

Strong States, Strong Nation



**THE STATE OF THE STATES'
MARIJUANA POLICIES:
STATE MARIJUANA PROGRAMS
& RELATED STATE LAWS OVERVIEW**

- PRESENTED TO THE ASSOCIATION OF
PUBLIC HEALTH LABORATORIES - MAY 18, 2015

 NATIONAL CONFERENCE *of* STATE LEGISLATURES

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HISTORY OF MEDICAL MARIJUANA LAWS

- CA: First state to pass with Prop. 215 in 1996
- Since then, 22 states, DC and Guam have followed: AK, AZ, CO, CT, DE, HI, IL, ME, MD, MA, MI, MN, MT, NV, NH, NJ, NM, NY, OR, RI, VT, WA (**23 states + 2 territories total**)
- 13 became legal through voter/ballot initiative process
- 12 legal through legislation (CT, DE, HI, IL, MD, MN, NH, NJ, NM, NY, RI, VT)
- NCSL MMJ webpage: <http://www.ncsl.org/default.aspx?tabid=19587>



MMJ PROGRAMS VARY

Some require or allow for:

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



HISTORY OF LIMITED MEDICAL MJ LAWS

- New “low THC” or “high cannabidiol” (CBD) medical programs: 14 states (2014 + GA, ID (vetoed), VA 2015)
- Vary widely by source of CBD products, % of CBD or THC, research, distribution, conditions, etc...
- NCSL MMJ webpage:
<http://www.ncsl.org/default.aspx?tabid=19587>



CBD PROGRAM COMPARISON

- Definition of “low THC”
 - Lowest: below .3% THC and \geq 5%-15% CBD by weight
 - Highest: Below 3% THC and/or above 10% CBD by weight
- Conditions for use
 - Severe intractable seizure disorders/Dravet syndrome, epilepsy, muscle spasms, neuro disorders, cancer pain and others
- Source of product
 - Universities with medical schools: AL*, KY, MS, NC, TN, (UT and GA –universities)
 - Dispensaries NOT affiliated with schools: FL, MO
 - University Mississippi (federal grow): MS and NOT defined: AL, IA, SC, WI
- Protections: some allow for patient’s legal defense, some protect referring doctors, some may put doctors or universities/providers at risk of breaking federal laws



MEDICAL & FEDERAL OPINIONS

- Institute of Medicine: May help some people
- Treatment Research Institute: Not advised
- Other conditions/groups vary on the issue
- Marijuana still Schedule I federally: No accepted medical use
- USDOJ is not prosecuting those adhering to state laws for medical distribution, but reserves the right
- Organizations have lists of groups' positions:
 - <http://learnaboutsam.com/the-issues/public-health-organizations-positions-on-medical-marijuana/>



LEGALIZED ADULT USE IN 4 STATES

- Colorado (A 64-2012) and Washington (I 502-2012)
- Colorado has 24-member Implementation Task Force at work. Includes 4 state legislators. Chairs are executive director of Dept. Revenue and the Gov's chief legal counsel.
- Washington implementation with the state Liquor Control Board.
- Alaska- currently finalizing details
- Oregon- currently finalizing details
- DC- limited personal growing and sharing allowed (not regulated)



SIGNIFICANT PENDING LEGISLATION

**new and carried-over as of April 1, 2015*

- States/territories with proposals to legalize and regulate adult use: “similar to alcohol” that are still pending: AZ, CT, FL, HI, LA, MD, MA, MO, NJ, NY, PA, RI, TX, VT, DC.
- States with pending bills to create new comprehensive medical marijuana programs: AL, FL, IA, MO, NE, NC, PA, SC, TN, TX.



FAQs

- Q: How much diversion out of established medical programs?
- Q: Medical organizations that approve/disapprove of marijuana for medical use?
 - A: Support: http://norml.org/component/zoo/item/quick-reference?category_id=734 (117 health/conditions/nursing associations and others for research)
 - Or <http://www.mpp.org/reports/medical-marijuana-endorsements-and-statements-of-support.html>
 - A: Disapprove: Hard to find a comprehensive list, many have concerns from lack of rigorous, scientific research, which is now starting in the US.
- Q: What are the current bills and which seem likely to pass?
 - A: Bills vary, however NCSL does not prognosticate. Nearly all states with existing programs have bills to make adjustments.



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