulated programs that include an arduous application process, product safety protocols with extensive monitoring and laboratory testing, rules for doctors and patients, and state compliance inspections.

In 2011, the American Herbal Products Association (AHPA), the principal U.S. trade association and voice of the herbal products industry, created industry-wide product safety protocols for commercial cultivation, manufacturing, distribution, and laboratory testing of medical cannabis products. In 2013, the American Herbal Pharmacopoeia (AHP) issued the Cannabis Inflorescence

Monograph, a comprehensive description of the plant's botany, constituent components, analysis, and quality control. This monograph, authored by the world's leading experts on the plant, provides scientifically valid methods of testing the identity, purity, potency, and quality of cannabis products. Both the AHPA and AHP standards are rapidly being adopted by state regulators to ensure consumer safety.

State agencies or groups of several agencies (such as the Departments of Health, Agriculture, Consumer Affairs, etc.) are tasked with creating and monitoring regulations through all phases of production, issuing licenses for businesses, and coordinating patient enrollment. These State agencies also conduct inspections or work with third-party accreditors to ensure compliance and monitor adverse event reporting and implement product recalls if necessary.

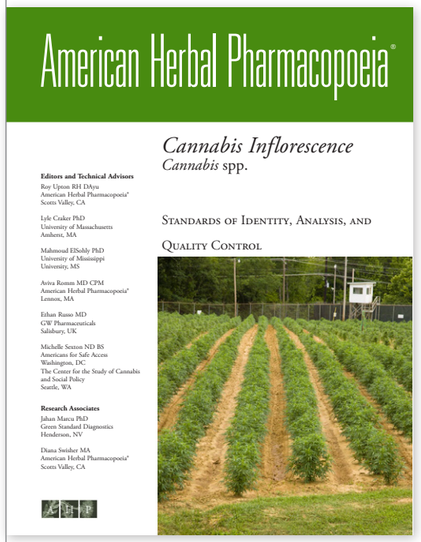
Regulations begin at the application process where criteria are set for who can own, operate, and work in medical cannabis businesses and end with purchasing criteria at the retail point. From seed to consumption, regulations include track and trace functions, security requirements, product safety protocols, staff training, and adverse event reporting and recall procedures. State licensed laboratory testing means that patients in state medical cannabis programs can obtain safe and reliable, consistent products to treat their medical needs.

A 2014 study of 2012 data from the California Behavioral Risk Factor Surveillance system of 7,525 people, found that 5% of Californians reported using medical cannabis for a serious medical condition including chronic pain, arthritis, migraine, and cancer. Interestingly, there was not one demographic, age, or sex that stood out as more likely to use medical cannabis. According to the study's authors, "Our study's results lend support to the idea that medical marijuana is used equally by many groups of people and is not exclusively used by any one specific group." There were similar usage rates among both men and women. Adults of all ages reported medical cannabis use.

In addition, the California study found that 92% of medical cannabis patients reported that cannabis was an effective treatment for serious medical conditions. More than 30% used medical cannabis to treat chronic pain, 11% used it for arthritis, 8% for migraines, and 7% for cancer. Participants also reported using medical cannabis to treat the symptoms of AIDS, glaucoma, muscle spasms, nausea, stress, and depression. Similar results of a patient survey conducted by the Minnesota Department of Health found that 88% of patients and 69% of health care practitioners reported some benefit or greater.

Public health data collected over the past 20 years has shown that despite the vast expansion, states with medical cannabis programs have not experienced increased rates of teen use of cannabis or highway fatalities.

REGULATIONS BEGIN AT THE APPLICATION PROCESS WHERE CRITERIA ARE SET FOR WHO CAN OWN, OPERATE, AND WORK IN MEDICAL CANNABIS BUSINESSES AND END WITH PURCHASING CRITERIA AT THE RETAIL POINT.



MORE THAN 30% USED MEDICAL CANNABIS TO TREAT CHRONIC PAIN, 11% USED IT FOR ARTHRITIS, 8% FOR MIGRAINES, AND 7% FOR CANCER.

In fact, their data shows a variety of public health benefits. In 2014, an article from the Journal of the American Medical Association found that, "States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws." Recently the National Bureau of Economic Research stated in a report, "Our findings suggest that providing broader access to medical marijuana may have the potential benefit of reducing abuse of highly addictive painkillers."

Surveys of medical cannabis patients suggest that cannabis is often used to decrease the use of other drugs. A recent study from the University of Georgia found that Medicare programs experienced a savings of $165.2 million on prescription drugs across 17 states and the District of Columbia from the implementation of medical cannabis laws. The study also reports that the savings would have reached $468 million, if all states had medical cannabis programs.

The cost saving of medical cannabis is also being realized by employers as recent research is showing that states that have legalized medical cannabis access have seen statistically significant declines in employee sick days. A July 2016 study found that workplace absences due to illness dropped between 8 and 15 percent among various subgroups in states with medical cannabis laws.

The number of medical cannabis programs more than doubled under the Obama administration, going from 13 states with medical cannabis laws to 29 states, (plus the District of Columbia, Puerto Rico, and Guam) and 15 additional states with more restrictive cannabidiol (CBD)/cannabis access laws. Under the guidance of the Department of Justice (DOJ) guidelines from the 2013 "Cole memo," states moved forward with laws that would provide access for patients while keeping the programs and its participants out of federal cross hairs. In fact, every medical cannabis state that did not already have a centralized state-run licensing program in 2013, has passed legislation to create one. These states include California, Hawaii, Washington, Michigan and Montana. State advocates and legislators should be commended for stepping up and fulfilling these federal guidelines.

In 2014 and 2015, Congress passed the landmark Rohrabacher-Farr amendment to the Commerce, Justice, Science and Related Agencies (CJS) Appropriations Act, which prevents the DOJ from using any funds to interfere in state medical cannabis programs and bars ongoing federal cases. After this "ceasefire," state medical cannabis programs went from 20 states with medical cannabis laws to 29 states.

Today, we have a patchwork of medical cannabis laws across the United States that are a byproduct of a movement of doctors, scientists, patients, their families, and policymakers advocating to allow patients safe access. North Dakota, Florida, Ohio, Pennsylvania and Arkansas all passed new comprehensive medical cannabis laws in 2016. Montana and Michigan

adopted state-wide access licensing program to serve patients. In fact, 16 states passed laws to improve existing medical cannabis programs. Several states added chronic pain and PTSD to their list of qualifying conditions and many states added licensing for testing laboratories.

States are generally doing a good job providing legal protections and access in a timely manner, but many programs like Massachusetts and Maryland are experiencing long delays in licensing medical cannabis businesses to serve patients. A significant portion of these programs are not meeting the needs of their medical cannabis patients. In fact, when ASA surveyed patients, we found that less than a third of patients were satisfied with their program, less than 12% of patients considered their medicine to be affordable in states where there are dispensaries, and fewer than 20% of patients thought there was a sufficient number to serve them, with half reporting that they had to drive more that 20 miles to gain access.

The Cole Memo is subject to change under the new administration, and the inclusion of the Rohrabacher-Farr amendment to the 2017 CJS Appropriations bill is not guaranteed under the 115th Congress. A permanent solution to the federal and state conflict is desperately needed for both economic and humanitarian reasons. Many physicians are still reluctant to recommend, or even discuss medical cannabis with their patients due to its status as a Schedule I drug under federal law. Additionally, hospitals, community health centers, nursing homes and health plans that participate with Medicare or Medicaid are denying patients access for fear of not strictly complying with all federal laws. Many of those medical facilities prohibit their physicians from recommending medical cannabis to their patients for fear of losing federal funding. State governments are struggling to implement sophisticated product safety regulations that stay clear of conflicts with federal laws. If state rights are not protected, over 2 million patients could be left with only the illicit market to find their medicine. In addition, based on research thus far, there would undoubtedly be an increase in Medicaid costs and opioid deaths and loss in workplace productivity.

16 STATES PASSED LAWS TO IMPROVE EXISTING MEDICAL CANNABIS PROGRAMS. SEVERAL STATES ADDED CHRONIC PAIN AND PTSD TO THEIR LIST OF QUALIFYING CONDITIONS AND MANY STATES ADDED LICENSING FOR TESTING LABORATORIES.

PHOTO CREDIT BY JPM

MEDICAL CANNABIS TIMELINE

1996-2002

PATIENTS
50,000

TOTAL STATES 8

California, Alaska, Oregon, Washington, Maine, Hawaii, Colorado, and Nevada

FEDERAL RAIDS 14

DOJ threatens licenses of any doctor recommending cannabis following passage of first medical cannabis law.

DOJ and DEA carry out parliamentary raids

Congress blocks DC law

1998 - The Institute of Medicine (IOM) issues, "Marijuana & Medicine: Accessing the Science Base" calling on the federal government to do formal studies on cannabis.

2002-2008

PATIENTS
471,438

TOTAL STATES 13

Montana, Vermont, Rhode Island, New Mexico, and Michigan

California adds distribution guidelines to state program, Vermont, Rhode Island and New Mexico follow.

FEDERAL RAIDS 241

Federal Court rules in Conant v. Walters that government cannot revoke physicians' licenses for recommending medical cannabis.

DEA administrative law judge recommends allowing new source of cannabis for research.

2009-2013

PATIENTS
1,073,596

TOTAL STATES 20 PLUS DC

New Jersey, Arizona, Delaware, the District of Columbia, Connecticut, Massachusetts, New Hampshire, and Illinois

Colorado passed first commercial licensing medical marijuana program

Medical cannabis program laws and regulations include product safety protocols

FEDERAL RAIDS 262

2009: US Attorney General Announces That DOJ Will Not Prioritize Prosecution of Legal Medical Marijuana Patients

2011: DOJ threatens elected officials in 11 states implementing cultivation and distribution programs.

2013 DOJ issues a guidance memo to prosecutors concerning marijuana enforcement under the Controlled Substance Act (CSA).

2012 - AHP issues Cannabis Monograph and AHPA issues recommendations for regulators

2014-2016

PATIENTS
2,000,000

TOTAL STATES 44 PLUS DC, PUERTO RICO AND GUAM

Maryland, Minnesota, New York, Pennsylvania, Louisiana, Ohio, Florida, Arkansas, North Dakota, Guam, and Puerto Rico

CBD only laws: 1. Alabama, Georgia, Iowa, Kentucky, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, and Wisconsin

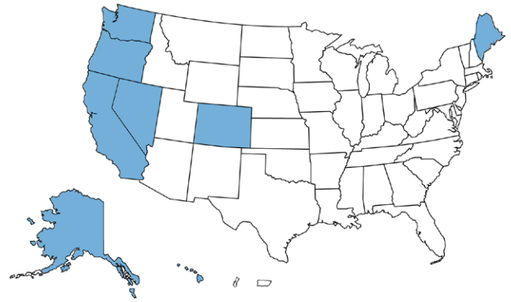
FEDERAL RAIDS 2

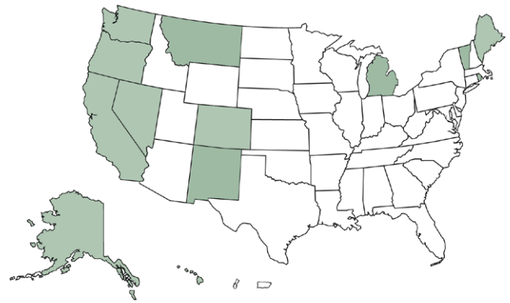
Rohrabacher-Farr CJS amendment passes and prohibits the Department of Justice from spending money to prevent states from implementing medical marijuana programs (2014 & 2015).

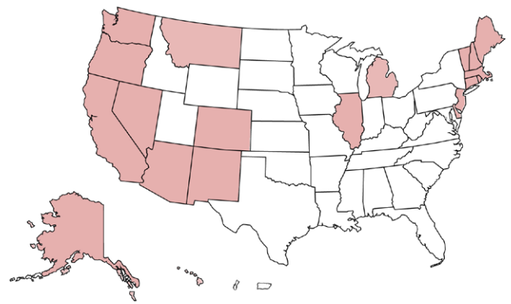
The CARERS Act – first medical cannabis bill in US Senate history introduced

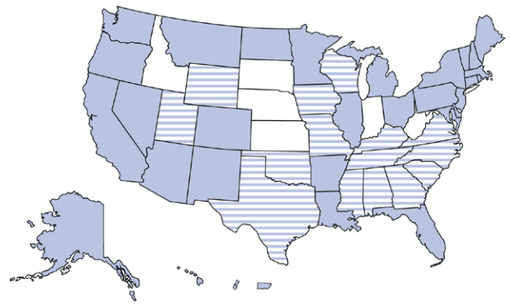
Courts uphold Rohrabacher-Farr protections U.S. vs Marin Alliance for Medical Marijuana and U.S. vs McIntosh

2016 DEA announces it will not move cannabis out of its schedule 1 status









INTRODUCTION

For more than a decade, ASA has engaged state and federal governments, the court system, 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. It has also 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 from patients can make the difference between a well-designed program and one that is seriously flawed. One of the most important markers for distinguishing between them is whether patients who would benefit from medical cannabis will have safe and legal access to their medicine.

Doctors, scientists, patients, their families, and policymakers have advocated for laws and policies that allow patients, under the guidance of a healthcare professional, to use cannabis for decades. This effort started at the federal level and then, after encountering a series of roadblocks, moved to the changing of laws at the state level in the late 1990s. States such as California, Oregon, and Washington passed laws that allowed patients to cultivate limited amounts of cannabis while also protecting them from arrest and prosecution. However, these early laws provided no framework to help patients obtain medicine from a legal market. Laws that regulated the production and distribution of cannabis were not considered until the early 2000s. By the late 2000's, state legislators were including production and distribution programs as a matter of course.

The first distribution models were non-profit, member-based collectives, with members supplying their excess cannabis and cannabis products to storefront operations. This model worked with smaller populations of patients, but as the populations grew, the member-supplied model became more of a legal designation than the actual business model for the majority of distribution centers. In 2010, Colorado was the first state to classify medical cannabis distribution as a "business" regulated under the state's Department of Revenue, formally creating the medical cannabis industry.

Patient advocates recognized this transition would require more than just regulations for business licensing, anti-diversion protocols, taxation, and zoning. Like all commercial markets in the U.S., product safety protocols would also have to be adopted. While cannabis has been proven to be a safe, non-toxic medication, many things can happen during the commercial production of cannabis and cannabis products that can increase risk of contamination. For instance, a 2013 study titled Determination of Pesticide Residues in Cannabis Smoke found that "chemical residues present on cannabis will directly transfer into the mainstream smoke and ultimately the end user." In this new marketplace, patients have the right to know how their medicine has been produced and verify that it is free of contaminants, as with other commercial products they consume. Patients should be confident that the medicine they are receiving has been handled with the highest quality of care.

IN THIS NEW MARKETPLACE, PATIENTS HAVE THE RIGHT TO KNOW HOW THEIR MEDICINE HAS BEEN PRODUCED AND VERIFY THAT IT IS FREE OF CONTAMINANTS, AS WITH OTHER COMMERCIAL PRODUCTS THEY CONSUME.

Most of the 29 states provide patients with protection from arrest and prosecution, incorporate a regulated production and distribution program, and allow patients and their caregivers to cultivate a certain amount of medical cannabis themselves. While it took a long time for states to recognize the importance of protecting patients from civil discrimination (employment, parental rights, education, access to health care, etc.), more and more laws now include these explicit protections.

However, as of 2017, 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, implemented, 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 their state law was intended to create.

For this reason, 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 intended 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 inadequate.

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 INTENDED TO HELP.

After hosting scores of community forums across the U.S. to gather input from patients on what issues are most important to them, ASA has created a matrix to deconstruct medical cannabis laws for objectively evaluating and grading each component based on patient needs (i.e., product safety requirements, adverse event reporting, recall plans, etc.). Each year, more states adopt and improve medical cannabis laws, and it is ASA's hope that state legislators and regulators continue to use this matrix to help them design comprehensive medical cannabis laws that will ultimately focus on helping patients the most.

Source: State Laws and Regulations, available at http://www.safeaccessnow.org/state_and_federal_law

CONDITIONS	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	IL	KY	LA	MA	MD	ME	MI	MN	MT	MS	NC	ND	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	TN	TX	UT	VA	VT	WA	WI	WY
Admittance into hospice care					*			*							**		*	X				X							X														
ALS (Lou Gehrig's disease)			X	X	*		X	*	X	X	X			X	**		X	***		X	X				X	X	X	X		X	X			X									
Alzheimer's Disease (including agitation of)			X	X	*			*	X					X	**		*	X		X					X	X				X				X									
"Any other condition that is severe and resistant																																											
to conventional medicine"		X			*			*							**		*	***																										
Arnold-Chiari malformation and Syringomyelia					*			*						X	**		*	***																										
Anorexia					X			*							**		*	X			#							X																
Arthritis/Fibromyalgia			X		X			*						X	**		*	***							X						X												
Autism								*	X						**		*	***																	X									
Cachexia or wasting syndrome or nausea	X		X	X	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		X	X	X					X	X		
Causalgia					*			*						X	**		*	***																										
Cerebral Palsy					*		X	*							**		*	***																										
Chronic Inflammatory Demyelinating					*			*						X	**		*	***																										
Chronic pancreatitis					*			*							**		*	***								X																		
Chronic traumatic encephalopathy					*			*							**		*	***																										
Crohn's Disease			X	X	*			*		X	X	X		X	**	X	X	X		X	X				X	X	X	X			X												
CRPS (Complex Regional Pain Syndromes Type II)					*		X	*						X	**		*	***																										
Cystic Fibrosis					*		X	*							**		*	***																										
Damage to the nervous tissue of the spinal cord w/ objective neurological indication of intractable spacitity					*		X	*						X	**		*	***							X				X	X				X								
Decompensated cirrhosis					*			*	X						**		*	***																										
Degenerative or pervasive neurological condition					*			*							**		*	***																	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		X		X		X		X						X		
Hepatitis C			X	X	*			*						X	**		X	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		X	X	X					X	X		
Hydrocephalus					*			*						X	**		*	***																										
Huntington's disease					*			*							**		*	***									X			X						X								
Hydromyelia					*			*						X	**		*	***																		X								
Inflammatory Bowel Disease or IBS					*			*							**		*	***												X	X				X								
Interstitial Cystitis					*			*						X	**		*	***																										
Inclusion body myostitas					*			*							**		*	***										X																
Lupus					*			*						X	**		*	***																										
Migrane					X			*							**		*	***																										
Mitochondrial disease					*			*			X				**		*	***																										

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

** Kentucky does not restrict available conditions for CBD, but does not authorize THC, and therefore might not be able to adequately treat many conditions.

*** Maryland requires that physicians register for the conditions a given physician can write recommendations for, but allows that a physician could be approved to recommend for any condition if approved by the state Commission. Commission is highly encouraged to approve applications for conditions noted with an "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; New Jersey treats cancer and HIV/AIDS similarly.

CONDITIONS	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	IL	KY	LA	MA	MD	ME	MI	MN	MT	MS	NC	ND	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	TN	TX	UT	VA	VT	WA	WI	WY
M.S. or 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	X	X	X	X	X					X	X		
Muscular dystrophy					*			*						X	**	X	*	***								X	X															
Nail-patella syndrome					*			*						X	**		*	***	X																							
Neurofibromatosis					*			*						X	**		*	***																							
Neuropathesis					*			*							**		*	***												X				X							
One or more injuries that significantly interferes with daily activities as documented by the patient's provider					*			*							**		*	***								X															
Other conditions as determined in writing by a qualifying patient's physician					X			*							**		*	***																							
Pain: Chronic pain or pain	X	X		X	*	X		*							**		*	***	X	X		X						X		X	X			X	X					X			
Pain: Severe pain					*	X		*	X						**		*	***		X					X	X		X	X		X		X	X								
Pain: Intractable pain			X		*			*							**		*	***			X													X							X		
Painful peripheral neuropathy					*			*							**		*	***				X						X						X								
Parkinson's disease					*		X	*		X	X			X	**		X	***										X		X				X								
Peripheral neuropathy			X		*			*							**		*	***																							
Polyneuropathy					*			*						X	**		*	***																							
Post Laminectomy Syndrome with Chronic Radiculopathy					*		X	*							**		*	***																							
Post-Traumatic Stress Disorder			X	X	*		X	*	X	X		X		X	**		*	X	X	X	X	X			X		X	X	X				X	X	X				X	X		
Reflex Sympathetic Dystrophy					*			*						X	**		*	***																							
Residual limb pain					*			*						X	**		*	***																							
RSD (Complex Regional Pain Syndromes Type I)					*		X	*						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	X		X	X	X	X	X	X	X	X
Severe nausea		X	X	X	X	X		*	X			X			**		*	X	X	X	X	X			X			X	X			X	X						X			
Severe Psoriasis and Psoriatic Arthritis					*		X	*							**		*	***																							
Sickle cell disease					*		X	*			X				**		*	***																	X							
Sjogren's syndrome					*			*						X	**		*	***																							
Spasmodic torticollis (cervical dystonia)					*			*							**		*	***										X													
Spastic quadriplegia					*			*							**	X	*	***																							
Spinal cord disease or injury, including but not limited to arachnoiditis					*			*						X	**		*	***								X															
Spinal stenosis					*			*							**		*	***							X																
Spinocerebellar Ataxia (SCA)					*			*						X	**		*	***																							
Syringomyelia					*			*						X	**		*	***																							
Tarlov cysts					*			*						X	**		*	***																							
Terminal illness w/less than 12 months of life					*		X	*							**		*	***			#						X								X							
Terminal illness w/less than 6 months of life					*			*						X	**		*	***																							
Tourette's			X		*			*						X	**		*	***			X											X									
Traumatic brain injury and post-concussion syndrome					*			*						X	**		*	***								X					X										
Ulcerative colitis					*		X	*							**		*	***													X										

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

** Kentucky does not restrict available conditions for CBD, but does not authorize THC, and therefore might not be able to adequately treat many conditions.

*** Maryland requires that physicians register for the conditions a given physician can write recommendations for, but allows that a physician could be approved to recommend for any condition if approved by the state Commission. Commission is highly encouraged to approve applications for conditions noted with an "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; New Jersey treats cancer and HIV/AIDS similarly.

THE MEDICAL USE OF CANNABIS

DELIVERY METHODS

PATIENTS USE MANY METHODS TO TAKE CANNABIS. THE METHOD USED CAN DEPEND ON PERSONAL CHOICE, THE MEDICAL CONDITION BEING TREATED, THE AGE OF THE PATIENT, THE PATIENT'S TOLERANCE FOR THE METHODS, ETC.

INHALATION

Types of products: whole plant, oils, waxes, and concentrates
Expected onset: 0-10 minutes
Duration: 1-4 hours

INGESTION

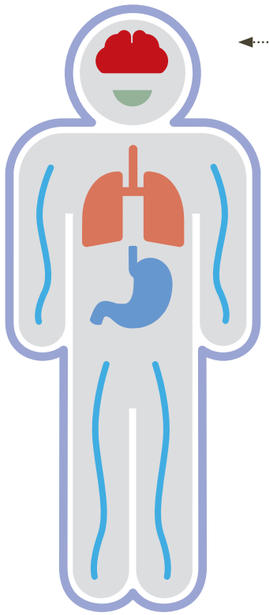
Product types: edible products, beverages, teas, capsules
Expected onset: 30 to 90 minutes
Duration: Up to 8 hours

TOPICAL

Product types: lotions, salves, oils
Expected onset: a few minutes
Duration: 1-4 hours

BUCCAL

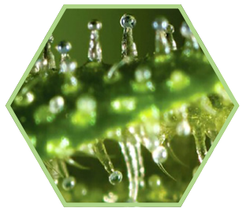
Product types: alcohol-based tinctures, lozenges
Expected onset: 0-60 minutes
Duration: 1-8 hours



ECS: EAT, SLEEP, RELAX, FORGET, AND PROTECT

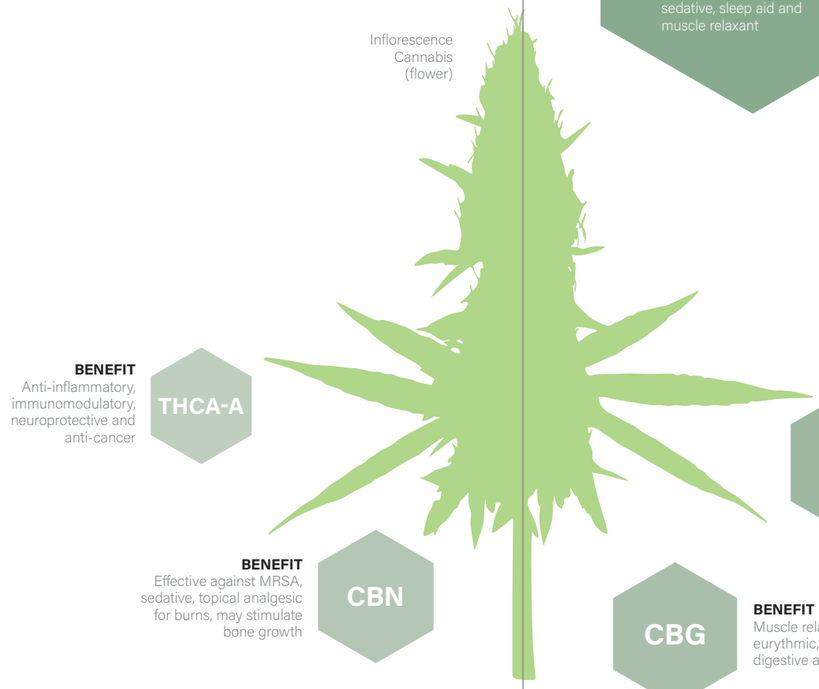
The endocannabinoid system is the body's mechanism for preserving homeostasis, keeping all body functions running smoothly. This system is composed of a sophisticated group of neuromodulators, their receptors, and signaling pathways, involved in regulating a variety of physiological processes including movement, mood, memory, appetite, and pain.

The endocannabinoid system is probably the most ubiquitous system in the human body, with the cannabinoid receptors **CB_1** and **CB_2** located throughout the brain and the periphery of the body.



TRICHOMES

Resin-filled glands that contain the majority of the THC in a cannabis plant. They are typically a cloudy white color.



CANNABINOIDS & TERPENOIDS

CBD

BENEFIT
Non-psychotropic, anti-depressant, anti-inflammatory, anti-convulsant, antinausea, anti-anxiety, analgesic, sedative, sleep aid and muscle relaxant

THC

BENEFIT
Psychotropic, analgesic, anti-inflammatory, anti-microbial, muscle relaxant

THCA-A

BENEFIT
Anti-inflammatory, immunomodulatory, neuroprotective and anti-cancer

CBC

BENEFIT
Anti-inflammatory, analgesic, anti-anxiety, antidepressant

CBN

BENEFIT
Effective against MRSA, sedative, topical analgesic for burns, may stimulate bone growth

CBG

BENEFIT
Muscle relaxant, anti-eurythmic, analgesic, digestive aid

LIMONENE

LEMON

Potent immunostimulant via inhalation, anxiolytic, apoptosis of breast cancer cells and acne bacteria
SYNERGISTIC CANNABINOIDS: **CBD, CBG, THC**

α-PINENE

PINE

Anti-inflammatory, bronchodilatory, acetylcholinesterase inhibitor (aiding memory)
SYNERGISTIC CANNABINOIDS: **CBD, THC**

β-MYRCENE

HOPS

Blocks inflammation, analgesic, sedative, muscle relaxant, hypnotic, blocks hepatic carcinogenesis by aflatoxin
SYNERGISTIC CANNABINOIDS: **CBD, CBG, THC**

LINALOOL

LAVENDER

Anti-anxiety, local anesthetic, analgesic, anticonvulsant/anti-glutamate
SYNERGISTIC CANNABINOIDS: **CBD, THC, THCV, CBDV**

β-CARYOPHYLLENE

PEPPER

Gastric cytoprotective, anti-malarial, selective CB_2 agonist, anti-inflammatory
SYNERGISTIC CANNABINOIDS: **THC**

NEROLIDOL

ORANGE

Sedative
SYNERGISTIC CANNABINOIDS: **THC, CBN**

PHYTOL

GREEN TEA

GABA via SSADH inhibition
SYNERGISTIC CANNABINOIDS: **CBG**

YEARLY DEATHS 2014

OPIOIDS
28 000 +
Over half from prescribed opioids

PRESCRIPTION DRUGS
128 000 +

CANNABIS
0

(Source CDC 2014)

POTENTIAL SIDE EFFECTS
Sedation, dizziness, nausea, vomiting, constipation, physical dependence, tolerance, and respiratory depression, death

POTENTIAL SIDE EFFECTS
Liver failure, loss of language, cognitive decline, respiratory depression, rage, suicide, paranoia, death

POTENTIAL SIDE EFFECTS
Dry mouth, dizziness, increased appetite, dry eyes, sedation, euphoria, disorientation/short-term memory impairment

STATE-BY-STATE GRADES

The grade for each state medical cannabis program is based on how well it meets the needs of patients in five categories described in detail in the pages that follow. Up to twenty-five bonus points were awarded to states that made statutory or regulatory improvements. For the first time, a few states received negative points for either delays in the program or role-backs in access.

Each of the five categories has a possible 100 points. The summary table of points achieved by all states (five main categories, average score, bonus points, total scores and final grades) is on the right.

HOW STATES WERE EVALUATED

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

1. Patient Rights and Civil Protection from Discrimination
2. Access to Medicine
3. Ease of Navigation
4. Functionality
5. Consumer Safety and Provider Requirements

As mentioned in the introduction, ASA developed these criteria over several years, based on a series of over 100 public meetings across the U.S. as well as surveys of our 100,000+ members. With laws and regulations changing daily, this is a living and ever-changing document. ASA has had to amend this report several times since we began its writing, and we expect that some of this information will be out of date as soon as ink hits paper. The criteria we selected reflect the current realities of state medical cannabis laws. Definitions for each item can be found below. States that partially met the definition for certain criteria, either directly or indirectly, were eligible for partial points when appropriate.

Each category was broken down into the key components and scored. On pages 25–55 are detailed descriptions of each item under the 5 categories listed above.

Sections	Patient Rights Section Score	Navigation Section Score	Access Section Score	Functionality Section Score	Product Safety Section Score	Ave Score	Bonus	TOTAL SCORE	Grade
Alabama	23	66	13	35	0	27.4	15	30.4	F-
Alaska	65	84	62	77	0	57.6	0	60.6	D-
Arizona	98	82	81	90	39	78	10	80	B-
Arkansas	93	77	68	57	0	73.75	25	80	B-
California	77	95	97	97	59	85	10	87	B+
Colorado	62	82	83	93	74	78.8	10	80.8	B-
Connecticut	74	81	66	78	78	75.4	25	80.4	B-
Delaware	94	82	65	76	60	75.4	10	77.4	C+
District of Columbia	78	93	76	81	63	78.2	15	81.2	B-
Florida	69	75	62	83	54	72.25	35	81	B-
Georgia	52	67	15	30	0	32.8	0	32.8	F-
Hawai'i	91	88	80	80	76	83	15	86	B
Illinois	94	90	68	81	91	84.8	25	89.8	B+
Iowa	32	48	16	36	0	26.4	0	26.4	F-
Kentucky	41	75	10	28	0	30.8	0	30.8	F-
Louisiana	52	66	44	53	1	43.2	15	46.2	F-
Maine	90	87	86	93	60	83.2	15	86.2	B
Maryland	63	88	79	55	100	77	-10	75	C
Massachusetts	80	90	86	73	81	82	-10	80	B-
Michigan	82	88	78	82	5	82.5	25	88.75	B+
Minnesota	84	83	48	72	66	70.6	10	72.6	C-
Mississippi	62	46	7	38	0	30.6	0	30.6	F-
Missouri	41	43	11	29	0	24.8	0	24.8	F-
Montana	60	76	79	75	20	77.5	25	83.75	B
Nevada	68	89	87	89	80	82.6	10	84.6	B
New Hampshire	84	80	61	85	93	80.6	10	82.6	B-
New Jersey	65	92	57	77	77	73.6	15	76.6	C
New Mexico	65	91	89	85	89	83.8	10	85.8	B
New York	72	86	50	65	82	71	25	76	C
North Carolina	43	46	11	25	15	28	0	28	F-
North Dakota	34	80	81	76	50	67.75	25	74	C
Ohio	84	84	63	79	5	77.5	25	83.75	B
Oklahoma	39	60	14	28	0	28.2	15	31.2	F-
Oregon	78	87	88	89	74	83.2	15	86.2	B
Pennsylvania	69	81	65	82	37	74.25	25	80.5	B-
Rhode Island	72	89	81	87	34	72.6	25	77.2	C+
South Carolina	47	52	10	35	0	28.8	0	28.8	F-
Tennessee	34	38	14	33	0	23.8	0	23.8	F-
Texas	38	47	23	40	43	38.2	0	38.2	F-
Utah	17	45	7	29	16	22.8	15	25.8	F-
Vermont	45	85	82	81	43	67.2	15	70.2	C-
Virginia	17	48	36	59	0	32	15	35	F-
Washington	80	77	75	48	93	74.6	-10	72.6	C-
Wisconsin	34	40	13	20	0	21.4	0	21.4	F-
Wyoming	45	44	9	27	9	26.8	0	26.8	F-

Category 1

PATIENT RIGHTS AND CIVIL PROTECTION FROM DISCRIMINATION

ARREST PROTECTION – 40 PTS
AFFIRMATIVE DEFENSE – 15 PTS
CHILD CUSTODY PROTECTIONS – 10 PTS
DUI PROTECTIONS – 5 PTS
EMPLOYMENT PROTECTIONS – 5 PTS
EXPLICIT PRIVACY STANDARDS – 7 PTS
HOUSING PROTECTIONS – 5 PTS
DOES NOT CREATE NEW CRIMINAL PENALTIES FOR PATIENTS – 5 PTS
ORGAN TRANSPLANTS – 5 PTS
RECIPROCITY – 3 PTS

Arrest Protection

40 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 defendant to prove that they were not in violation of the law. Ideally, a state will afford a necessity defense for medical cannabis conduct that does not conform to the strict limits of the state law: for example, possessing amounts above the statutory limit in order to have a consistent supply of medicine. Some states have an implied affirmative defense within their arrest protection.

Parental Rights

10 pts

ARE PARENTS AT RISK OF LOSING THEIR CHILDREN IN A CHILD CUSTODY PROCEEDING BASED ON THEIR PATIENT STATUS?

Most states list marijuana possession and cultivation as 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's status as a medical cannabis patient should not be a determining factor in any CPS or court intervention, including those altering parental rights. States that set an "unreasonable danger" standard or have similar provisions should include clear guidance that a patient acting in accordance with the state law is not creating an unreasonable danger.

DUI Protections

5 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 (DUID) statutes to be used as a means of penalizing drivers who are medical cannabis patients, even without 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 should the presence of cannabis metabolites in the body-which can be detected days or weeks after last use-indicate actual impairment. By treating cannabis like 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

5 pts

CAN AN EMPLOYEE BE FIRED MERELY FOR BEING A PATIENT OR FOR 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 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 in providing necessary safeguards against employment discrimination. Despite concerns to the contrary, it is possible to provide workplace protections for patients while adhering to the federal drug-free workplace requirements that certain employers must meet, and many states have successfully done so.

Explicit Privacy Standards

7 pts

ARE PATIENTS' MEDICAL RECORDS KEPT PRIVATE FROM ACCESS BY LAW ENFORCEMENT AND RISK FROM EXPOSURE TO THIRD PARTIES?

Medical cannabis patients deserve the same healthcare privacy rights as all other patients in the U.S. 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 patient information and some have even criminalized privacy violations. The unsanctioned release of registry information should carry substantial administrative penalties.

Housing Protections

5 pts

CAN LANDLORDS EVICT PATIENTS FROM THEIR HOMES BASED ON THEIR MEDICAL 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

5 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 four states.

Organ Transplants

5 pts

ARE PATIENTS EXPLICITLY PROTECTED FROM BEING DISCRIMINATED AGAINST RECEIVING AN ORGAN TRANSPLANT?

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 life-extending measures.

Reciprocity

3 pts

ARE PATIENTS WHO ARE LEGALLY RECOGNIZED IN THEIR HOME JURISDICTION PROTECTED WHEN VISITING THE STATE?

Reciprocity refers to laws providing some measure of legal protection for non-resident medical cannabis patients. These laws generally require that patients carry documentation of their status in their home state's program. Reciprocity is important for traveling patients, patients who are seeking specialty treatments, or those who need to stay in the care of friends or family out of state, as many state medical cannabis programs require residency for participation or legal protections.

Category 2

ACCESS TO MEDICINE

ALLOWS DISTRIBUTION PROGRAMS – 40 PTS
NONCOMMERCIAL CULTIVATION – 20 PTS
EXPLICIT RIGHT TO EDIBLES/CONCENTRATES/OTHER FORMS – 10 PTS
DOES NOT IMPOSE LIMITS OR BANS ON THC – 10 PTS
DOES NOT IMPOSE MINIMUM CBD REQUIREMENTS – 10 PTS
LOCAL BANS/ZONING – 10 PTS

Allows Distribution Programs

40 pts

ARE THERE LOCATIONS WHERE PATIENTS CAN LEGALLY PURCHASE MEDICINE?

Allows Access to Dried Flowers

15 pts

DOES THE LAW OFFER A CLEAR AFFIRMATIVE DEFENSE IN STATE COURT?

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, a few states have limited access to dried flowers in favor of non-inhaled cannabis preparations. This is most obvious flaw in the New York and Minnesota programs, but it is also part of many of the "CBD-only" laws that restrict patients to a manufactured product only. 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 can make proper dosing more difficult to achieve.

Allows Delivery

5 pts

DOES THE STATE LAW ALLOW FOR THE DELIVERY OF MEDICAL CANNABIS TO LEGAL PATIENTS?

Many legal medical cannabis patients cannot travel to access points to receive medical cannabis due to physical, economic, or time constraints. This is especially problematic for legal patients who are in the hospital, are bedridden, or live far from an access point. Allowing for delivery of medicine is a compassionate and common-sense solution for these patients. Common-sense protocols can be used to ensure safety and discretion. There is no evidence to show that delivering medicine leads to crime or diversion of medical cannabis for non-medical use. States should be clear that provisions allowing for "delivery" refer to home delivery rather than the criminal law context of delivery of a controlled substance.

No Sales Tax or Reasonable Sales Tax

5 pts

IS MEDICAL CANNABIS EXEMPT FROM SALES TAX OR IS THE TAX RATE REASONABLE?

Medical cannabis is real medicine that millions of Americans use to treat serious medical conditions such as cancer, HIV/AIDS, chronic pain, and more. Unfortunately, medical cannabis is generally more expensive than other medication and not currently covered by any public or private insurance policies. Ideally, this medicine would be exempt from sales tax to ease the financial burden on legal patients. Taxation of medicine should be avoided, but when necessary, it should be reasonable. ASA recommends taxation that is comparable to similar products – herbal medicine, over-the-counter remedies, etc. Excessive sales tax is a financial hardship and may compel some patients to buy medical cannabis in the unregulated illicit market.

Allows for a Reasonable Number of Dispensaries

5 pts

DOES THE STATE BURDEN PATIENTS BY PLACING SIGNIFICANT LIMITS ON THE NUMBER OF LOCATIONS WHERE THEY MAY 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.

Ownership/Employment Restrictions

2 pts

ARE PEOPLE WITH PRIOR 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. Most restrictions on ownership of medical cannabis businesses stem from background check procedures. These types of restrictions disproportionately impact people of color and have a discriminatory effect. Marijuana-related convictions should not automatically exclude a person from ownership of or employment by a medical cannabis business; instead, each individual should be considered on a case-by-case basis.

Does Not Require Vertical Integration

2 pts

DOES THE STATE REQUIRE THAT DISPENSARIES MUST GROW THEIR OWN MEDICINE?

Vertical integration refers to the requirement that distribution centers also cultivate and manufacture all or most of their products. While vertical integration allows producers 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.

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. These provisions should also cover 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. States should avoid restricting the ability for cultivators to utilize natural sunlight.

Choice of Dispensary Without Restrictions

2 pts

ARE PATIENTS REQUIRED TO DESIGNATE A SINGLE DISPENSARY WHERE THEY MAY ACQUIRE 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 bureaucracy.

Noncommercial Cultivation

20 pts

Personal Cultivation

15 pts

ARE PATIENTS ALLOWED TO GROW THEIR OWN MEDICINE?

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, safety, or privacy.

Collective Gardening

5 pts

CAN SEVERAL PATIENTS FORM A GROUP TO MUTUALLY GROW THEIR MEDICINE, IN ORDER TO OFFSET COSTS AND BEST UTILIZE SHARED EXPERTISE?

Allowing experienced caregivers to cultivate for a limited number of patients can ensure adequate access to a reliable supply of safe, affordable medicine. Collective gardens intended strictly for private consumption among a small group of patients should not be subject to regulatory authority, provided the activity remains non-commercial. Collective gardening is not associated with dispensaries or other commercial businesses that engage in sales, advertising, or trade. States without explicit collective gardening rights but that do allow individual caregivers to grow for more than one patient were eligible for partial points in this category.

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 products 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 form of administration is ideal or preferred for certain ailments and can offer ease of use for certain patients. States without this explicit right but that allow for availability of these products in practice were eligible for partial points. While tolerance is better than denying access to alternative forms, clear guidance is optimal, and 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 the FDA has recognized for medical use and has been demonstrated to work in synergy with other important therapeutic cannabinoids such as cannabidiol (CBD). States that have passed so-called "CBD-only" legislation, which generally are better described as "low-THC" programs, have imposed arbitrary limits on the amount of THC permitted in the medical preparation or enacted outright bans. 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 like THC.

Does Not Impose Minimum CBD Requirements

10 pts

DOES THE STATE REQUIRE THAT ALL FORMS OF MEDICAL CANNABIS MUST HAVE A MINIMUM CBD LEVEL?

Some states have passed "CBD-enriched" or "CBD-only" legislation. 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 CBD has been shown to work more effectively in tandem with other plant components. Even among the minority of patients who can benefit from low-THC preparations, minimum CBD requirements restrict access to the ratios of CBD to THC that may work best for them. For example, while some pediatric patients with seizure disorders benefit greatly from 30:1 ratios, other children will respond better to 1:1 ratios (and anything in between or beyond). Imposing arbitrary cannabinoid level minimum requirements that are not rooted in science provide no benefit to the public health of a state.

Local Bans/Zoning

10 pts

DOES THE STATE LAW ALLOW LOCAL JURISDICTION TO BAN MEDICAL CANNABIS BUSINESSES OR TO USE ZONING LAWS TO EXCLUDE THEM?

Cities and counties have a legitimate role in regulating land use within their borders. In some states, however, local governments can ban medical cannabis activity that is allowed under state law. In other cases, cities and counties have used local zoning regulations to effectively exclude medical cannabis businesses. Local bans and onerous zoning regulations are harmful to patients, because they cut off legitimate access to medicine for legal patients. Research conducted by ASA and our experience with local regulations over the last 19 years has shown that sensible regulations preserve legal access for legitimate patients, while reducing crime and complaints in communities. An ideal state law would limit or eliminate the right of local jurisdictions to ban medical cannabis activity, while preserving the city or county's authority to adopt reasonable local zoning rules.

Category 3

EASE OF NAVIGATION

COMPREHENSIVE QUALIFYING CONDITIONS – 50 PTS
ADDING NEW CONDITIONS – 10 PTS
REASONABLE ACCESS FOR MINORS – 10 PTS
REASONABLE CAREGIVER BACKGROUND CHECK REQUIREMENTS – 4 PTS
NUMBER OF CAREGIVERS – 2 PTS
PATIENT/PRACTITIONER-FOCUSED TASK FORCE OR ADVISORY BOARD – 2 PTS
REASONABLE FEES (PATIENTS & CAREGIVERS) – 10 PTS
ALLOWS MULTIPLE-YEAR REGISTRATIONS – 2 PTS
REASONABLE PHYSICIAN REQUIREMENTS – 5 PTS
DOES NOT CLASSIFY CANNABIS AS A MEDICINE OF LAST RESORT – 5 PTS

Comprehensive Qualifying Conditions

50 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 (see chart). 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. 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. It is ASA's position that if these restrictions are imposed, then the procedure to add new conditions should be uncomplicated and timely. While many states have created such a process, the hurdles to add new conditions are impossible to meet. The scoring for this section includes 5 points for having a process in place to add new conditions, and 5 points if that system is working as intended.

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. States that require pediatric patients to have a recommendation from multiple doctors fail to realize that the added time and expense is great challenge to meet, especially for families raising a special needs child. More research has begun around using medical cannabis to treat young people and children, and it is important to allow parents, along with their children's physicians, to determine the best, most effective medication for their children.

Reasonable Caregiver Background Check Requirements

4 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 had a criminal past. Again, these provisions disproportionately impact people of color.

Number of Caregivers

2 pts

DOES THE STATE RECOGNIZE THAT A SINGLE CAREGIVER PER PATIENT MAY NOT BE SUFFICIENT TO PRACTICALLY ASSIST A PATIENT WHO REQUIRES A CAREGIVER IN ORDER TO OBTAIN OR ADMINISTER THEIR MEDICINE?

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

2 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 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 boards should only include a minimal presence from law enforcement, as the priorities of police and prosecutors may be at odds 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)

10 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 as at 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

2 pts

DO PATIENTS FILL OUT RENEWAL FORMS AND PAY A RENEWAL FEE ON AN ANNUAL BASIS?

It makes little sense to make patients with chronic, long-lasting conditions 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

5 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 a requirement for writing 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 it. Because patients with chronic illnesses seek health care services 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.

Does not classify cannabis as a medicine of last resort

5 pts

DOES THE STATE LAW CLASSIFY MEDICAL CANNABIS AS A MEDICINE OF LAST RESORT?

Some state laws only allow medical cannabis as a last resort, after all other treatments have failed. This approach is harmful and interferes with the doctor-patient relationship. Doctors should be able to recommend or approve medical cannabis use at any point in a patient's treatment. Requiring patients to try less desirable treatments first is an unnecessary burden and may cause needless suffering. Emerging science and the experience of doctors and patients all over the country indicate that cannabis is a safe, legitimate medicine with real benefits for patients. State law should respect the welfare of the patients, the doctor's discretion, and the science of medical cannabis.

Category 4

FUNCTIONALITY

PATIENTS ABLE TO ACCESS MEDICINE AT DISPENSARIES OR VIA CULTIVATION – 50 PTS
NO SIGNIFICANT ADMINISTRATIVE OR SUPPLY PROBLEMS – 15 PTS
PATIENTS CAN RECEIVE LEGAL PROTECTIONS WITHIN REASONABLE TIME FRAME OF DOCTOR'S RECOMMENDATION – 10 PTS
REASONABLE POSSESSION LIMIT – 5 PTS
REASONABLE PURCHASE LIMITS – 5 PTS
ALLOWS PATIENTS TO MEDICATE WHERE THEY CHOOSE – 5 PTS
COVERED BY INSURANCE/STATE HEALTH AIDE – 3 PTS
FINANCIAL HARDSHIP (FEE WAIVERS/DISCOUNT MEDICINE) – 7 PTS

Patients able to access medicine at dispensaries or via cultivation

50 pts

ARE THERE A SUFFICIENT NUMBER OF EASILY ACCESSIBLE RETAIL DISTRIBUTION POINTS FOR PATIENTS TO OBTAIN THEIR MEDICINE BY PURCHASING IT, AND/OR ARE PATIENTS OR THEIR DESIGNATED CAREGIVERS ALLOWED TO GROW THE MEDICINE NEEDED TO TREAT THE PATIENT'S CONDITION?

Ideally a patient or caregiver would be able to gain access to their medicine through multiple means, including dispensaries, cooperative gardens, and personal cultivation. Personal cultivation is an important option if a state fails to expeditiously license sufficient dispensaries, if there is a change in ownership, or if there are supply issues in the commercial program. States implementing access programs were eligible for partial points.

No significant administrative or supply problems

15 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 and variety of available medical cannabis. Restrictions on commercial cultivation plant numbers, the number of cultivation or access points, or over-regulation of certain areas of production and distribution can have an adverse effect on a patient population. States should consider third-party certification as a way to ease administrative burdens. ASA discourages the development of policies that unnecessarily restrict or otherwise hamper the supply.

Patients can receive legal protections within reasonable time frame of doctor's' recommendation

10 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

5 pts

DO LIMITS ACCOMMODATE ROUTE OF ADMINISTRATION AND HARVEST AMOUNTS?

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 an amount that allows the patient an uninterrupted supply rather than arbitrary caps that can needlessly burden seriously ill patients. In order to create safe access to a consistent supply of the medical cannabis and related products that work best for them, patients should be able to possess and maintain a 90-day supply of medicine.

Reasonable Purchase Limits

5 pts

DO LIMITS ALLOW FOR AN ADEQUATE 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. Certain strains or products may have limited availability, and patients who need those products should not be denied access in favor of concerns with regulatory expediency. 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 Choose

5 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 other smoking is allowed, it is abhorrent to limit locations where a sick person can use his or her medicine. Cannabis should be treated like any other medication in this regard.

Covered by insurance/ state health aide

3 pts

IS MEDICAL CANNABIS COVERED BY INSURANCE OR STATE HEALTH AID PROGRAMS?

Until federal laws regarding medical cannabis are reformed, patients will not be able to use federal medical benefits and health insurance providers will be reluctant to include coverage for medical cannabis. However, there is no reason why state law should prevent private insurance carriers from covering medical cannabis. An ideal law would require that insurance carriers and state health aid program treat medical cannabis like any other legal drug.

Financial Hardship (Fee Waivers/Discount Medicine)

7 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.

Category 5

CONSUMER SAFETY AND PROVIDER REQUIREMENTS

DISPENSARIES – 25 PTS
GROW / CULTIVATION – 25 PTS
MANUFACTURING – 25 PTS
LABORATORY OPERATIONS – 25 PTS

DISPENSARIES

Staff Training

5 pts

ARE DISPENSARY WORKERS REQUIRED TO BE TRAINED IN BOTH MEDICAL CANNABIS AND THE STATE LAW?

Many 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.

Standard Operating Procedures and Protocols

5 pts

ARE DISPENSARY FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

Early medical cannabis laws only provided protection from criminal prosecution. As the field of medical cannabis has developed, new laws are incorporating requirements to ensure patient and product safety. State laws should require medical cannabis businesses to develop and follow standard operating procedures and protocols to ensure product safety and industry legitimacy. Such standard operating procedures and protocols should include, at a minimum, the following considerations:

Facility sanitary conditions

IS THE FACILITY CLEAN AND SAFE?

State laws should require that medical cannabis dispensing facility operations be conducted in sanitary conditions. ASA recommends using existing sanitation standards for food packaging, storage, and distribution, as well as herbal medicine handling and storage standards, as models for sensible regulations to protect patients from contaminants. The American Herbal Products Association's Recommendations for Regulators is a good place to start this process.

Storage protocols

ARE THE STORAGE PROTOCOLS ADEQUATE TO PROTECT THE QUALITY OF THE MEDICINE AND PREVENT LOSS?

State laws should require medical cannabis businesses at every stage of the production and distribution chain to store medicine in a manner that is sanitary, preserves the integrity of the cannabis or derived product, and is secure. This is important to protect patients from mold, mildew, and other contaminants that may be harmful. Furthermore, state laws should require adequate loss control procedures to prevent theft or robbery.

Reasonable Security Protocols

ARE THE SECURITY PROTOCOLS FOR MEDICAL CANNABIS REASONABLE AND EFFECTIVE?

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, training, etc. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis business where they are unwarranted.

Inventory Control

DOES THE STATE LAW REQUIRE INVENTORY CONTROL MECHANISMS?

State law should require reasonable inventory control protocols to ensure the integrity of the supply chain and prevent diversion of medical cannabis for non-medical use. The inventory tracking system should include a continuous chain of custody for cannabis and cannabis products, periodic inventory counts, and a procedure for dealing with lost or stolen medicine.

Recall protocol and adverse event reporting

5 pts

IS THE MEDICAL CANNABIS FACILITY REQUIRED TO DEVELOP AND IMPLEMENT A PRODUCT RECALL STRATEGY?

As with other products produced for human consumption, spoilage, human error, and the unexpected all pose the risk of contamination. As a result, ASA encourages the development of product recall and adverse-event reporting programs. Product recall strategies should include transportation guidelines that allow the patient to return recalled products to the dispensary from which the product came, and allows the dispensary to return the recalled products to the manufacturer and/or cultivator where the products originated. Additionally, the rules and regulations should require that all recall programs include the recording of consumer-reported adverse events.

Product labeling

5 pts

Some state government regulatory models allow or require dispensaries to obtain medical cannabis that must be repackaged at the dispensary. If the dispensary can engage in such activities, then it should be required to meet these minimum standards for labeling:

Product contents including source material identification

Cannabis regulations often dictate the type of packaging for raw plant material and derived products. In some cases the packaging requirements may prevent the consumer from seeing the contents or render the cannabis as part of a compound making the form of plant material (e.g., leaves, stems, seeds, flowers) unrecognizable. When this occurs, dispensaries should be required to label the products contents, including identifying the source plant material used or contained within.

Allergens

When labeling derived products that have been mixed with foodstuffs or known common allergens, or that have been packaged or produced in a facility that uses known common allergens, consumers should be notified. All products labeled by dispensing facilities that might contain known common allergens should be required to provide a list on the product's label.

Potency/compound identification

Medical cannabis patients often rely on product labels to gauge the strength of the various compounds present in the medicine they consume. Labeling requirements for cannabis and cannabis-derived products should include a listing of the product's active compounds and the potency of each.

Required Testing – (required testing records and/or testing if they are repackaging or processing on any level)

5 pts

ARE MEDICAL CANNABIS AND MEDICAL CANNABIS PRODUCTS REQUIRED TO BE TESTED BEFORE BEING DISTRIBUTED TO A PATIENT?

State government regulations are increasingly requiring laboratory testing to verify product safety and help patients understand the potency of products' active compounds. Laboratory testing regulations should ensure that the analytical records of cannabis and derived products are made available at all levels of the supply chain, including to the dispensary should they be engaged in the processing, packaging, and labeling of medical cannabis or derived products. Such laboratory testing results should include the analytical results necessary to provide the information required to produce or verify the accuracy of a product's label.

Active compound identification & potency

Cannabis and cannabis-derived products vary greatly based on the strain of cannabis used when creating the product, as well as the technique or method used to create the cannabis products. In order to ensure that cannabis and derived products are accurately labeled, laboratory testing facilities should be required to provide analytical services that can accurately determine the presence of active compounds and the potency of all compounds determined to be in the raw cannabis and cannabis-derived product.

Contaminants

Additionally, laboratory testing facilities should be required to utilize methodologies and provide analysis that accurately tests raw cannabis and cannabis derived products for the presence of contaminants.

GROW / CULTIVATION

Staff Training

5 pts

ARE CULTIVATION STAFF REQUIRED TO BE TRAINED IN BOTH MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of cultivation facilities. It is ASA's position that cultivation staff must be adequately trained in order to properly maintain a compliant, safe work environment that promotes product safety. ASA maintains that the proper training of employees is essential to maintain workplace safety, regulatory compliance, and product safety.

Standard Operating Procedures and Protocols

5 pts

ARE CULTIVATION FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

As product safety guidelines have been added to many state government regulatory programs, the requirement for businesses to create and implement Standard Operating Procedures and Protocols has become commonplace. Standard operating procedures and protocols act to ensure that the operations of a facility are conducted in a manner that is safe for all staff working in the facility as well as the surrounding environment and that the proper records are kept to ensure product safety. Written standard operating procedures and protocols also serve as as internal training and resource guides for the staff and should include, at a minimum the following key components designed to address workplace, environmental, and product safety issues.

Facility and equipment sanitary conditions

IS THE FACILITY AND THE EQUIPMENT USED CLEAN AND SAFE?

Contamination can occur at any time during the cultivation and processing of the cannabis. State laws should require that medical cannabis cultivation and processing, manufacturing, distribution, and laboratory testing be conducted in sanitary conditions. ASA recommends using existing sanitation standards for farming, food packaging, and herbal medicine processing as a model for sensible regulations to protect patients from contaminants. The American Herbal Products Association Guidelines for Regulators is a good place to start this process.

Workforce Safety Protocols

Cannabis, like other crops produced for human consumption, requires the use of various types of equipment, mediums, amendments and plant treatments during the course of its production. The proper use, storage, and personal protective equipment necessary for employee's operating equipment and working with cultivation mediums, amendments and plant treatments helps to ensure that the workplace is safe and accident free. Standard operating procedures and protocols addressing workplace safety are a key component to ensuring that equipment is used appropriately and that workers understand the proper use of mediums, amendments, and plant treatments.

Storage protocols (short term and long term storage)

State laws should require medical cannabis businesses at every stage of the production and distribution chain store medicine in a manner that is sanitary and appropriate for the product on hand. Cannabis is a perishable product, similar in many ways to produce, and once it is harvested and enters into the processing area to dry, cure, be graded, and possibly trimmed various forms of storage become more appropriate to deter contamination and preserve freshness. In order to reduce the risk of spoilage and contamination, state law should allow for both short term and long term storage options as opposed to requiring that all cultivated cannabis be immediately sealed once processing is completed.

Reasonable Security protocols

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, theft or robbery prevention, and training. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis business where they are unwarranted.

Batch and lot tracking

As product safety has become more of a consideration in state government regulations and recall and adverse event reporting programs are increasingly required of cannabis facilities, lot and batch tracking has become a necessary component to ensuring product safety throughout the supply chain. The need for lot and batch tracking touches all aspects of the supply chain and must be implemented during propagation and cultivation of cannabis in order to effectively track the cannabis forward and backward through the supply chain. Successful lot and batch tracking systems allow the consumer, dispensary, manufacturer, and processor to obtain information regarding the cannabis' production facility including details pertaining to the treatment and laboratory testing of the plant material or product.

Disposal/Waste

Cannabis cultivation and processing facilities often have plant material that is discarded throughout the process due to disease, adulteration, or simply necessary pruning practices. How this plant material is disposed of can pose substantial risk to the safety and purity of the healthy cannabis material produced at the facility. For this reason, all cultivation and processing facilities should be required to create and implement waste disposal procedures and protocols designed to ensure that all discarded, or adulterated, plant material is disposed of in a manner that ensures it plant material cannot accidentally get confused with healthy plant material. Such standard operating procedures and protocols should include tracking of all discarded plant material as well as a way to clearly render it as unusable,

Water management

Cannabis, regardless of how it is farmed, requires the use of precious water resources and has the potential to affect the wellbeing of the environment due to the potential for wastewater discharges. To address environmental concerns surrounding the cultivation of cannabis, several state governments have developed regulatory programs to address water use and the agricultural discharges sometimes associated with cannabis cultivation. As such, cultivation facilities should be required to develop and implement a water management plan that acts to ensure that water is used appropriately and not wasted, that the water used is safe for the cultivation of the crop, and that all waste water leaving the cultivation site is safe for the surrounding environment.

Pesticide guidance and protocols (pesticide guidance and disclosure/labeling)

5 pts

WHAT TYPE OF PESTICIDES ARE USED DURING THE CULTIVATION PROCESS AND HOW DOES THE CONSUMER KNOW?

The use of pesticides during the cultivation of cannabis can lead to contamination that cannot be overcome. Additionally, within the U.S., tolerance thresholds have not been established for pesticide products used during the cultivation of cannabis; therefore, there is no clear guidance on the appropriate use of pesticide products, nor appropriate spray protocols for such products. In order to protect consumers from encountering pesticide adulterated products, ASA encourages state governments to provide pesticide guidance to medical cannabis cultivators either through requiring that only those pesticides listed on the tolerance exempt list, Section 28 under FIFRA, be allowed or by producing a specific list of state government approved pesticide products.

As consumers and medical cannabis product makers it is important to know the pesticides that have been used during the cultivation process. Cultivation facilities should be required to track and record pesticide use as well as offer full disclosure of pesticide products used during the cultivation of each lot and batch of cannabis produced. Such disclosure information should be made available, through labeling requirements and pertain to all cannabis produced at the cultivation facility.

Required Testing

5 pts

ARE CULTIVATORS REQUIRED TO TEST ALL MEDICAL CANNABIS PRODUCED AND BE PREPARED TO DISCLOSE THOSE RESULTS?

In order to ensure the accurate labeling of medical cannabis and medical cannabis products, state government programs should include protocols for the proper labeling and laboratory testing of all raw medical cannabis produced. Laboratory testing protocols should be designed to verify that the product safety practices occurring at the cultivation facility are adequate and effective. Each lot and batch produced by a cultivation facility should be verified through an independent third party laboratory testing facility to ensure the proper labeling, purity, and consistency of the cannabis produced. In order to achieve this, cultivation facilities should be required to create and implement standard operating procedures and protocols that include representative lot and batch sampling that is subject to analysis to determine the active compounds in the cannabis and the potency of such compounds. Additionally, each lot and batch of raw cannabis should be screened for potential contaminants and a portion of the representative sample should be retained by the production facility for analysis at a later date, should there be a product safety concern or adverse event that occurs.

Recall protocol and adverse event reporting

5 pts

Is the medical cannabis facility required to develop and implement a product recall strategy? Product recall strategies are an integral step to ensuring the safety of medical cannabis consumers. State governmental regulations should require cultivation facilities to implement a product recall program that includes transportation guidelines that allow the consumer, a manufacturing facility, and/or a dispensary to return adulterated and recalled products to the facility from which the product originated. Additionally, the rules and regulations should require that all recall programs include the recording of consumer reported adverse events.

MANUFACTURING

Staff Training

5 pts

ARE MANUFACTURING FACILITY STAFF REQUIRED TO BE TRAINED IN MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of manufacturing facilities. It is ASA's position that manufacturing facility staff, should be required to successfully complete training curriculum that includes an overview of medical cannabis knowledge as well as applicable state laws and local and state regulations. Such training is essential to maintaining workplace safety, regulatory compliance, and product safety.

Standard Operating Procedures and Protocols

5 pts

ARE MANUFACTURING FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

As product safety guidelines have been added to many state government regulatory programs, the development and implementation of Standard Operating Procedures and Protocols has become a common requirement. Standard operating procedures and protocols act to ensure that the operations of a facility are conducted in a manner that is safe for all staff working in the facility as well as the surrounding environment and that the proper records are kept to ensure product safety. Written standard operating procedures and protocols also serve as internal training and resource guides for the staff and should include, at a minimum, the following key components designed to protect workers as well as ensure product safety, purity, and consistency.

Facility and equipment sanitary conditions

IS THE FACILITY AND THE EQUIPMENT USED CLEAN AND SAFE?

Contamination can occur at any time during the manufacturing of cannabis-derived products. State laws should require that medical cannabis cultivation, processing, manufacturing, distribution, and laboratory testing be conducted in sanitary conditions. ASA recommends using existing sanitation standards for farming, food packaging, and herbal medicine processing as a model for sensible regulations to protect patients from contaminants. The American Herbal Products Association Guidelines for Regulators is a good place to start this process.

Workforce Safety Protocols

Cannabis products, like other herbal products produced for human consumption, come into contact with various types of equipment designed to assist with the extraction, mixing, development, and packaging of cannabis and cannabis derived products. The proper use, storage, and safety procedures necessary for operating equipment used during the manufacturing process helps to ensure that the workplace is safe and accident free. Standard operating procedures and protocols addressing workplace safety are a key component to ensuring that equipment is used appropriately and that workers understand the proper use, handling, and storage of materials used during the manufacturing process.

Storage protocols

State laws should require medical cannabis businesses at every stage of the production and distribution chain to store medicine in a manner that is sanitary and appropriate for the product on hand. Cannabis is a perishable product, similar in many ways to produce, and upon its arrival at a manufacturing facility, should be stored in a separate incoming holding area until the raw plant material or derived product can be inspected, quality verified, logged into inventory, and moved into a storage area designated for materials ready to be used in the manufacturing process. Regulations regarding the storage of cannabis and cannabis derived products should include detailed lot and batch tracking of the product as it moves from receiving to the manufacturing floor where it may be compounded, formulated, mixed, concentrated or otherwise manipulated into a cannabis derived product. In order to reduce the risk of spoilage and contamination, storage procedures and protocols should include separate and distinct storage areas for products that are considered to be in-holding, in-process, awaiting labels, and ready for distribution.

Reasonable Security protocols

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, theft or robbery prevention, and training. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis business where they are unwarranted.

Batch and lot tracking

As product safety has become more of a consideration in state government regulations and recall and adverse event reporting programs are increasingly required of cannabis facilities lot and batch tracking has become a necessary component to ensuring product safety throughout the supply chain. The need for lot and batch tracking touches all aspects of the supply chain and must be implemented during propagation and cultivation of cannabis in order to effectively track the cannabis forward and backward through the supply chain. Successful lot and batch tracking systems allow the consumer, dispensary, manufacturer, and processor to obtain information regarding the cannabis' production facility including details pertaining to the treatment and laboratory testing of the plant material or product.

Product labeling

5 pts

WHAT INFORMATION SHOULD BE REQUIRED ON MEDICAL CANNABIS PRODUCT LABELS?

Consumers often have a broad range of medical cannabis products available to them. Such products can contain a broad variety of ingredients in addition raw cannabis or cannabis extracts. Often, such ingredients, including the form of medical cannabis contained within, are not easily distinguishable to the consumer who is choosing the cannabis derived product. Consumers should be able to expect clear and accurate labeling that includes the following product information.

Product contents including source material identification

State government regulations should require manufacturing facilities to label each product produced in a manner that clearly discloses a list of all ingredients including the portion of cannabis plant used or source of cannabis if not raw plant material.

Allergens

When labeling derived products that have been mixed with foodstuffs or known common allergens, or that have been packaged, produced, or manufactured in a facility that uses known common allergens, consumers should be notified. All products labeled by dispensing facilities that might contain known common allergens should be required to provide a list on the product's label.

Potency and compound identification

Medical cannabis patients often rely on product labels to determine which medicinal compounds are present and the strength of the medicine they might consume. Labeling requirements for cannabis and cannabis derived products should include a listing of the products active compounds and the potency of each.

Required Testing

5 pts

ARE MANUFACTURING FACILITIES REQUIRED TO TEST ALL MEDICAL CANNABIS PRODUCTS IN ORDER TO ENSURE THE ACCURACY OF LABELING AND VERIFY THE QUALITY, PURITY, AND CONSISTENCY OF THE PRODUCTS PRODUCED?

Contamination can occur at all points along the supply chain and the potency of active compounds may be altered during the manufacturing process. In order to ensure the accurate labeling of cannabis derived products as well as purity, quality, and consistency, state government programs should require manufacturing facilities to test all cannabis derived products with methodologies that verify the cannabis derived product is of the quality and consistency it purports to be.

Active ingredient identification & Potency

Cannabis and cannabis derived products vary greatly based on the variety of cannabis used when creating the product as well as the technique or method used to create them. In order to ensure that cannabis and derived products are accurately labeled, manufacturing facilities should be required to test all finished products to determine the presence of active compounds and the potency of all compounds to appear on the label.

Contaminants & Sample Retention

Additionally, each lot and batch of cannabis derived product produced should be screened for potential contaminants and a portion of the representative sample should be retained by the production facility for analysis at a later date, should there be a product safety concern or adverse event that occurs.

Shelf life testing

Cannabis and cannabis derived products can be subject to spoilage and degradation. Manufacturing facilities should be required to conduct shelf life testing for each product produced to ensure that storage instructions and expiration dates are clearly labeled and accurate.

Recall protocol and adverse event reporting

5 pts

Is the medical cannabis facility required to develop and implement a product recall strategy? Product recall strategies are an integral step to ensuring the safety of medical cannabis consumers. State governmental regulations should require all manufacturing facilities to implement a product recall program that includes transportation guidelines that allow the consumer and/or dispensary to return adulterated and recalled products to the facility from which it originated. Additionally, the rules and regulations should require that all recall programs include the recording of consumer reported adverse events.

LABORATORY OPERATIONS

Staff Training

5 pts

ARE MANUFACTURING FACILITY STAFF REQUIRED TO BE TRAINED IN MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of laboratory testing facilities. It is ASA's position that laboratory staff, should be required to successfully complete training curriculum that includes an overview of medical cannabis knowledge as well as applicable state law and local and state regulations. Such training is essential to maintaining workplace safety, regulatory compliance, and product safety.

Method validation in accordance with AHP guidelines

5 pts

HAS THE MEDICAL CANNABIS OR MEDICAL CANNABIS PRODUCT BEEN TESTED USING A STANDARDIZED METHOD?

The American Herbal Pharmacopoeia (AHP) produces critically reviewed documents called monographs that outline the quality control criteria needed for ensuring the identity, purity, and quality of botanical raw materials. In December of 2013, the AHP released a Cannabis Monograph, which serves as a guide for identifying the quality, purity, and potency of the cannabis plant and includes analytical standards to guide cannabis laboratory operations with a baseline for contaminant testing and standardized methodologies for cannabis analysis. Since the Monograph release, multiple state governments have adopted standards for laboratory analysis as provided by the AHP Cannabis Monograph.

Result reporting

5 pts

IS THE LABORATORY REQUIRED TO DISCLOSE THE TYPE OF METHOD USED TO DETERMINE THE REPORTED TEST RESULTS?

With such a variety of medical cannabis products requiring their own specific tests to determine potency, active compounds, and the presence of contaminants for example, it is increasingly necessary for laboratory testing facilities to utilize a variety of analytical methods to provide accurate results. For example, was the presence of bacteria ruled out due to visual inspection with a microscope or was the product cultured? Laboratory testing facilities should be required to disclose the type of validated method used to generate the provided test result.

Independent or third party

5 pts

CAN CULTIVATORS AND MANUFACTURERS TEST THEIR OWN PRODUCTS, IN-HOUSE, TO VERIFY LABELING AND PRODUCT SAFETY?

In order for a laboratory to maintain integrity while serving as a body that can verify the quality, purity, and composition of a product, it must maintain its independence. As such, the verification of medical cannabis and medical cannabis products should be performed by independent third party entities.

Standard Operating Procedures and Protocols

5 pts

ARE LABORATORY TESTING FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

ASA recognizes that the accuracy and consistency of laboratory analysis is dependent on a facility's ability to implement standard operating procedures and protocols that address and standardize daily operating activities. State governments should require that laboratory testing facilities develop and implement standard operating procedures and protocols to ensure regulatory compliance and worker safety while protecting the quality, purity, and consistency of the products with which the laboratory works.

Equipment and Instrument Calibration

Such standard operating procedures and protocols should include the regular calibration of all equipment and instruments used in the laboratory testing facility. The regular calibration of equipment and instruments helps ensure the ongoing accuracy of analytical results.

Facility and equipment sanitary conditions

Additionally, the testing facility and all equipment used should be subject to regular sanitation protocols designed to ensure that as new samples come into contact with equipment and instruments it cannot become contaminated with residuals from previous test samples.

Sample tracking

As samples are brought into the laboratory for testing, with a portion of those sample possibly retained to verify results at a later date, state governments should require the samples be subject to detailed tracking and disposal protocol.

Disposal / waste protocols

Once a sample has been exposed to solvents or other compounds to assist in the analysis process, the laboratory dispensing facility should be required to have clear disposal protocols in place that also track the amount of waste produced on a regular basis.

Storage protocols

As samples are brought in for analysis and possibly retained for analysis at a later date, laboratory facilities should be required to store the samples under appropriate environmental conditions that protect the integrity of the sample while ensuring the security of all samples stored.

Workforce Safety Protocols

Laboratory testing facilities should be required to develop and implement standard operating procedures and protocols that ensure workplace safety. Such protocols should address the proper use and storage of any solvents or chemicals on site and include the proper use of all equipment and instruments utilized in the facility.

STATE MEDICAL CANNABIS PROGRAM REGULATIONS AND OVERSIGHT

REGULATIONS

TODAY OVER 300 MILLION AMERICANS LIVE IN STATES WITH MEDICAL CANNABIS LAWS. THESE PROGRAMS ARE OVERSEEN BY LOCAL, STATE, AND FEDERAL REGULATIONS. AFTER A LAW IS ENACTED, STATE AGENCIES CREATE A SERIES OF REGULATIONS THAT GOVERN EVERYONE PARTICIPATING IN THE PROGRAM AND ALL PRODUCTS PRODUCED.

MEDICAL MARIJUANA REGULATORY AGENCY

State agencies or group of several agencies (such as the Departments of Health, Agriculture, Consumer Affairs, etc.) are tasked with creating and monitoring regulations through all phases of the production line, issuing licenses for businesses, and coordinating patient enrollment. These agencies also conduct inspections or work with third-party accreditors to ensure compliance and monitor adverse event reporting and implement product recalls if necessary.

DEPARTMENT OF COMMERCE

DEPARTMENT OF HEALTH

DEPARTMENT OF AGRICULTURE

INSPECTIONS

Medical cannabis businesses must pass inspections to maintain licenses to operate. These inspections may be conducted by the state medical cannabis regulatory agency, third party accredited agencies, law enforcement, OSHA, municipal safety inspectors, etc.

SUPPLY CHAIN

REGULATIONS BEGIN AT THE APPLICATION PROCESS WHERE CRITERIA IS SET FOR WHO CAN OWN, OPERATE, AND WORK IN MEDICAL CANNABIS BUSINESSES AND END WITH PURCHASING CRITERIA AT THE RETAIL POINT. FROM SEED TO CONSUMPTION, REGULATIONS INCLUDE TRACK AND TRACE FUNCTIONS, SECURITY REQUIREMENTS, PRODUCT SAFETY PROTOCOLS, STAFF TRAINING, AND ADVERSE EVENT REPORTING AND RECALL PROCEDURES. MEDICAL CANNABIS BUSINESSES ARE SUBJECT TO INSPECTIONS. REGULATORS NOW HAVE RESOURCES SUCH AS THE AMERICAN HERBAL PHARMACOPOEIA CANNABIS MONOGRAPH AND THE AMERICAN HERBAL PRODUCTS ASSOCIATION RECOMMENDATIONS FOR REGULATORS IN CREATING ROBUST PRODUCT SAFETY PROTOCOLS. ALL COMPANIES MUST DEMONSTRATE ABILITY TO TRACK ADVERSE EVENTS AND INITIATE A RECALL.

TESTING LAB FACILITY

All staff have proper training. Companies must adhere to Good Laboratory Practices and be accredited by an International Laboratory Accreditation Cooperation (ILAC) signatory, for ISO 17025 accreditation and related certifications. Testing laboratory must offer potency testing for a variety of cannabinoids, pesticide detections, and contaminates. Specification for these tests are set by the American Herbal Pharmacopoeia Cannabis Monograph. Ideally, laboratories are allowed to retain samples in order to assist in product recalls and public health inquires.

CULTIVATION FACILITY

All staff have required legal compliance and product safety protocol adherence training. Companies must adhere to Good Agricultural Practices. Facilities may only use certain tolerance-exempt pesticides.

MANUFACTURING FACILITY

Packages and labels dried flowers for retail sale or converts the dried flowers and leaf of the plant into infused products (edibles, oils, tinctures, lotions, etc.). All staff have required legal compliance and product safety protocol adherence training. Companies must adhere to Good Manufacturing Practices. Products are packaged to prevent accidental ingestion by children.

OWNERS AND STAFF

Regulations include legal conduct for owners and staff and often require unique IDs issued by the state. All staff and management are required to have legal compliance and product safety protocol adherence training.

DISPENSING/RETAIL FACILITY

Staff are trained to provide guidance to patients in making the medicine purchase decisions. Regulations require the retail store to maintain certain hours and limit the scope of advertising to fit within community standards. Security cameras and increased foot traffic help deter crime. Under state laws dispensaries can only serve verified patients and caregivers.

MEDICAL CANNABIS PRODUCTS

Products are labeled in accordance with state guidelines to display cannabinoid profile and other useful information, including expiration date if the item is perishable.

MEDICAL PROFESSIONALS

Regulators create guidelines for medical professionals to enroll their patients into the program including forms and number of visits required. Some require medical professionals to take training and have built-in audits.

PATIENTS AND THEIR CAREGIVERS

Regulators create enrollment and renewal procedures for patients that include the issuance of an ID. Rules for patients also include how much medicine a patient can posses, places where patients can legally use their medicine, and rules for transportation.

PRODUCT SAFETY

Each batch of raw plant material and cannabis derived product must be quality assurance tested in order to ensure the integrity, purity, and proper labeling of medical cannabis products.

TRANSPORTATION

Regulations extend to transportation of cannabis products throughout the supply chain. Regulations require drivers to be registered with the state and require paperwork at pickup and drop off locations that include weighing product. Regulations also include special instructions for dealing with waste.

RECALL

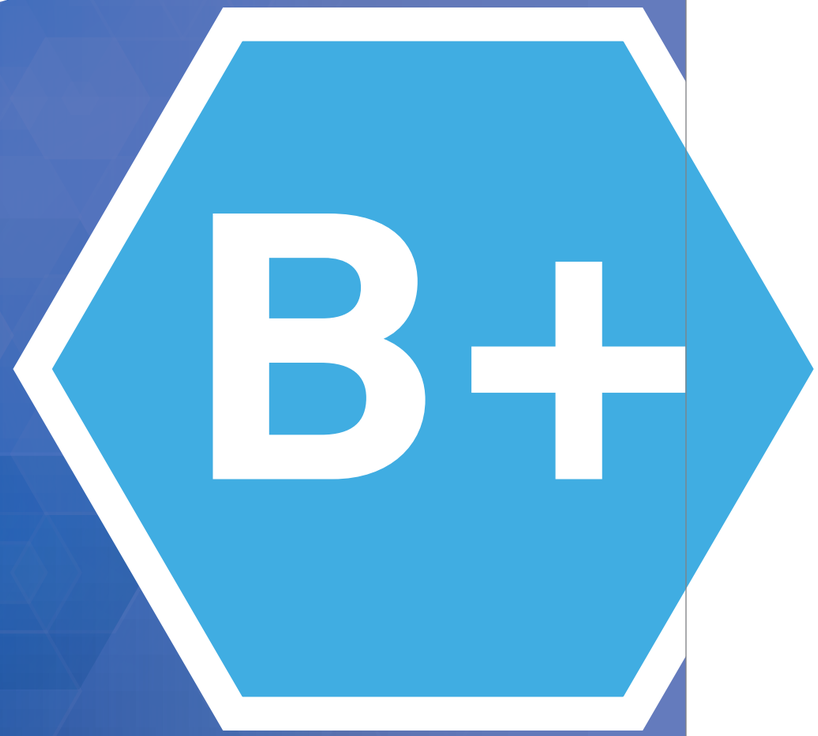
When a product containing contaminants, molds, mildew, or an improperly labeled product enters the supply chain, regulatory agencies trigger a product recall to prevent patient consumption. This includes alerting the manufactures, retail outlets, and the public. Recalled products are destroyed.

QUALIFICATION

REGULATORS DETERMINE REQUIREMENTS FOR PATIENTS TO PARTICIPATE IN THE MEDICAL CANNABIS PROGRAMS BASED ON AUTHORIZING STATUTE, INCLUDING GUIDELINES AND FORMS, MEDICAL PROFESSIONALS, AND RULES FOR TRANSPORTATION AND USE.

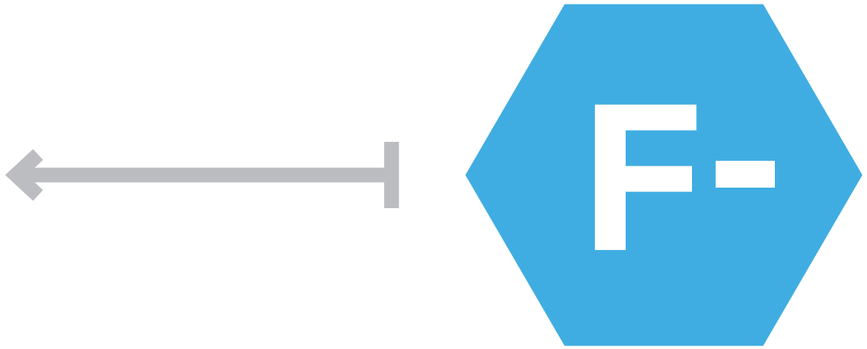
AmericansForSafeAccess.org

State Report Cards



Key for State Grades

GRADES FOR STATES WITH NEW REGULATED DISTRIBUTION PROGRAMS WERE CALCULATED WITHOUT FACTORING IN THE PRODUCT SAFETY SECTION TO NOT PENALIZE THESE STATES AS THEY ARE IN THE IMPLEMENTATION PHASE. THIS INCLUDES ARKANSAS, FLORIDA, MICHIGAN, MONTANA, OHIO, PENNSYLVANIA, AND NORTH DAKOTA. BONUS WERE GIVEN FOR NEW LAWS: +25 FOR NEW COMPREHENSIVE LEGISLATION +15 FOR LAWS THAT IMPROVED THE PROGRAM, AND -15 FOR LAWS THAT RESTRICTED THE PROGRAM (ONLY ARKANSAS), CHANGES IN REGULATIONS: +10 IMPROVEMENTS AND -10 IN DELAYS OR RESTRICTIONS (ONLY MASSACHUSETTS, MARYLAND, AND WASHINGTON STATE).



MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

ALABAMA

F-

AREAS FOR IMPROVEMENT

Alabama has a long way to go before it can be considered a functional jurisdiction for safe and legal access to medical cannabis therapies. Even by the standards of CBD-focused laws, the Alabama law provides little in the way of legal protections for facilitating access for its patients who have met the narrow scope of patient eligibility criteria. The state legislature needs to approve a program that allows for in-state production and distribution of medical cannabis, establish comprehensive legal protections for patients, lift artificial requirements for THC and CBD content, and adopt product safety standards. At the very least, the legislature needs to amend language in the existing legislation to replace the terminology "prescription" with "recommendation."

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**23 / 100**
Arrest Protection	0 / 40
Affirmative Defense	10 / 15
Parental Rights Protections	8 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**13 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	0 / 10
Does Not Impose Limits or Bans on THC	3 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**66 / 100**
Comprehensive Qualifying Conditions	35 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**35 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	5 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	152
SCORE PERCENTAGE	30.4%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. This law only allowed patients CBD access after a medical practitioner at the University of Alabama-Birmingham's (UAB) 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."

In 2016 HB 61 was passed, which expanded the affirmative defense to several conditions and removed the requirement that patients must be enrolled in the UAB study program. Under HB 61, patients are eligible for the affirmative defense if they are simply diagnosed with a debilitating condition, regardless of the age of the patient. However, a "prescription" is still required in order for a minor's parents or legal guardians to be eligible for the affirmative defense. Because physicians cannot write prescriptions for medical cannabis, parents of minor-aged patients may be ineligible for legal protections.

ALASKA

D-

AREAS FOR IMPROVEMENT

The long-standing medical cannabis program in Alaska has not seen many changes over the years, and while it still does an admirable job at allowing Alaskans to access medical cannabis, patients in the state are still missing out on the benefits of product safety standards. The state is in the process of implementing an adult-use tax and regulation marijuana program which may ultimately include appropriate product safety regulations. However, medical patients should have retail access to medicine through a system that regulates the plant as a therapeutic substance rather than a recreational intoxicant like alcohol. Additionally, Alaska should grant comprehensive legal protections for patients regarding civil discrimination.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**65 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**62 / 100**
Allows Distribution Programs	22 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	3 / 5
– No Sales Tax or Reasonable Sales Tax	3 / 5
– Allows for a Reasonable Number of Dispensaries	1 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	0 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	5 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**84 / 100**
Comprehensive Qualifying Conditions	44 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**77 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	3 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	x / 25
Grow/Cultivation	x / 25
Manufacturing	x / 25
Laboratory	x / 25

IMPROVEMENT BONUS	**15**
TOTAL OUT OF 500	**288**
SCORE PERCENTAGE	**60.6%**

FINAL GRADE D-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**x / 25**
Staff Training	x / 5
Standard Operation Procedures and Protocols	x / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	x / 5
Product Labeling	x / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	x / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**x / 25**
Staff Training	x / 5
Standard Operating Procedures and Protocols	x / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	x / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	x / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	x / 5

ISSUE	POINTS
MANUFACTURING	**x / 25**
Staff Training	x / 5
Standard Operating Procedures and Protocols	x / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	x / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	x / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	x / 5
LABORATORY OPERATIONS	**x / 25**
Staff Training	x / 5
Method Validation in Accordance with AHP guideliness	x / 5
Result Reporting	x / 5
Independent or Third Party	x / 5
Standard Operating Procedures and Protocols	x / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

Safe access to medical cannabis was first approved in Alaska by Measure 8 (1998), an initiative supported by 58% 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 to be legally protected. A primary caregiver must be at least 21 years old, not currently on probation or parole, and no drug-related felony convictions. Alaska law does not allow for commercial sales or production of medical cannabis. In 2014, voters approved an adult use retail program, but there is no dedicated retail system that regulates cannabis like a medicine.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

ARIZONA

B-

AREAS FOR IMPROVEMENT

The Arizona medical cannabis program is doing well for patients in most respects, but still has room to expand and improve. The biggest components currently missing from the program are comprehensive product safety regulations. By adopting best practice regulations such as those described in the American Herbal Products Association's Regulators Guide, patients in Arizona would be able to benefit from one of the top medical cannabis programs in the country.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**98 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	5 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	5 / 5
Reciprocity	2 / 3
ACCESS TO MEDICINE	**81 / 100**
Allows Distribution Programs	33 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	1 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	10 / 20
– Personal Cultivation	10 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**82 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	9 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	4 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**90 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**39 / 100**
Dispensing	15 / 25
Grow/Cultivation	12 / 25
Manufacturing	12 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	400
SCORE PERCENTAGE	80%

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**15 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**12 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**12 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

Arizona's current medical cannabis program was passed in 2010 by 50.13% of voters. The Arizona Medical Marijuana Act (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 and may cultivate up to 12 plants if they live at least 25 miles from a registered dispensary. The law recognizes out-of-state medical cannabis IDs for criminal protections but does not permit visiting patients to obtain cannabis from Arizona dispensaries. Due to a series of lawsuits, the Arizona Department of Health Services did not post rules for the Medical Marijuana Dispensary portion of the AMMA until April 2012.

Since the passage of AMMA, the legislature has passed several laws restricting the rights of patents. In 2011, HB 2541 allows an employer to fire a patient for workplace impairment solely on the word of a "reliable" colleague or a positive drug test and HB 2585 added marijuana patient data to the prescription drug monitoring program. In 2012, HB 2349 prohibited medical cannabis at all schools, vocational schools, and college campuses. In 2015, with HB 2346 the legislature specified that AMMA does not require workers' compensation benefits to include reimbursement for medical cannabis. In 2016, Arizona licensed 31 new dispensaries.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

ARKANSAS

B-

AREAS FOR IMPROVEMENT

The Arkansas legislature started the year off by passing legislation that improved provisions for doctors who want to enroll their patients into the program. Unfortunately, the same legislation pushed back deadlines for the Department of Health. If Arkansas can move through the implementation in a timely manner and adopt strong product safety protocols, this could be one of the best improvements for a program in the country.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**93 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	5 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	5 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**68 / 100**
Allows Distribution Programs	31 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	3 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**77 / 100**
Comprehensive Qualifying Conditions	40 / 50
Adding New Conditions	8 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**57 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	30 / 50
No Significant Administrative or Supply Problems	5 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	5 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**25**
TOTAL OUT OF 500	**320**
SCORE PERCENTAGE	**80%**

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

On November 8, 2016, 53% of Arkansas passed the Arkansas Medical Marijuana Amendment. Under the Arkansas Medical Marijuana Amendment program, patients will be able to purchase up to 2.5 ounces of medical cannabis every 14 days from one of up to 40 dispensaries in the state (no patient cultivation is allowed). While the qualifying conditions language has harsh restrictions on access for pain patients, the Department of Health (DOH) can add new conditions and improve the pain condition language. The Alcoholic Beverage Control Division will be regulating dispensaries (DOH regulates the patient component) and must issue regulations for dispensing and cultivation 120 days after passage and begin accepting applications by June 2017. Under the law, DOH is required to issue patient cards in 120 days of passage.

In January of 2017, the legislature passed legislation that would delay the patient applications by 60 days and delay the business licenses by 30 days. However, the legislature also removed restrictions on physicians having to certify that a patient's use of medical cannabis would outweigh the harms.

CALIFORNIA

B+

AREAS FOR IMPROVEMENT

It is yet to be seen if California will be able to meet implementation deadlines established in a 2015 trio of bills known collectively as the Medical Cannabis Regulation and Safety Act (MCRSA). The state will need to adopt stronger product safety regulations in the process. While California is still the best place in the country for patients to receive legal protection and gain the most timely access after physician diagnosis, the state still lags on providing civil discrimination protections for its patients including housing and employment protections.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**77 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	2 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**97 / 100**
Allows Distribution Programs	39 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	2 / 2
– Provisions for Labor Standards	2 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	20 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	5 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**95 / 100**
Comprehensive Qualifying Conditions	50 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	10 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**97 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	7 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**59 / 100**
Dispensing	14 / 25
Grow/Cultivation	12 / 25
Manufacturing	13 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	435
SCORE PERCENTAGE	87%

FINAL GRADE B+

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**14 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**12 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**13 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

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 that 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. In 2015, the state passed the Medical Cannabis Regulation and Safety Act (MCRSA), a trio of bills that will create a state-regulated cultivation and dispensary system and legislation to protect medical cannabis patients in need of an organ transplant. Voters approved the Adult Use of Marijuana Act (Proposition 64) in 2016. That initiative legalized adult use of cannabis and expanded rights for medical cannabis patients by creating parental rights protections, enhancing patient privacy rules, prohibiting cities from banning personal cultivation, and exempting some patients from sales tax.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

COLORADO

B-

AREAS FOR IMPROVEMENT

Colorado does well in most aspects of providing safe and legal access to its medical cannabis patients. In terms of the law, the biggest oversight is the lack of civil discrimination protection in the areas of housing, employment, and parental rights. On the regulatory side of things, the state should improve its product safety requirements by having the state evenly enforce the regulations across the state instead of relying on city and county health officials to do so, which has resulted in the unequal enforcement of these regulations. The state should create a better system for adding qualifying medical conditions or follow states like Maryland, Massachusetts, and the District of Columbia and replace condition lists with granting physicians the right to recommend medical cannabis to any patient for whom the benefits outweigh the risks.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**62 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**83 / 100**
Allows Distribution Programs	30 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	2 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**82 / 100**
Comprehensive Qualifying Conditions	44 / 50
Adding New Conditions	5 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**93 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	9 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**74 / 100**
Dispensing	18 / 25
Grow/Cultivation	19 / 25
Manufacturing	17 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	404
SCORE PERCENTAGE	80.8%

FINAL GRADE **B-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**18 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	o
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**19 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	4 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**17 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	0
– Allergens	x
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

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, 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 businesses 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. The Department of Public Health and Environment oversees the patient and caregiver registry, while the Marijuana Enforcement Division of the Department of Revenue regulates dispensaries, cultivation, and manufacturing.

In 2016, the legislature passed 2 bills pertaining to the medical cannabis program. HB 1371 that created protections for children and their parents from being punished for possessing and consuming their medical cannabis on campus or not being admitted into a school based on their medical cannabis patient status. SB 40 extends ownership rights of cannabis businesses to non-Colorado residents.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

CONNECTICUT

B-

AREAS FOR IMPROVEMENT

Patients would benefit from lower prices and a greater variety of products by lifting the single-dispensary designation requirement. The lack of civil discrimination protections and parental rights protections put patients in jeopardy of discrimination. Connecticut regulators should also consider adding pain conditions to the list of qualifying conditions.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**74 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**66 / 100**
Allows Distribution Programs	26 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	4 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	10 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**81 / 100**
Comprehensive Qualifying Conditions	42 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	7 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**78 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	14 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**78 / 100**
Dispensing	23 / 25
Grow/Cultivation	19 / 25
Manufacturing	18 / 25
Laboratory	18 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	402
SCORE PERCENTAGE	80.4%

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**23 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	0
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**19 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	5 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**18 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**18 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	0

BACKGROUND

In 2012, Connecticut became the 17th medical cannabis state with the signing of HB 5389, an Act Concerning the Palliative Use of Marijuana. HB 5389 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, but no personal cultivation is allowed. Final regulations were issued in 2013 and dispensaries began offering medicine to patients in September 2014, with six dispensaries opening throughout the state.

In 2016, three additional dispensaries were licensed, 6 new conditions were added to the program and the legislature passed HB 5450. HB 5450 allows minors to qualify for the medical cannabis program under some restrictions, creates protections for nurses to administer medical cannabis in health care facilities, and allows dispensaries to provide medical cannabis to medical facilities serving registered medical cannabis patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

DELAWARE

C+

AREAS FOR IMPROVEMENT

The Delaware medical cannabis program would be greatly improved with an overhaul of product safety protocols and consider issuing more distribution licenses to increase access in the state.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**94 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	5 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**65 / 100**
Allows Distribution Programs	32 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	1 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	5 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	9 / 10
Local Bans/Zoning	10 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**82 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**76 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**60 / 100**
Dispensing	17 / 25
Grow/Cultivation	20 / 25
Manufacturing	17 / 25
Laboratory	6 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	387
SCORE PERCENTAGE	77.4%

FINAL GRADE C+

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**17 / 25**
Staff Training	2 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	3 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**20 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	4 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	4 / 5

ISSUE	POINTS
MANUFACTURING	**17 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	3 / 5
LABORATORY OPERATIONS	**6 / 25**
Staff Training	2 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	3 / 5
Standard Operating Procedures and Protocols	1 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2011, the Delaware state legislature approved Senate Bill 17, the Delaware Medical Marijuana Act, making it legal for a patient with a registered identification card to use and possess cannabis for medical purposes and designate a caregiver. Registered patients and designated caregivers may possess up to six 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 regulations 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 and the Department of Health and Social Services completed the process of implementing regulations. The state's first compassion center opened in 2014. Two more dispensaries were licensed in 2016.

In 2015, 3 legislative updates were made to the program. SB 7 made technical changes to the oversight commission, while SB 138 authorized research studies to be conducted in the state. The most notable change was SB 90, which allows for pediatric access to cannabis extract oils with less than 7% THC.

DISTRICT OF COLUMBIA

B-

AREAS FOR IMPROVEMENT

DC has one of the strongest programs for patients in the country. DC's new law allows the Department of Health to create licenses for laboratories, representing a step in the right direction toward improving product safety standards. This presents an opportunity for the Department to overhaul these regulations to ensure product safety for patients. Additionally, DC should improve civil protections for patients by adding housing and parental rights protections.

The District's medical cannabis program made some notable improvements in the past year by allowing physicians the right to recommend medical cannabis to any patient for whom the benefits outweigh the risks and increasing the plant count at cultivation facilities. While there is no longer a supply issue at present, those availability problems could re-emerge as the program adds more patients. The price of medicine in the District still remains among the steepest in the country. To address both concerns, the District should eliminate the plant count and get rid of the single dispensary designation requirement. Additionally, the District could improve its program by adopting independent lab testing, product safety guidelines, and civil discrimination protections in the areas of housing, employment, organ transplants, and parental rights.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**78 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	3 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	5 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**76 / 100**
Allows Distribution Programs	27 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	11 / 20
– Personal Cultivation	10 / 15
– Collective Gardening	1 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**93 / 100**
Comprehensive Qualifying Conditions	50 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	2 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**81 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**63 / 100**
Dispensing	15 / 25
Grow/Cultivation	15 / 25
Manufacturing	13 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	**15**
TOTAL OUT OF 500	**406**
SCORE PERCENTAGE	**81.2%**

FINAL GRADE **B-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**15 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**15 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	2 / 5

ISSUE	POINTS
MANUFACTURING	**13 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

The voters of Washington, D.C. first approved medical cannabis in 1998 with the passage of Initiative 59 (I-59), but the law was blocked by Congressional action through a budget rider that was attached to the District's budget every year until December 2009. Once Congress dropped its opposition, the D.C. Council passed B18-0622: Legalization of Marijuana for Medical Treatment Initiative of 2010 which replaced I-59. Registered patients can possess up to two ounces of usable cannabis or its equivalent in other forms (i.e. edibles, tinctures, topicals, etc.). Registered cultivation centers supply medical cannabis dispensaries. Patients whose income is less than 200% of the federal poverty level are entitled to purchase medicine at a reduced rate.

In July 2014, the D.C. Council passed emergency legislation to lift the physician restrictions on determining qualifying conditions and to increase the cultivation center plant limit from 95 to 500 plants. In 2015, they increased the plant limit to 1,000 plants.

In November 2016, the D.C. Council passed a bill, B21-210 that requires DOH to license independent laboratories for product testing, removes drug conviction restrictions on individuals allowed to work in dispensaries and cultivation centers, and requires the DOH to create a District-wide tracking system that will allow patients to visit any dispensary and will allow reciprocity to patients registered in other states. There are currently 5 dispensaries serving patients in D.C.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

FLORIDA

B-

AREAS FOR IMPROVEMENT

If Florida can move through the implementation in a timely manner and adopt strong product safety protocols it could be one of the stronger programs for patients in the country. The Florida legislature should add civil protections for patients to prevent parental rights, housing, and organ transplant discrimination.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**69 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**72 / 100**
Allows Distribution Programs	42 / 40
– Allows Access to Dried Flowers	25 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	1 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	9 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	4 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**75 / 100**
Comprehensive Qualifying Conditions	45 / 50
Adding New Conditions	6 / 10
– Law/Regulations Allows for New Conditions	3 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	0 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**83 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**54 / 100**
Dispensing	15 / 25
Grow/Cultivation	17 / 25
Manufacturing	17 / 25
Laboratory	5 / 25

IMPROVEMENT BONUS	**35**
TOTAL OUT OF 500	**378**
SCORE PERCENTAGE	**81%**

FINAL GRADE **B-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**15 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**17 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**17 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**5 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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 created state licensing of dispensing organizations to produce medicine with at least 10% CBD and no more than 0.8% THC. In 2016, the state granted licenses for 6 dispensing organizations and the legislature passed HB 307, which expanded the program to terminally ill patients and allowed dispensing organizations to produce products outside the THC cap.

In November 2016, voters approved Amendment 2, which will create a comprehensive medical cannabis program with significantly expanded qualifying conditions. The Department of Health, has six months to create the regulations for the program and license businesses to serve medical cannabis patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

GEORGIA

F-

AREAS FOR IMPROVEMENT

While the low-THC bill approved this year in Georgia does not allow for in-state production and distribution, the state deserves credit for both creating legal protections through a patient registry and creating a commission that is seriously looking at a comprehensive medical cannabis program for the state's patients. The challenge facing Georgia is to take the knowledge gained this year and create a truly comprehensive, sustainable program. This program must provide for in-state production and distribution, lift the arbitrary requirements for CBD and THC, and expand the list of qualifying conditions.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**52 / 100**
Arrest Protection	30 / 40
Affirmative Defense	10 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**15 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	5 / 10
Does Not Impose Minimum CBD Requirements	7 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**67 / 100**
Comprehensive Qualifying Conditions	34 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	2 / 5
FUNCTIONALITY	**30 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**164**
SCORE PERCENTAGE	**32.8%**

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2015, the Georgia legislature passed HB 1, which created a patient ID card registry and established a list of eight qualifying conditions so that patients may legally possess and use low-THC medical cannabis products. The law places a 5% cap on THC and requires that products have at least 1:1 ratio of CBD to THC. The law does not allow for in-state production or access, but did create the Georgia Medical Cannabis Commission, which was tasked with investigating other state programs to come up with a legislative proposal. In Dec. 2015, the Commission voted against in-state production of medical cannabis.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

HAWAII

B

AREAS FOR IMPROVEMENT

Hawaii is on track to become one of the best programs in the country if they continue with their timely implementation. The legislature should consider allowing chronic pain as a qualifying condition. Hawaii should also consider allowing sungrown (i.e., secure outdoor) cultivation to offset environmental impacts of the program.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**91 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**80 / 100**
Allows Distribution Programs	25 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	18 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	3 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**88 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**80 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**76 / 100**
Dispensing	18 / 25
Grow/Cultivation	18 / 25
Manufacturing	17 / 25
Laboratory	23 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	430
SCORE PERCENTAGE	86%

FINAL GRADE B

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**18 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	o
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**18 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**17 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**23 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	3 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

In 2000, Hawaii passed SB 862 HD1, making it the first state to legalize medical cannabis via the legislature. The legislature amended the law in 2013 with two bills. HB 668 moved the medical marijuana program from the Department of Public Safety to the Department of Health and established a Medical Marijuana Registry special fund. SB 642 redefined "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. Registered patients and caregivers are entitled to an affirmative defense in court. In 2015, the legislature passed two more bills that greatly expanded the medical cannabis program. HB 321 created a program allowing 8 medical marijuana dispensaries with 2 cultivation licenses each and allows more to be licensed in 2017. SB 1291 clarified anti-discrimination protections for patients.

In 2016, the legislature passed HB 2707 which created a legislative oversight group to monitor the program and report back to the legislature before the 2018 legislative session. The bill also expanded recommending power to advance practice-registered nurses and expanded the allowed delivery methods and protections for paraphernalia. HB 2707 also extended transportation protections to facilitate transportation to certified laboratories.

ILLINOIS

B+

AREAS FOR IMPROVEMENT

The Illinois medical cannabis program has seen great improvements since its passage in 2013. The state should consider adding chronic pain as a qualifying condition and removing excessive restrictions for qualifying individuals. Furthermore, Illinois should consider removing its fingerprinting requirements for background checks, which provide no purpose when it comes to improving the lives of patients.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**94 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	10 / 10
DUI Protections	5 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**68 / 100**
Allows Distribution Programs	30 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	3 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	2 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**90 / 100**
Comprehensive Qualifying Conditions	47 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**81 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**91 / 100**
Dispensing	25 / 25
Grow/Cultivation	25 / 25
Manufacturing	25 / 25
Laboratory	16 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	449
SCORE PERCENTAGE	89.8%

FINAL GRADE B+

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**25 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**25 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	5 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**25 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**16 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	1 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. 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 Joint Committee on Administrative Rules approved final rules for the pilot program on July 15, 2014 from the Departments of Agriculture, Financial and Professional Regulation, Public Health, and Revenue. The state's first dispensaries began serving patients in November 2015. In 2016, the legislature passed SB 10 that extended the sunset clause for the program to 2020, added PTSD and terminal illness as qualifying conditions, established a petition process for adding new conditions, and made changes in the regulations for physicians recommending process including a 3-year renewal option for patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

IOWA

F-

AREAS FOR IMPROVEMENT

Creating legal protections for patients with seizure disorders is a positive first step for Iowa, but the state legislature needs to pass comprehensive medical cannabis legislation in order to best serve the state's patient population. Expanding the list of qualifying conditions, removing the arbitrary cap on THC, and creating in-state production and distribution of medical cannabis are all necessary features that any new legislation in Iowa should contain.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**32 / 100**
Arrest Protection	0 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	8 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**16 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	3 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**48 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**36 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	7 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	0
TOTAL OUT OF 500	132
SCORE PERCENTAGE	26.4%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. The state began issuing registration ID cards to patients in 2015.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

KENTUCKY

F-

AREAS FOR IMPROVEMENT

The Kentucky medical cannabis law is so limited that it cannot be referred to as a "program," and needs to be completely overhauled in order to provide any benefit to the patients of the state. Passing comprehensive legislation to allow for the in-state production and distribution of medical cannabis, with strong product safety provisions, would be the most beneficial step the state could take on this front. Perhaps the only thing the current Kentucky law does better than any of the other CBD-focused laws is that it does not impose any restrictions on medical conditions. Kentucky should preserve this component and allow physicians to recommend medical cannabis to anyone for whom the benefits outweigh the risks.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**41 / 100**
Arrest Protection	20 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**10 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	0 / 10
Does Not Impose Limits or Bans on THC	0 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**75 / 100**
Comprehensive Qualifying Conditions	50 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	10 / 10
Reasonable Caregiver Background Check Requirements	0 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	2 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**28 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**154**
SCORE PERCENTAGE	**30.8%**

FINAL GRADE **F-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

LOUISIANA

F-

AREAS FOR IMPROVEMENT

The state should adopt an in-state production and distribution system to serve medical cannabis patients in the state and/or create a system for patients to receive ID cards.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**52 / 100**
Arrest Protection	25 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**44 / 100**
Allows Distribution Programs	18 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	3 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	10 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**66 / 100**
Comprehensive Qualifying Conditions	40 / 50
Adding New Conditions	2 / 10
– Law/Regulations Allows for New Conditions	2 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	10 / 10
Reasonable Caregiver Background Check Requirements	0 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**53 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	25 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	5 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**1 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	1 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	231
SCORE PERCENTAGE	46.2%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**1 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	x
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2015, Louisiana attempted to update a dormant medical cannabis law with the passage of SB 143. While this was a good symbolic step for the state to take, it will not do anything to help the patients of the state have safe and legal access to medical cannabis therapy. The state regrettably used the term "prescribe" rather than "recommend" in its physician authorizing language, but due to the federal Schedule I status of cannabis, no physician will be able to write prescriptions unless there is a major change at the federal level.

However, in 2016, the state passed and signed a pair of bills, SB 271 and SB 180. The pair of bills fixes the "prescription" language issue, establishes legal protection for patients, and expands the qualifying conditions. However, legal protections for producers and dispensers is left unaddressed, which could prevent the program from functioning.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

MAINE

B

AREAS FOR IMPROVEMENT

Maine has one of the strongest programs for patients and was an early leader in adopting product safety guidelines. However, recent advancements in medical cannabis product safety guidelines have emerged leaving Maine somewhat behind in this area. The recent law creating a license for laboratories is a step in the right direction and presents an opportunity for the Department of Health to improve product safety protocols for medical cannabis. Additionally, Maine should improve competition and variety at dispensaries by eliminating its single dispensary designation requirement.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**90 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**86 / 100**
Allows Distribution Programs	30 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	18 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	3 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**87 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**93 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	14 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	9 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	7 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**60 / 100**
Dispensing	14 / 25
Grow/Cultivation	15 / 25
Manufacturing	11 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	431
SCORE PERCENTAGE	86.2%

FINAL GRADE **B**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**14 / 25**
Staff Training	4 / 5
Standard Operation Procedures and Protocols	3 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	4 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	3 / 5
– Active Compound Identification	0
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**15 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	0
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	3 / 5
– Active Ingridient Identification	0
– Contaminants	x
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	3 / 5

ISSUE	POINTS
MANUFACTURING	**11 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	0
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	x
Required Testing	3 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	1 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	0

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. In 2013, the Maine legislature passed HP755/LD1062, which added Post Traumatic Stress Disorder to the list of official qualifying conditions. In 2016, LD 726 was passed, authorizing 3rd-party testing labs.

MARYLAND

C

AREAS FOR IMPROVEMENT

The thoughtful adoption of product safety guidelines has earned Maryland a perfect score in this area, but the state still falls short in current access to medicine and overall patient rights. The state's delays in implementing the program have left patients without access for years, and although licenses have been awarded, due to some law suits, it is still unclear when the first dispensary will open. Maryland should look for ways to move the program forward that will not further delay patient access. Specifically, the state should begin issuing patient ID cards and pass emergency legislation that grants full legal protections to patients allowing them to acquire their medicine from a state with reciprocity. Additionally, while Maryland's affirmative defense has been used in some instances to protect patients growing their own medicine, the state should explicitly allow for patients and their caregivers to have the right to home cultivation.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**63 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**79 / 100**
Allows Distribution Programs	39 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	2 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	3 / 20
– Personal Cultivation	3 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**88 / 100**
Comprehensive Qualifying Conditions	44 / 50
Adding New Conditions	9 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	4 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**55 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	30 / 50
No Significant Administrative or Supply Problems	2 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	9 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**100 / 100**
Dispensing	25 / 25
Grow/Cultivation	25 / 25
Manufacturing	25 / 25
Laboratory	25 / 25

IMPROVEMENT BONUS	**-10**
TOTAL OUT OF 500	**375**
SCORE PERCENTAGE	**75%**

FINAL GRADE C

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**25 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**25 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	5 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**25 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**25 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

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 the Natalie M. LaPrade Medical Marijuana Commission to create regulations.

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 under HB 881/SB 923; instead, physicians must apply for permission to write recommendations for conditions they specify, although the Commission may add explicit qualifying conditions via rulemaking.

This was revised by HB 490 (2015), and regulations went into effect on Sept. 14, 2015. In 2016, HB 104 was passed, allowing dentists, podiatrists, nurse midwives, and nurse practitioners, in addition to physicians, to issue written certifications to qualifying patients.

MASSACHUSETTS

B-

AREAS FOR IMPROVEMENT

Massachusetts fares well in most categories, but fails to protect patients in the areas of employment and housing discrimination. The state has finally opened its first dispensaries but needs to speed up the licensing process. Over 4 years after voters passed Question 3, less than 10% of the allowed dispensaries are serving patients. The Department of Health should also strengthen regulation concerning laboratory testing of medical cannabis.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**80 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**86 / 100**
Allows Distribution Programs	36 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	1 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	10 / 20
– Personal Cultivation	10 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	10 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**90 / 100**
Comprehensive Qualifying Conditions	50 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**73 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	5 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**81 / 100**
Dispensing	25 / 25
Grow/Cultivation	23 / 25
Manufacturing	24 / 25
Laboratory	9 / 25

IMPROVEMENT BONUS	**-10**
TOTAL OUT OF 500	**400**
SCORE PERCENTAGE	**80%**

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**25 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**24 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**9 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	4 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

In 2012, 63% 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. Registered patients and their designated caregivers may possess up to a 60-day supply of usable cannabis, defined as 10 ounces. Some protections for patients began January 1, 2013, including limited rights to cultivate their own medicine. In 2014, the Department of Health (DPH) began issuing ID cards for patients and granting licenses for dispensaries. "Registered marijuana dispensaries" are licensed to both grow and sell medical cannabis and are required to provide medicine at discounted rates for low-income residents. DPH issues hardship cultivation licenses to patients who can demonstrate hardship qualifications.

As of December 2016, DPH has issued 15 licenses and 6 dispensaries are serving patients. In 2016, DPH announced it will be accepting applications for dispensaries on a rolling basis. Voters in Massachusetts passed Question 4, an adult use initiative, which added some rights for patients including parental rights and organ transplant rights.

MICHIGAN

B+

AREAS FOR IMPROVEMENT

If Michigan can move through the implementation of its new state-regulated dispensary system in a timely manner and adopt strong product safety protocols, it could be one of the strongest programs for patients in the country. Michigan also needs to add civil discrimination protections in the areas of housing, employment, and organ transplants.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**82 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	8 / 10
DUI Protections	4 / 5
Employment Protections	2 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	3 / 5
Organ Transplants	0 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**78 / 100**
Allows Distribution Programs	26 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	1 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**88 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	9 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	4 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**82 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**5 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	5 / 25

IMPROVEMENT BONUS	**25**
TOTAL OUT OF 500	**360**
SCORE PERCENTAGE	**88.75%**

FINAL GRADE B+

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**5 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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 (LARA) are not subject to arrest or prosecution and are protected from civil penalty or disciplinary action by a business, occupational, or professional licensing board or bureau. Although dispensaries were not expressly permitted by state law, several local jurisdictions allowed them to provide access to patients.

In September 2016, the governor signed 3 bills to improve the medical cannabis program. HB 4210 went into effect immediately clarifying that medical cannabis patients may possess cannabis extracts and infused products. HB 4209 or the Medical Marihuana Facilities Licensing Act creates a program to license and regulate the cultivation, processing, transport and distribution of medical cannabis. The new Medical Marihuana Licensing Board along with LARA have until September 2017 to create the rules for the program and begin issuing licenses. HB 4827 or the Marihuana Tracking Act authorizes a state-wide seed to sale program.

MINNESOTA

C-

AREAS FOR IMPROVEMENT

Minnesota deserves credit for the swift implementation of its limited medical cannabis program and for adding intractable pain and PTSD to its qualifying conditions list. However, the state's patients are woefully underserved by the program. The program has a small number of dispensaries, there are restrictions on obtaining medical cannabis in its common dried flower form, and there is a lack of clear training requirements in its product safety rules. Increasing the number of cultivators and dispensaries as well as lifting the restriction on forms of medicine that patients may legally obtain are the first steps the state should take to improve its program.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**84 / 100**
Arrest Protection	40 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**48 / 100**
Allows Distribution Programs	13 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	7 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**83 / 100**
Comprehensive Qualifying Conditions	45 / 50
Adding New Conditions	8 / 10
– Law/Regulations Allows for New Conditions	4 / 5
– System Works for Adding New Conditions	4 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**72 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	35 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**66 / 100**
Dispensing	21 / 25
Grow/Cultivation	16 / 25
Manufacturing	20 / 25
Laboratory	9 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	363
SCORE PERCENTAGE	72.6%

FINAL GRADE C-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**21 / 25**
Staff Training	3 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**16 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	0
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**20 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**9 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	0
– Storage Protocols	x
– Workforce Safety Protocols	0

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 flower material. 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. In 2016, intractable pain and PTSD were officially added as qualifying conditions when HF 3142 passed, which also improved transportation laws for testing and disposal and allowed pharmacists to videoconference with patients.

MISSISSIPPI

F-

AREAS FOR IMPROVEMENT

Mississippi deserves credit for being one of the only CBD-focused states to include parental rights protections in its medical cannabis laws. Beyond this one area, the program is otherwise failing patients on all fronts. Until the state passes a program with in-state production and distribution, a robust set of qualifying conditions, and strong product safety guidelines, the patients of Mississippi will be denied the benefit of a functional medical cannabis program.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**62 / 100**
Arrest Protection	40 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	8 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**7 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	3 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**46 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	2 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**38 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	5 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	0
TOTAL OUT OF 500	153
SCORE PERCENTAGE	30.6%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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

F-

AREAS FOR IMPROVEMENT

Allowing patients to obtain registry ID cards was a good first step for Missouri, but the state has a long way to go before it truly meets the needs of the state's medical cannabis patient population. The state must adopt and implement laws and rules that allow for in-state production of medical cannabis without restrictions on THC and CBD, create civil discrimination protections for patients, and adopt product safety guidelines.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**41 / 100**
Arrest Protection	24 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**11 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	7 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**43 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	2 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**29 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**124**
SCORE PERCENTAGE	**24.8%**

FINAL GRADE F-

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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 them to access and legal protections. Patients are allowed to purchase hemp extracts from two state-regulated "Cannabidiol oil care centers." In 2015, the Department of Agriculture (DOA) granted 2 licenses and in 2016, the centers began serving patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

MONTANA

B

AREAS FOR IMPROVEMENT

If Montana can move through the implementation of its new state-regulated dispensary system effectively and adopt strong product safety protocols it could be one of the strongest programs for patients in the country. Montana also needs to add civil discrimination protections in the areas of housing, employment, parental rights, and organ transplants.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**60 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**79 / 100**
Allows Distribution Programs	27 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	1 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**76 / 100**
Comprehensive Qualifying Conditions	47 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	2 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**75 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	13 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	3 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**20 / 100**
Dispensing	5 / 25
Grow/Cultivation	5 / 25
Manufacturing	5 / 25
Laboratory	5 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	335
SCORE PERCENTAGE	83.75%

FINAL GRADE B

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**5 / 25**
Staff Training	/ 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**5 / 25**
Staff Training	/ 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**5 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**5 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2004, 62% of Montana voters passed Initiative I-148, allowing registered patients to use, possess, and cultivate medical cannabis and designate a caregiver to assist them. Currently, registered patients and their designated caregivers may possess up to one ounce of usable cannabis and cultivate up to four mature plants and 12 immature. In 2011, the Montana legislature introduced and passed several laws to create new laws and regulations for a state-wide licensing program, but instead the legislature passed SB 423 that repealed much of the rights granted under I-148. SB 423 was challenged in state court blocking many of the worst provisions before it could be implemented. Following a lengthy court battle, the Montana Supreme Court ruled in favor of allowing SB 423 to be implemented in early 2016, which cut off almost all access for patients.

In November 2016, Montana voters passed I-182 which not only restored many of the rights granted to patients in I-148, but also added PTSD and removed restrictions on chronic pain for qualifying conditions, and tasks the Department of Public Health and Human Services with creating regulations and licenses for businesses serving patients as well as laboratories to test for potency and contaminants.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

NEVADA

B

AREAS FOR IMPROVEMENT

Nevada has done an admirable job in implementing its in-state production and dispensaries with good product safety regulations, but still falls short of protecting patient rights. The state needs to protect patients from civil discrimination by adding housing, employment, parental rights, and organ transplant protections. Additionally, the state should increase the possession limit for patients, as the state currently has the lowest possession limit in the country, which can be harmful for patients seeking to maintain an uninterrupted supply of their medicine.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**68 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**87 / 100**
Allows Distribution Programs	34 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	3 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**89 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	1 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	1 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**89 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**80 / 100**
Dispensing	20 / 25
Grow/Cultivation	20 / 25
Manufacturing	20 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	**10**
TOTAL OUT OF 500	**423**
SCORE PERCENTAGE	**84.6%**

FINAL GRADE **B**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**20 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**20 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	5 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**20 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

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 participate in a confidential state-run registry that issues identification cards. Registered patients could possess up to 2 ½ ounces of cannabis in a single 14-day period, cultivate up to 12 plants or designate a primary caregiver to assist them, and could present a medical necessity defense in court if they possessed over the limit. In April 2014, Senate Bill 374 was enacted, establishing a statewide medical cannabis distribution program. The law allows for the creation of up to 66 dispensaries and 200 production facilities, regulated by the Department of Health and Human Services (DHHS). As of January 2017, 56 dispensaries are open serving patients.

The law also restricted a patient's ability to cultivate medical cannabis to rare exceptions but increased patient possession limits, created a reciprocity program that allows out-of-state registered patients to register in Nevada with dispensaries and grants the right to purchase medication, and capped the cost of patient registry cards at $100. In 2016, DHHS put the patient applications online and began issuing temporary cards allowing patients to enroll and access medicine more quickly.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

NEW HAMPSHIRE

B-

AREAS FOR IMPROVEMENT

New Hampshire finally began serving patients in 2016, making it a functioning program. New Hampshire should add employment and housing protections and consider adding multiple year recommendations to better serve patients.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**84 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	4 / 5
Organ Transplants	5 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**61 / 100**
Allows Distribution Programs	24 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	2 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	1 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**80 / 100**
Comprehensive Qualifying Conditions	40 / 50
Adding New Conditions	6 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	1 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**85 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	11 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**93 / 100**
Dispensing	25 / 25
Grow/Cultivation	23 / 25
Manufacturing	25 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	413
SCORE PERCENTAGE	82.6%

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**25 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**25 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

In 2013, New Hampshire became the 19th medical cannabis state with the passage of HB 573, Use of Cannabis for Therapeutic Purposes, after similar bills had been vetoed twice before. Patients and caregivers registered with the New Hampshire Department of Health and Human Services' (DHHS) medical cannabis program, in possession of a registry ID card, who possess 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 based on 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. 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. In November 2015, DHHS began issuing ID cards and licensing businesses. In 2016, the first dispensaries began serving medical cannabis patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

NEW JERSEY

C

AREAS FOR IMPROVEMENT

While access to dispensaries remains limited, the state now has more dispensing locations, and continues to pass bills to improve the program. The state does well in the area of product safety, but has such a limited production base and supply that most patients do not receive the benefit of these regulations. New Jersey needs to add more production and distribution facilities for patients, while adding civil discrimination protections for patients in the areas of housing, employment, parental rights, and organ transplants.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**65 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**57 / 100**
Allows Distribution Programs	22 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	2 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	7 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**92 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**77 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	40 / 50
No Significant Administrative or Supply Problems	11 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	1 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**77 / 100**
Dispensing	20 / 25
Grow/Cultivation	22 / 25
Manufacturing	20 / 25
Laboratory	15 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	383
SCORE PERCENTAGE	76.6%

FINAL GRADE

C

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**20 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**22 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	4 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	0
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**20 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**15 / 25**
Staff Training	3 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	4 / 5
Standard Operating Procedures and Protocols	3 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

On January 18, 2010, Gov. Jon Corzine signed the New Jersey Compassionate Use Medical Marijuana Act, SB 119 into law on his last day in office. In-coming Governor, Chris Christie made several attempts to delay the program. After a series of legislative and bureaucratic battles the New Jersey Department of Health (DOH) adopted rules for the program in November 2011. These rules 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" and must be recertified every 90 days. Patients must obtain their medicine from one of six licensed "Alternative Treatment Centers" (only 5 are currently operating). The certifying physician must indicate the quantity a registered patient can 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. In 2016, the legislature passed AB 457 adding PTSD as a qualifying condition and the DOH finally appointed a panel of physicians and health professionals to add more qualifying conditions through a petition process.

NEW MEXICO

B

AREAS FOR IMPROVEMENT

New Mexico's program is lacking in the area of civil discrimination protections for patients. With the addition of protections against discriminatory housing, employment, parental rights, and organ transplant discrimination, New Mexico could make its program work even more effectively for its patient population.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**65 / 100**
Arrest Protection	40 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**89 / 100**
Allows Distribution Programs	34 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	2 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	18 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	3 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**86 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**85 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	13 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	2 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**89 / 100**
Dispensing	23 / 25
Grow/Cultivation	23 / 25
Manufacturing	23 / 25
Laboratory	20 / 25

IMPROVEMENT BONUS	10
TOTAL OUT OF 500	429
SCORE PERCENTAGE	85.8%

FINAL GRADE B

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**23 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**20 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

In March 2007, the New Mexico legislature passed SB 523, "The Lynn and Erin Compassionate Use Act." The law allowed patients and their caregivers to collectively possess up to six ounces of usable cannabis and, after obtaining a separate permit, cultivate up to four mature plants and 12 seedlings. The Department of Health (DOH) oversees the rules and regulations for patient and caregiver ID's, Personal Production License (PPL) for patients or caregivers to grow medical cannabis for personal use and Licensed Non-Profit Producers (LNPP). Today 35 licensed nonprofit producers serve medical cannabis patients.

The DOH has updated the regulations several times to expand plant numbers and clarify requirements. New Mexico's medical cannabis program includes a Medical Advisory Board that can approve new qualifying conditions and was the first to approve PTSD. The board also removed restrictions on chronic pain patients from qualifying for the program. In 2016, the DOH extended the expiration date for many patients so that they could improve their ability to turn around patient applications more quickly.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

NEW YORK

C

AREAS FOR IMPROVEMENT

Given the size of the state by both population and geography, 20 dispensing facilities and a tiny handful of cultivation facilities is not enough to serve the patient population of New York. Requirements on potency have resulted in a limited variety of products. The state needs to revise the program to expand the number of cultivation and dispensing facilities, eliminate language that restricts the available products and methods of administration for patients, and allow physicians to recommend medical cannabis to any patient for whom the benefits outweigh the risks. New York also needs to add civil protections against housing, parental rights, and organ transplant discrimination.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**72 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	5 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**50 / 100**
Allows Distribution Programs	17 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	3 / 5
– No Sales Tax or Reasonable Sales Tax	3 / 5
– Allows for a Reasonable Number of Dispensaries	4 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	3 / 2
– Environmental Impact Regulations	1 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	8 / 10
Does Not Impose Limits or Bans on THC	7 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**86 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	10 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	5 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**65 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	30 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**82 / 100**
Dispensing	23 / 25
Grow/Cultivation	21 / 25
Manufacturing	23 / 25
Laboratory	15 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	380
SCORE PERCENTAGE	76%

FINAL GRADE C

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**23 / 25**
Staff Training	3 / 5
Standard Operation Procedures and Protocols	5 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**21 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**23 / 25**
Staff Training	3 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**15 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

BACKGROUND

In June 2014, the New York Assembly passed S7923, which created legal protections for patients and caregivers and authorized the Department of Health (DOH) 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 and state the "dosage" patients should use, which determines the 30-day supply of medicine that the patient may possess. The law forbids the smoking of cannabis by patients but does not explicitly ban patients from accessing cannabis in its dried flower form.

The DOH granted 5 entities licenses in July 2015 and began issuing patient ID cards in December 2015. In January 2016, dispensaries began serving medical cannabis patients. In 2016, the DOH added chronic pain as a qualifying condition and updated the regulations to allow nurse practitioners to recommend medical cannabis, allow home delivery, allow registered organizations to sell "wholesale" products to other registered organizations to prevent supply shortages, and removed the five "brands" limit on products offered to patients.

NORTH CAROLINA

F-

AREAS FOR IMPROVEMENT

North Carolina made some minor improvements to the CBD-focused law it passed in 2014, but those improvements are still woefully short of creating safe and legal access for the patients of the state. The biggest problems that need to be addressed are the lack of in-state production and dispensing of medicine, no civil discrimination protections for patients in the areas of housing, employment, organ transplants, and parental rights, denying all but one qualifying condition, and placing an arbitrary cap on the THC concentration in products that patients may use. A comprehensive bill that addresses all of these issues and includes product safety language are necessary improvements for North Carolina to make.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**43 / 100**
Arrest Protection	24 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	5 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**11 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	7 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**46 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**25 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	8 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**15 / 100**
Dispensing	6 / 25
Grow/Cultivation	3 / 25
Manufacturing	6 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	0
TOTAL OUT OF 500	140
SCORE PERCENTAGE	28%

FINAL GRADE **F-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**6 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	0
Required Testing	3 / 5
– Active Compound Identification	x
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**3 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	3 / 5
– Active Ingridient Identification	x
– Contaminants	0
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**6 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	3 / 5
– Active Ingridient Identification	x
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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, no more than 0.3% THC, and must have no other psychoactive components.

In July of 2015 House Bill 766 was signed by Gov. McCrory amending HB1220 to expand qualified physicians to include any doctor board certified in neurology and affiliated with any state-licensed hospital. The bill also changed the required THC/CBD percentages for medical cannabis from greater than 10% CBD and less than .3% THC to greater than 5% CBD and less than .9% THC. There were also changes to enhance patient privacy as well as the addition of a sunset clause, ending the medical cannabis program in 2021 if studies fail to show therapeutic relief from CBD.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

NORTH DAKOTA

C

AREAS FOR IMPROVEMENT

North Dakota's biggest challenge will be moving through the implementation in a timely manner without disruption from the legislature and adopting strong product safety protocols. The law does not include civil discrimination protections for patients in the areas of housing, employment, organ transplants, and parental rights.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**34 / 100**
Arrest Protection	30 / 40
Affirmative Defense	0 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	4 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	0 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**81 / 100**
Allows Distribution Programs	34 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	1 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	10 / 20
– Personal Cultivation	10 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**80 / 100**
Comprehensive Qualifying Conditions	42 / 50
Adding New Conditions	8 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	10 / 10
Reasonable Caregiver Background Check Requirements	1 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	1 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**76 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	5 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**50 / 100**
Dispensing	15 / 25
Grow/Cultivation	14 / 25
Manufacturing	14 / 25
Laboratory	7 / 25

IMPROVEMENT BONUS	**25**
TOTAL OUT OF 500	**346**
SCORE PERCENTAGE	**74%**

FINAL GRADE

C

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**15 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	3 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	0
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**14 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	2 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	0
– Batch And Lot Tracking	x
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	2 / 5
– Pesticide Guidance	0
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**14 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	2 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	0
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	4 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**7 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	5 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	2 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	0

BACKGROUND

In 2016, 64% of North Dakotans voted in favor of the North Dakota Medical Marijuana Legalization initiative. The law creates a comprehensive medical cannabis program for the patients of the state. The program creates access for patients at retail dispensaries, but would also allow patients to grow up to 8 plants if they live 40 or more miles away from the nearest dispensary. The program will be one of the strictest in the nation in that it would allow the ND Department of Health to conduct in-person patient interviews in order to determine eligibility. Despite this provision, the program will be a vast improvement for patients who currently have no legal access to their medicine.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

OHIO

B

AREAS FOR IMPROVEMENT

If Ohio can move through the implementation in a timely manner and adopt strong product safety protocols it could be one of the stronger programs in the country. However, the medical cannabis law includes the worst employment language in the country for patients, making employment discrimination against patients lawful and explicitly denies patients a cause of action in court to challenge employment discrimination cases.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**84 / 100**
Arrest Protection	40 / 40
Affirmative Defense	10 / 15
Parental Rights Protections	10 / 10
DUI Protections	5 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	4 / 7
Housing Protections	4 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	5 / 5
Reciprocity	1 / 3
ACCESS TO MEDICINE	**63 / 100**
Allows Distribution Programs	30 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	9 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	5 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**84 / 100**
Comprehensive Qualifying Conditions	45 / 50
Adding New Conditions	8 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	2 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**79 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	0 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**5 / 100**
Dispensing	5 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	340
SCORE PERCENTAGE	83.75%

FINAL GRADE **B**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**5 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

Ohio's medical cannabis program was created by HB 523 (2016), which went into effect on September 8, 2016. The law will allow patients in Ohio to obtain legal protections to be able to possess and use medical cannabis. The law contains 23 qualifying conditions and the state can add more conditions through rulemaking. The Ohio Medical Marijuana Control Program is comprised of several state agencies that regulate the program. Patients who meet certain requirements are eligible for an affirmative defense for possession and use of medical cannabis.

OKLAHOMA

F-

AREAS FOR IMPROVEMENT

Oklahoma surprised many in 2015 by approving a limited CBD-focused bill to protect patients who obtain certain low-THC products from other jurisdictions. While this was a good first step, the law fails to address in-state production and access for patients, places arbitrary caps on THC, and fails to protect patients from civil discrimination in the areas of housing, employment, organ transplants, and parental rights. In addition to fixing these problems, the state also needs to include product safety regulations.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**39 / 100**
Arrest Protection	25 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**14 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**60 / 100**
Comprehensive Qualifying Conditions	30 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	8 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**28 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	8 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	156
SCORE PERCENTAGE	31.2%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In April of 2015, Gov. Fallin signed HB 2154, Katie and Cayman's Law, which allows physicians in Oklahoma to recommend a high-CBD cannabis oil (less than .3% THC) to minors suffering from a severe epilepsy disorder like Lennox-Gastaut Syndrome or Dravet Syndrome. In 2016, the state adopted HB 2835, which expanded legal protections to patients of all ages and added several new qualifying conditions including "spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, and appetite stimulation with chronic wasting diseases."

Neither bill created a framework for the production, distribution or analysis of the CBD oil. Presumably patients are supposed to illegally bring CBD oil from another state or participate in clinical trials conducted at Oklahoma Universities.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

OREGON

B

AREAS FOR IMPROVEMENT

Oregon continues to have one of the strongest medical cannabis programs for patients in the nation. The state would be wise to maintain this impressive program that serves the needs of its patients and avoid temptation to merge the medical program with the state's recently adopted adult use program. Oregon could make its program even better by including civil discrimination protections for patients in the areas of employment, housing, and parental rights. The program must add essential product safety components to their guidelines such as recall and adverse event protocols.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**78 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	3 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	5 / 5
Reciprocity	3 / 3
ACCESS TO MEDICINE	**88 / 100**
Allows Distribution Programs	35 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	17 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	2 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	9 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**87 / 100**
Comprehensive Qualifying Conditions	47 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	6 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**89 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	50 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**74 / 100**
Dispensing	17 / 25
Grow/Cultivation	16 / 25
Manufacturing	17 / 25
Laboratory	24 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	431
SCORE PERCENTAGE	86.2%

FINAL GRADE B

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**17 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**16 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**17 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**24 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	4 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	0

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, HB 3460 established regulations for state-licensed medical cannabis facilities. In March 2014, SB 1531 granted cities and counties the right to pass moratoriums on the opening of medical marijuana facilities until May 1, 2015. There are currently over 300 state licensed dispensaries serving patients. In 2016, the legislature passed HB 1404 allowing out-of-state ownership/investment in medical cannabis businesses and SB 1524 reduces paperwork requirements for veterans.

PENNSYLVANIA

B-

AREAS FOR IMPROVEMENT

If Pennsylvania can move through the implementation process in a timely manner and adopt strong product safety protocols it could be one of the stronger programs in the country. Legislators should add housing and organ transplant discrimination protections to the law to improve the program for patients. The State faces challenges to meet patient needs in the coming years, as the program does not allow patients to access cannabis in the form of flower or edible products. The program does require minimal training for employees in cannabis operations, but the requirements are narrow in scope and may not be sufficient. Furthermore, the State could benefit from allowing cannabis to be sungrown, in secured facilities, among its vast agricultural areas.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**69 / 100**
Arrest Protection	40 / 40
Affirmative Defense	5 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	5 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	2 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**65 / 100**
Allows Distribution Programs	29 / 40
– Allows Access to Dried Flowers	10 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	5 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	9 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**81 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	6 / 10
– Law/Regulations Allows for New Conditions	3 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	2 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	9 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**82 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	5 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**37 / 100**
Dispensing	13 / 25
Grow/Cultivation	7 / 25
Manufacturing	11 / 25
Laboratory	6 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	359
SCORE PERCENTAGE	80.5%

FINAL GRADE B-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**13 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**7 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	1 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**11 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	2 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	0
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	x
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**6 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	1 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	x
– Workforce Safety Protocols	0

BACKGROUND

The Pennsylvania Medical Marijuana Act (Act. 16, 2016), signed on April 17, 2016, created the state's medical marijuana program. The program will ultimately allow patients to obtain medical cannabis from state-licensed dispensaries. The program initially includes 17 qualifying conditions.

Prior to the opening of dispensaries, pediatric patients and the parent/legal guardian caregivers can apply for safe harbor exemptions for possessing and using medical cannabis. The state Department of Health (DOH) has provided guidelines for patients seeking safe harbor. Physician must take a training course before being eligible to recommend medical cannabis under Act 16.

The state DOH has issued temporary regulations for dispensaries and has offered the public the opportunity to comment on them. The program will allow for 25 "grower/processor" licenses and 50 dispensary licenses. Each dispensary license may have three different locations, meaning there is a potential maximum of up to 150 dispensaries throughout the state.

RHODE ISLAND

C+

AREAS FOR IMPROVEMENT

The Rhode Island medical cannabis program continues to do an admirable job of providing safe and legal access to the state's patient population. However, the program has areas in which it can improve upon. The two areas in which the state is deficient are product safety guidelines and civil discrimination protections regarding housing, employment, organ transplants, and parental rights.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**72 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	0 / 10
DUI Protections	5 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**81 / 100**
Allows Distribution Programs	28 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	4 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	16 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	1 / 5
Explicit Right to Edibles/Concentrates/Other Forms	9 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	8 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**89 / 100**
Comprehensive Qualifying Conditions	48 / 50
Adding New Conditions	7 / 10
– Law/Regulations Allows for New Conditions	5 / 5
– System Works for Adding New Conditions	2 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	2 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**87 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	9 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	6 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**34 / 100**
Dispensing	10 / 25
Grow/Cultivation	10 / 25
Manufacturing	10 / 25
Laboratory	4 / 25

IMPROVEMENT BONUS	25
TOTAL OUT OF 500	388
SCORE PERCENTAGE	77.2%

FINAL GRADE C+

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**10 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	1 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**10 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**10 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**4 / 25**
Staff Training	2 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	2 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. 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.

In 2009, the Department of Health (DOH) 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. By 2013, compassion centers were serving patients. In 2014, the legislature passed laws removing caps on cultivation for compassion centers. Patients and caregivers may also sell excess medical cannabis to compassion centers.

In 2016, the DOH made several positive changes to the program including creating a new cultivator license to help deal with product shortages. The legislature passed H 7142 which adds PTSD as a qualifying condition.

SOUTH CAROLINA

F-

AREAS FOR IMPROVEMENT

Of all the current CBD-focused states, South Carolina appears to be the one most poised to adopt a comprehensive medical cannabis program in 2017. This would be a very welcome improvement, as the state's current law only provides a modicum of protection for a very limited number of patients. When adopting a comprehensive program, the state should include in-state production and dispensing, civil discrimination protections (housing, employment, organ transplants, parental rights), expand the list of qualifying conditions, allow for access through home cultivation, and include product safety guidelines.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**47 / 100**
Arrest Protection	30 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**10 / 100**
Allows Distribution Programs	3 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	3 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	3 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**52 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	1 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**35 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	10 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	0 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**144**
SCORE PERCENTAGE	**28.8%**

FINAL GRADE F-

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. In September 2015, the Senate Medical Affairs subcommittee unanimously approved S672, but it failed in 2016.

TENNESSEE

F-

AREAS FOR IMPROVEMENT

Tennessee made some minor improvements to its 2014 CBD bill, but unfortunately, the bill largely remains a symbolic protection. To better protect the patients of Tennessee, the state must pass a comprehensive medical cannabis law that includes in-state production and dispensing, civil discrimination protections like housing, employment, organ transplants, and parental rights protections, and expand the list of qualifying conditions to allow physicians to recommend medical cannabis to anyone for whom the benefits would outweigh the risks. In adopting such a program, the state should also include product safety guidelines and avoid placing arbitrary limits on THC.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**34 / 100**
Arrest Protection	20 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**14 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**38 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	0 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	6 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	3 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**33 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	10 / 50
No Significant Administrative or Supply Problems	5 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	0
TOTAL OUT OF 500	119
SCORE PERCENTAGE	23.8%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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. Minor revisions were made to the law in 2015.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

TEXAS

F-

AREAS FOR IMPROVEMENT

Texas joined Florida in adopting one of the few CBD-focused laws that includes effective in-state production and dispensing. Unfortunately, the Texas law has significant flaws that will hinder patient access. By using the term "prescription" instead of "recommendation," it may be impossible for physicians to incorporate the program into their practice, thereby denying patients' access. Even with a proper "recommendation", the low number of production and dispensing organizations will all but ensure shortages of medicine and further complications obtaining it. In addition to fixing these problems, the state must add civil discrimination protections for housing, employment, organ transplants, and parental rights, expand the list of qualifying conditions, and remove arbitrary limits on THC.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**38 / 100**
Arrest Protection	20 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	4 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**23 / 100**
Allows Distribution Programs	4 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	2 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	6 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	5 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**47 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	2 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	4 / 5
FUNCTIONALITY	**40 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	20 / 50
No Significant Administrative or Supply Problems	5 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	0 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	5 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**43 / 100**
Dispensing	13 / 25
Grow/Cultivation	15 / 25
Manufacturing	12 / 25
Laboratory	3 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**191**
SCORE PERCENTAGE	**38.2%**

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**13 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	3 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	5 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**15 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	0
Required Testing	4 / 5
– Active Ingridient Identification	0
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5

ISSUE	POINTS
MANUFACTURING	**12 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	2 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	x
– Potency	x
– Shelf Life Testing	0
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	5 / 5
LABORATORY OPERATIONS	**3 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	3 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	0

BACKGROUND

In June of 2015 Gov. Abbot signed SB 399, The Texas Compassionate Use Act. This law allows access to some patients to "low-THC cannabis." Unlike many other "CBD Laws" this act also allows for "dispensing organizations" to cultivate, process, and distribute this medical cannabis. Another significant difference between Texas and others states' medical cannabis laws is that SB 399 establishes a sort of parallel prescription system in which registered physicians record such information as patient dosage and amounts. This "prescription" would be taken to a dispensing organization to be filled.

UTAH

F-

AREAS FOR IMPROVEMENT

Utah started a trend in 2014 when it became the first state to pass CBD-focused legislation. While the bill has created legal protections for a small number of patients with seizure disorders, patients with other medical conditions have been left out. In addition to expanding the number of qualifying conditions, Utah should add in-state production and dispensing of medical cannabis, civil discrimination protections for housing, employment, organ transplants, and parental rights, remove arbitrary caps on THC, and add product safety guidelines.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**17 / 100**
Arrest Protection	0 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**7 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	3 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**45 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	7 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	2 / 5
FUNCTIONALITY	**29 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	11 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**16 / 100**
Dispensing	5 / 25
Grow/Cultivation	2 / 25
Manufacturing	4 / 25
Laboratory	5 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	129
SCORE PERCENTAGE	25.8%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**5 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**2 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**4 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**5 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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 a 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 no more than 0.3% THC, and must be free of other psychoactive substances. There is no framework for how these patients should obtain these products.

In 2016, the legislature passed HB 58 requiring the Department of Health to establish a procedure for neurologists to transmit records to DOH for a larger study and SCR 11, a resolution calling on Congress to reschedule medical cannabis to Schedule II.

VERMONT

C-

AREAS FOR IMPROVEMENT

Vermont made some solid improvements to its medical cannabis program by lifting the cap on the number of patients able to use its dispensary program and by issuing new regulations. Unfortunately, the state is still lacking in the areas of product safety and civil discrimination protections for housing, employment, organ transplants, and parental rights. In addition to fixing these components, the state should expand the number of medical dispensaries and allow physicians the right to recommend medical cannabis to any patient for whom the benefits outweigh the risks.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**45 / 100**
Arrest Protection	20 / 40
Affirmative Defense	13 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**82 / 100**
Allows Distribution Programs	30 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	2 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	15 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	10 / 10
Does Not Impose Limits or Bans on THC	10 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	7 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**85 / 100**
Comprehensive Qualifying Conditions	48 / 50
Adding New Conditions	6 / 10
– Law/Regulations Allows for New Conditions	3 / 5
– System Works for Adding New Conditions	3 / 5
Reasonable Access for Minors	9 / 10
Reasonable Caregiver Background Check Requirements	3 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	2 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	4 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**81 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	45 / 50
No Significant Administrative or Supply Problems	12 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	4 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**43 / 100**
Dispensing	13 / 25
Grow/Cultivation	12 / 25
Manufacturing	13 / 25
Laboratory	5 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	351
SCORE PERCENTAGE	70.2%

FINAL GRADE C-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**13 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	3 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**12 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	0
Pesticide Guidance and Protocols	3 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**13 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	3 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	3 / 5
– Product Contents Including Source Material Identification	x
– Allergens	0
– Potency and Compound Identification	x
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**5 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

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 and allowed physician's assistants and advance practice registered nurses to write recommendations. Dispensaries opened in spring of 2013. In 2014, the program was expanded with the passage of S. 247, which added delivery programs to existing dispensaries to deliver to patients and granted naturopathic physicians the right to recommend medical cannabis. In 2016, S. 14 was passed, which changed the qualifying condition of "severe pain" to less restrictive "chronic pain."

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

VIRGINIA

F-

AREAS FOR IMPROVEMENT

Virginia amended its long-standing but previously unusable medical cannabis affirmative defense law by adding protections for THCA and CBD for patients with seizure disorders. While this is a good first step, the state is still denying protections to most patients who could benefit from medical cannabis therapy. Moreover, the current law does not include in-state production and dispensing, forcing patients to travel to states with reciprocity simply to obtain their medicine. In addition to addressing these problems, the state should include product safety guidelines and civil discrimination protection in the areas of housing, employment, organ transplants, and parental rights.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**17 / 100**
Arrest Protection	0 / 40
Affirmative Defense	12 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**36 / 100**
Allows Distribution Programs	13 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	5 / 5
– Allows for a Reasonable Number of Dispensaries	3 / 5
– Does not Require Vertical Integration	1 / 2
– Ownership/Employment Restrictions	2 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	5 / 10
Does Not Impose Limits or Bans on THC	5 / 10
Does Not Impose Minimum CBD Requirements	3 / 10
Local Bans/Zoning	10 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**48 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	2 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	10 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	6 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**59 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	20 / 50
No Significant Administrative or Supply Problems	15 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	3 / 5
Reasonable Purchase Limits	3 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	5 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	15
TOTAL OUT OF 500	175
SCORE PERCENTAGE	35%

FINAL GRADE F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

February of 2015 marked the signing of HB 1445 and SB 1235, extending some legal protections to patients using CBD or THCA extracts. This law protects patients using those specific medicines from prosecution but not arrest. The bills failed to develop any kind of cultivation, production, or distribution system thereby forcing Virginians to travel to another state that extends medical access to non-residents. However, in 2016, the legislature passed SB 701, which ordered the Board of Pharmacy to develop regulations for the licensing of cultivation and distribution pharmaceutical processors. SB 701 requires re-authorization by the General Assembly again in 2017.

WASHINGTON

C-

AREAS FOR IMPROVEMENT

While it was necessary for Washington to adopt a state regulated dispensary system for adult use, merging it with the medical program was suboptimal, has limited access points, and patients access to a wide range of medical products may be at risk. Additionally, the Liquor Control Board's sudden 14-day shutdown letters to medical dispensaries left many patients with no options but recreational stores in which they cannot discuss their medical needs. That said, the state's adoption of strong product safety language will benefit patients. The legislature would be wise to preserve/reinstate its collective garden rights to help ensure that patient needs are met, in addition to stand-alone licensing for the cultivation, manufacturing, and distribution of medical cannabis. Washington should also add civil protections such as employment and housing protections for patients and their caregivers.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**80 / 100**
Arrest Protection	40 / 40
Affirmative Defense	15 / 15
Parental Rights Protections	10 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	3 / 5
Organ Transplants	5 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**75 / 100**
Allows Distribution Programs	27 / 40
– Allows Access to Dried Flowers	15 / 15
– Allows Delivery	5 / 5
– No Sales Tax or Reasonable Sales Tax	1 / 5
– Allows for a Reasonable Number of Dispensaries	1 / 5
– Does not Require Vertical Integration	2 / 2
– Ownership/Employment Restrictions	1 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	2 / 2
Noncommercial Cultivation	17 / 20
– Personal Cultivation	15 / 15
– Collective Gardening	2 / 5
Explicit Right to Edibles/Concentrates/Other Forms	8 / 10
Does Not Impose Limits or Bans on THC	8 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	5 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**77 / 100**
Comprehensive Qualifying Conditions	46 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	7 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	2 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	8 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	5 / 5
FUNCTIONALITY	**48 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	25 / 50
No Significant Administrative or Supply Problems	0 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	8 / 10
Reasonable Possession Limit	4 / 5
Reasonable Purchase Limits	4 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	4 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**93 / 100**
Dispensing	22 / 25
Grow/Cultivation	23 / 25
Manufacturing	23 / 25
Laboratory	25 / 25

IMPROVEMENT BONUS	**-10**
TOTAL OUT OF 500	**363**
SCORE PERCENTAGE	**72.6%**

FINAL GRADE C-

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**22 / 25**
Staff Training	5 / 5
Standard Operation Procedures and Protocols	4 / 5
– Facility Sanitary Conditions	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Inventory Control	x
Recall Protocol and Adverse Event Reporting	3 / 5
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency/Compound Identification	x
Required Testing	5 / 5
– Active Compound Identification	x
– Contaminants	x
– Potency	x
GROW/CULTIVATION	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols (Short Term and Long Term Storage)	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
– Disposal/Waste	x
– Water Management	x
Pesticide Guidance and Protocols	5 / 5
– Pesticide Guidance	x
– Product Labeling	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	3 / 5

ISSUE	POINTS
MANUFACTURING	**23 / 25**
Staff Training	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Facility and Equipment Sanitary Conditions	x
– Workforce Safety Protocols	x
– Storage Protocols	x
– Reasonable Security Protocols	x
– Batch And Lot Tracking	x
Product Labeling	5 / 5
– Product Contents Including Source Material Identification	x
– Allergens	x
– Potency and Compound Identification	x
Required Testing	5 / 5
– Active Ingridient Identification	x
– Contaminants	x
– Potency	x
– Shelf Life Testing	x
– Sample Retention	x
Recall Protocol and Adverse Event Reporting	3 / 5
LABORATORY OPERATIONS	**25 / 25**
Staff Training	5 / 5
Method Validation in Accordance with AHP guideliness	5 / 5
Result Reporting	5 / 5
Independent or Third Party	5 / 5
Standard Operating Procedures and Protocols	5 / 5
– Equipment and Instrument Calibration	x
– Sample Tracking	x
– Facility and Equipment Sanitary Conditions	x
– Disposal/Waste Protocols	x
– Storage Protocols	x
– Workforce Safety Protocols	x

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, later 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. Dispensaries are not permitted under Washington law, but up to ten patients may participate in a collective garden of 45 plants or less. 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 passed Initiative 502 relating to the adult use of cannabis, but that law does not directly affect the rights and protections afforded to patients.

In 2015, the state approved SB 5052, which established state regulated medical cannabis retail access points utilizing the I-502 retail stores and made significant changes to the state's patient cultivation rights. Collective gardens are no longer allowed as of July 2016, and patients are to apply to form non-commercial cooperatives to provide an alternative to access from retail stores.

WISCONSIN

F-

AREAS FOR IMPROVEMENT

The Wisconsin medical cannabis law is so limited that it cannot be referred to as a "program," and needs to be completely overhauled in order to provide any benefit to the patients of the state. Neither physicians nor pharmacists may dispense CBD due to its Schedule I status, therefore, the current law has no practical value. Passing comprehensive legislation to allow for the in-state production and distribution of medical cannabis with strong product safety provisions would be the most beneficial step the state could take.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**34 / 100**
Arrest Protection	20 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	0 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**13 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	0 / 10
Does Not Impose Minimum CBD Requirements	10 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**40 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	0 / 4
Number of Caregivers	0 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	6 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	3 / 5
FUNCTIONALITY	**20 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	0 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	10 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**0 / 100**
Dispensing	0 / 25
Grow/Cultivation	0 / 25
Manufacturing	0 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**107**
SCORE PERCENTAGE	**21.4%**

FINAL GRADE

F-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**0 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	0
Required Testing	0 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	0
GROW/CULTIVATION	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**0 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	0 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	0
Required Testing	0 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	0
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2014, Wisconsin passed AB 726, which created 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.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2017**

WYOMING

F-

AREAS FOR IMPROVEMENT

Wyoming quietly approved a limited CBD-focused bill to protect patients who obtain certain low-THC products from other jurisdictions. While this was a good first step, the law fails to address in-state production and access for patients, places arbitrary caps on THC, and fails to protect patients from civil discrimination in the areas of housing, employment, organ transplants, and parental rights. In addition to fixing these problems, the state also needs to expand the number of eligible qualifying conditions and include product safety regulations.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTION	**45 / 100**
Arrest Protection	24 / 40
Affirmative Defense	9 / 15
Parental Rights Protections	0 / 10
DUI Protections	0 / 5
Employment Protections	0 / 5
Explicit Privacy Standards	7 / 7
Housing Protections	0 / 5
Does Not Create New Criminal Penalties For Patients	5 / 5
Organ Transplants	0 / 5
Reciprocity	0 / 3
ACCESS TO MEDICINE	**9 / 100**
Allows Distribution Programs	0 / 40
– Allows Access to Dried Flowers	0 / 15
– Allows Delivery	0 / 5
– No Sales Tax or Reasonable Sales Tax	0 / 5
– Allows for a Reasonable Number of Dispensaries	0 / 5
– Does not Require Vertical Integration	0 / 2
– Ownership/Employment Restrictions	0 / 2
– Provisions for Labor Standards	0 / 2
– Environmental Impact Regulations	0 / 2
– Choice of Dispensary Without Restrictions	0 / 2
Noncommercial Cultivation	0 / 20
– Personal Cultivation	0 / 15
– Collective Gardening	0 / 5
Explicit Right to Edibles/Concentrates/Other Forms	3 / 10
Does Not Impose Limits or Bans on THC	1 / 10
Does Not Impose Minimum CBD Requirements	5 / 10
Local Bans/Zoning	0 / 10

ISSUE	POINTS
EASE OF NAVIGATION	**44 / 100**
Comprehensive Qualifying Conditions	20 / 50
Adding New Conditions	0 / 10
– Law/Regulations Allows for New Conditions	0 / 5
– System Works for Adding New Conditions	0 / 5
Reasonable Access for Minors	6 / 10
Reasonable Caregiver Background Check Requirements	4 / 4
Number of Caregivers	1 / 2
Patient/Practitioner-Focused Task Force or Advisory Board	0 / 2
Reasonable Fees (Patients & Caregivers)	6 / 10
Allows Multiple-Year Registrations	0 / 2
Reasonable Physician Requirements	5 / 5
Does Not Classify Cannabis as a Medicine of Last Resort	2 / 5
FUNCTIONALITY	**27 / 100**
Patients Able to Access Medicine at Dispensaries or via Cultivation	0 / 50
No Significant Administrative or Supply Problems	10 / 15
Patients Can Receive Legal Protections within Reasonable Time Frame of Doctor's Recommendation	7 / 10
Reasonable Possession Limit	5 / 5
Reasonable Purchase Limits	0 / 5
Allows Patients to Medicate where They Choose	3 / 5
Covered by Insurance/State Health Aide	0 / 3
Financial Hardship (Fee Waivers/Discount Medicine)	2 / 7
CONSUMER SAFETY AND PROVIDER REQUIREMENTS (see next page for details)	**9 / 100**
Dispensing	4 / 25
Grow/Cultivation	2 / 25
Manufacturing	3 / 25
Laboratory	0 / 25

IMPROVEMENT BONUS	**0**
TOTAL OUT OF 500	**134**
SCORE PERCENTAGE	**26.8%**

FINAL GRADE **F-**

CONSUMER SAFETY AND PROVIDER REQUIREMENTS SECTION SCORE

ISSUE	POINTS
DISPENSING	**4 / 25**
Staff Training	0 / 5
Standard Operation Procedures and Protocols	0 / 5
– Facility Sanitary Conditions	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Inventory Control	0
Recall Protocol and Adverse Event Reporting	0 / 5
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency/Compound Identification	x
Required Testing	2 / 5
– Active Compound Identification	0
– Contaminants	0
– Potency	x
GROW/CULTIVATION	**2 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols (Short Term and Long Term Storage)	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
– Disposal/Waste	0
– Water Management	0
Pesticide Guidance and Protocols	0 / 5
– Pesticide Guidance	0
– Product Labeling	0
Required Testing	2 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5

ISSUE	POINTS
MANUFACTURING	**3 / 25**
Staff Training	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Facility and Equipment Sanitary Conditions	0
– Workforce Safety Protocols	0
– Storage Protocols	0
– Reasonable Security Protocols	0
– Batch And Lot Tracking	0
Product Labeling	2 / 5
– Product Contents Including Source Material Identification	0
– Allergens	0
– Potency and Compound Identification	x
Required Testing	1 / 5
– Active Ingridient Identification	0
– Contaminants	0
– Potency	x
– Shelf Life Testing	0
– Sample Retention	0
Recall Protocol and Adverse Event Reporting	0 / 5
LABORATORY OPERATIONS	**0 / 25**
Staff Training	0 / 5
Method Validation in Accordance with AHP guideliness	0 / 5
Result Reporting	0 / 5
Independent or Third Party	0 / 5
Standard Operating Procedures and Protocols	0 / 5
– Equipment and Instrument Calibration	0
– Sample Tracking	0
– Facility and Equipment Sanitary Conditions	0
– Disposal/Waste Protocols	0
– Storage Protocols	0
– Workforce Safety Protocols	0

BACKGROUND

In 2015, Wyoming passed HB 32, which created a legal right for patients with intractable epilepsy to obtain registry ID cards and possess and use low-THC extracts. The law does not allow for the in-state production or dispensing of medical cannabis products. The Wyoming Department of Health has begun to issue patient ID cards.

Conclusion

National trends in medical cannabis policy are generally moving in a positive direction. 2016 brought in six new medical cannabis states and almost every state improved their program through legislation or regulatory improvements. Our grading shows incredible improvements from 2015 to 2016 for a program that also expanded nationally by just over 12% (see table 1). Across the country there was as an increase by 58%, 12.5%, and decrease of 75% in the number of B, C, and D grades, respectively. There was no net change in the number of states receiving F's for their programs. This is partly due to a fairly large number of states that only allow a limited scope of CBD products; all of these type of programs, old and new, failed this year and will need to make vast improvements to their programs to truly bring any relief to patients.

Table 1: Overview of Program Grades from 2015–2016

Year / Grades	B	C	D	F	# of Programs
2015	12	8	4	17	41
2016	19	9	1	17	45
% Change	+58%	+12.5%	-75%	n/a	12%

Many states would benefit from revisiting civil discrimination protections for housing, employment, organ transplants, and parental rights for patients and updating their product safety requirements. All states should also consider taking the lead from the District of Columbia, Maryland, and Massachusetts and replace condition lists with granting physicians the right to recommend medical cannabis to any patient for whom the benefits outweigh the risks. At the very least, Florida, Hawaii, Connecticut, New Jersey and Illinois should add chronic pain conditions to their list of qualifying conditions.

In 2016, voters in Massachusetts, California, Maine, and Nevada added adult use programs. While these new laws mostly strengthened medical cannabis patients' rights, these states would be wise to learn lessons from Washington state's struggling medical cannabis program and avoid the temptation to merge the medical program with the state's recently adopted adult use program. Patients in Washington have experienced an extreme loss of access due to the legislature's short-sighted move to merge the adult use and medical cannabis programs.

Many states have been struggling with timely licensing of medical cannabis businesses that are the cornerstone of their programs. No matter how good a law looks on paper, if patients do not have access, then the program is of no use to these patients. New states should consider a hybrid of a merit based system with geographical requirements that is followed by a lottery for qualifying applicants. This would prevent the lawsuits that plague many of these programs.

Despite these shortcomings, overall, medical cannabis access in the United States is the best it has been. Better still, states no longer have to "reinvent the wheel." Instead, they can use established best practices to license and regulate medical cannabis businesses and organizations. ASA is prepared to

Table 2: 2015–2016 Comparison

Year / Grades	Avg 2016	Grade	Avg 2015	Grade
Alabama	30.4	F-	30	F
Alaska	60.6	D-	72	D-
Arizona	80	B-	79.8	B-
Arkansas	80	B-	N/A	N/A
California	87	B+	87.8	B+
Colorado	80.8	B-	84.2	B
Connecticut	80.4	B-	77.8	C+
Delaware	77.4	C+	77	C+
District of Columbia	81.2	B-	77.4	C+
Florida	81	B-	53	F
Georgia	32.8	F-	47.25	F
Hawaii	86	B	84.4	B
Illinois	89.8	B+	87.6	B+
Iowa	26.4	F-	35.5	F
Kentucky	30.8	F-	38.5	F
Louisiana	46.2	F-	34.75	F
Maine	86.2	B	81.6	B-
Maryland	75	C	84	B
Massachusetts	80	B-	85.4	B
Michigan	88.75	B+	77.5	D+
Minnesota	72.6	C-	76	C
Mississippi	30.6	F-	38.25	F
Missouri	24.8	F-	31	F
Montana	83.75	B	70	D-
Nevada	84.6	B	87.2	B+
New Hampshire	82.6	B-	77	C+
New Jersey	76.6	C	73.8	C
New Mexico	85.8	B	88	B+
New York	76	C	73.6	C
North Carolina	28	F-	37.5	F
North Dakota	74	C	N/A	N/A
Ohio	83.75	B	N/A	N/A
Oklahoma	31.2	F-	34.5	F
Oregon	86.2	B	85.2	B
Pennsylvania	80.5	B-	N/A	N/A
Rhode Island	77.2	C+	70.6	C-
South Carolina	28.8	F-	42.25	F
Tennessee	23.8	F-	32.25	F
Texas	38.2	F-	43.2	F
Utah	25.8	F-	30.5	F
Vermont	70.2	C-	69.4	D+
Virginia	35	F-	32.75	F
Washington	72.6	C-	85.2	B
Wisconsin	21.4	F-	26.75	F
Wyoming	26.8	F-	36	F

THE FUTURE CAN BE BRIGHT FOR MEDICAL CANNABIS PATIENTS, IF STATE LAWMAKERS AND REGULATORS ADOPT AND IMPLEMENT COMPREHENSIVE PROGRAMS THAT IMPROVE THE QUALITY OF LIFE FOR PATIENTS AND THEIR LOVED ONES.

help lawmakers find real solutions that overcome barriers to safe, legal, and dignified access to medical cannabis. The future can be bright for medical cannabis patients, if state lawmakers and regulators adopt and implement comprehensive programs that improve the quality of life for patients and their loved ones.

Legislatures and Governors may need to resist possible Federal interference in their state programs. Under the new U.S. Attorney General, Jeff Sessions, the future of medical cannabis programs is unclear. AG Sessions has publically stated his vehement disfavor of cannabis and, although President Trump has indicated his relative support for the medical use of cannabis, it is under Sessions' purview to enforce current federal law. If the only current federal protection of state cannabis laws (Rohrabacher-Farr) is not renewed, state programs and patients would be in direct conflict of federal law and subject to prosecution. It is imperative that state legislators work with their federal delegation to put pressure on the Attorney General not to interfere in their programs. Of equal importance, are bi-partisan efforts to sponsor and co-sponsor legislation that will permanently end the state and federal conflict with regards to medical cannabis.

We hope that by utilizing this report, state legislatures and regulators will be able to identify the specific changes to their programs that are needed to enable them to provide the safest medical cannabis and most thorough legal protections possible to patients for whom their doctor has recommended cannabis as a treatment option. Creating programs using the matrix provided will not only benefit patients, but will enable state legislatures to make a stronger case for their programs federally.

We commend advocates and legislators who have been working for years towards safe access to medical cannabis, and we hope that this tool will assist in future efforts as it has in the past.

Appendix 1

ASA MODEL LEGISLATION

UPDATED DECEMBER 2016

ASA's Model Legislation 2017

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

WHEREAS fifteens 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 Congress has prohibited the federal Department of Justice from using funds to interfere with and prosecute those acting in compliance with their state medical cannabis laws, and 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 healthcare 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, processing, manufacture, delivery, distribution 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) "Cardholder" 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, trims, 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) card holding qualifying patients;
      (b) cardholder's 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, administration, or home delivery 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, greenhouse, 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.

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 4.

Protection from State Prosecution and Penalties for Card Holders

A cardholder 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 cardholder 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

(D) is acting in accordance with all the requirements of this law.

SECTION 5.

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 incompliance 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 6.

Protection Against Forfeiture and Arrest

(A) The lawful possession, cultivation, processing, transfer, transport, delivery, 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 7.

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 8.

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

SECTION 9.

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 10.

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, processing, manufacture, 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.
(F) Nothing in this law shall prohibit a private or public healthcare insurance provider from offering policies that cover the medical use of cannabis under this chapter.

SECTION 11.

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 12.

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 license 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 or license 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.
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, transporting, selling, distributing, or dispensing cannabis, and cannabis derived products to qualifying patients who are cardholders or their personal caregivers who are cardholders.
(E) The Department shall create rules to facilitate the home delivery of medical cannabis and cannabis-derived products from a dispensing facility to a qualifying patient or personal caregiver.

SECTION 13.

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 14.

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 cultivation facility.

SECTION 15.

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 16.

Registration of Independent testing laboratory

(A) The Department shall establish analytic standards based on the American Herbal Pharmacopoeia Cannabis Monograph, operational standards based on the American Herbal Products Association's Cannabis Laboratory Operations, 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 disclose method used to determine test results and must be able to accurately determine the following for all medical cannabis and cannabis-derived products sold by medical cannabis:
   1. Active ingredient identification
   2. Contaminants
   3. Potency

(C) Such a laboratory must be certified/accredited by a third-party, nonprofit, impartial organization.

(D) 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 17.

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's 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 18.

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's Recommendations to Regulators and determine a comprehensive plan for the inspection, oversight, and enforcement of such guidelines.

SECTION 19.
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. Licensing 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 20.
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 be 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 21.
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.

Appendix 2

RECOMMENDATION TO REGULATORS

PATIENT FOCUSED CERTIFICATION
PATIENTFOCUSEDCERTIFICATION.ORG

AHPA GUIDELINES
PATIENTFOCUSEDCERTIFICATION.ORG/STANDARDS-DEVELOPMENT/AHPA-GUIDELINES

AHP MONOGRAPH
PATIENTFOCUSEDCERTIFICATION.ORG/STANDARDS-DEVELOPMENT/AHP-MONOGRAPH

Since the release of the AHPA and AHP guidelines, more than 16 states have used them as legislative and regulatory tools to create comprehensive product safety rules and regulations. However, these new regulations will only be effective with proper oversight and enforcement. To aid government agencies in these efforts, ASA has created the Patients Focused Certification (PFC) program. PFC is a non-profit, third party certification program for the medical cannabis industry and the nation's only certification program for the AHPA and AHP standards. PFC is available to all qualifying companies cultivating, manufacturing, or distributing medical cannabis products, as well as to laboratories providing medical cannabis analytic services.

As with other industries, oversight of medical cannabis and medical cannabis products is constantly evolving. PFC verifies compliance with state and local laws as well as the AHPA and AHP standards. In order to ensure ongoing compliance, PFC requires comprehensive state training, annual inspections, unannounced random inspections, and product testing to ensure that certified companies continue to meet all program standards. PFC is similar to other nationally recognized certification programs including USP, Good Housekeeping, NSF, and ISO. PFC has a partnership with the leading ISO accreditation body in the United States, the American Association for Laboratory Accreditation (A2LA).

PFC is a unique international program offered by ASA. It is unlike other training and certifications schemes for the cannabis industry because our standards are pubic documents, our accreditation partner is a global leader in the field, and the companies that are in the PFC program are supporting public health efforts. For example, one PFC certified laboratory has published two outstanding research articles, on the labeling accuracy of cannabis products and pesticides in smoked cannabis. This results were produced under the GLP guidelines included in the AHPA standards, and have helped shaped safety criteria for cannabis products. Regulators continue to rely on PFC laboratories and their data to guide public policy and ensure patient safety.

PFC currently holds a government-issued educational permit from the District of Columbia to provide the required state trainings for the District's legal medical cannabis providers. Additionally, PFC has been awarded a contract with the State of Maryland to train all compliance inspectors for the State's medical cannabis program. More recently PFC is becoming required by programs, for operators to maintain their license in Guam, and our government relations team is currently negotiating with several states for education, training, and regulatory compliance contracts.

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SECURING THE ROLE OF MEDICAL CANNABIS IN MODERN MEDICINE

NATIONAL MEDICAL CANNABIS UNITY CONFERENCE 2017

ASA

5TH ANNUAL CONFERENCE
ASA's 15 year Anniversary

The National Medical Cannabis Unity Conference is the largest conference for medical cannabis patients, advocates, researchers, regulators and medical professionals promoting safe and legal access to cannabis for therapeutic uses and research. The Unity conference is the place to learn best practices, exchange ideas, and learn how to navigate medical cannabis in this new political landscape. All attendees will meet with their federal representatives during ASA's Lobby Day, the largest medical cannabis citizen lobby event of the year.

This conference includes professional development and leadership training to patients and concerned citizens in all areas of advocacy including federal, state and local government relations, public affairs, community relations, public policy, legislation, Congressional relations, community activism, political engagement, and campaigns. Attendees will hear from successful lobbyists and communicators, elected officials, professional staff, industry experts, and public policy specialists on a wide variety of how-to topics relevant to legislative and regulatory advocacy.

With the uncertainty of policies under a new U.S. President, 2017 will be one of the most important years for medical cannabis policy ever. We will need to work harder than ever to continue the momentum of moving forward with changes in laws and policies that result in safe access globally. Our goal is to connect advocates, industry workers and leaders, researchers, doctors and others to effect real change for medical cannabis. Get signed up today so that you can be a part of it all at the **Omni Shoreham Hotel in Washington, DC, April 7-11, 2017.**

This year will be even more special as we will also be celebrating the 15th Anniversary of Americans for Safe Access!

AmericansFor SafeAccess

WHEN: APRIL 7–11, 2017
WHERE: OMNI SHOREHAM HOTEL IN WASHINGTON, DC

REGISTER TODAY! www.nationalmedicalcannabisunityconference.org

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