2016 Annual Report
prepared by ASA

MEDICAL MARIJUANA ACCESS IN THE UNITED STATES

A Patient-Focused Analysis of the Patchwork of State Laws

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters

1806 Vernon Street NW, Washington, D.C. 20009 PHONE: 202.857.4272 FAX: 202.857.4273

California Office

770 L Street, Suite 950, Sacramento, CA 95814 PHONE: 916.449.3975

www.AmericansForSafeAccess.org 1-888-929-4367

The research and analysis in this report was conducted by
Americans for Safe Access Foundation, a 501(c)(3) non-profit organization.

With over 100,000 active members in all 50 states, Americans for Safe Access (ASA) is the largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research. ASA works to overcome political and legal barriers by creating policies that improve access to medical cannabis for patients and researchers through legislation, education, litigation, grassroots actions, advocacy and services for patients and the caregivers.

Learn more about ASA at AmericansForSafeAccess.org.

1806 Vernon Street NW, Washington, D.C. 20009
Phone: 202.857.4272 fax: 202.857.4273

MEDICAL MARIJUANA ACCESS IN THE U.S.

A Patient-Focused Analysis of the Patchwork of State Laws

PREFACE

Since 1996, forty states and the District of Columbia have passed laws that grant their residents the right to possess, cultivate, and/or obtain cannabis (marijuana) or cannabis-based products under the care of their physician.[1] These laws have been passed to address the healthcare needs of residents who may benefit from cannabis-based treatments, often where conventional medications have failed. These patient populations include people living with or treating cancer, Multiple Sclerosis, Crohn's Disease, Amyotrophic Lateral Sclerosis (ALS), epilepsy, severe childhood epilepsy disorders such as Dravet Syndrome, Post-Traumatic Stress Disorder, chronic pain, and a myriad of other conditions.

Almost two decades since the first laws were passed, more than 275 million Americans now live in states with medical cannabis laws — about 85% of U.S. population. Americans for Safe Access (ASA) has estimated that these medical cannabis programs serve approximately two million patients under physician supervision.[2] Physicians may now recommend cannabis-based treatments for over fifty medical conditions and symptoms approved through these programs.[3] Despite that expansion, states with medical cannabis programs have not experienced increased rates of teen use of cannabis; in fact, those states have seen significant drops in opioid overdoses as well as in highway fatalities.[4] [5] [6]

Generally speaking, the legal landscape for medical cannabis patients continues to improve. More states are adopting at least some level of legal protections; there have been tremendous advancements in product safety regulations; and state program administrators have demonstrated a commitment to making their medical cannabis programs work best for their state. While there are certainly exceptions to this general trend, even some of the states with extremely limited laws focused exclusively on Cannabidiol (CBD), — one of many medicinal compounds in the cannabis plant, — are states taking legitimate measures towards implementing programs to the extent the law allows.

The biggest news in medical cannabis trends is the emergence of comprehensive product safety regulations. A number states — including Illinois, Maryland, New Hampshire, New Mexico, and Washington — have adopted the best practice regulations and standards set forth by the American Herbal Products Association (AHPA). In addition to the AHPA Recommendations for Regulators, states are also incorporating the laboratory testing standards set forth in the American Herbal Pharmacopoeia Cannabis Inflorescence Monograph. These authoritative, expert standards mean states no longer have a need to omit those protocols or "reinvent the wheel" for medical cannabis product safety regulations. This trend is a positive and necessary evolution of a maturing industry.

The emergence of product safety protocols for the medical cannabis industry is a timely development. With the advent of large-scale commercial production of medical cannabis, product safety standards can prevent unsafe products from entering the marketplace and provides a mechanism for removing them from the shelves when necessary — a common practice for other medical and

Washington, California, and Hawaii passed state licensing programs in 2015. This means that 20 out of 23 medical cannabis states now have commercial distribution programs *(Alaska, Montana, and Michigan have yet to pass such laws)*. This is why ASA's 2016 report includes an increase in points for product safety protocols. ASA dove deep into these regulations, grading product safety protocols based on sixty-four criteria that make up one-fifth of the total grade. During 2016, ASA will be monitoring these states for proper enforcement of these protocols and will apply these criteria to the state grades.

Ideally, recalls would never take place. However, their existence should not be cause for alarm. The issuance of a recall demonstrates the industry is committed to product safety and that the regulatory system is working. Reports from both Oregon and Colorado have found that despite guidance,

products were entering the market with unsafe levels of pesticides and inaccurate labeling.[7] [8] A study released in June of 2015, *Cannabinoid Dose and Label Accuracy in Edible Medical Cannabis Products* details the results of a random sampling of edible products acquired from dispensaries in San Francisco, California, Los Angeles, California, and Seattle, Washington.[9] The study results noted that, "of 75 products purchased (47 different brands), 17% were accurately labeled, 23% were under labeled, and 60% were over labeled with respect to THC content." [10] In February 2016, the U.S. Food and Drug Administration (FDA) sent warning letters to over a dozen companies marketing CBD products.[11] Many of these letters cited the company's unapproved claims for "the diagnosis, cure, mitigation, treatment, or prevention of diseases".[12] After testing the products, the FDA reported that many of these products did not contain any CBD or detectable active ingredients. Properly enforced state-level product safety requirements help ensure that patients receive products with the cannabinoid profiles that their labels purport.

In addition to adopting product safety standards, state medical cannabis programs are taking genuine steps to move their programs forward to best serve their patient populations. The District of Columbia eliminated their restrictive qualifying conditions list and now allows physicians to recommend medical cannabis to any patient for whom the therapeutic benefits outweigh the risks. Despite fears that this would result in an overwhelming number of patients, the program includes less than 1% of the District's total population. Several other states have expanded their qualifying conditions lists to include conditions such as Post-Traumatic Stress Disorder (PTSD), intractable pain, mitochondrial diseases, sickle cell disease, and autism.

Restrictive states, like New York and Minnesota, also deserve credit for implementing their programs swiftly. Florida deserves some acknowledgment for its successful licensing process, despite insufficient regulations in its low-THC dispensary bill and its Department of Health's decision not to include relevant product safety regulations. Several of the CBD-focused states, such as Georgia, Iowa, Utah, and Wyoming, have begun to issue registry ID cards. Although the mere issuing of registry ID cards does not create safe and legal access for patients, without statutory language authorizing in-state production and distribution of medical cannabis, issuing ID cards is about the only thing a state regulatory agency can do to implement it's CBD program.

Many states are taking legislative measures to improve existing programs. California, Washington, and Hawaii, three longtime medical cannabis states that previously had no centrally regulated dispensary system, each recently adopted laws that create such systems which bring them into greater compliance with the U.S. Department of Justice enforcement policy. These states also incorporated product safety provisions in their new rules. Maryland and Hawaii lifted certain unnecessary burdens imposed on physicians, while Delaware and New Jersey made improvements for pediatric access. New Mexico, Connecticut, and the District of Columbia took steps to increase the number of licensed providers to dispense medicine to patients in their state. California approved anti-discrimination provisions for medical cannabis patients in need of an organ transplant. Even some of the most restrictive states made adjustments to their regulations; Tennessee and North Carolina, for example, made minor changes that are not likely to improve the lives of patients, but they nonetheless are a mark of recognition that the original laws in these states are not functional.

Not all of the trends are positive. Most new state medical cannabis laws impose arbitrary limits on THC content without a clinically valid rationale. In doing so, they deny medical benefits to the overwhelming majority of patients who need greater levels of THC in order to obtain relief of their symptoms. Many of these laws deny access to THC-A, another non-intoxicating cannabinoid. Additionally, recent laws have imposed restrictions on obtaining cannabis in its raw flower, or whole-plant, form and prohibit patients from administering their medicine in a preferred manner.

Such laws are guided by the principle of regulating medical cannabis in the strictest manner possible, rather than creating programs with appropriate product safety requirements that best serve the needs of patients. This approach forces patients to make suboptimal decisions, such as obey the law and not find relief, or supplement their legal medicine with unregulated cannabis from illicit sources, which defeats the entire purpose of such a policy approach.

Additionally, some states have sputtered through formal study groups and legislative hearings in failed efforts to improve their state programs. States like Michigan and Tennessee have bowed to pressure from law enforcement interests, leading to stalled legislative reforms. The Georgia Medical Cannabis Commission, which performed an admirable job gathering information from other state programs, failed to collectively absorb that information and consequently voted against in-state cultivation and access. They made these choices despite studying numerous successfully regulated state programs, such as the robust Colorado program and the limited yet functional Connecticut system. Again, this was largely due to the influence of law enforcement, as those with medical expertise on the Commission voted 4-2 in favor of allowing in state cultivation and access. The bulk of the Commission was served by law enforcement officials and similarly-minded members of the state government. While law enforcement deserves a seat at the table when discussing the adoption of medical cannabis programs, they should not be the dominant voice in public health care discussions. Instead, these decisions should have greater input from patients, caregivers, physicians, nurses, researchers, and other health care providers. This is not a function of southern states being unable support a functional medical cannabis proposal, as the South Carolina Senate Medical Affairs subcommittee unanimously approved a bill that will get further consideration in 2016.

In spite of these notable faults, the overall trend in medical cannabis is positive, not only at the state level, but federally as well. The federal Schedule I status of cannabis is often cited by state lawmakers as a primary reason not to create a medical cannabis production and distribution program. To this point, in December 2014, Congress passed the Rohrabacher-Farr Amendment, which forbids the Department of Justice from interfering with the implementation of state medical cannabis programs. A recent decision by District Judge Charles Breyer of the Northern District of California held that the Department of Justice cannot prosecute medical cannabis providers who are in compliance with the state program. This year also saw the introduction of the first comprehensive medical cannabis bill in the Senate: the Compassionate Access, Research Expansion, and Respect States (CARERS) Act, which was also introduced in the House.[13] The Obama Administration has lifted the Public Health Service review process, which was considered one of the major barriers to research. Most Presidential candidates have taken positions supportive of allowing states to decide their own medical cannabis laws, even if the candidates themselves oppose such programs. All of these facts point in the direction that the end of the federal prohibition on medical cannabis is closer than ever to becoming reality.

With both the states and federal government moving in the right direction, advocates and public officials must remember that the momentum that created these changes is not self-generating. The reality is that more needs to be done at all levels to improve safe and legal access to medical cannabis in the manner that best serves the needs of patients. Medical cannabis laws do not improve themselves; it takes effort and cooperation between lawmakers, regulators, physicians, industry, and the patients themselves to make the necessary improvements a reality.

Steph Sherer
Executive Director
Americans for Safe Access

_____

1 17 of the 40 states have adopted what are sometimes called "CBD laws," due to their focus on CBD rather than the full range of cannabinoids. These laws impose caps on the THC content of medicine that is legally protected in that state, typically ranging between 0.3% and 1%, although some allow for levels up to 3-5% THC. Most of these laws have seizure disorders as the lone qualifying condition and most do not allow for patients to obtain their medicine at a dispensary. Instead, most patients who qualify under CBD laws must travel to one of the few states that allow non-residents access to dispensaries that provide such products.

2 See Estimated Number of Medical Cannabis Patients Dec 2015, available at: https://american-safe-access.s3.amazonaws.com/documents/EstimatedNumberOfMMJPatientsDec2015.pdf.

3 Complete list of state medical marijuana qualifying conditions available at: https://goo.gl/6kYWo6.

4 "Medical cannabis laws are associated with significantly lower state-level opioid overdose mortality rates." Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010 . Marcus A. Bachhuber, MD, et al., JAMA Intern Med. 2014;174(11):1875. doi:10.1001/jamainternmed.2014.5823.

5 "Our results are not consistent with the hypothesis that legalization leads to increased use of marijuana by teenagers." Medical Marijuana Laws and Teen Marijuana Use, D. Mark Anderson, et al., National Bureau of Economic Research, NBER Working Paper No. 20332, July 2014.

6 "The first full year after coming into effect, [medical] legalization is associated with an 8–11 percent decrease in traffic fatalities." Journal of Law and Economics, Vol. 56, No. 2 (May 2013), pp. 333-369.

7 http://www.oregonlive.com/marijuana-legalization/pesticides/

8 http://www.denverpost.com/news/ci_28772154/months-after-marijuana-holds-post-tests-find-pesticides

9 http://jama.jamanetwork.com/article.aspx?articleid=2338239

10 Ibid.

11 http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm435591.htm

12 Ibid.

13 http://www.safeaccessnow.org/senators_booker_paul_and_gillibrand_introduce_unprecedented_comprehesive

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.

The current medical cannabis industry is a byproduct of a movement of doctors, scientists, patients, their families, and policymakers advocating to allow patients, under the guidance of a healthcare professional, to use cannabis therapies. 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. These early laws anticipated that patients would need to obtain their medicine from a legal market but provided no framework to make that happen. States such as California, Oregon, and Washington passed laws to protect qualified patients from arrest and prosecution and allowed them to cultivate limited amounts of cannabis. Laws that regulated the production and distribution of cannabis were not considered until the early 2000s. By the late 2000s, 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 have a risk of contaminating them. 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." [14] 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 2011, ASA teamed up with the American Herbal Products Association (AHPA), the principal U.S. trade association and voice of the herbal products industry, to create 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 and constituent components. This specialized study 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.

Today, we have a patchwork of medical cannabis laws across the United States. Twenty-three states and the District of Columbia have adopted laws that allow at least some patients legal access to medical cannabis. Most of those twenty-three states provide patients with protection from arrest

14 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3666265/

and prosecution. Most incorporate a regulated production and distribution program. Most still 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 2015, 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 state law was intended to create. Some states, such as Delaware and New Jersey, have taken years to implement their medical cannabis laws and have licensed so few dispensing facilities that these programs can only be described as barely functional. Minnesota and New York's 2014 laws, despite setting up a regulatory system for the production, manufacturing, and distribution of cannabis oil extracts, prohibit qualified patients from using the actual plant. These laws include sanctions for qualified patients who seek to use their medicine in whole plant form, unnecessarily eliminating clinically validated routes of administration used by hundreds of thousands of patients.

In addition to D.C. and the twenty-three states that are commonly recognized as having viable medical cannabis laws, another seventeen states have adopted laws that only allow the possession of certain cannabis oil extracts rich in cannabidiol (CBD), one of many active compounds in medical cannabis. CBD is among the cannabinoids that have been shown to have a positive therapeutic effect on intractable seizure disorders, especially in young children. In 2015, Georgia, Louisiana, Oklahoma, Texas, Virginia, and Wyoming joined the eleven states that passed CBD-focused laws the previous year. These CBD-focused laws apply to a small subset of patients and maintain the criminalization of patients accessing medical products that use any of the other therapeutic ingredients or compounds from the plant. The laws are intended to serve qualified patients, but serious questions remain regarding the production, manufacturing, or distribution of cannabis oil to those patients. Only a small minority of these laws create a system that supports the implementation of quality control and quality assurance programs for in-state production and access points, with the most glaring question being: how are patients expected to obtain a steady supply of medicine if they cannot obtain it in their own state?

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

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.

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 analyze medical cannabis laws in order to evaluate and grade each component based on patient needs. Each year, more states adopt and improve medical cannabis laws, and it is ASA's hope that state legislators and regulators will use this matrix to help them design comprehensive, helpful laws for patients.

KEY FOR QUALIFYING CONDITIONS CHART (facing page)

* 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 a "X."

Minnesota allows for cancer or terminal illness only if they produce at least one of the following: severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting; New Jersey treats cancer and HIV/AIDS similarly.

Qualifying Conditions for State Medical Cannabis Programs

CONDITIONS	AK	AL	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	IL	KY	LA	MA	MD	ME	MI	MN
Admittance into hospice care				*			*							**		*	X			
ALS (Lou Gehrig's disease)			X	*			*	X		X			X	**		X	***		X	X
Alzheimer's disease (including agitation of)			X	*			*	X					X	**		*	***		X	
Arnold-Chiari malformation and Syringomyelia				*			*						X	**		*	***			
Anorexia				X			*							**		*	X			#
Arthritis				X			*						X	**		*	***			
Autism							*	X						**		*	***			
Cachexia or wasting syndrome or nausea	X		X	X	X	X	*	X					X	**		*	X			#
Cancer	X		X	X	X	X	*	X	X	X	X		X	**	X	X	***	X	X	#
Causalgia				*			*						X	**		*	***			
Chronic Inflammatory Demyelinating				*			*						X	**		*	***			
Chronic pancreatitis				*			*							**		*	***			
Crohn's Disease			X	*			*			X	X		X	**		X	***		X	X
CRPS (Complex Regional Pain Syndromes Type II)				*			*						X	**		*	***			
Damage to nervous tissue of spinal cord w/objective neurological indication of intractable spasticity				*		X	*						X	**		*	***			
Decompensated cirrhosis				*			*	X						**		*	***			
Dystonia				*			*						X	**		*	***			
Fibrous dysplasia				*			*						X	**		*	***			
Glaucoma	X		X	X	X	X	*				X		X	**	X	X	X	X	X	X
Hepatitis C			X	*			*						X	**		X	***	X	X	
HIV/AIDS	X		X	X	X	X	*	X			X		X	**		X	***	X	X	X
Hydrocephalus				*			*						X	**		*	***			
Huntington's disease				*			*							**		*	***			
Hydromyelia				*			*						X	**		*	***			
Inflammatory Bowel Disease				*			*							**		*	***			
Interstitial Cystitis				*			*						X	**		*	***			
Inclusion body myostitas				*			*							**		*	***			
Lupus				*			*						X	**		*	***			
Migrane				X			*							**		*	***			
Mitochondrial disease				*			*			X				**		*	***			
M.S. or persistent muscle spasms, including spasms associated with Multiple Sclerosis	X		X	X		X	*		X	X	X		X	**		*	***	X	X	X
Muscular dystrophy				*			*						X	**		*	***			
Nail-patella syndrome				*			*						X	**		*	***	X		
Neurofibromatosis				*			*						X	**		*	***			
Neuropathesis				*			*							**		*	***			
One or more injuries that significantly interferes with daily activities documented by the patient's provider				*			*							**		*	***			
Other conditions as determined in writing by a qualifying patient's physician				X			*							**		*	***			
Painful peripheral neuropathy				*			*							**		*	***			
Parkinson's disease				*		X	*			X			X	**		X	***			
Polyneuropathy				*			*						X	**		*	***			
Post-Traumatic Stress Disorder				*		X	*	X						**		*	X	X	X	
Reflex Sympathetic Dystrophy				*			*						X	**		*	***			
Residual limb pain				*			*						X	**		*	***			
RSD (Complex Regional Pain Syndromes Type I)				*			*						X	**		*	***			
Seizure disorders/epilepsy	X	X	X	X	X	X	*	X	X	X	X	X	X	**		*	X		X	X
Severe, chronic, and/or intractable pain	X		X	*	X		*	X			X			**		*	X	X	X	X
Severe nausea			X	X	X		*	X			X			**		*	X	X	X	#
Sickle cell disease				*			*			X				**		*	***			
Sjogren's syndrome				*			*						X	**		*	***			
Spasmodic torticollis (cervical dystonia)				*			*							**		*	***			
Spastic quadriplegia				*			*							**	X	*	***			
Spinal cord disease or injury, including but not limited to arachnoiditis				*			*						X	**		*	***			
Spinocerebellar Ataxia (SCA)				*			*						X	**		*	***			
Syringomyelia				*			*						X	**		*	***			

Qualifying Conditions for State Medical Cannabis Programs

CONDITIONS	MT	MS	NC	NH	NJ	NM	NV	NY	OK	OR	RI	TN	TX	UT	VA	VT	WA	WI	WY
Admittance into hospice care	X						X												
ALS (Lou Gehrig's disease)				X	X	X		X											
Alzheimer's disease (including agitation of)				X							X								
Arnold-Chiari malformation and Syringomyelia																			
Anorexia						X													
Arthritis																			
Autism																			
Cachexia or wasting syndrome or nausea	X			X			X			X	X					X	X		
Cancer	X			X	#	X	X	X		X	X					X	X		
Causalgia																			
Chronic Inflammatory Demyelinating																			
Chronic pancreatitis				X															
Crohn's Disease				X	X	X													
CRPS (Complex Regional Pain Syndromes Type II)																			
Damage to nervous tissue of spinal cord w/objective neurological indication of intractable spasticity							X	X											
Decompensated cirrhosis																			
Dystonia																			
Fibrous dysplasia																			
Glaucoma	X			X	X		X			X	X						X		
Hepatitis C				X		X					X								
HIV/AIDS	X			X	#	X	X	X		X	X					X	X		
Hydrocephalus																			
Huntington's disease					X			X											
Hydromyelia																			
Inflammatory Bowel Disease								X											
Interstitial Cystitis																			
Inclusion body myostitas						X													
Lupus																			
Migrane																			
Mitochondrial disease																			
M.S. or persistent muscle spasms, including spasms associated with Multiple Sclerosis	X			X	X	X	X	X		X	X					X	X		
Muscular dystrophy				X	X														
Nail-patella syndrome																			
Neurofibromatosis																			
Neuropathesis								X											
One or more injuries that significantly interferes with daily activities documented by the patient's provider				X															
Other conditions as determined in writing by a qualifying patient's physician																			
Painful peripheral neuropathy	X					X													
Parkinson's disease						X		X											
Polyneuropathy																			
Post-Traumatic Stress Disorder						X	X			X							X		
Reflex Sympathetic Dystrophy																			
Residual limb pain																			
RSD (Complex Regional Pain Syndromes Type I)																			
Seizure disorders/epilepsy	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	X
Severe, chronic, and/or intractable pain	X			X		X	X	#		X	X					X	X		
Severe nausea	X					X	X			X						X			
Sickle cell disease																			
Sjogren's syndrome																			
Spasmodic torticollis (cervical dystonia)						X													
Spastic quadriplegia																			

STATE–BY–STATE GRADES

Each of the five categories has a possible 100 points:

I. Patient Rights
II. Access to Medicine Cannabis and/or Cannabis Products)
III. Ease of Navigation
IV. Functionality
V. Consumer Safety and Provider Requirements

STATES	I	II	III	IV	V	BONUS	AVG.	GRADE
Alabama	22	13	50	35	0	0	30	F*
Alaska	65	62	84	77	0	0	72	D-*
Arizona	98	81	82	89	39	10	80	B-
California	67	97	93	98	59	25	88	B+
Colorado	62	83	84	93	74	25	84	B
Connecticut	74	65	71	76	78	25	78	C+
District of Columbia	94	63	82	76	60	10	77	C
Delaware	75	74	96	74	43	25	77	C
Florida	59	26	48	53	54	25	53	F
Georgia	52	15	67	30	0	25	47	F*
Hawaii	91	80	86	80	60	25	84	B
Illinois	94	68	80	80	91	25	88	B+
Iowa	32	16	48	36	0	10	36	F*
Kentucky	41	10	75	28	0	0	39	F*
Louisiana	41	16	54	18	0	10	35	F*
Maine	90	86	87	93	42	10	82	B-
Maryland	63	79	88	65	100	25	84	B
Massachusetts	65	86	90	80	81	25	85	B
Michigan	82	68	88	72	0	0	78	D+*
Minnesota	84	48	80	72	66	25	75	C
Mississippi	62	7	46	38	0	0	38	F
Missouri	41	11	43	29	0	0	31	F
Montana	60	76	72	72	0	0	70	D-*
Nevada	68	87	87	89	80	25	87	B
New Hampshire	84	61	80	57	93	10	77	C
New Jersey	65	57	84	76	77	10	74	C
New Mexico	65	89	91	83	89	25	88	B+
New York	72	47	77	65	82	25	74	C
North Carolina	43	11	46	25	0	10	38	F
Oklahoma	38	14	48	28	0	10	34	F*
Oregon	73	78	87	89	74	25	85	B
Rhode Island	72	70	85	86	30	10	71	C-
South Carolina	47	10	52	35	0	25	42	F*
Tennessee	34	14	38	33	0	10	32	F*
Texas	38	23	47	40	43	25	43	F
Utah	17	7	43	29	0	10	31	F*
Vermont	45	82	75	81	39	25	69	D+
Virginia	17	11	48	30	0	25	33	F*
Washington	80	86	89	73	93	5	85	B
Wisconsin	34	13	40	20	0	0	27	F*
Wyoming	45	9	44	27	9	10	36	F*
AVERAGE SCORE	**61**	**49**	**70**	**60**	**39**		**60**	**D-**

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, or prevented harmful changes from taking effect.

**** Key on Page 33***

HOW THE 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:**

I. Patient Rights and Civil Protection from Discrimination
II. Access to Medicine
III. Ease of Navigation
IV. Functionality
V. 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 system 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, as described below.

I. PATIENT RIGHTS AND CIVIL PROTECTION FROM DISCRIMINATION

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.

Child Custody Protections — 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 (DIUD) statutes to be used as a means of penalizing drivers who are medical cannabis patients, even without any evidence of impairment while driving. An individual's participation in a state medical cannabis program should not constitute probable cause for a sobriety test, nor does the presence of cannabis metabolites in the body--which can be detected days or weeks after last use--indicate actual impairment. By treating cannabis 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 patients' information and some have even criminalize 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 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.

II. ACCESS TO MEDICINE

Allows Distribution Programs— 40 Pts Total

Are there locations where patients can legally purchase medicine?

While most states regulate the production and distribution of medical cannabis, some states have failed to do so. ASA has found that a majority of patients rely on local dispensaries and that access to medical cannabis in states without licensed dispensaries is severely limited. Many patients do not have the time, skills, or resources to cultivate their own medicine, and cultivation is not a solution for a patient who needs medicine sooner rather than later. It is imperative that states provide for regulated distribution if they wish to have a functional, effective medical cannabis program. States that have taken measures for the implementation of dispensary programs were awarded partial points.

A. Allows Access To Dried Flowers — 15 Pts

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

A majority of medical cannabis states have allowed patients access to the dried flowers of whole-plant cannabis either for direct inhalation or to process their own medicated edibles or concentrates. However, 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.

B. 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.

C. 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.

D. 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.

E. 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.

F. 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. 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.

G. 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. Provisions should also cover a neutrality, recognition, or existing collective bargain-

ing agreement with a certified labor union.

H. 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.

I. 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 Total

Sub-points:

A. 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, afford-ability, safety, or privacy.

B. 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 optima, 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.

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 show 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.

III. EASE OF NAVIGATION

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 Total

Does the state allow for new qualifying conditions to be added through rule-making 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 what the best, most effective medication is 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 to provide assistance in developing regulations. These task forces and advisory boards can be a boon to the program by providing a voice for those most knowledgeable about its effectiveness: patients and healthcare professionals. The makeup of such task forces or boards should only include a minimal presence from law enforcement, as the priorities of police and prosecutors may be at odds with promoting public health. ASA supports the development of these programs and encourages the inclusion of patients and healthcare providers in them.

Reasonable Fees (Patients & Caregivers) — 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 caregivers 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 in 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.

IV. FUNCTIONALITY

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 Doctors' 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.

V. CONSUMER SAFETY AND PROVIDER REQUIREMENTS

States were evaluated for consumer safety and provider requirements in four areas: (1) dispensaries, (2) cultivation, (3) manufacturing, and (4) laboratory testing.

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 the various properties of cannabis 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

A. 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.

B. 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.

C. 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.

D. 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:

A. Product contents including source material identification

Cannabis regulations often dictate what type of packaging the raw plant material and derived products must be in. 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.

B. 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.

C. 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 the 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.

A. Active Compound Identification & Potency

Cannabis and cannabis-derived products vary greatly based on the varietal 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.

B. 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 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 address workplace, environmental and product safety issues.

A. 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 sanity 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.

B. 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.

C. Storage Protocols (Short Term And Long Term Storage)

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 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.

D. 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.

E. 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 the 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 derived-product.

F. 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 the adulterated 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 the discarded material to as unusable.

G. 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 -— 5 Pts (Pesticide Guidance And Disclosure/ Labeling)

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 US tolerance thresholds have not been established for pesticide products used during the cultivation of cannabis meaning that 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.

Required Testing -— 5 Pts

Are cultivators required to test all medical cannabis produced and be prepared to disclose those results?

In order to insure 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 cultivation 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.

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 product safety, purity, and consistency.

A. 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.

B. Workforce Safety Protocols

Cannabis product, 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.

C. 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.

D. 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.

E. 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.

F. Disposal / Waste

Cannabis manufacturing facilities often have plant material and/or cannabis derived products that is discarded throughout the process due to adulteration, recipe failure, spoilage or extraction processes. How this plant material is disposed of can pose substantial risk to the safety and purity of the healthy cannabis derived products produced at the facility. For this reason, all manufacturing facilities should be required to create and implement waste disposal procedures and protocols designed to ensure that all discarded cannabis and cannabis derived products are disposed of in a manner that ensures the adulterated material(s) do not have the opportunity to accidentally get confused with approved manufacturing material. Such standard operating procedures and protocols should include the proper tracking and disposal of all discarded materials as well as a plan to render the discarded material as clearly unusable.

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 in addition to 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.

A. 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.

B. 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 manufacturing facilities that might contain known common allergens should be required to provide a list on the product's label.

C. 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 insure the accurate labeling of cannabis derived products as well as the products 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.

A. Active Ingredient (Compounds?) 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 the cannabis products. 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.

B. 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.

C. 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 different 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 laboratory testing 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 derived 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's, 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 a variety of 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. 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 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 it's independence. As such the verification of medical cannabis and medical cannabis products should be conducted by independent indepen-dent 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 laboratory testing facilities to develop and implement standard operating procedures and protocols that to ensure regulatory compliance and worker safety while protecting the quality, purity and consistency of the products the laboratory works with.

A. 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 to ensure the ongoing accuracy of analytical results.

B. 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 they cannot become contaminated with residuals from previous test samples.

C. Sample Tracking

As samples are brought into the laboratory for testing, a portion of each sample should be retained in order to verify accurate test results at a later date. ASA believes that state governments should require laboratory testing facilities to implement Standard Operating Procedures that address the proper tracking and disposal of all samples retained for future testing as well as those pending laboratory testing.

D. 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.

E. 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.

F. 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.

KEY FOR STATE REPORT CARD GRADES (facing pages)

* Grades for states without regulated distribution programs were calculated without factoring in the Product Safety section, then deducted a full letter grade. This includes the "full" medical marijuana states that rely solely on patient and caregiver cultivation for access, such as Alaska, Michigan, and Montana, as well the 15 CBD-focused states that do not have production and distribution. Of the CBD-focused states, only Florida and Texas included production and distribution systems. For example, based on Patient Rights, Access, Navigation, and Functionality, Michigan earned a total score of 77.5, but was deducted a full letter grade for not including Product Safety, and therefore was given a D+ letter grade. Even when Product Safety was taken out of the equation, none of the CBD-focused states without distribution earned a passing grade score, indicating that the medical cannabis laws in these states must be completely overhauled to become functional in a truly meaningful way.

ALABAMA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**22**
Arrest protection	40	0
Affirmative defense	15	9
Child custody	10	8
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**50**
Comprehensive qualifying conditions	50	25
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**13**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	0
Does not impose limits or bans on THC	10	3
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**35**
Patients are able to obtain medicine	50	5
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	15	10
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufactoring	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		120
Score percentage		30

Final Grade = F*

** Key on Page 33*

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 therapy. Even by the standards of CBD-focused laws, the Alabama law provides little in the way of legal protections or facilitating access for its patients who have met the limited 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.

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

ALABAMA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/Compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**0**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Facility and equipment sanitary conditions	Y or N	N
Workforce Safety Protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable Security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**0**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**0**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

ALASKA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**65**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**84**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	7
Law/regs allow for new conditions	5	4
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/practitioner focused task force/advisory board	2	0
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**62**
Allows distribution programs (total)	40	22
Allows access to dried flowers	15	15
Allows delivery	5	3
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	1
Does not require vertical integration	2	0
Ownership/employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	0
Does not impose limits or bans on THC	10	10
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	5
FUNCTIONALITY (total)	**100**	**77**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	15	7
Reasonable possession limit (ounces)	5	3
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	5
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufactoring	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		288
Score percentage		72

Final Grade = D-*

** Key on Page 33*

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 regulate marijuana program which may ultimately include acceptable 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.

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

ALASKA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**0**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Facility and equipment sanitary conditions	Y or N	N
Workforce Safety Protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable Security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal / waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide Guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**0**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**0**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

ARIZONA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B-

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**98**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	5
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	4
Organ transplants	5	5
Reciprocity	3	2
EASE OF NAVIGATION (total)	**100**	**82**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	9
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	4
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**81**
Allows distribution programs (total)	40	33
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	1
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	10
Personal cultivation	15	10
Collective gardens	5	0
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**89**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	7
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**39**
Dispensing	25	15
Cultivation	25	12
Manufacturing	25	12
Lab	25	0
Improvement Bonus		10
Total out of 500		399
Score percentage		80

Final Grade = 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 guidance for regulators, patients in Arizona would be able to benefit from one of the top medical cannabis programs in the country.

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

ARIZONA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**15**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**12**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**4**
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**3**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**12**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	2
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**39**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

CALIFORNIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**67**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	2
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**93**
Comprehensive qualifying conditions	50	50
Adding new conditions (total)	10	10
Law/Regs allow 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/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**97**
Allows distribution programs (total)	40	39
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	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
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	20
Personal cultivation	15	15
Collective gardens	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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**98**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	10
Reasonable possession limit (ounces)	10	7
Reasonable purchase limits	5	5
Allows patients to medicate where they chose	5	5
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**59**
Dispensing	25	14
Cultivation	25	12
Manufacturing	25	13
Lab	25	20
Improvement Bonus		25
Total out of 500		439
Score percentage		88

Final Grade = B+

Areas for improvement: California made significant strides for its medical cannabis patients in 2015 by signing into law a statewide centrally regulated dispensary system that included many product safety features. Now the task for the state is to implement the accompanying regulations in a thoughtful but timely manner. While California is still the best place in the country for patients to receive legal protections and gain the most timely access after physician diagnosis, the state still lags behind on providing civil discrimination protections for its patients. The state should build off of its adoption of organ transplant protections by adding housing, employment, and child custody protections.

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 several bills that will create a state regulated cultivation and dispensary system as well as establishing protections for medical cannabis patients in need of an organ transplant.

CALIFORNIA MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**14**
Dispensary training	5	0
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**12**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	**4**
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**3**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**13**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	4
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**20**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**59**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

COLORADO

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**62**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	0
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**84**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**83**
Allows distribution programs (total)	40	30
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	2
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**93**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	9
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**74**
Dispensing	25	18
Cultivation	25	19
Manufacturing	25	17
Lab	25	20
Improvement Bonus		25
Total out of 500		421
Score percentage		84

Final Grade = 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 child custody. 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.

Background: Colorado has two medical cannabis laws. Colorado's original medical cannabis law, Amendment 20, is a citizens' initiative passed in 2000 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. Two state agencies oversee different aspects of the program. 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. The state continues to make periodic revisions to the its medical cannabis regulations.

COLORADO MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**18**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory Control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	3
Product contents including source material ID	Y or N	N
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**19**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**4**
Pesticide Guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**17**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	3	3
Product contents with source material ID	Y or N	N
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	4	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**20**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**74**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

CONNECTICUT MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

C+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**74**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	4
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**71**
Comprehensive qualifying conditions	50	40
Adding new conditions (total)	10	9
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	4
Reasonable access for minors	10	0
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**65**
Allows distribution programs (total)	40	25
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
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
Municipal bans/zoning	10	10
FUNCTIONALITY (total)	**100**	**76**
Patients are able to obtain medicine	50	45
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**78**
Dispensing	25	23
Cultivation	25	19
Manufacturing	25	18
Lab	25	18
Improvement Bonus		25
Total out of 500		389
Score percentage		78

Final Grade = C+

Areas for improvement: The Connecticut medical cannabis program is functional in most respects, but statutory and regulatory requirements have kept the program from best serving the patients of the state. The lack of civil discrimination protections and denial of access to pediatric patients are some of the bigger flaws. The limited number of dispensing locations is also hindering patient access, and while the state wisely has added more dispensaries, the program still should award more licenses to allow for greater access. Patients would also benefit from lower prices and a greater variety of products by lifting the single-dispensary designation requirement.

Background: In 2012, Connecticut became the 17th medical cannabis state with the signing of HB 5389, An Act Concerning the Palliative Use of Marijuana, which provides registered patients with protection from arrest when using or possessing up to a one-month supply of medical cannabis in accordance with the law and allows them to designate caregivers to assist them. Patients and caregivers registered with the Department of Consumer Protection may purchase medical cannabis from state-licensed dispensaries, 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 eventually opening throughout the state. Three additional dispensaries are expected be licensed in 2016.

CONNECTICUT MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**23**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	0
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**19**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	**4**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**5**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**18**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	4
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**18**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	**3**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	N
Total out of 100		**78**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

DELAWARE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**94**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	4
Organ transplants	5	5
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**82**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	8
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**63**
Allows distribution programs (total)	40	30
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	1
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	1
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	5
Does not impose limits or bans on THC	10	9
Does not impose minimum CBD requirements	10	9
Municipal bans/zoning	10	10
FUNCTIONALITY (total)	**100**	**76**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**60**
Dispensing	25	17
Cultivation	25	20
Manufacturing	25	17
Lab	25	6
Improvement Bonus		10
Total out of 500		385
Score percentage		77

Final Grade = C+

Areas for improvement: With one dispensary to serve the entire state, the Delaware medical cannabis program's biggest fault is obvious, and the solution is for the state to allow for more dispensaries and cultivation sites. In fact, the law permits the state to issue more dispensary licenses; however, under order of the governor, patients in the state are restricted to a single access point that is in one geographic corner of the state.

Background: In 2011, the Delaware state legislature approved Senate Bill 17, the Delaware Medical Marijuana Act, making it legal for a patient with a registry identification card to use and possess cannabis for medical purposes and designate a caregiver. Registered patients and designated caregivers may possess up to six (6) ounces of usable cannabis, but no personal cultivation is allowed. Qualifying patients and caregivers are protected from discrimination in the areas of employment, education, housing, parental rights, and 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 he received 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 2015, and they announced a call for applications for two additional dispensary licenses in 2016.

DELAWARE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**17**
Dispensary training	5	2
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	3
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	20
Cultivation training	5	3
Standard Operating Procedures and Protocols	**5**	4
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**4**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	4
MANUFACTURING (total)	**25**	17
Manufacturing training	5	3
Standard Operating Procedures and Protocols	5	4
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable Security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	3
LABORATORY (total)	**25**	**6**
Lab operations training	5	2
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	3
Standard Operating Procedures and Protocols	**5**	**1**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**60**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

DISTRICT OF COLUMBIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

C+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**75**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	0
DUID protections	5	0
Employment	5	3
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**93**
Comprehensive qualifying conditions	50	50
Adding new conditions (total)	10	10
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	5
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	2
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**74**
Allows distribution programs (total)	40	25
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	11
Personal cultivation	15	10
Collective gardens	5	1
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**74**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	11
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**43**
Dispensing	25	15
Cultivation	25	15
Manufacturing	25	13
Lab	25	0
Improvement Bonus		25
Total out of 500		384
Score percentage		77

Final Grade = C+

Areas for improvement: 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 the present moment, 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 child custody.

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 under its constitutional authority over the laws of the District until 2009. In 2010, once Congress dropped its opposition, the D.C. Council introduced B18-0622: Legalization of Marijuana for Medical Treatment Initiative of 2010 as a replacement for I-59, which was non-binding. The final version of B18-0622 created a "closed system" in which medical cannabis is tracked from cultivation to sales. Registered patients are allowed to possess up to two ounces of usable cannabis or its equivalent in other forms (ie. edibles, tinctures, topicals, etc.). I-59 allowed personal cultivation but the current law does not. Registered cultivation centers supply medical cannabis dispensaries. Patients whose income is less than 200% of the federal poverty level are entitled to purchase medicine at a reduced rate. In 2014, the Department of Health began having public meetings of the Medical Marijuana Advisory Committee, and issued regulations adding several new qualifying conditions in May 2014. In July 2014, the DC Council passed emergency legislation to lift the physician restrictions on determining qualifying conditions. The District has since enacted emergency and temporary legislation to increase the plant limit to 1,000 plants.

DISTRICT OF COLUMBIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**15**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	**15**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**13**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	4
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	1
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	0
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**43**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

FLORIDA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**59**
Arrest protection	40	30
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	4
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**48**
Comprehensive qualifying conditions	50	30
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	7
Reasonable caregiver background check requirements	4	0
Number of caregivers	2	0
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	1
ACCESS TO MEDICINE (total)	**100**	**26**
Allows distribution programs (total)	40	8
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	1
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	1
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	6
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	5
Municipal bans/zoning	10	6
FUNCTIONALITY (total)	**100**	**53**
Patients are able to obtain medicine	50	20
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	5
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	3
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**54**
Dispensing	25	15
Cultivation	25	17
Manufacturing	25	17
Lab	25	5
Improvement Bonus		25
Total out of 500		265
Score percentage		53

Final Grade = F

Areas for improvement: Unlike the vast majority of CBD-focused laws, the Florida low-THC medical cannabis program has actually created a system that allows for in-state production and distribution. However, the program has significant flaws that include arbitrary caps on THC, bizarre requirements for prospective cultivators that have little to do with product safety, and an extremely limited list of qualifying conditions. Florida should strike its limits on THC, grant physicians the right to recommend medical cannabis to all patients for whom the benefits outweigh the risks, revise its provider requirements to allow for more licenses, and place greater emphasis on product safety.

Background: In 2014, the Florida legislature passed SB 1030, which creates a registry ID card system for patients with cancer, seizure disorders, or severe and persistent muscle spasms that would allow them to possess and use only cannabis products rich in cannabidiol (CBD) and low in THC. SB 1030 allows the state to license up to five businesses to grow cannabis plants to produce medicine with at least 10% CBD and no more than 0.8% THC. Cultivation licenses will require a $5 million performance bond. Regulation will determine the number of retail outlets for CBD products in the state. In 2015, the state issued licenses to five organizations to grow and dispense low-THC cannabis products.

FLORIDA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**15**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**17**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**17**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**5**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**54**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

GEORGIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**52**
Arrest protection	40	30
Affirmative defense	15	10
Child custody	10	0
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	0
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**67**
Comprehensive qualifying conditions	50	34
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	8
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	2
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	2
ACCESS TO MEDICINE (total)	**100**	**15**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	5
Does not impose minimum CBD requirements	10	7
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**30**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		25
Total out of 400		189
Score percentage		47

Final Grade = F*

** Key on Page 33*

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. Now the state must take the knowledge it gained this year and create a truly comprehensive program that provides for in-state production and distribution, lifts the arbitrary requirements for CBD and THC, and expands its list of qualifying conditions.

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 in order to come up with a legislative proposal. In Dec. 2015, the Commission voted against in-state production of medical cannabis.

GEORGIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

HAWAII

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**91**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	4
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**86**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**80**
Allows distribution programs (total)	40	25
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	18
Personal cultivation	15	15
Collective gardens	5	3
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
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**80**
Patients are able to obtain medicine	50	45
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	7
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**60**
Dispensing	25	17
Cultivation	25	16
Manufacturing	25	15
Lab	25	12
Improvement Bonus		25
Total out of 500		422
Score percentage		84

Final Grade = B

Areas for improvement: With the adoption of dispensary legislation, Hawaii has done a good job of meeting most the components that ASA looks for in a medical cannabis program. However, the state falls short in the area of product safety for its dispensary program. The biggest components missing from the state's product safety guidelines are in the areas of recall protocols and independent testing lab requirements. Additionally, the state needs to improve its system for providing registry ID cards to patients, as the state now requires possession of an ID card for legal protections, yet patients are reporting lengthy delays in obtaining their cards.

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

HAWAII

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**17**
Dispensary training	5	5
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**16**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**15**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**12**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	2
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**60**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

ILLINOIS

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**94**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	10
DUID protections	5	5
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	4
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**80**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	8
Reasonable caregiver background check requirements	4	2
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**68**
Allows distribution programs (total)	40	30
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	2
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**80**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**91**
Dispensing	25	25
Cultivation	25	25
Manufacturing	25	25
Lab	25	16
Improvement Bonus		25
Total out of 500		438
Score percentage		88

Final Grade = B+

Areas for improvement: The Illinois medical cannabis program has recently seen the opening of its first wave of medical cannabis dispensaries and adopted some of the best product safety regulations in the country. While this shows that the regulatory agencies have done an admirable job at implementing the program, statutory hurdles still are inhibited from better serving patients. The legislature should allow patients the right to cultivate their own medicine and replace the lengthy list of qualifying conditions with a simple provision that allows physicians the right to recommend medical cannabis therapy to any patient for whom the benefits would outweigh the risks. Additionally, the state should remove its fingerprinting background check requirements, which provide no purpose when it comes to improving the lives of patients.

Background: In 2013, The Compassionate Use of Medical Cannabis Pilot Program Act (HB 1) was enacted to create a temporary statewide distribution program for qualifying patients. HB 1 specifies 35 qualifying conditions, but excludes chronic pain, the leading indication for use of medical cannabis. HB 1 allows patients to obtain up to 2.5 ounces of cannabis every two weeks from one of the 60 dispensing organizations that will be supplied by the 22 cultivation centers. Cultivation by patients or their caregivers is prohibited. Minors, public safety officials, school bus and commercial drivers, police and correctional officers, firefighters, and anyone convicted of a drug-related felony are not eligible for the program. The law has a sunset clause which means the legislature will have to extend it or pass a new law by December 31, 2017. The Joint Committee on Administrative Rules approved the final rules for the pilot program on July 15, 2014 from the Departments of Agriculture, Financial and Professional Regulation, Public Health, and Revenue.

ILLINOIS

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**25**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**25**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**5**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**25**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**16**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	5
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	2
Standard Operating Procedures and Protocols	**5**	**1**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**91**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

IOWA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**32**
Arrest protection	40	0
Affirmative defense	15	12
Child custody	10	8
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**48**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**16**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	3
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**36**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	5
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	7
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		142
Score percentage		36

Final Grade = F*

** Key on Page 33*

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.

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.

IOWA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and Instrument Calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

KENTUCKY

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**41**
Arrest protection	40	20
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**75**
Comprehensive qualifying conditions	50	50
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	10
Reasonable caregiver background check requirements	4	0
Number of caregivers	2	0
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	2
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**10**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	0
Does not impose limits or bans on THC	10	0
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**28**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	10
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		154
Score percentage		39

Final Grade = F*

** Key on Page 33*

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 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.

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.

KENTUCKY

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party: certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

LOUISIANA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**41**
Arrest protection	40	20
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**54**
Comprehensive qualifying conditions	50	30
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	10
Reasonable caregiver background check requirements	4	0
Number of caregivers	2	0
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**16**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	3
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**18**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	0
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		139
Score percentage		35

Final Grade = F*

** Key on Page 33*

Areas for improvement: The Louisiana medical cannabis law was a good symbolic step for the state to take, but 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. Beyond the nomenclature fix, the state should adopt in-state production and distribution systems that do not rely on existing pharmacies, and allow physicians to recommend medical cannabis to any patient for whom the benefits outweigh the risks.

Background: In 2015, Louisiana attempted to update its dormant medical cannabis law with the passage of SB 143. While 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. Beyond the nomenclature fix, the state should adopt an in-state production and distribution system that does not rely on existing pharmacies, and allows physicians to recommend medical cannabis to any patient for whom the benefits outweigh the risks.

LOUISIANA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and Instrument Calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

MAINE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B-

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**90**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**87**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**86**
Allows distribution programs (total)	40	30
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	18
Personal cultivation	15	15
Collective gardens	5	3
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**93**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	14
Legal protections within reasonable time frame	10	9
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	5
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	7
PRODUCT SAFETY (total - see back for details)	**100**	**42**
Dispensing	25	11
Cultivation	25	15
Manufacturing	25	11
Lab	25	5
Improvement Bonus		10
Total out of 500		408
Score percentage		82

Final Grade = B-

Areas for improvement: Maine has one of the strongest programs for patients in most respects and was an early leader in adopting product safety guidelines. However, since the state last updated its regulations, advancements in medical cannabis product safety guidelines have emerged and have been adopted by many states, leaving Maine somewhat behind in this area. In particular, Maine should authorize independent testing labs and improve testing requirements. Additionally, Maine should improve competition and variety at dispensaries by eliminating its single dispensary designation requirement.

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 (PTSD) to the list of official qualifying conditions.

MAINE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**11**
Dispensary training	5	4
Operating Procedures and Protocols	5	3
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	2
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**15**
Cultivation training	5	3
Standard Operating Procedures and Protocols	**5**	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	3
Active ingredient identification	Y or N	N
Contaminants	Y or N	Y
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	3
MANUFACTURING (total)	**25**	**11**
Manufacturing training	5	3
Standard Operating Procedures and Protocols	5	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	N
Product Labeling	5	2
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	3
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**5**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	1
Independent or third party certification	5	1
Standard Operating Procedures and Protocols	**5**	3
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	N
Total out of 100		**42**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

MARYLAND

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**63**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	0
Organ transplants	5	0
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**88**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	9
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	4
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	2
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**78**
Allows distribution programs (total)	40	38
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	1
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	2
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	3
Personal cultivation	15	3
Collective gardens	5	0
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
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**65**
Patients are able to obtain medicine	50	30
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	9
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**100**
Dispensing	25	25
Cultivation	25	25
Manufacturing	25	25
Lab	25	25
Improvement Bonus		25
Total out of 500		419
Score percentage		84

Final Grade = B

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. Given that the state is likely to have a delay in the licensing of dispensaries and cultivators due to a high number of applicants, Maryland should look for ways of facilitating patient access now. 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.

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. LaParade Medical Marijuana Commission (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. The state is in the process of evaluating dispensary, cultivator, and processor license applications and is anticipated to make announcements sometime in 2016.

MARYLAND MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**25**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**25**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**5**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**25**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**25**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	5
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard operating procedures and protocols	**5**	**5**
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**100**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

MASSACHUSETTS

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**65**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**90**
Comprehensive qualifying conditions	50	50
Adding new conditions (total)	10	10
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	5
Reasonable access for minors	10	8
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**86**
Allows distribution programs (total)	40	36
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	1
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	10
Personal cultivation	15	10
Collective gardens	5	0
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
Municipal bans/zoning	10	10
FUNCTIONALITY (total)	**100**	**80**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	5
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**81**
Dispensing	25	25
Cultivation	25	23
Manufacturing	25	24
Lab	25	9
Improvement Bonus		25
Total out of 500		427
Score percentage		85

Final Grade = B

Areas for improvement: Massachusetts fares well in most categories, but falls short in the area of patient rights. While the state is one of just three medical cannabis jurisdictions to allow physicians the right to recommend to any patient for whom the benefits outweigh the risks, the law fails to protect patients in the areas of employment, housing, child custody, and organ transplant discrimination. In addition to adopting these protections, the state's limitations on home cultivation coupled with the relatively slow licensure of dispensaries has also harmed patient access. With these fixes, Massachusetts could have one of the nation's premier medical cannabis programs.

Background: In 2012, 63 percent of Massachusetts voters approved Question 3, "An Initiative Petition for a Law for the Humanitarian Medical Use of Marijuana," establishing legal protection for medical cannabis patients, caregivers, physicians and medical professionals, cultivators, and providers. Some provisions went into effect as of January 1, 2013; other details are under development by the state Department of Public Health (DPH). Registered patients and their designated caregivers may possess up to a 60-day supply of usable cannabis, defined as 10 ounces. "Registered marijuana dispensaries" will be licensed to both grow and sell medical cannabis and will be required to provide medicine at discounted rates for low-income residents. Homebound patients will be allowed secure home delivery, and personal caregivers can pick up medicine at dispensaries on behalf of patients under their care. Personal cultivation may be permitted in rare hardship cases and must be approved DPH on a case by case basis.

MASSACHUSETTS MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**25**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**23**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**24**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**9**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	4
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**81**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

MICHIGAN

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

D+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**82**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	8
DUID protections	5	4
Employment	5	2
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	3
Organ transplants	5	0
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**88**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	9
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	4
Reasonable access for minors	10	8
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	9
Patient/Practitioner focused task force/advisory Board	2	3
Reasonable fees (patients & caregivers)	10	2
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	2
ACCESS TO MEDICINE (total)	**100**	**68**
Allows distribution programs (total)	40	20
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	5
Does not impose limits or bans on THC	10	10
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**72**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		310
Score percentage		78

Final Grade = D+*

** Key on Page 33*

Areas for improvement: Michigan remains one of the few states not to include a state regulated system of medical cannabis dispensaries. Fixing this deficiency is the most immediate and far reaching improvement that the state could make to improve its medical cannabis program for the state's patient population. In addition to adopting a state-regulated dispensary system, Michigan needs to add civil discrimination protections in the areas of housing, employment, and organ transplants.

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

MICHIGAN

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**0**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	0
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**0**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	0
Equipment and Instrument Calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

MINNESOTA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

C

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**84**
Arrest protection	40	40
Affirmative defense	15	12
Child custody	10	10
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	0
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**80**
Comprehensive qualifying conditions	50	42
Adding new conditions (total)	10	8
Law/Regs allow for new conditions	5	4
System works for adding new conditions	5	4
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**49**
Allows distribution programs (total)	40	14
Allows access to dried flowers	15	0
Allows delivery	5	5
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	1
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	7
Does not impose limits or bans on THC	10	10
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**74**
Patients are able to obtain medicine	50	35
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	7
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**66**
Dispensing	25	21
Cultivation	25	16
Manufacturing	25	20
Lab	25	9
Improvement Bonus		25
Total out of 500		378
Score percentage		76

Final Grade = C

Areas for improvement: Minnesota deserves credit for the swift implementation of its limited medical cannabis program and for adding intractable pain to its qualifying conditions list. However, the state's patients are woefully underserved by the tiny number of dispensaries, the restrictions on obtaining medical cannabis in its common dried flower form, and the 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.

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

MINNESOTA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**21**
Dispensary training	5	3
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**16**
Cultivation training	5	3
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	N
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**20**
Manufacturing training	5	3
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**9**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	4
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	N
Total out of 100		**66**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

MISSISSIPPI

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**69**
Arrest protection	40	40
Affirmative defense	15	9
Child custody	10	8
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**46**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	2
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**7**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	3
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**38**
Patients are able to obtain medicine	50	5
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		153
Score percentage		38

Final Grade = F

Areas for improvement: Mississippi deserves some credit for being one of the only CBD-focused states to include child custody protections in its medical cannabis laws. Beyond this one particular 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.

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.

MISSISSIPPI

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

MISSOURI

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**41**
Arrest protection	40	24
Affirmative defense	15	12
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**43**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	2
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**11**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	7
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**29**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		124
Score percentage		31

Final Grade = F*

** Key on Page 33*

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.

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." The law also allows the Department of Agriculture to license and regulate growers of cannabis plants to produce the oil to make sure they conform to the CBD and THC stipulations.

MISSOURI

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard operating procedures and protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

MONTANA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**60**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	0
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**72**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	2
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**76**
Allows distribution programs (total)	40	24
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	2
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	1
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
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
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**72**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	11
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	3
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		280
Score percentage		70

Final Grade = D-*

** Key on Page 33*

Areas for improvement: The Montana medical cannabis program is currently hanging on by a thread in the form of a court injunction that has prevented the program from largely being obliterated. Even if the court injunction remains in place, the program is still falling significantly short of truly serving the needs of patients in the state. The state should pass a modern, comprehensive medical cannabis production and distribution law that allows for a sufficient number of providers and includes product safety regulations.

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

MONTANA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard operating procedures and protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal /waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

NEVADA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**68**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**87**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	1
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**87**
Allows distribution programs (total)	40	34
Allows access to dried flowers	15	15
Allows delivery	5	3
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
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
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**89**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**80**
Dispensing	25	20
Cultivation	25	20
Manufacturing	25	20
Lab	25	25
Improvement Bonus		25
Total out of 500		436
Score percentage		87

Final Grade = 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 in the area of protecting patient rights. The state needs to protect patients from civil discrimination by adding housing, employment, child custody, 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.

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. Currently, registered patients may possess up to 2.5 ounces of cannabis in a single 14-day period, as well as cultivate up to 12 plants or designate a primary caregiver to assist them. Patients who possess more than the law allows or do not have a registration card can still be prosecuted, but are entitled to a medical necessity defense in court. Designated primary caregivers who receive approval from the Division of Public and Behavioral Health are also protected from prosecution. 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. The first licensed commercial establishments are slated to open as early as 2015. At such time, if a dispensary opens in a patient's county of residence, home cultivation will be largely prohibited unless warranted by a specific legal exception.

NEVADA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**20**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**20**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	5
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**20**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**20**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	5
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**80**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

NEW HAMPSHIRE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

C+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**84**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	4
Organ transplants	5	5
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**80**
Comprehensive qualifying conditions	50	40
Adding new conditions (total)	10	6
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	1
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**61**
Allows distribution programs (total)	40	24
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	2
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	1
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
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
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**57**
Patients are able to obtain medicine	50	25
Free of significant administrative or supply problems	15	8
Legal protections within reasonable time frame	10	7
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**93**
Dispensing	25	25
Cultivation	25	23
Manufacturing	25	25
Lab	25	20
Improvement Bonus		10
Total out of 500		385
Score percentage		77

Final Grade = C+

Areas for improvement: New Hampshire is a bit a of mixed bag at the moment. It does well in the area of product safety, yet the regulations will not directly help patients until the state implements the dispensary system it approved well over two years ago. Making matters worse, the state has fought to keep patients from being able obtain registry ID cards, thereby denying them legal protections if they are currently using cannabis for therapeutic purposes. The state should finish implementing its dispensary system, issue ID cards to patients with a recommending physician, and pass emergency home cultivation language to allow for access while the state finishes the dispensary implementation process.

Background: In 2013, New Hampshire became the 19th medical cannabis state when Gov. Maggie Hassan signed HB 573, Use of Cannabis for Therapeutic Purposes, into law after similar bills had been vetoed twice before. Patients and caregivers registered with the New Hampshire Department of Health's medical cannabis program, in possession of a registry ID card, and no more than two ounces of cannabis are protected from arrest or prosecution. If charged, registration provides an affirmative defense for patients or caregivers in compliance with the law. Patients and caregivers may not be denied any right or privilege on the basis of their status. Personal cultivation of cannabis is prohibited. Medicine must be obtained by the patient or registered caregiver from one of four "Alternative Treatment Centers" to be licensed by the state; up to two ounces may be purchased every ten days. 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. The state has issued licenses for Alternative Treatment Centers, however, the locations for each center have not been determined and the state does not plan to issue ID cards to patients until dispensary locations are finalized.

NEW HAMPSHIRE MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**25**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**23**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	0
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**25**
Manufacturing training	5	5
Standard Operating procedures and protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**20**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	5
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**93**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

NEW JERSEY

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

C

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**65**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**84**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	6
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	1
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	2
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**57**
Allows distribution programs (total)	40	22
Allows access to dried flowers	15	15
Allows delivery	5	0
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	2
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	10
Does not impose limits or bans on THC	10	7
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**76**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	11
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**77**
Dispensing	25	20
Cultivation	25	22
Manufacturing	25	20
Lab	25	15
Improvement Bonus		10
Total out of 500		369
Score percentage		74

Final Grade = C

Areas for improvement: New Jersey has long been considered the most dysfunctional of state dispensary programs, but has emerged with some small improvements recently. While access at dispensaries remains limited, the state now has more dispensing locations, and has managed to pass two bills that both have improved pediatric access. 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, child custody, and organ transplants.

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

NEW JERSEY

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**20**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	**22**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	4
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	4
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	4
Active ingredient identification	Y or N	Y
Contaminants	Y or N	N
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**20**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**15**
Lab operations training	5	3
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	4
Standard operating procedures and protocols	**5**	3
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**77**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

NEW MEXICO

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**65**
Arrest protection	40	40
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**91**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	9
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	4
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**89**
Allows distribution programs (total)	40	34
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	2
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	18
Personal cultivation	15	15
Collective gardens	5	3
Explicit right to edibles/concentrates/other forms	10	10
Does not impose limits or bans on THC	10	9
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**79**
Patients are able to obtain medicine	50	45
Free of significant administrative or supply problems	15	13
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**89**
Dispensing	25	20
Cultivation	25	22
Manufacturing	25	20
Lab	25	15
Improvement Bonus		10
Total out of 500		442
Score percentage		88

Final Grade = B+

Areas for improvement: New Mexico addressed one of the major issues hampering its medical cannabis program by nearly doubling the number of dispensing locations in the state. However, the state still lags behind in the area of civil discrimination protections for patients. With the addition of protections against discriminatory housing, employment, child custody, and organ transplant discrimination, New Mexico could make its program work even better for its patient population.

Background: The New Mexico legislature passed the state's medical cannabis law March 13, 2007 as Senate Bill 523, The Lynn and Erin Compassionate Use Act, by a vote of 36-31 in the House and 32-3 in the Senate. The law was signed by then-Governor Bill Richardson on April 2 and went into effect July 1, 2007. An approved New Mexico patient may legally possess marijuana for medicinal purposes and may designate a caregiver for assistance. A patient may obtain a Personal Production License (PPL) to grow medical cannabis for personal use or may obtain their medicine from a Licensed Non-Profit Producers (LNPP). The state issued IDs for both patients and caregivers. The Department of Health originally issued rules in 2008 and revised those rules in 2010. The rules are broken up into the following three separate parts, Registry Identification Cards for Patients, Caregivers; Practitioners and Licensing Requirements for Non-Profit and Personal Production; and rules pertaining to the Advisory Board. In 2015, the state brought on 17 additional licensed producers.

NEW MEXICO MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**23**
Dispensary training	5	5
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**23**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**23**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	20
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard operating procedures and protocols	**5**	5
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**89**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

NEW YORK

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**72**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	0
DUID protections	5	0
Employment	5	5
Explicit privacy standards	7	7
Housing protections	5	5
Does not create new criminal penalties for patients	5	0
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**77**
Comprehensive qualifying conditions	50	40
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**47**
Allows distribution programs (total)	40	14
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	4
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	3
Environmental impact regulations	2	1
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	8
Does not impose limits or bans on THC	10	7
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**65**
Patients are able to obtain medicine	50	30
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**82**
Dispensing	25	23
Cultivation	25	21
Manufacturing	25	23
Lab	25	15
Improvement Bonus		25
Total out of 500		368
Score percentage		74

Final Grade = C

Areas for improvement: In spite of having one of the most restrictive medical cannabis distribution programs in the country, New York has done an admirable job in attempting to implement the program quickly. Given the size of the state by both population and geography, 20 dispensing facilities and tiny handful of cultivation facilities will likely result in patients having difficulty obtain their medicine. Requirements on potency and branding will likely result 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.

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

NEW YORK

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**23**
Dispensary training	5	3
Operating Procedures and Protocols	5	5
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**21**
Cultivation training	5	3
Standard Operating Procedures and Protocols	**5**	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	N
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	**23**
Manufacturing training	5	3
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	Y
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**15**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	5
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**82**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

NORTH CAROLINA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**38**
Arrest protection	40	24
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**46**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	9
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**11**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	7
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**25**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	8
Legal protections within reasonable time frame	10	7
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		150
Score percentage		38

Final Grade = F*

** Key on Page 33*

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 child custody, 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.

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.

NORTH CAROLINA MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	Y
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	Y
Contaminants	Y or N	N
Potency	Y or N	Y
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

OKLAHOMA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**38**
Arrest Protection	40	24
Affirmative Defense	15	9
Child Custody	10	0
DUID Protections	5	0
Employment	5	0
Explicit Privacy Standards	7	0
Housing Protections	5	0
Does Not Create New Criminal Penalties For Patients	5	5
Organ Transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**48**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	0
Reasonable caregiver background check requirements	4	6
Number of caregivers	2	4
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	0
Allows multiple-year registrations	2	10
Reasonable physician requirements	5	0
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**14**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**28**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	8
Legal protections within reasonable time frame	10	10
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		138
Score percentage		35

Final Grade = F*

** Key on Page 33*

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 child custody. In addition to fixing these problems, the state also needs to expand the number of eligible qualifying conditions and include product safety regulations.

Background: In April of 2015 Gov. Fallin signed HB 2154, Katie and Cayman's Law, which allows physicians in Oklahoma to recommend a clinical trial with high-CBD cannabis oil (less than .3% THC) to minors suffering from a severe epilepsy disorder like Lennox-Gastaut Syndrome or Dravet Syndrome. The trial is to be administered at University medical centers. The bill makes no allowance for the production, distribution, or analysis of the CBD oil. Presumably patients are supposed to illegally bring CBD oil from another state.

OKLAHOMA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**0**
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**0**
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**0**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

OREGON

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**73**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	3
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	3
EASE OF NAVIGATION (total)	**100**	**87**
Comprehensive qualifying conditions	50	47
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	6
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**78**
Allows distribution programs (total)	40	25
Allows access to dried flowers	15	5
Allows delivery	5	5
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	5
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	17
Personal cultivation	15	15
Collective gardens	5	2
Explicit right to edibles/concentrates/other forms	10	10
Does not impose limits or bans on THC	10	9
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**89**
Patients are able to obtain medicine	50	50
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	5
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**74**
Dispensing	25	17
Cultivation	25	16
Manufacturing	25	17
Lab	25	24
Improvement Bonus		25
Total out of 500		426
Score percentage		85

Final Grade = 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, organ transplants, and child custody, as well as adding recall and adverse event protocols to its product safety guidelines.

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

OREGON

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**17**
Dispensary training	5	5
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**16**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	0
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reportingt	5	0
MANUFACTURING (total)	**25**	**17**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	4
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	24
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	5
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard operating procedures and protocols	**5**	4
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste rotocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	N
Total out of 100		**74**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a break-down of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

RHODE ISLAND

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**72**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	0
DUID protections	5	5
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**85**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	7
Law/Regs allow for new conditions	5	5
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	2
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**70**
Allows distribution programs (total)	40	18
Allows access to dried flowers	15	5
Allows delivery	5	5
No sales tax or reasonable sales tax	5	4
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	16
Personal cultivation	15	15
Collective gardens	5	1
Explicit right to edibles/concentrates/other forms	10	8
Does not impose limits or bans on THC	10	10
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	8
FUNCTIONALITY (total)	**100**	**86**
Patients are able to obtain medicine	50	45
Free of significant administrative or supply problems	15	15
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	6
PRODUCT SAFETY (total - see back for details)	**100**	**30**
Dispensing	25	10
Cultivation	25	10
Manufacturing	25	10
Lab	25	0
Improvement Bonus		10
Total out of 500		353
Score percentage		71

Final Grade = 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 can improve upon. The two areas in which the state is lagging behind are product safety guidelines and civil discrimination protections regarding housing, employment, organ transplants, and child custody. Adding these components, as well as increasing the number of dispensing locations while preserving the state's caregiver system that many patients have come to rely upon would be welcome improvements.

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

RHODE ISLAND MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**10**
Dispensary training	5	5
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	**10**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**3**
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**10**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	2
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard operating procedures and protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**30**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

SOUTH CAROLINA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**47**
Arrest protection	40	30
Affirmative defense	15	12
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**52**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	1
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**14**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**35**
Patients are able to obtain medicine	50	10
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	0
Covered by insurance/state health aide	3	2
Financial hardship (fee waivers/discount medicine)	7	0
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		25
Total out of 400		169
Score percentage		42

Final Grade = F*

** Key on Page 33*

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 2016. 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, child custody), expand the list of qualifying conditions, allow for access through home cultivation, and include product safety guidelines.

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, which will get further legislative consideration in 2016.

SOUTH CAROLINA MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

TENNESSEE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**34**
Arrest protection	40	20
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**38**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	0
Number of caregivers	2	0
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	6
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**14**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**33**
Patients are able to obtain medicine	50	10
Free of significant administrative or supply problems	15	5
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		129
Score percentage		32

Final Grade = F*

** Key on Page 33*

Areas for improvement: Tennessee made some minor improvements to its 2014 CBD bill, but unfortunately, the bill largely remains a symbolic protection. In order to truly 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 child custody 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.

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.

TENNESSEE

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

TEXAS

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**38**
Arrest protection	40	20
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	4
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**47**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	2
Does not classify cannabis as medicine of last resort	5	4
ACCESS TO MEDICINE (total)	**100**	**23**
Allows distribution programs (total)	40	4
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	2
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	6
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	5
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**40**
Patients are able to obtain medicine	50	20
Free of significant administrative or supply problems	15	5
Legal protections within reasonable time frame	10	0
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	5
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**43**
Dispensing	25	13
Cultivation	25	15
Manufacturing	25	12
Lab	25	3
Improvement Bonus		25
Total out of 500		216
Score percentage		43

Final Grade = F

Areas for improvement: Texas joined Florida in adopting one of the few CBD-focused laws that actually includes in-state production and dispensing. Unfortunately, the Texas law has substantial 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 if this problem is overcome, the low number of production and dispensing organizations will all but ensure shortages of medicine and difficulty obtaining it. In addition to fixing these problems, the state must add civil discrimination protections for housing, employment, organ transplants, and child custody, expand the list of qualifying conditions, and remove arbitrary limits on THC.

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.

TEXAS

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**13**
Dispensary training	5	0
Operating Procedures and Protocols	5	3
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	5
Product Labeling	5	3
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	15
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**3**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	0
Required testing	5	4
Active ingredient identification	Y or N	N
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	5
MANUFACTURING (total)	**25**	12
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	2
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	3
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	5
LABORATORY (total)	**25**	**3**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**3**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	N
Total out of 100		**43**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

UTAH

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**17**
Arrest protection	40	0
Affirmative defense	15	12
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**43**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	7
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	3
Does not classify cannabis as medicine of last resort	5	2
ACCESS TO MEDICINE (total)	**100**	**9**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	3
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**29**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	11
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		122
Score percentage		31

Final Grade = F*

** Key on Page 33*

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 child custody, remove arbitrary caps on THC, and add product safety guidelines.

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 not more than 0.3% THC, and must be free of other psychoactive substances.

UTAH

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**0**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814
888-929-4367
www.AmericansForSafeAccess.org

VERMONT

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

D+

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**45**
Arrest protection	40	20
Affirmative defense	15	13
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**75**
Comprehensive qualifying conditions	50	44
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	3
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	2
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	4
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**82**
Allows distribution programs (total)	40	30
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	5
Reasonable number of dispensing facilities	5	2
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	15
Personal cultivation	15	15
Collective gardens	5	0
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
Municipal bans/zoning	10	7
FUNCTIONALITY (total)	**100**	**81**
Patients are able to obtain medicine	50	45
Free of significant administrative or supply problems	15	12
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	3
Allows patients to medicate where they chose	5	4
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	5
PRODUCT SAFETY (total - see back for details)	**100**	**39**
Dispensing	25	9
Cultivation	25	11
Manufacturing	25	12
Lab	25	7
Improvement Bonus		25
Total out of 500		347
Score percentage		69

Final Grade = D+

Areas for improvement: Vermont made some solid improvements to its medical program by lifting the cap on the number of patients able to use its dispensary program and by issuing new regulations. Unfortunately, the state still has restrictive language concerning the patient-physician relationship and is lacking in the areas of product safety and civil discrimination protections for housing, employment, organ transplants, and child custody. 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.

Background: In 2004, Vermont Senate Bill 76 established a patient registry that provided legal protections for qualifying patients and their primary caregivers who possess or cultivate small amounts of medical cannabis. Patients and their designated caregivers may possess up to two ounces of usable cannabis. In 2007, Senate Bill 7 increased the cultivation limits to two mature and seven immature plants and allowed licensed physicians in neighboring states to recommend cannabis for Vermont residents. SB7 also expanded the qualifying conditions to include any chronic, debilitating condition, or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, or seizures. In June 2011, Senate Bill 17 authorized up to four state-licensed distribution facilities to serve up to 1,000 patients each. Once dispensaries are operating in the state, patients may designate one for accessing medicine but may no longer cultivate cannabis. In 2014, the program was expanded through S. 247, and new rules were issued in November 2015.

VERMONT

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**12**
Dispensary training	5	15
Operating Procedures and Protocols	5	3
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	0
Product Labeling	5	2
Product contents including source material ID	Y or N	Y
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	**11**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	3
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	**12**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	3
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	2
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	2
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	3
LABORATORY (total)	**25**	**7**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	2
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**39**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

VIRGINIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**17**
Arrest protection	40	0
Affirmative defense	15	12
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**48**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	2
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	10
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	6
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**11**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	5
Does not impose minimum CBD requirements	10	3
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**30**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	10
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		25
Total out of 400		131
Score percentage		33

Final Grade = F*

** Key on Page 33*

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 in order 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 child custody.

Background: February of 2015 marked the signing of HB 1445 extending some legal protections to patients using CBD or THC-A extracts. This law protects patients using those specific medicines from prosecution but not arrest. HB 1445 also fails 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.

VIRGINIA

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce Safety Protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable Security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal / waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

WASHINGTON

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

B

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**80**
Arrest protection	40	40
Affirmative defense	15	15
Child custody	10	10
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	3
Organ transplants	5	5
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**89**
Comprehensive qualifying conditions	50	46
Adding new conditions (total)	10	5
Law/Regs allow for new conditions	5	3
System works for adding new conditions	5	2
Reasonable access for minors	10	9
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	2
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	8
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	10
Does not classify cannabis as medicine of last resort	5	5
ACCESS TO MEDICINE (total)	**100**	**86**
Allows distribution programs (total)	40	35
Allows access to dried flowers	15	15
Allows delivery	5	5
No sales tax or reasonable sales tax	5	3
Reasonable number of dispensing facilities	5	3
Does not require vertical integration	2	2
Ownership/Employment restrictions	2	1
Provisions for labor standards	2	2
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	18
Personal cultivation	15	15
Collective gardens	5	3
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
Municipal bans/zoning	10	5
FUNCTIONALITY (total)	**100**	**73**
Patients are able to obtain medicine	50	40
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	8
Reasonable possession limit (ounces)	5	4
Reasonable purchase limits	5	4
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	4
PRODUCT SAFETY (total - see back for details)	**100**	**93**
Dispensing	25	22
Cultivation	25	23
Manufacturing	25	23
Lab	25	25
Improvement Bonus		5
Total out of 500		426
Score percentage		85

Final Grade = B

Areas for improvement: Despite the severe scaling back of Washington's medical cannabis program, the state still continues be one of the best states in the country for patient access on a number of fronts. While it was necessary for Washington to adopt a state regulated dispensary system for adult use, merging it with the medical program was suboptimal, and continued access to a wide range of medical products may be at risk. Additionally, the Liquor Control Board's sudden 14-day shut down letters to medical dispensaries is will leave many patients will 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, as those rights are set to expire in mid-2016.

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 (10) 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 establishes 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 will no longer be allowed as of July 2016, and patients are to apply to form non-commercial cooperatives to provide an alternative to access from retail stores.

WASHINGTON MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**22**
Dispensary training	5	5
Operating Procedures and Protocols	5	4
Facility sanitary conditions	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Inventory control	Y or N	Y
Recall protocol and adverse event reporting	5	3
Product Labeling	5	5
Product contents including source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
CULTIVATION (total)	**25**	**23**
Cultivation training	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols (short and long term)	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Disposal/waste	Y or N	Y
Water management	Y or N	Y
Pesticide Guidance and Protocols	**5**	**5**
Pesticide guidance	Y or N	Y
Product labeling	Y or N	Y
Required testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting	5	3
MANUFACTURING (total)	**25**	**23**
Manufacturing training	5	5
Standard Operating Procedures and Protocols	5	5
Facility and equipment sanitary conditions	Y or N	Y
Workforce safety protocols	Y or N	Y
Storage protocols	Y or N	Y
Reasonable security protocols	Y or N	Y
Batch and lot tracking	Y or N	Y
Product Labeling	5	5
Product contents with source material ID	Y or N	Y
Allergens	Y or N	Y
Potency/compound identification	Y or N	Y
Required Testing	5	5
Active ingredient identification	Y or N	Y
Contaminants	Y or N	Y
Potency	Y or N	Y
Shelf life testing	Y or N	Y
Sample retention	Y or N	Y
Recall protocol and adverse event reporting:	5	3
LABORATORY (total)	**25**	**25**
Lab operations training	5	5
Method validation in accordance with AHP guidelines	5	5
Result reporting - disclose the type of testing used	5	5
Independent or third party certification	5	5
Standard Operating Procedures and Protocols	**5**	**5**
Equipment and instrument calibration	Y or N	Y
Sample tracking	Y or N	Y
Facility and equipment sanitary conditions	Y or N	Y
Disposal/waste protocols	Y or N	Y
Storage protocols	Y or N	Y
Workforce safety protocols	Y or N	Y
Total out of 100		**93**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

WISCONSIN

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**34**
Arrest protection	40	20
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	0
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**43**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	2
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	6
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	3
ACCESS TO MEDICINE (total)	**100**	**13**
Allows distribution programs (total)	40	0
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	0
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	0
Does not impose minimum CBD requirements	10	10
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**20**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	0
Legal protections within reasonable time frame	10	10
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		0
Total out of 400		107
Score percentage		27

Final Grade = F*

** Key on Page 33*

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 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.

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

WISCONSIN MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	N
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	N
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**n/a**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

WYOMING

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

F

Issue	Possible Points	
PATIENT RIGHTS & CIVIL PROTECTION (total)	**100**	**45**
Arrest protection	40	24
Affirmative defense	15	9
Child custody	10	0
DUID protections	5	0
Employment	5	0
Explicit privacy standards	7	7
Housing protections	5	0
Does not create new criminal penalties for patients	5	5
Organ transplants	5	0
Reciprocity	3	0
EASE OF NAVIGATION (total)	**100**	**44**
Comprehensive qualifying conditions	50	20
Adding new conditions (total)	10	0
Law/Regs allow for new conditions	5	0
System works for adding new conditions	5	0
Reasonable access for minors	10	6
Reasonable caregiver background check requirements	4	4
Number of caregivers	2	1
Patient/Practitioner focused task force/advisory Board	2	0
Reasonable fees (patients & caregivers)	10	6
Allows multiple-year registrations	2	0
Reasonable physician requirements	5	5
Does not classify cannabis as medicine of last resort	5	2
ACCESS TO MEDICINE (total)	**100**	**11**
Allows distribution programs (total)	40	2
Allows access to dried flowers	15	0
Allows delivery	5	0
No sales tax or reasonable sales tax	5	0
Reasonable number of dispensing facilities	5	0
Does not require vertical integration	2	0
Ownership/Employment restrictions	2	0
Provisions for labor standards	2	0
Environmental impact regulations	2	0
Unrestricted choice of dispensary	2	2
Non-commercial cultivation (total)	20	0
Personal cultivation	15	0
Collective gardens	5	0
Explicit right to edibles/concentrates/other forms	10	3
Does not impose limits or bans on THC	10	1
Does not impose minimum CBD requirements	10	5
Municipal bans/zoning	10	0
FUNCTIONALITY (total)	**100**	**27**
Patients are able to obtain medicine	50	0
Free of significant administrative or supply problems	15	10
Legal protections within reasonable time frame	10	7
Reasonable possession limit (ounces)	5	5
Reasonable purchase limits	5	0
Allows patients to medicate where they chose	5	3
Covered by insurance/state health aide	3	0
Financial hardship (fee waivers/discount medicine)	7	2
PRODUCT SAFETY (total - see back for details)	**100**	**n/a**
Dispensing	25	n/a
Cultivation	25	n/a
Manufacturing	25	n/a
Lab	25	n/a
Improvement Bonus		10
Total out of 400		144
Score percentage		36

Final Grade = F*

** Key on Page 33*

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 child custody. In addition to fixing these problems, the state also needs to expand the number of eligible qualifying conditions and include product safety regulations.

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.

WYOMING

MEDICAL CANNABIS ACCESS STATE REPORT CARD 2015

PRODUCT SAFETY point breakdown

(Point totals by section included in grade calculation on reverse)

Issue	Possible Points	
DISPENSING (total)	**25**	**0**
Dispensary training	5	0
Operating Procedures and Protocols	5	0
Facility sanitary conditions	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Inventory control	Y or N	N
Recall protocol and adverse event reporting	5	0
Product Labeling	5	0
Product contents including source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
CULTIVATION (total)	**25**	0
Cultivation training	5	0
Standard Operating Procedures and Protocols	**5**	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols (short and long term)	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Disposal/waste	Y or N	N
Water management	Y or N	N
Pesticide Guidance and Protocols	**5**	**0**
Pesticide guidance	Y or N	N
Product labeling	Y or N	N
Required testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Sample retention	Y or N	N
Recall protocol and adverse event reporting	5	0
MANUFACTURING (total)	**25**	0
Manufacturing training	5	0
Standard Operating Procedures and Protocols	5	0
Facility and equipment sanitary conditions	Y or N	N
Workforce safety protocols	Y or N	N
Storage protocols	Y or N	N
Reasonable security protocols	Y or N	N
Batch and lot tracking	Y or N	N
Product Labeling	5	0
Product contents with source material ID	Y or N	N
Allergens	Y or N	N
Potency/compound identification	Y or N	Y
Required Testing	5	0
Active ingredient identification	Y or N	N
Contaminants	Y or N	N
Potency	Y or N	Y
Shelf life testing	Y or N	N
Sample retention	Y or N	N
Recall protocol and adverse event reporting:	5	0
LABORATORY (total)	**25**	**0**
Lab operations training	5	0
Method validation in accordance with AHP guidelines	5	0
Result reporting - disclose the type of testing used	5	0
Independent or third party certification	5	0
Standard Operating Procedures and Protocols	**5**	**0**
Equipment and instrument calibration	Y or N	N
Sample tracking	Y or N	N
Facility and equipment sanitary conditions	Y or N	N
Disposal/waste protocols	Y or N	N
Storage protocols	Y or N	N
Workforce safety protocols	Y or N	N
Total out of 100		**0**

Tools for Success:

Improving your state law has never been easier. In the appendix of this report you will find model legislation and regulators guides for product safety protocols. ASA staff are all also available to draft and/or review legislative and regulatory language. Our website has many resources online including access to our policy shop at http://www.safeaccessnow.org/policy_shop, information for regulators available at http://patientfocusedcertification.org/about/information-for-regulators/ and a breakdown of all the state laws at http://www.safeaccessnow.org/state_and_federal_law.

AmericansFor SafeAccess
Advancing Legal Medical Marijuana Therapeutics and Research

Headquarters 1806 Vernon Street NW Suite 300 | Washington, DC 20009
California Office 770 L Street, Suite 950 | Sacramento, CA 95814

888-929-4367
www.AmericansForSafeAccess.org

CONCLUSION

National trends in medical cannabis policy are generally moving in a positive direction, but only a handful of the forty medical cannabis states are truly meeting the needs of patients, and there are still ten states where cannabis remains completely illegal for patients. More than half the country lacks the ability to obtain medical cannabis in their state of residence. Additionally, a significant number of states that provide for safe and legal access to some individuals, offer too few access points or deny access to patients with certain serious medical conditions.

Some states need to introduce additional legislation to better address the needs of patients. In the area of patient rights, only eight states obtained grades above 80%. This means that most states are not protecting patients sufficiently. While protection from arrest is the top problem in CBD-focused states, that only accounts for half of the low scores in the patient rights section. The rest of the states are sorely lacking in the area of civil discrimination protections for housing, employment, child custody, and organ transplants. Additionally, only a handful of states allow for reciprocity, restricting the ability of medical cannabis patients to travel without fear of legal repercussions. In most instances, these improvements must be made through the legislative process, with the possible exception of organ transplants, which may be accomplished either through legislation or rule-making, depending on the authority of a given state's health department.

The state legislatures are also the venues where the CBD-focused states must fix their inadequate programs. Nearly every one of these laws fails to include in-state production and distribution of medical cannabis. The exceptions to this are Texas and Florida, which have fewer dispensary licenses combined than even the significantly smaller state of Connecticut, which has about 1/13th the population of these states, and a relatively restrictive program itself. Without in-state production and access, patients will continue to suffer and without access to medical cannabis rich in THC, most patients will be left with no legal options. CBD-focused states that currently issue registry ID cards may make the false conclusion that the relatively low enrollment numbers in their programs means there is little interest from patients and physicians. These programs have limited qualifying conditions and fail to provide in-state access, which means that the unregulated illicit market is better able to serve the needs of patients in those states. Lawmakers in such states should be embarrassed that patients are able to find better healthcare options in back alleys than in state-regulated stores. The best way to fix that is to adopt comprehensive medical cannabis licensing and regulation programs.

Just as CBD-focused states lack regulated in-state access, there are a small number of states with home cultivation models where patients need their state legislatures to step up and create dispensary systems. While Montana will not have such an opportunity in 2016, as there is no scheduled legislative session, Michigan and Alaska should complete their patient access models by creating a medical dispensary system this next year. While Alaska has adult use stores opening soon, the needs of patients and recreational consumers are different. Regulating medicine like alcohol is, at best, a square peg in a round hole situation.

In states that have commercial production laws, product safety guidelines can largely be addressed without substantial legislative reforms. Hawaii and California will be delving into commercial medical cannabis regulations at the state level for the first time. While their statutes contain some measure of product safety language, they must ensure that all components are addressed in the regulatory process. States such as Maine and Rhode Island, which have strong overall programs, would be among the top states in the country with updates to their product safety standards. Some jurisdictions, such as the District of Columbia, need statutory language to authorize the independent laboratory testing of medical cannabis, but most states can improve this component through rule-making. States also need to ensure that product safety regulations are mandatory rather than voluntary. In Colorado, the state has good product safety concepts, but fails to require businesses to follow them.

Despite these shortcomings, overall, medical cannabis access in the United States is the best it is has been since the U.S. Congress enacted federal prohibition in the 1930s. 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 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.

MODEL LEGISLATION

(Updated January 2015)

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 anti-emetic effects and is beneficial for appetite stimulation, pain relief, and improved sleep among cancer patients;

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

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

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

WHEREAS seventeen 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) "Card holder" shall mean a qualifying patient, a personal caregiver, or a medical cannabis agent who possesses a valid registration card issued by the Department.

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

1. Is registered with the Department of Agriculture; and

2. Acquires, possesses, cultivates, harvests, dries, cures, 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) card holder'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.

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

(A) is in possession of his or her registration card;

(B) if the card holder is a patient, has no more than a 90-day supply of cannabis;

(C) if the card holder 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 card holder; or

2. A qualifying patient, caregiver, or card holder 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 card holder 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

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 non medical 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

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.

RECOMMENDATION TO REGULATORS

Since the release of the AHPA and AHP guidelines, states have been using 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 staff 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 currently holds the first government-issued educational permit from the District of Columbia to provide the required staff 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.

PATIENT FOCUSED CERTIFICATION
http://patientfocusedcertification.org/

AHPA GUIDELINES
http://patientfocusedcertification.org/standards-development/ahpa-guidelines/

AHP MONOGRAPH
http://patientfocusedcertification.org/standards-development/ahp-monograph/