

## Medical Marijuana Laws and Regulations: A State By State Comparison – Michigan

This chart is intended for educational purposes only; you should not act or rely upon the information contained herein without first seeking the advice of an attorney licensed in your jurisdiction.

The categories listed on this chart are limited so as to provide a comparative perspective of regional legislation. Please note that the listed provisions may have features that are not summarized in this chart. Pending bills may also seek to amend, repeal, or supersede these provisions – such information is not included in this comparison.

This information is current as of January 2010.

|  | <b>Michigan</b><br>MI ST §§ 333.26421, 333.7335<br>MI ADC 333.101 to .133 |
|--|---|
| <b>State Registration</b>  |   |
| Identification Cards Issued to Registered Users and Caregivers   | X   |
| Registry of Authorized Users, Physicians, and Primary Caregivers Maintained by the State   | X   |
| Requires Development of 24 Hour Verification System for Law Enforcement  |   |
| <b>Individuals Allowed Access to Registry</b>  |   |
| Authorized Employees of Administrative Department to Perform Official Duties   | X <sup>1</sup>  |
| Authorized Employees of State or Local Law Enforcement to Verify that a Person is Lawfully in Possession of ID Card  | Department must disclose whether ID card is valid                         |
| <b>Application Information Required From Patient, Caregiver, or Physician Before Placement in Registry</b>   |   |
| Written Certification From a Physician Stating That The Patient Has Been Diagnosed With A Debilitating Condition or That The Patient May Benefit From The Medical Use of Marijuana | X   |
| Name   | Patient, Physician, Caregiver   |
| Address  | Patient, Physician, Caregiver   |
| Date of Birth  | Patient, Caregiver  |
| Driver's License or ID Card Number   | Photo ID of Patient, Caregiver  |
| Telephone Number   | Physician   |
| Proof of Residence   |   |
| Patient Signature  |   |
| Social Security Number/Patient ID #  |   |
| Duties of Primary Caregiver  |   |
| Medical License # of Physician   |   |
| A Statement From The Caregiver That The Caregiver Agrees to Serve as The Caregiver   | X   |
| Consent of Caregiver to A Criminal Background Check  |   |
| Length of Time the Patient Has Been Under the Care of the Practitioner   |   |
| Designation As To Whether The Qualifying Patient or The Caregiver Will Be Allowed To Possess Marijuana Plants  | X   |
| Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver  |   |
| A Complete Set of Fingerprints of Patient and Caregiver  |   |
| A Notarized Program Waiver and Acknowledgment Form   |   |
| Signature of Physician and Date of Application   |   |
| Signature of Patient and Date of Application   |   |

|  | <b>Michigan</b>   |
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| <b>Additional Steps/Information That Must Be Submitted Before Use Can Be Approved for Minors</b>                         |   |
| Two Physicians Must Diagnose the Minor With A Debilitating Condition and Submit Written Certification                    | X   |
| A Statement That The Minor's Physician Has Explained the Potential Risks and Benefits to the Patient and Parent/Guardian | Statement must be from two physicians                                 |
| <b>Parent/Guardian Must Consent in Writing to:</b><br>Allow the Medical Use of Marijuana                                 | X   |
| Agree to Serve As the Minor's Caregiver  | X   |
| Agree to Control the Acquisition of Marijuana, The Dosage, and Frequency of Use  | X   |
| <b>Information on ID Cards</b>   |   |
| Name   | X   |
| Address  | X   |
| Date of Birth  | X   |
| Social Security Number   |   |
| Photo of ID Cardholder   | X   |
| Driver's License or ID Card  |   |
| Unique User ID or Serial Number  | X   |
| A Statement That The Person Is Registered With The State   |   |
| A Statement That The Person Has Been Diagnosed With A Debilitating Medical Condition                                     |   |
| Date of Issuance/Expiration Date   | X   |
| Primary Caregiver Information Included on Patient's Card   | X   |
| Patient's Information Included on Primary Caregiver's Card   | X   |
| Phone Number of Administrative Agency  |   |
| Requirement to Return ID Card if Patient No Longer Has A Debilitating Medical Condition                                  |   |
| Designation As To Whether The Qualifying Patient or The Caregiver Will Be Allowed To Possess Marijuana Plants            | X   |
| Phone Number of Real Time Verification System  |   |
| Other Information As Determined By the State   |   |
| Period of Time an ID Card is Valid   | One Year  |
| Application is Considered To Be Approved If State Does Not Approve Or Deny Application Within A Specified Period of Time | 20 Days   |
| Requirement to Notify State of Change in Name, Address, Physician, or Primary Caregiver                                  | X (Must also notify if there is change of legal guardian for a minor) |
| Cardholder Must Return Card If They No Longer Have A Debilitating Condition  | X <sup>2</sup>  |

|   | <b>Michigan</b>            |
|---|----------------------------|
| <b>Primary Caregiver Conditions and Requirements</b>  |                            |
| Minimum Age   | 21                         |
| Must Sign Statement Agreeing to Provide Marijuana Only to the Patient Who Named The Caregiver                             | For felony drug conviction |
| Disqualification For A Felony Conviction/ Probation or Parole   | Five                       |
| Maximum Number of Patients a Primary Caregiver May Assist   | Reimbursement for costs    |
| Caregiver is Allowed to Receive Compensation  | One                        |
| Number of Designated Caregivers a Qualified User Is Allowed   |                            |
| <b>Qualifying Diseases and Debilitating Conditions</b>  |                            |
| Cancer  | X                          |
| Glaucoma  | X                          |
| HIV/AIDS  | X                          |
| Hepatitis C   | X                          |
| Alzheimer's Disease   | X                          |
| Nail Patella  | X                          |
| Amyotrophic Lateral Sclerosis   | X                          |
| Cachexia/Wasting Syndrome   | X                          |
| Severe/Chronic Pain   | X                          |
| Severe Nausea   | X                          |
| Seizures  | X                          |
| Intractable Skeletal Muscular Spasticity  |                            |
| Anorexia  |                            |
| Severe and Persistent Muscle Spasms MS/Crohns's   | X                          |
| Damage to the Nervous Tissue of The Spinal Cord, With Neurological Indication of Intractable Spasticity                   |                            |
| Appetite Loss   |                            |
| Cramping  |                            |
| Arthritis   |                            |
| Migraine  |                            |
| Admission to Hospice Care/Terminal Illness  |                            |
| Any Other Chronic or Persistent Medical Condition   |                            |
| Other Medical Conditions Approved by the State  | X (pursuant to a petition) |
| <b>Reasons an Application May Be Denied</b>   |                            |
| Information Provided is False   | X                          |
| Information Cannot Be Verified  | X                          |
| Not All Required Information Was Submitted  | X                          |
| Failure to Establish Chronic or Debilitating Medical Condition  |                            |
| Failure to Document a Consultation With an Attending Physician  |                            |
| The Attending Physician Was Not Licensed in the State   |                            |
| Primary Caregiver Denied If Caregiver Is Already Listed As Caregiver for Maximum Number of Patients                       |                            |
| Patient or Primary Caregiver Has Been Convicted of Selling A Controlled Substance   |                            |
| Patient Has Been Prohibited By A Court  |                            |
| An Applicant Previously Had an ID Card Revoked, or Knowingly Violated A Provision Related to The Medical Use of Marijuana |                            |
| An Applicant Does Not Meet Established Criteria   |                            |

|  | <b>Michigan</b>    |
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| <b>Places Where/Occasions When Use Is Prohibited</b>   |                    |
| Any Place Where Smoking Is Prohibited By Law   |                    |
| Any Public Place   | X                  |
| Any Way That Endangers The Health or Well Being of Any Person  |                    |
| Grounds of a School, Recreation Center, or Youth Center  | Any school grounds |
| On a School Bus  | X                  |
| Public Transportation  | X                  |
| Public Park or Beach   |                    |
| In the Workplace   |                    |
| In a Correctional Facility   | X                  |
| In A Medical Facility  |                    |
| Any Licensed Drug Treatment Facility   |                    |
| Undertaking Tasks Under The Influence of Marijuana That Would Constitute Negligence or Professional Malpractice  | X                  |
| Operating Motor Vehicle While Under the Influence  | X                  |
| Operating a Boat While Under the Influence   | X                  |
| Operating an Aircraft While Under the Influence  | X                  |
| While Operating Vehicle Propelled or Drawn By Power  |                    |
| Stationary Heavy Equipment   |                    |
| While Possessing A Firearm   |                    |
| Transporting Medical Marijuana Outside The State   |                    |
| Provides That An Employer Will Not Be Required To Accommodate Use In The Workplace   | X                  |
| <b>Statutory Protections for Patients and Caregivers for Medical Use of Marijuana as Defined By The State</b>  |                    |
| Protection from Arrest, Prosecution or Penalty   | X                  |
| Civil Penalty  | X                  |
| Discipline from a Professional Licensing Board   | X                  |
| Prohibits A School, Employer, or Landlord From Refusing to Enroll, Employ, or Lease or Penalize an Individual Solely Upon The Individuals Status As A Qualifying Patient or Registered Caregiver                             |                    |
| Property Used in Connection With Medical Marijuana Is Not Subject to Forfeiture  | X                  |
| Allows A Registered Qualifying Patient or Caregiver to Give Marijuana to Another Registered Qualifying Patient or Caregiver To Whom They Are Not Connected By The Registration Process Provided That Payment is Not Received |                    |
| Provides That Application For, or Possession of an ID Card Does Not Alone Constitute Probable Cause or Reasonable Suspicion for Search, Seizure, or Inspection   | X                  |
| Provides Affirmative Defense to Prosecution Involving Marijuana  | X                  |
| Provides That Custody or Visitation of a Minor Will Not Be Denied Unless The Person's Behavior Creates Unreasonable Danger to the Minor  | X                  |
| Prohibits Arrest or Prosecution of An Individual for Being In the Presence or Vicinity of Medical Use of Marijuana   | X                  |
| Provides That Individuals Who Provide A Qualified Patient or Caregiver With Paraphernalia Are Not Subject to Arrest, Prosecution or Penalty  | X                  |
| Provides That Parents/Guardians Who Have Legal Custody of a Qualifying Patient Are Not Subject to Arrest or Prosecution  |                    |
| <b>Statutory Protections for Physicians When Acting In Compliance With State Medical Marijuana Statutes</b>  |                    |
| Protection from Arrest or Prosecution  | X                  |
| Civil Penalty  | X                  |
| Discipline from a Professional Licensing Board   | X                  |

|  | <b>Michigan</b>   |
|--|---|
| <b>Reasons a Card May Be Revoked</b>   |   |
| It is Discovered Information on Application Was False  | X   |
| If a Cardholder Sells Marijuana to a Person Who Is Not Authorized to Use Marijuana                                       | X   |
| Conviction of A Marijuana Relate Offense   |   |
| If A Person Violates A Section of the Act or Another Controlled Substances Law   | X   |
| Pursuant to A Court Order  |   |
| The Discovery of Repeated Violations of Statute  |   |
| Failure To Provide Access To The State To Material and Information Necessary For Determining Compliance With Regulations |   |
| <b>Possession Limitations for Patients and Primary Caregivers</b>  | Total does not include incidental seeds, stalks, and unusable roots |
| Ounce Limit  | 2.5 ounces  |
| Plant Limit  | 12 plants kept in an enclosed, locked facility                      |
| Exemptions   |   |
| <b>Offenses Created</b>  |   |
| Fraudulent Representation of a Medical Condition to Obtain an ID Card  |   |
| Fraudulent Representation of ID Card to Law Enforcement  | X   |
| Fraudulent Misrepresentation to Law Enforcement of Treatment Center Permit   |   |
| Fraudulent Use or Theft of an ID Card  |   |
| Counterfeit Production of ID Card  |   |
| Sale or Transfer of ID Card  |   |
| Disclosing Confidential Information Maintained By The Registry   | X   |
| Failure of Cardholder to Notify State of Change in Name, Address, Caregiver, or Physician                                |   |
| Failure of Cardholder to Notify State That The Cardholder No Longer Has A Debilitating Condition                         |   |
| <b>Department/Agency in Charge/Contact</b>   |   |
| Agency In Charge   | Bureau of Health Professions,<br>Department of Community Health     |
| Division In Charge   | Michigan Medical Marihuana Program                                  |
| Contact  | (517) 373-0395  |
| Creates Research Program   | X   |
| State Uses Program to Monitor Dispensation of Marijuana  |   |
| Clarifies that Insurance Will Not Be Required to Provide Coverage  | X   |
| Clarifies That An Employer Will Not Be Required To Provide Reimbursement For The Purposes of Workers' Compensation       |   |
| Provides That A Penal Institution is Not Required to Accommodate Use   |   |
| State Honors Identification Card Issued By Another State   | X (Applies to visitors to the state)                                |
| ID Cards Issued By Another State Do Not Qualify An Individual For Medical Use  |   |
| Creates Severability   | X   |

<sup>1</sup>Information may be released to other individuals if all individuals with legal authority to waive confidentiality sign a properly executed release of information. The release of information must specify the information that is authorized to be released and to whom it may be released.

<sup>2</sup>An ID card is immediately null and void if a qualifying patient's physician notifies the department that the patient has ceased to suffer from a debilitating medical condition. Patient's are required to be notified within 14 days.