Medical Marijuana Laws and Regulations: A State By State Comparison – Northwest (Alaska, Montana, Oregon, and Washington)

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.

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	Alaska	Montana	Oregon ⁶	Washington
	AL ST	MT ST §§ 50-46-101	OR ST §§ 475.300 to .346	WA ST §§
	§§11.71.090,	to -103, 50-46-201 to -	OR ADC §§ 333-008-	69.51A.005 to
	17.37.010 to .080	210	0000 to 0120	69.51A.902,
	AL ADC 34.010 to			69.51.010 to .080
	.990			WA ADC § 246-75-
				010
State Registration				
Identification Cards Issued to Registered Users and	X	X	X (State also issues cards	
Primary Caregivers			to individuals responsible	
			for marijuana grow sites)	
Registry of Authorized Users, Physicians, and	X	X	X (State also maintains	
Primary Caregivers Maintained by the State			information regarding	
			marijuana grow sites)	
Requires Development of 24 Hour Verification			X	
System for Law Enforcement				
Individuals Allowed Access to Registry				
Authorized Employees of Administrative	X	X	X	
Department to Perform Official Duties				
Authorized Employees of State or Local Law	X	X	X	
Enforcement to Verify that a Person is Lawfully in				
Possession of ID Card				
Application Information Required From Patient,				
Caregiver, or Physician Before Placement in				
Registry	, in the second			
Written Certification From a Physician Stating	X ¹	X (Must also state that	X (Must also state that the	X (Does not have to
That The Patient Has Been Diagnosed With A		the potential benefits	medical use of marijuana	be submitted to state,
Debilitating Condition or That The Patient May		of use would likely	may mitigate the	but patient must have
Benefit From The Medical Use of Marijuana		outweigh the health	symptoms or effects of the	such documentation
		risks)	debilitating condition)	for exemption from
				criminal laws related
				to marijuana use)
Name	Patient, Physician,	Patient, Physician,	Patient, Physician,	
	Caregiver	Caregiver	Caregiver	
Address	Patient, Physician,	Patient, Physician,	Patient, Physician,	
	Caregiver	Caregiver	Caregiver	
Date of Birth	Patient, Caregiver	Patient, Caregiver	Patient	
Copy of Photo Identification			Patient	
Driver's License or Identification Card Number	Patient, Caregiver			
Telephone Number	Physician	Physician	Physician	
Proof of Residence				
Patient Signature			X	
Social Security Number/Patient ID #	Patient	•		
Duties of Primary Caregiver	1 attent			
, e	1 attent			
Medical License # of Physician	1 attent			
Medical License # of Physician Length of Time the Patient Has Been Under the	1 attent			
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner	1 atient			
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether	1 aucht		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be	1 atient		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or	1 attent		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At	1 aucht		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location	1 aucht		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying	1 aucht		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID	1 aucht		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver	1 attent		X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To	1 aucht	X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who	1 aucht	X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who Have Named Them Primary Caregiver	1 aucht	X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who Have Named Them Primary Caregiver A Complete Set of Fingerprints of Patient and	1 aucht	X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who Have Named Them Primary Caregiver A Complete Set of Fingerprints of Patient and Caregiver	1 aucht	X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who Have Named Them Primary Caregiver A Complete Set of Fingerprints of Patient and Caregiver Signature of Physician and Date of Application		X	X	
Medical License # of Physician Length of Time the Patient Has Been Under the Care of the Practitioner A Written Statement That Indicates Whether Marijuana Used By The Cardholder Will Be Produced At A Location Where The Cardholder Or Designated Primary Caregiver is Present or At Another Location Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver Caregiver Must Sign Statement Agreeing To Provide Marijuana Only To Qualified Patients Who Have Named Them Primary Caregiver A Complete Set of Fingerprints of Patient and Caregiver	Patient signature	X	X	

	Alaska	Montana	Oregon	Washington
Additional Steps/Information That Must Be Submitted Before Use Can Be Approved for Minors	Alaska	Withitalia	Oregon	vv asimigron
Two Physicians Must Diagnose the Minor With A Debilitating Condition and Submit Written Certification				
A Statement That The Minor's Physician Has Explained the Potential Risks and Benefits to the Patient and Parent/Guardian	X	X	X	
Parent/Guardian Must Consent in Writing to: Allow the Medical Use of Marijuana	X	X	X	
Agree to Serve As the Minor's Caregiver	X	X	X	
Agree to Control the Acquisition of Marijuana, The Dosage,	X	X	X	
and Frequency of Use				
Information on ID Cards				
Name	X	X	X	
Address	X	X	X	
Date of Birth	X	X	X	
Social Security Number				
Photo of ID Cardholder	V			
Driver's License or ID Card Number	X			
Unique User ID or Serial Number A Statement That The Person Is Registered With The State as	X			
a Person With a Debilitating Medical Condition That May Be Addressed With The Use of Medical Marijuana	Λ			
A Statement That The Person Has Been Diagnosed With A Debilitating Medical Condition				
Date of Issuance/Expiration Date	X	X	X	
Caregiver Information Included on Patient's Card	Name, address, and DOB of the primary and alternate caregiver	X	X (Grower's information must also be included if applicable)	
Patient's Information Included on Primary Caregiver's Card		X		
Phone Number of Administrative Agency				
The Location Where Marijuana Will Be Produced			X	
Phone Number of Real Time Verification System				
A Designation Showing Whether The Primary Caregiver or Qualifying Patient Will Be Allowed To Possess Marijuana Plants				
Period of Time an ID Card is Valid	Specified information must be submitted annually to prevent expiration of ID card	One Year	Specified information must be submitted annually to prevent expiration of ID card	
Application is Considered To Be Approved If State Does Not Approve Or Deny Application Within A Specified Period of Time	Within 35 Days			
Requirement to Notify State of Change in Name, Address, Physician, or Caregiver	Within 10 Days, Change of caregiver Name/Address must also be reported	Within 10 Days	X	
Cardholder Must Return Card If They No Longer Have A Debilitating Condition	Within 24 Hours		Within 30 Days	
Caregiver Conditions and Requirements				
Minimum Age	21	18	18	18
Disqualification For A Felony Conviction/ Probation or Parole	DQ for probation/parole and specified drug offenses	Felony drug offense		
Maximum Number of Patients a Primary Caregiver May Assist	One ²			One
Must sign Statement Agreeing to Provide Marijuana Only To		X		
Qualifying Patients Who Has Named Caregiver By the Patient Caregiver is Allowed to Receive Compensation		X		
Number of Designated Caregivers a Qualified User Is Allowed	One primary caregiver and one alternate caregiver	One		

	Alaska	Montana	Oregon	Washington
Qualifying Diseases and Debilitating Conditions				
Cancer	X	X	X	X
Glaucoma	X	X	X	X
HIV/AIDS	X	X	X	X
Hepatitis C				X (With debilitating nausea or intractable pain)
Alzheimer's Disease			X	
Nail Patella				
Amyotrophic Lateral Sclerosis				
Cachexia/Wasting Syndrome	X	X	X	X
Severe/Chronic Pain	X	X	X	X
Severe Nausea	X	X	X	X
Seizures	X	X	X	X
Anorexia				X
Severe and Persistent Muscle Spasms MS/Crohns's	X	X	X	X
Damage to the Nervous Tissue of The Spinal Cord, With Neurological Indication of Intractable Spasticity				
Appetite Loss				X
Cramping				X
Arthritis				
Migraine				
Admission to Hospice Care				
Any Other Chronic or Persistent Medical Condition				
Other Medical Conditions Approved by the State Pursuant to A Petition	X	X	X	X
Reasons an Application May Be Denied	37	37	37	
Information Provided is False	X	X	X	
Information Cannot Be Verified	X	37	37	
Not All Required Information Was Submitted	X	X	X	
Failure to Establish Chronic or Debilitating Medical Condition	X			
Failure to Document a Consultation With an Attending Physician Failure to Comply With Established Regulations				
The Attending Physician Was Not Licensed in the State				
Willful Violation of The Medical Marijuana Act			X	
An Applicant Previously Had An Application Denied and Did	X		Λ	
Not Wait Required Period of Time Before Reapplying Primary Caregiver Denied If Caregiver Is Already Listed As	X			
Caregiver for Maximum Number of Patients	Λ			
Patient or Primary Caregiver Has Been Convicted of Selling A Controlled Substance				
Patient Has Been Prohibited By A Court			X	
An Applicant Previously Had an ID Card Revoked, or	X			
Knowingly Violated A Provision Related to The Medical Use of Marijuana				
An Applicant Does Not Meet Established Criteria	X	X		
Places Where/Occasions When Use Is Prohibited				
Any Place Where Smoking Is Prohibited By Law				
Any Public Place	X ³		X	X in open view of the general public
Any Way That Endangers The Health or Well Being of Any Person	X			
Grounds of a School, Recreation Center, or Youth Center	X (within 500 ft) ⁴	X		X ⁴
On a School Bus	X^4	X		X^4
Public Transportation		X		
Public Park or Beach		X		
In the Workplace	4			4
In a Correctional Facility	X ⁴	X	X	X ⁴
In A Medical Facility	X^4			

	Alaska	Montana	Oregon	Washington
Places Where/Occasions When Use Is Prohibited (Cont'd)				.
Any Licensed Drug Treatment Facility				
Undertaking Tasks Under The Influence of Marijuana That Would				
Constitute Negligence or Professional Malpractice				
Operating Motor Vehicle While Under the Influence		X	X	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				
While Possessing A Firearm				
Transporting Medical Marijuana Outside The State				
Statutory Protections for Patients and Caregivers for Medical Use of Marijuana as Defined By The State				
Protection from Arrest, Prosecution or Penalty In Any Manner	For applying to have name placed in registry	X		
Civil Penalty		X	X	
Discipline from a Professional Licensing Board		X	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 (Unless forfeited under a sentence imposed after conviction)	X (Unless forfeited under a sentence imposed after conviction)	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	X	
Provides Affirmative Defense to Prosecution for the Medical Use of Marijuana if Specified Statutory Conditions Are Met	X	X	X	X
Statutory Protections for Physicians When Acting In Compliance With State Medical Marijuana Statutes		For Providing Written Certification		
Protection from Arrest, Prosecution or Penalty	X	X		X
Civil Penalty		X	X	
Discipline from a Professional Licensing Board	X	X	X	
Prohibits Arrest or Prosecution of An Individual for Being In the Presence or Vicinity of Medical Use of Marijuana		X		X
Reasons a Card May Be Revoked			7.	
It is Discovered Information on Application Was False			X	
If a Cardholder Sells Marijuana to a Person Who Is Not Authorized				
to Use Marijuana				
Conviction of Marijuana Related Offense			X	
If A Person Willfully Violates A Section of the Act or Another Controlled Substances Law	X		An egregious violation	
Pursuant To A Court Order			X	
The Discovery of Repeated Violations of Statute			X	
The Patient Was Not Examined By A Physician Within At Least 16 Months of Required Annual Resubmission of Application Information	X			
Failure To Provide Access To The State To Material and Information Necessary For Determining Compliance With Regulations				

	Alaska	Montana	Oregon	Washington
Possession Limitations for Patients and Primary			Includes Grow	Total Between Both
Caregivers			Sites	
Ounce Limit	One ounce	1 ounce	24 ounces ^{7 8}	24 ounces
Plant Limit	6 plants with no more than 3 producing usable marijuana	6 plants	6 mature plants and 18 seedlings or starts ⁹	15 plants
Exemptions				Evidence of a patient's necessary medical use may allow for possession of greater amounts.
Permits Law Enforcement to Seize Marijuana Plants in Excess of Authorized Amount			X	
Offenses Created				
Fraudulent Representation of a Medical Condition to Obtain an ID Card				
Fraudulent Representation of ID Card to Law Enforcement Relating to Medical Marijuana		X		
Fraudulent Use or Theft of an ID Card				X
Counterfeit Production of ID Card				
Failure of Cardholder to Notify State of Change in Name, Address, Caregiver, or Physician		X		
Failure of Cardholder to Notify State That The Cardholder No Longer Has A Debilitating Condition				
Disclosing Confidential Information Maintained By		X		
Registry				
Department/Agency in Charge/Contact				
Agency In Charge	Bureau of Vital Statistics	Montana Department of Health and Human Services	Oregon Department of Human Services	Department of Health
Division In Charge	Health and Social Services Division	Licensure Bureau	Public Health Division Office of Community Health and Planning	Health Systems Quality Assurance Division
Contact	(907) 465-5423	(406) 444-2676	(971) 673-1234	(360) 236-4700
Creates Research Program				X
Clarifies that Insurance Will Not Be Required to Provide Coverage	X	X	X	X
Creates Severability				X
Clarifies That An Employer Will Not Be Required To Provide Reimbursement For The Purposes of Workers' Compensation	X	X	X	X
State Honors Identification Card Issued By Another State		X		
ID Cards Issued By Another State Do Not Qualify An Individual For Medical Use	X			

¹Statement must also: state that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship; state the date the examination occurred; disclose that the patient was personally examined by the physician within the 16-month period immediately preceding the patient's application; state that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded the patient might benefit from the medical use of marijuana.

²A caregiver may be allowed to care for multiple patients if the caregiver is caring for individuals who are related to the caregiver by at least the fourth degree of kinship. At the discretion of the Department of Health and Social Services, a caregiver may be allowed to care for multiple patients: to avoid unnecessary hardship to the patient; when the patient's care is provided in a hospice program; or when the primary caregiver is simultaneously for patients who reside in the same household.

³A patient or primary caregiver is allowed to possess marijuana in a public location if: the person possesses less than one ounce of marijuana carried on the person, in a closed container; the marijuana is not visible to anyone other than the patient or primary caregiver; and the possession is limited to that necessary to transport the marijuana directly to the patient or caregiver or directly to a location where the patient or caregiver may lawfully possess or use marijuana.

⁴Medical use of marijuana is not explicitly prohibited in these locations. Alaska's and Washington's statutes state that accommodation in these locations is not required by law.

⁵Caregivers must also acknowledge that possession of a registry ID card does not allow the caregiver to engage in the use of marijuana or to use paraphernalia for any purpose other than cultivating, manufacturing, delivering, transferring, or transporting marijuana for medical use by a qualifying patient.

⁶In addition to allowing primary caregivers and patients to grow marijuana, Oregon registers marijuana grow sites. Grow sites must be designated by qualified patients, and must obtain a separate registration card for each registered user for whom the site grows marijuana. Grow sites are only permitted to grow for four patients at one time, and must observe other regulations determined by the state. Individuals convicted of a felony for the manufacture or delivery of a controlled substance may not be issued a grow site registration card for five years from the date of conviction, while individuals convicted more than once of such an offense may not be issued a grow site registration card.

⁷This number represents the combined total of ounces of marijuana grow sites, caregivers, and patients may possess at one time, and grow sites are permitted to hold this amount in combination, for each patient for whom the grow site is registered to grow marijuana.

⁸If a cardholder has been convicted of a felony for the manufacture or delivery of a controlled substance, the cardholder or the designated primary caregiver of the cardholder may possess only one ounce of usable marijuana at any given time for a period of five years from the date of conviction.

⁹This number represents the combined total of plants grow sites, caregivers, and patients may possess at one time, and grow sites are permitted to hold this amount in combination, for each patient for whom the grow site is registered to grow marijuana. Patients and caregivers are permitted to possess a total of 18 seedlings or starts between them, while a grow site may possess 18 seedlings or starts for each individual for whom the grow is registered to grow marijuana.