



# Marijuana – Medicinal Use: 2016 Legislative Session Bill Status Update

**Research current through March 29, 2016.**

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<u>State and Bill Number</u>	<u>Description<sup>1</sup></u>	<u>Status and Date of Last Action</u>
U.S. 2015 H.R. 262	“States’ Medical Marijuana Property Rights Protection Act.” Amends the Controlled Substances Act so as to exempt real property from civil forfeiture due to medical marijuana-related conduct that is authorized by State law.	2/2/2015 – referred to Subcommittee on Crime, Terrorism, Homeland Security and Investigations.
U.S. 2015 HR 667	Authorizes the Department of Veterans Affairs health care providers to provide recommendations and opinions to veterans regarding participation in State marijuana programs.	2/13/2015 – referred to Subcommittee on Health.
U.S. 2015 HR 1538	“Compassionate Access, Research Expansion, and Respect States Act of 2015.” Provides that any other provision of law, the provisions of the Controlled Substances Act “relating to marihuana shall not apply to any person acting in compliance with State law relating to the production, possession, distribution, dispensation, administration, laboratory testing, or delivery of medical marihuana.” Moves marihuana from Schedule I to Schedule II.	3/23/2015 – introduced and referred to Committees on the Judiciary, Energy & Commerce, Financial Services, and Veterans Affairs.
U.S. 2015 HR 1635	Proposes to exclude cannabidiol and cannabidiol-rich plants from the definition of marihuana, and for other purposes. Contains a three-year sunset provision.	3/25/2015 – introduced and referred to Committee on Judiciary.
U.S. 2015 HR 1774	“Compassionate Access Act.” Provides for the rescheduling of marihuana, the medical use of marihuana in accordance with State law, and the exclusion of cannabidiol from the definition of marihuana.	4/14/2015 – introduced in House.
U.S. 2015 HR 2373	“Legitimate Use of Medicinal Marijuana Act” or “LUMMA.” Moves marijuana from controlled substance Schedule I to Schedule II. Provides for the legitimate use of medicinal marijuana in accordance with the laws of the various States.	5/15/2015 – introduced in House.

<sup>1</sup> The word “marijuana” (or “marihuana”) is spelled as it is in the respective bill.

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U.S. 2015 HR 4779	To amend the Controlled Substances Act to prevent Federal prosecutions for certain conduct, relating to CBD oil, that is lawful under State law, and for other purposes.	3/17/2016 – introduced and referred to Committees on Judiciary and Energy & Commerce.
U.S. 2015 S 683	Identical to 2015 HR 1538.	3/10/2015 – read twice and referred to Committee on Judiciary.
U.S. 2015 S 1333	“Therapeutic Hemp Medical Access Act of 2015.” Amends the Controlled Substances Act to exclude cannabidiol and cannabidiol-rich plants from the definition of marihuana, and for other purposes.	5/13/2015 – introduced in Senate.
Alabama 2016 HB 61	This bill revises the affirmative defense for possession of cannabidiol (“CBD”) to include a defendant that used the CBD because he or she was diagnosed with a debilitating medical condition, by a physician with whom he or she had a bona fide physician-patient relationship, and the CBD provides the defendant with therapeutic or palliative relief. Moreover, the affirmative defense is also available to parents or legal guardians possessing CBD for a minor who was prescribed CBD to treat a debilitating medical condition and would eliminate the requirement that CBD be prescribed by health care practitioners employed by UAB. This bill removes the repeal of the affirmative defense on July 1, 2019.	2/2/2016 – read first time and referred to Committee on Judiciary.

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Alabama 2016 SB 115	This bill revises the affirmative defense for possession of cannabidiol (“CBD”) to include a defendant that used the CBD because he or she was diagnosed with a debilitating medical condition, by a physician with whom he or she had a bona fide physician-patient relationship, and the CBD provides the defendant with therapeutic or palliative relief. Moreover, the affirmative defense is also available to parents or legal guardians possessing CBD for a minor who was prescribed CBD to treat a debilitating medical condition and would eliminate the requirement that CBD be prescribed by health care practitioners employed by UAB. This bill removes the repeal of the affirmative defense on July 1, 2019.	2/2/2016 – read first time and referred to Committee on Judiciary.
Arizona 2016 HB 2061	Requires the Arizona Department of Health Services (“Department”) to adopt rules that require each nonprofit medical marijuana dispensary to display in a conspicuous location a sign that warns pregnant women about the potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding and the risk of being reported to the department of child safety during pregnancy or at the birth of the child by persons who are required to report. The rules must also require each certifying physician to attest that the physician has provided information to each qualifying female patient.	3/28/2016 – third reading passed by Senate.
Arizona 2016 HB 2261	Prohibits the use of electronic benefit cards at marijuana dispensaries.	3/24/2016 – Senate Committee of the Whole action: do pass.
Arizona 2016 HB 2404	Provides that Department may not provide a reduced fee for a patient application or renewal if the patient participates in the supplemental nutrition assistance program administered by the United States department of agriculture, food and nutrition service.	1/26/2016 – House second read.
Arizona 2016 HB 2405	Amends definition of “enclosed, locked facility.”	3/1/2016 – third reading in House failed.

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Arizona 2016 HB 2618	After the Department issues a registration certificate, a nonprofit medical marijuana dispensary may change the location of the dispensary or the cultivation site only to another location in the same community health analysis area as established by the Department at the time the original registration certificate was issued, and the new dispensary is subject to the other requirements required for a new dispensary.	2/23/2016 – House Committee of the Whole action - do pass.
Arizona 2016 HCR 2019	Changes medicinal use law to state that a registry identification card and registration certificate for a qualifying patient expire six months after the date of issue, at which time the qualifying patient shall obtain a new written certification from the patient’s physician.	1/25/2016 – House second read.
California 2015 AB 21	Existing law provides for the licensing and regulation by both state and local entities of medical marijuana and its cultivation. Existing law provides that if a city, county, or city and county does not have land use regulations or ordinances regulating or prohibiting the cultivation of marijuana, commencing March 1, 2016, the California Department of Food and Agriculture (“Department”) is the sole licensing authority for medical marijuana cultivation applicants in that city, county, or city and county. This bill would delete the provision that grants the Department the sole licensing authority under those circumstances. In addition, existing law exempts certain persons cultivating medical marijuana from the requirement to obtain both a state license from the Department and a license, permit, or other entitlement allowing cultivation from the city, county, or city and county in which the cultivation will occur. This bill would instead provide that an exemption from these licensure requirements does not limit or prevent a city, county, or city and county from exercising its police power authority under a specified provision of the California Constitution.	2/3/2016 – adopted (2016 Laws Chapter 1); effective 2/3/2016.

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California 2015 AB 26	This bill would require a state licensee to institute and maintain a training program for the licensee’s agents and employees regarding compliance with Medical Marijuana Regulation and Safety Act (“MMRSA”), as specified, and would require that an application for state licensure include a detailed description of the applicant’s program. The bill would make the licensing authority responsible for approving and regulating the programs and would prohibit the licensing authority from approving a program provided by or through certain apprenticeship programs. The bill would require a state licensing authority to deny the application of an applicant that does not have, or revoke the license of a state licensee that fails to institute or maintain, a program approved by the licensing authority. This bill would require each state licensing authority to charge each training program a fee, as specified, to cover the costs for approving the training program and would require that the fees collected be deposited in the appropriate account within the Medical Marijuana Regulation and Safety Act Fund.	2/4/2016 – referred to Senate Committee on Business, Professions & Economic Development.
California 2015 AB 567	This bill prohibits the sale, distribution, provision, or donation of medical cannabis or medical cannabis products to a qualified patient or caregiver other than at a licensed dispensing facility or through a licensed dispensing facility’s delivery service. It also prohibits mobile, vehicular or technology platforms that enable qualified patients or primary caregivers to arrange for any delivery with a third party. Any dispensary that employs or uses the services of any person under 21 years of age for the sale or delivery of medical cannabis or medical cannabis products is subject to suspension or revocation of certain state or local licenses. The bill would also require the State Board of Equalization, the Franchise Tax Board, and the Employment Development Department to administer tax penalty amnesty programs during the period beginning on April 1, 2016, through September 30, 2016, or during a timeframe before December 31, 2016, for medical cannabis-related businesses, as provided. (Continued below)	1/28/2016 – re-referred to Committees on Health and Government.

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California 2015 AB 567 (continued)	The bill would define a medical cannabis-related business for these purposes as a person that engages in the sale of cannabis for medical purposes to qualified patients or the primary caregivers of qualified patients pursuant to the Compassionate Use Act or the Medical Marijuana Program. The bill would require a licensing authority to revoke or refuse to issue a state or local license to a medical cannabis-related business that is eligible to, but does not participate in, those programs and meets other specified conditions.	1/28/2016 – re-referred to Committees on Health and Government.
California 2015 AB 821	The Sales and Use Tax Law requires any person whose estimated tax liability averages \$10,000 or more per month to remit amounts due by electronic funds transfer. This bill authorizes, before January 1, 2022, a person issued a seller’s permit for a place of business that is a dispensary, as defined in Medical Marijuana Regulation and Safety Act, to remit amounts due for retail sales at the dispensary by a means other than electronic funds transfer.	2/18/2016 – referred to Senate Committee on Government & Finance.
California 2015 AB 1575	This bill would rename the law as the Medical Cannabis Regulation and Safety Act. The bill would require the California Board of Equalization (“Board”) to form an advisory group made up of representatives from financial institutions, the medical cannabis industry, and state and federal banking regulators to examine strategies, such as integrated point-of-sale systems with state track and trace systems, and other measures that will improve financial monitoring of medical marijuana businesses. The bill would require the Board, by July 1, 2017, to submit a report to the Legislature with proposed changes to state law or regulations that will improve financial monitoring of medical marijuana businesses and compliance with federal law. The bill also would require the California Department of Business Oversight to create an enhanced financial monitoring certification for entities licensed under the act that further enables them to comply with federal banking regulations. (Continued below).	3/18/2016 – from committee chair with amendments; amended and re-referred to committee.

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California 2015 AB 1575 (continued)	The bill would generally prohibit a city, county, or city and county from adopting an ordinance for packaging safety standards that exceeds statewide standards and would require the California Department of Public Health to establish uniform statewide packaging safety standards. This bill would require the California Bureau of Medical Marijuana Regulation (“Bureau”) to specify the manner in which medical marijuana and medical marijuana products meant for wholesale purposes are required to be packaged and sealed prior to transport, testing, quality assurance, quality control testing, or distribution. The bill would require the Bureau to establish specified regulations regarding delivery of medical marijuana and medical marijuana products by a dispensary and specified requirements for all dispensary employees who deliver medical marijuana or medical marijuana products. This bill would provide that it is not a violation of state law or any local ordinance or regulation for a business or research institution engaged in the research of medical marijuana, medical marijuana products, or devices used for the medical use of marijuana or marijuana products, to possess, transport, purchase, or otherwise obtain small amounts of medical marijuana or medical marijuana products to conduct research and development related to medical marijuana or medical marijuana products. The bill would require the Bureau of Medical Marijuana Regulation to issue a medical marijuana research permit.	3/18/2016 – from committee chair with amendments; amended and re-referred to committee.
California 2015 AB 2243	This bill would impose a tax on the distribution by a licensed cultivator of medical cannabis flowers, medical cannabis leaves, and immature medical cannabis plants to a licensed distributor and would require the licensed distributor to collect the tax from the cultivator and remit it to the California Board of Equalization. The bill would require funds to be deposited into the Cannabis Production and Environment Mitigation Fund. (Continued below).	3/3/2016 – referred to Committee on Revenue & Taxation.

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California 2015 AB 2243 (continued)	This bill would appropriate the moneys in that Fund in specified percentages to fund: (1) local law enforcement-related activities pertaining to illegal cannabis cultivation; (2) environmental cleanup restoration and protection of public and private lands that have been damaged by illegal cannabis cultivation; (3) the environmental impacts of cannabis cultivation on public and private lands in California and fund other state enforcement-related activities pertaining to illegal cannabis cultivation; and (4) ongoing studies and reports of areas that may create challenges to compliance of the Medical Marijuana Regulation Safety Act. This bill would require reports to the Legislature on the results of those studies funded by this tax by January 1, 2020, and every 2 years thereafter.	3/3/2016 – referred to Committee on Revenue & Taxation.
California 2015 AB 2300	This bill would authorize a city council or a board of supervisors to prohibit the smoking of medical marijuana within 1 mile of the grounds of a school, recreation center, or youth center, unless the medical use occurs within a residence.	2/18/2016 – read first time.
California 2015 AB 2385	This bill would state the intent of the Legislature to enact legislation to enable medical marijuana businesses in Los Angeles granted immunity from prosecution under Proposition D to apply for a state license to engage in commercial medical marijuana activities.	2/18/2016 – read first time.
California 2015 AB 2516	This bill would also provide for the issuance of a Type 1C, or “specialty cottage,” state cultivator license, as specified, by the Department of Food and Agriculture.	2/22/2016 – read first time.
California 2015 AB 2545	This bill would state the intent of the Legislature to enact legislation addressing the state regulation of medical cannabis grown on, but transported out of, tribal lands.	2/22/2016 – read first time.
California 2015 AB 2614	This bill would prohibit the denial of a state license to an applicant if the denial is based solely on a conviction outside of the state of California where the sentencing did not include a period of incarceration, but only if a local government with knowledge of that prior conviction issues a permit, license, or other authorization permitting the applicant to engage in commercial cannabis activity.	3/10/2016 – referred to Committee on Business & Professions.

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California 2015 SB 435	Existing law prohibits a person from cultivating medical marijuana without first obtaining a state license and a license, permit, or other entitlement specifically permitting cultivation pursuant to the program from the city, county, or city and county in which the cultivation will occur, as specified. Existing law exempts certain persons from these licensure requirements under specified conditions, but authorizes a city, county, or city and county to regulate or ban the cultivation, storage, manufacture, transport, provision, or other activity by the exempt person. This bill would instead provide that an exemption from these licensure requirements does not limit or prevent a city, county, or city and county from exercising its police power authority under a specified provision of the California Constitution.	1/19/2016 – read third time and amended; re-referred to Committee on Health.
California 2015 SB 987	On and after January 1, 2018, unless a specified initiative is passed by the voters at the November 8, 2016, statewide general election, would impose an excise tax on the consumption or other use in this state of medical marijuana purchased from any retailer for the consumption or other use in this state at the rate of 15% of the sales price of the medical marijuana. This bill would provide that a purchaser is liable for that tax and would require every retailer engaged in business in this state and making sales of medical marijuana to a purchaser for the consumption or other use in this state to separately state and collect the tax from a purchaser, as specified. The bill would require that all revenues, less refunds, be remitted to the State Board of Equalization and deposited in the Marijuana Value Tax Fund, which the bill would establish. This bill would include a change in state statute that would result in a taxpayer paying a higher tax within the meaning of Section 3 of Article XIII A of the California Constitution, and thus would require for passage the approval of 2/3 of the membership of each house of the Legislature.	3/15/2016 – from committee with amendments; read second time and amended; re-referred to committee.

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California 2015 SB 1116	Existing law authorizes a county to impose a tax on the privilege of cultivating, dispensing, producing, processing, preparing, storing, providing, donating, selling, or distributing medical cannabis or medical cannabis products by a licensee. This bill would eliminate the specification that the imposition of tax applies only to a licensee.	2/25/2016 – referred to Committee on Government & Finance.
Colorado 2016 HB 1064	During the 2015 session, the general assembly authorized a medical marijuana testing facility license. The bill clarifies that local licensing authorities may issue such license.	3/23/2016 – enacted (2016 Laws Chapter 49); effective 3/23/2016.
Colorado 2016 HB 1192	Among many other provisions, extends the date upon which the medicinal use of marijuana program is automatically repealed to September 2019.	3/28/2016 – House considered amendments by Senate.
Colorado 2016 HB 1214	Under current law, a medical marijuana center may discount or donate medical marijuana or plants to indigent patients. The bill exempts any discounted or donated medical marijuana from production limits. The bill limits the damages that can be awarded when a person sues a law enforcement agency for destruction of medical marijuana plants to \$6,000 or the actual damages, whichever is less. The bill requires the court to impose a fine of up to \$10,000 per day on a defendant convicted of illegal marijuana cultivation from the date the illegal marijuana cultivation operation was discovered by law enforcement until the date the illegal cultivation operation was no longer operational. In 2015, the general assembly passed Senate Bill 15-014, which limited the total number of plants that a primary caregiver can grow to 36 plants, unless the primary caregiver has a patient with an extended plant count, in which case the limit is 99 plants. Senate Bill 15-014 made the limits effective January 1, 2017. The bill makes the limits effective July 1, 2016.	2/25/2016 – Committee on Judiciary postpones indefinitely.

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Colorado 2016 HB 1359	Current law prohibits a court from requiring that a person on probation refrain from possessing or using medical marijuana unless the person was convicted of a crime related to medical marijuana or, based on an assessment, the court determines that a prohibition against such possession or use is necessary to accomplish the goals of sentencing. The bill eliminates the exception related to the assessment.	3/11/2016 – introduced and referred to Committee on Judiciary.
Colorado 2016 HB 1363	Under the current retail marijuana code, the state licensing authority must promulgate rules related to advertising that is likely to reach underage persons. The bill provides similar rule-making authority for medical marijuana.	3/16/2016 – introduced and referred to Committee on Finance.
Colorado 2016 HB 1373	Under current law, a student with a medical marijuana recommendation is not permitted to use medical marijuana on school grounds, on a school bus, or at a school activity unless the district has adopted a policy permitting the use. The bill allows a student to use medical marijuana on school grounds, on a school bus, or at a school activity and requires each school district to adopt a policy allowing the medical marijuana use. If the department of education or a public school loses any federal funding as a result of adopting the policy, the general assembly shall appropriate state money sufficient to offset the loss of federal money.	3/16/2016 – introduced and referred to Committee on Agriculture, Livestock & Natural Resources.
Colorado 2016 SB 80	Under current law, if a person is growing adult-use marijuana in a residence and a person under 21 years of age lives at the residence, the grow site must be in an enclosed and locked space. If no one under 21 years of age lives in the residence but a person under 21 years of age enters the residence, the person growing the marijuana must ensure access to the grow site is reasonably restricted while the person under 21 years of age is staying at the residence. The bill applies the same conditions to a person growing medical marijuana.	2/26/2016 – introduced in House; referred to Committee on Finance.
Connecticut 2016 HB 5351	To require the Commissioner of Consumer Protection to waive the registration and administration fees for veterans registered as qualifying patients for the palliative use of marijuana.	3/29/2016 – referred by House to Committee on Finance, Revenue & Bonding.

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Connecticut 2016 HB 5450	Makes revisions to the statutes concerning the palliative use of marijuana, including revising the definition of “debilitating medical condition” and “qualifying patient.” Allows patients to be under the age of 18 in certain circumstances. Provides for medical research into the use of marijuana for medicinal purposes.	3/21/2016 – Public Health Committee reported joint favorable substitute.
Delaware 2015 SB 181	This Act allows designated caregivers to possess and administer, and minor qualifying patients to use, medical marijuana oil for minor qualifying patients on school busses and on the grounds of the preschool, primary, or secondary school in which the minor qualifying patient is enrolled.	1/21/2016 – referred to Committee on Health & Social Services.
District of Columbia 2015 LB 192	Amends the Legalization of Marijuana for Medical Treatment Initiative of 1998 to provide for the licensure of independent medical marijuana testing facilities by the Department of Health.	10/14/2015 – committee report filed.
District of Columbia 2015 LB 257	Medical Marijuana Cultivation Center Expansion Amendment Act of 2015. If enacted, the proposed legislation will allow holders of cultivation center registrations, that own or have valid leases for the real property immediately adjacent to, and located within the same physical structure as, their existing cultivation centers, to expand their facilities into that adjacent real property for purposes of increasing production not to exceed the authorized limit; and will permanently increase the number of living plants medical marijuana cultivation centers may possess at any time to 1,000.	10/8/2015 – public hearing held.
District of Columbia 2015 LR 177	This resolution would actively approve the Proposed Rulemaking to amend the regulations implementing the Legalization of Marijuana for Medical Treatment Initiative of 1999. The underlying rulemaking requires applicants that have been deemed eligible to receive a medical marijuana dispensary or cultivation center registration to complete the steps required to obtain the registration and open for business. Applicants that fail to complete the steps within the allotted time periods will no longer be eligible for registration.	6/16/2015 – referred to Committee on Health and Human Services.

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District of Columbia 2015 LR 417	Marijuana for Medical Treatment Exemption Regulation Approval Resolution of 2015. This resolution would actively approve the Emergency and Proposed Rulemaking adopted by the Department to amend the regulations implementing the Legalization of Marijuana for Medical Treatment Initiative of 1999. The underlying rulemaking enables a qualifying patient to petition the Department of Health for an exemption to possess more than the equivalent of two (2) ounces of dried medical marijuana in a form other than dried within a 30-day period based on the physician's recommendation.	11/17/2015 – referred to Committee on Health and Human Services.
Florida 2016 HB 63	The Florida Low-THC Cannabis Act. Repeals F.S.A. § 381.986 and allows registered patients and designated caregivers to purchase, acquire and possess low-THC cannabis subject to specified requirements. Allows a cultivation or processing licensee, employee or contractor to engage in specified acts concerning low-THC cannabis under certain circumstances. Allows a retail licensee to purchase, receive, possess, store, dispense and deliver low-THC cannabis under certain circumstances. Allows a licensed laboratory to receive low-THC cannabis for certification purposes. Prohibits certain actions regarding the acquisition, possession, transfer, use and administration of low-THC cannabis. Specifies that a person is prohibited from driving or boating under the influence of low-THC cannabis.	12/15/2015 – withdrawn from committee prior to introduction.
Florida 2016 HB 65	Exempts from public records requirements personal identifying information of patients and physicians held by Department of Health in low-THC cannabis patient registry or former compassionate use registry. Exempts information related to ordering and dispensing low-THC cannabis. Authorizes specified persons and entities access to exempt information. Requires that information released from registry remain confidential.	12/15/2015 – withdrawn from committee prior to introduction.

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<u>State and Bill Number</u>	<u>Description<sup>1</sup></u>	<u>Status and Date of Last Action</u>
Florida 2016 HB 307	The bill authorizes dispensing organizations to cultivate, process, transport, and dispense medical cannabis, which is defined to include the whole cannabis plant and does not require a certain composition of cannabinoids. However, the bill allows dispensing organizations to dispense, and physicians to order, medical cannabis only for qualified patients who have been diagnosed with a terminal condition under the Right to Try Act and the bill limits the amount of medical cannabis that may be dispensed to a 45-day supply. The bill also prohibits the use or administration of low-THC cannabis and medical cannabis under certain circumstances and creates criminal penalties for using medical cannabis in violation of such prohibitions. The bill requires a physician to meet certain criteria before ordering low-THC cannabis and medical cannabis, including establishing a patient relationship for a certain length of time, meeting certain education requirements, and obtaining written informed consent from the patient or the patient's legal representative. The bill prohibits an ordering physician from being a medical director employed by a dispensing organization and subjects a medical director to disciplinary action if the medical director receives compensation from a dispensing organization related to the ordering of low-THC cannabis or medical cannabis.	3/25/2016 – enacted (2016 Laws Chapter 123); effective 3/25/2016.
Florida 2016 HB 1183	Allows registered patients and designated caregivers to purchase, acquire, and possess medical-grade marijuana subject to specified requirements. Allows cultivation and processing licensee, employee, or contractor to acquire, cultivate, transport, and sell marijuana. Allows retail licensee to purchase, receive, possess, store, dispense, and deliver marijuana. Prohibits certain actions regarding acquisition, possession, transfer, use, and administration of marijuana. Clarifies that a person is prohibited from driving under influence of marijuana. Specifies that the law does not require or restrict health insurance coverage for purchase of medical-grade marijuana.	3/11/2016 – died in Committee.

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Florida 2016 HB 1185	Provides an exemption from the public records requirements for the personal identifying information of patients and physicians held by the Department of Health in the electronic medical marijuana patient registry. Provides an exemption from the public records requirements for information related to the ordering and dispensing of medical marijuana.	3/11/2016 – died in Committee.
Florida 2016 HB 1313	Revises requirements for physicians ordering low-THC cannabis. Provides that a physician who orders low-THC cannabis and receives related compensation from a dispensing organization is subject to disciplinary action. Requires the Department of Health to include caregiver information in the online compassionate use registry. Authorizes an approved laboratory and its employees to possess, test, transport, and lawfully dispose of low-THC cannabis or paraphernalia in certain circumstances.	2/24/2016 – original bill laid on table; combined into committee substitute for 2016 HB 307.
Florida 2016 SB 460	Revises the definition of the term “investigational drug, biological product, or device” in F.S.A. § 499.0295 (Experimental treatments for terminal conditions) to allow eligible patients or their legal representatives to purchase and possess cannabis for medical use. Authorizes certain licensed dispensing organizations to manufacture, possess, sell, deliver, distribute, dispense, and dispose of cannabis.	3/4/2016 – read second time; laid on table; combined into committee substitute 2015 HB 307.
Florida 2016 SB 852	Repeals provisions relating to the compassionate use of low-THC cannabis and creates the “Florida Medical Marijuana Act” administered by the Florida Department of Health. Authorizes a registered patient or a designated caregiver to purchase, acquire, and possess up to the allowed amount of medical marijuana for a patient’s medical use. Requires the Department to notify law enforcement of the expired or cancelled identification card in certain circumstances, etc. Takes effect July 1, 2016.	3/11/2016 – died in Committee.
Florida 2016 SB 1604	Among other provisions, authorizes an academic medical research institution that is affiliated with a children’s specialty hospital and which contracts with the Department of Health to conduct research on cannabidiol and low-THC cannabis.	3/11/2016 – Substitute bill passed as amended; ordered enrolled.

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Georgia 2015 HB 722	Changes provisions relating to the regulation of low THC oil. Expands conditions for which low THC oil may be recommended for treatment. Provides for different criteria for driving under the influence of marijuana.	3/2/2016 – read and referred in Senate.
Georgia 2015 HB 783	Among other provisions, amends the definition of “low THC oil” to “an oil that contains an amount of cannabidiol and not more than 5 percent by weight of tetrahydrocannabinol, tetrahydrocannabinolic acid, or a combination of tetrahydrocannabinol and tetrahydrocannabinolic acid which does not contain plant material exhibiting the external morphological features of the plant of the genus Cannabis.”	3/24/2016 – passed by Senate as amended.
Georgia 2015 HB 1077	Requires the Georgia Secretary of State to call and conduct a special election to be held on the date of the November 2016 general election so as to provide for a nonbinding state-wide referendum on the question of whether the Georgia should establish a strict regulatory structure that would allow for the limited licensure for growing, processing, and dispensing medical cannabis oil in Georgia to citizens with severe illnesses and that are properly registered with the state.	2/24/2016 – second readers.
Georgia 2015 HB 1088	Adds post-traumatic stress disorder to the conditions authorized for the use of low THC oil.	2/25/2016 – second readers.
Georgia 2015 SB 145	Amends definition of “low THC oil” to “an oil that contains an amount of cannabidiol and not more than 5 percent by weight of tetrahydrocannabinol, tetrahydrocannabinolic acid, or a combination of tetrahydrocannabinol and tetrahydrocannabinolic acid which does not contain plant material exhibiting the external morphological features of the plant of the genus Cannabis.” Adds numerous illnesses to list of conditions that allow the use of low THC oil. Changes drugged driving state to include if the concentration of delta 9-tetrahydrocannabinol is two nanograms per milliliter or more as shown by analysis of the person’s blood, without regard to whether or not any alcohol is present in the person’s breath or blood, at any time within three hours after such driving.	3/22/2016 – postponed.

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Hawaii 2015 HB 31	voids any provision that discriminates against a person who holds a valid medical marijuana certificate and resides in an apartment or unit of a condominium property regime, condominium, or planned community association, unless the association documents prohibit smoking tobacco and the medical marijuana is used by means of smoking. Amendment moves effective date to July 1, 2050, to facilitate further discussion.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 788	Authorizes the cultivation of medical marijuana by persons age 21 and over if the person has registered with the Department of Health (“Department”). The bill also requires the Department to adopt rules. Prohibits the infusion of trademarked products with medical marijuana.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 794	Provides that a “debilitating medical condition” includes any condition for which a physician determines would benefit from the medicinal use of marijuana.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 795	Prohibits an employer from disciplining, suspending, discharging, or discriminating against an employee who is a patient qualified to use medical marijuana solely because the employee tested positive for marijuana use.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 993	Clarifies that a primary care or specialist physician may make the “written certification” necessary for medical use of marijuana. Requires that a certification form provided by the Department of Health to register a medical marijuana patient and provide the patient’s consent for the release of medical information shall specify that the consent applies to information from a primary care or specialist physician.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 1455	Increases the maximum number of qualifying patients that a primary caregiver may care for at any given time. Requires each primary caregiver upon registration to disclose to the Department of Health the number of qualifying patients and other patient information for whom the caregiver is responsible. Limits the number of marijuana plants that can be grown for medical marijuana use to 14 plants at a single property.	12/17/2015 – carried over to 2016 session.

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Hawaii 2015 HB 1485	The purposes of the bill are: (1) to further define marijuana for medical use; (2) to create standards for dosage and potency regarding qualifying conditions; and (3) to create licensing and operational regulations for manufacturers and dispensaries for medical marijuana.	12/17/2015 – carried over to 2016 session.
Hawaii 2015 HB 1677	Requires the Hawaii Department of Commerce and Consumer Affairs to submit an annual report regarding physician discipline related to medical marijuana certifications. Requires the Hawaii Department of Health to submit a monthly report on medical marijuana certifications. Requires the Hawaii Medical Board to investigate potential misconduct regarding medical marijuana, take appropriate disciplinary action, and submit annual report.	1/25/2016 – referred to House Health, Consumer Protection and Commerce, and Finance Committees.
Hawaii 2015 HB 1680	Prohibits cultivation of medical marijuana by anyone not licensed by the State after 7/1/2017.	1/25/2016 – referred to Committees on Health, Judiciary and Finance.
Hawaii 2015 HB 1748	Authorizes each county council to adopt by ordinance, upon a unanimous vote, criteria that the council shall apply to evaluate potential locations for medical marijuana production centers and dispensaries. Authorizes a county council to prohibit medical marijuana production centers and dispensaries in a specified area by ordinance upon a unanimous council vote.	1/25/2016 – referred to Committees on Health, Economic Development and Business Concerns, Judiciary and Finance.
Hawaii 2015 HB 1808	Allows medical marijuana production centers to be greenhouses, shade houses, and open-air growing operations, provided that they are not visible from any thoroughfare.	2/17/2016 – <a href="#">House committee recommends that measure be deferred.</a>
Hawaii 2015 HB 1829	Repeals “unnecessary prohibitions” relating to medical marijuana and amends certain penalties relating to medical marijuana prohibitions to make them more commensurate with prohibitions relating to alcohol. In particular, the drafters of the legislation find the felony penalties relating to unauthorized access of a medical marijuana dispensary or production center to be “particularly unjustified.”	2/19/2016 – <a href="#">passed on second reading and referred to House committees.</a>

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Hawaii 2015 HB 1889	Provides that the sale or production of medical marijuana and manufacturing of manufactured marijuana products are not eligible business activities for state enterprise zone purposes.	2/1/2016 – re-referred to Committees on Consumer Protection & Commerce, Finance and Judiciary.
Hawaii 2015 HB 1992	Requires the Hawaii Department of Health to conduct annual reviews of the medical marijuana dispensary system.	1/27/2016 – referred to Committees on Health, Consumer Protection & Commerce and Finance.
Hawaii 2015 HB 2222	Amends the definition of “debilitating medical condition” to allow for greater physician discretion in prescribing low potency medical marijuana.	1/27/2016 – referred to Committees on Health, Judiciary and Finance.
Hawaii 2015 HB 2455	Authorizes the Hawaii Director of Health to establish maximum retail prices for medical marijuana and manufactured marijuana products. Delays authority to establish medical marijuana price controls until 7/1/2017.	2/1/2016 – referred to Committees on Health, Consumer Protection & Commerce and Finance.
Hawaii 2015 HB 2534	Establishes a medical marijuana commission to evaluate and make recommendations about the overall effectiveness of the medical marijuana dispensaries in the State.	2/1/2016 – referred to Committees on Health and Judiciary.
Hawaii 2015 HB 2621	Allows the counties in which medical marijuana dispensary licenses are authorized to apply for a license.	2/17/2016 – <a href="#">House committee recommends that measure be deferred.</a>

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Hawaii 2015 HB 2635	Allows arthritis, anxiety, insomnia, and stress to be included among the debilitating medical conditions for which medical marijuana may be authorized to be used.	2/1/2016 – referred to Committees on Health and Judiciary.
Hawaii 2015 HB 2707	Requires the Hawaii Department Health and licensed medical marijuana dispensaries to provide aggregated de-identified data to the Hawaii Department of Business, Economic Development and Tourism upon request. Amends various definitions and provisions relating to medical marijuana dispensary operations, paraphernalia, transport, and testing. Provides that advanced practice registered nurses may certify patients for medical marijuana use. Excludes dispensaries from enterprise zone tax exemptions. Specifies the application and non-application of the Internal Revenue Code to expenses related to the production and sale of medical marijuana and manufactured marijuana products for state income tax purposes. Clarifies that amounts received for the sale of marijuana or manufactured marijuana products are not exempt from the state general excise tax. Allows the University of Hawaii to establish medical marijuana testing and research programs that qualify as commercial enterprises to provide testing services for medical marijuana dispensaries.	3/24/2016 – passed second reading in Senate, as amended; referred to Committees on Judiciary & Labor and Ways & Means.
Hawaii 2015 HB 2708	Clarifies that qualifying patients and primary caregivers, and government officials and employees, shall not be subject to background checks to enter or remain on the premises of certain medical marijuana facilities for an authorized purpose.	2/17/2016 – House committee recommends that the measure be deferred.
Hawaii 2015 HB 2709	Requires the Hawaii Department of health to issue a receipt that shall serve as a temporary registration certificate for the medical use of marijuana upon receipt of a written certification form completed by or on behalf of a qualifying patient. Increases penalty for fraudulent misrepresentation to a law enforcement official relating to the issuance of a written certificate by a physician.	2/17/2016 – House committee recommends that the measure be deferred.

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Hawaii 2015 HB 2710	Requires the University of Hawaii School of Medicine to monitor and research issues related to medical marijuana dispensaries.	2/10/2016 – House committee recommends that the measure be deferred.
Hawaii 2015 HCR 107-16	Resolution, with Senate concurrence, that: (1) the Hawaii Department of Labor and Industrial Relations is requested to conduct a study to determine the fair wage of medical marijuana dispensary employees; (2) the Hawaii Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to review and identify the necessary positions in medical marijuana dispensaries; and (3) the Department of Labor and Industrial Relations review necessary positions and wages for those positions related to medical marijuana dispensaries in other jurisdictions where medical marijuana dispensaries are established, and consider how this information may be used in determining fair wages for Hawaii’s medical marijuana dispensary employees.	3/24/2016 – House committee recommends that measure be deferred.
Hawaii 2015 HCR 138-16	Resolution, with Senate concurrence, that the Hawaii Department of Health is requested to consider amending chapter 160, HAR, to allow physicians to certify patients for low THC medical marijuana for conditions beyond those included on the current list of debilitating medical conditions approved for medical marijuana, at the discretion of the physician.	3/14/2016 – referred to Committees on Judiciary and Health.
Hawaii 2015 HR 63-16	Resolution that: (1) the Hawaii Department of Labor and Industrial Relations is requested to conduct a study to determine the fair wage of medical marijuana dispensary employees; (2) the Hawaii Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to review and identify the necessary positions in medical marijuana dispensaries; and (3) the Department of Labor and Industrial Relations review necessary positions and wages for those positions related to medical marijuana dispensaries in other jurisdictions where medical marijuana dispensaries are established, and consider how this information may be used in determining fair wages for Hawaii’s medical marijuana dispensary employees.	3/24/2016 – House committee recommends that measure be deferred.

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Hawaii 2015 HR 90-16	Resolution that the Hawaii Department of Health is requested to consider amending chapter 160, HAR, to allow physicians to certify patients for low THC medical marijuana for conditions beyond those included on the current list of debilitating medical conditions approved for medical marijuana, at the discretion of the physician.	3/14/2016 – referred to Committees on Judiciary and Health.
Hawaii 2015 SB 190	Allows a registered qualifying patient or a registered primary caregiver of the registered qualifying patient to transfer marijuana seedling plants or marijuana seeds to another registered qualifying patient or another registered primary caregiver, whether or not the registered primary caregiver to whom the marijuana seedling plant or marijuana seed is transferred is the caregiver for a particular registered qualifying patient. Increases the maximum number of registered qualifying patients that a registered primary caregiver may care for at any given time.	1/21/2016 – re-referred to Senate Health and House Public Safety and Military Affairs Committees.
Hawaii 2015 SB 595	Permits the establishment of a limited number of medical marijuana dispensaries for the purpose of providing medical marijuana for symptom relief to registered patients with qualifying medical conditions.	1/21/2016 – re-referred to Committees on Consumer Protection & Housing and Ways and Means.
Hawaii 2015 SB 682	Establishes a system of medical marijuana dispensaries and production centers. Requires that the number of licensed dispensaries and production centers increase gradually over an initial phase-in period. Prohibits counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers. Allows a qualifying patient, primary caregiver, or an owner or employee of a medical marijuana production center or dispensary to transport medical marijuana in any public place, under certain conditions. Replaces the requirement that a certifying physician be the qualifying patient's primary care physician with a requirement that the physician have a bona fide physician-patient relationship with the qualifying patient. Prohibits primary caregivers from cultivating medical marijuana after 6/30/2018, subject to certain exceptions.	12/17/2015 – carried over to 2016 session.

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Hawaii 2015 SB 888	Requires each county to establish compassion centers for the dispensing of medical marijuana. Requires that compassion centers shall only provide service to qualifying patients and primary caregivers registered with the Department of Health. Makes compassion centers subject to the general excise tax by making inapplicable the exemption for amounts received from sales of prescription drugs or prosthetic devices. Imposes a general excise tax on marijuana sales. Imposes registration fee on compassion centers, to be shared with counties.	1/21/2016 – re-referred to Committees on Consumer Protection & Housing, Ways and Means, and Public Safety and Military Affairs.
Hawaii 2015 SB 1302	Establishes a system of medical marijuana dispensaries and production centers. Prohibits counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers. Renames “medical marijuana registry special fund” to “medical marijuana registry and regulation special fund” and expands expending options. Establishes protections for an owner or qualified employee of a licensed production center or dispensary. Clarifies the right of qualifying patients and primary caregivers to transport medical marijuana.	1/21/2016 – re-referred to Committees on Consumer Protection & Housing, Public Safety & Military Affairs, Judiciary and Labor, Ways & Means.
Hawaii 2015 SB 2175	Requires the Hawaii Department of Health to issue a third medical marijuana dispensary license for the county of Hawaii. Allows medical marijuana dispensaries to be open during certain hours on Sundays. Allows an individual convicted of a felony to be employed at or enter into a medical marijuana dispensary facility only if the individual has not been convicted of a felony within the six years immediately preceding employment or entry.	1/22/2016 – passed first reading and referred to several Committees.
Hawaii 2015 SB 2176	Establishes the Hawaii Medical Marijuana Oversight Commission. Requires the Commission to evaluate the implementation of medical marijuana, including the impact on patients, the effectiveness of regulatory safeguards, and possible areas of expansion for the medical marijuana program. Effective January 1, 2017.	2/17/2016 – second reading passed as amended; referred to Committee on Ways & Means.

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Hawaii 2015 SB 2177	Requires the Hawaii Department of Health to issue a receipt that shall serve as a temporary registration certificate for the medical use of marijuana upon receipt of a written certification form completed by or on behalf of a qualifying patient. Increases penalty for fraudulent misrepresentation to a law enforcement official relating to the issuance of a written certificate by a physician.	2/16/2016 – reported from committee with recommendation to pass on third reading.
Hawaii 2015 SB 2178	Allows arthritis, anxiety, insomnia, and stress to be included among the debilitating medical conditions for which medical marijuana may be authorized to be used.	1/22/2016 – passed first reading and referred to Committee on Commerce, Consumer Protection & Housing.
Hawaii 2015 SB 2306	Allows the Hawaii Department of Health to revoke a medical marijuana dispensary license under certain conditions and subject to a 90-day notice followed by a public hearing within fourteen days. Establishes a fine of up to \$500 per day for any licensee who violates state law or administrative rules. Allows a licensee to appeal a fine to an ad hoc special committee. Allows the Department to choose a new licensee if the department revokes a license.	2/11/2016 – Senate committee defers the measure.
Hawaii 2015 SB 2307	Beginning January 1, 2017, establishes a licensing system for medical marijuana growing facilities, production centers, and retail dispensing locations. Allows persons authorized to use and possess medical marijuana in other states to be treated similarly to qualifying patients in this State pursuant to rules adopted by the Hawaii Department of Health after January 1, 2018. Authorizes the Department to conduct criminal history checks on license applicants; licensees; prospective employees of growing facilities, production centers, and retail dispensing locations; subcontractors; and persons authorized to enter and remain on such premises. Repeals chapter 329D on December 31, 2016.	1/29/2016 – re-referred to committees.

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<b><u>State and Bill Number</u></b>	<b><u>Description<sup>1</sup></u></b>	<b><u>Status and Date of Last Action</u></b>
Hawaii 2015 SB 2308	Establishes a working group to research and make recommendations regarding medical marijuana edibles for human consumption.	1/29/2016 – re-referred to Committees on Consumer Protection & Housing and Ways and Means.
Hawaii 2015 SB 2523	Repeals the requirement that medical marijuana dispensary facilities, except retail dispensing locations, be enclosed indoor facilities, and allows medical marijuana production centers licensed after 10/1/2017, to include secured greenhouses or shade houses.	3/24/2016 – passed second reading in House as amended and referred to committees.
Hawaii 2015 SB 2627	Establishes a medical marijuana commission to evaluate and make recommendations about the overall effectiveness of the medical marijuana dispensaries in the State.	1/27/2016 – referred to Committees on Commerce Consumer Protection & Housing and Ways & Means.
Hawaii 2015 SB 3009	Amends the definition of “debilitating medical condition” to allow for greater physician discretion to prescribe low potency medical marijuana.	2/18/2016 – Senate committee deferred the measure.
Hawaii 2015 SCR 74-16	Resolution, with House concurring, that the Legislature is urged to convene a working group to research, discuss, and make recommendations for legislation regarding edible medical marijuana products	3/23/2016 – Senate committee recommends that measure be passed, as amended.

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Hawaii 2015 SCR 98-16	Resolution, with House concurrence, that: (1) the Hawaii Department of Labor and Industrial Relations is requested to conduct a study to determine fair wages for medical marijuana dispensary employees; (2) the Hawaii Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to identify the necessary positions in medical marijuana dispensaries; and (3) that the Department of Labor and Industrial Relations is requested to submit a report of its findings to the Legislature no later than twenty days prior to the convening of the Regular Session of 2017..	3/16/2016 – referred to committees.
Hawaii 2015 SCR 116-16	Resolution, with House concurrence, that the Department of Health is requested to consider amending chapter 160, HAR, to allow physicians to certify patients for low THC medical marijuana for conditions beyond those included on the current list of debilitating medical conditions approved for medical marijuana, at the discretion of the physician.	3/16/2016 – referred to committees.
Hawaii 2015 SCR 124-16	Resolution, with House concurrence, that: (1) the Department of Labor and Industrial Relations is requested to conduct a study to determine the fair wage of medical marijuana dispensary employees; (2) the Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to review and identify the necessary positions in medical marijuana dispensaries; and (3) the Department of Labor and Industrial Relations review necessary positions and wages for those positions related to medical marijuana dispensaries in other jurisdictions where medical marijuana dispensaries are established, and consider how this information may be used in determining fair wages for Hawaii’s medical marijuana dispensary employees.	3/16/2016 – referred to committees.
Hawaii 2015 SR 45-16	Resolution that the Legislature is urged to convene a working group to research, discuss, and make recommendations for legislation regarding edible medical marijuana products.	3/23/2016 – Senate committee recommends that measure be passed, with amendments.

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Hawaii 2015 SR 66-16	Resolution that: (1) the Department of Labor and Industrial Relations is requested to conduct a study to determine fair wages for medical marijuana dispensary employees; (2) Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to identify the necessary positions in medical marijuana dispensaries; and (3) the Department of Labor and Industrial Relations is requested to submit a report of its findings to the Legislature no later than twenty days prior to the convening of the Regular Session of 2017.	3/16/2016 – referred to committees.
Hawaii 2015 SR 84-16	Resolution that the Department of Health is requested to consider amending chapter 160, HAR, to allow physicians to certify patients for low THC medical marijuana for conditions beyond those included on the current list of debilitating medical conditions approved for medical marijuana, at the discretion of the physician.	3/16/2016 – referred to committees.
Hawaii 2015 SR 90-16	Resolution that: (1) the Department of Labor and Industrial Relations is requested to conduct a study to determine the fair wage of medical marijuana dispensary employees; (2) the Department of Labor and Industrial Relations, with the cooperation of the Department of Health, is requested to review and identify the necessary positions in medical marijuana dispensaries; and (3) the Department of Labor and Industrial Relations review necessary positions and wages for those positions related to medical marijuana dispensaries in other jurisdictions where medical marijuana dispensaries are established, and consider how this information may be used in determining fair wages for Hawaii’s medical marijuana dispensary employees.	3/16/2016 – referred to committees.

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Illinois 2015 HB 4692	Amends the Compassionate Use of Medical Cannabis Pilot Program Act. Provides that the packaging of medical cannabis infused products shall contain a warning label concerning potential side effects. Requires cultivation centers to place the warning label on all harvested cannabis intended for distribution to a dispensing organization. Provides that dispensing organizations shall not sell any product that contains medical cannabis if the container holding the product does not contain the warning label. Requires the Department of Public Health to determine the wording of the warning through administrative rulemaking. Effective January 1, 2017.	3/23/2016 – assigned to Committee on Substance Abuse.
Illinois 2015 HB 5534	Amends definition of designated caregiver to allow them to service more than one patient if “the person is overseen by an Illinois-licensed pharmacist specializing in medical cannabis and is employed by a company that is in the business of providing medication and medication management to elderly patients in residential care facilities, including assisted living facilities, supportive living facilities, and community-integrated living arrangements.”	2/10/2016 – first reading; referred to Rules Committee.
Illinois 2015 HB 6199	Amends the Compassionate Use of Medical Cannabis Pilot Program Act. Includes in the definition of “debilitating medical condition”, post-traumatic stress disorder.	2/11/2016 – first reading; referred to Rules Committee.
Illinois 2015 SB 2345	Amends the Cannabis Control Act. Provides that monies and sale proceeds of all other property forfeited and distributed under an intergovernmental agreement to a municipality that has a population in excess of 20,000, may, in addition to other authorized uses, use the funds for public education in the community or schools in the prevention, detection, or abuse of drugs or alcohol. Effective immediately.	3/3/2016 – second reading.

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Illinois 2015 SB 2378	Amends the Compassionate Use of Medical Cannabis Pilot Program Act. Requires dispensing organizations to provide, at the time of dispensing, a detailed written explanation of the risks and benefits of medical cannabis usage to a qualifying patient or registered designated caregiver. Specifies the information that must be included in those written materials. Requires the dispensing organization to document the provision of those written materials and to retain that documentation for a period of not less than 5 years. Requires dispensing organizations to transmit certain information to the Prescription Monitoring Program established under the Illinois Controlled Substances Act each time medical cannabis is dispensed. Requires that information to be transmitted not more than seven days after the date on which the medical cannabis is dispensed.	2/16/2016 – referred to Executive Committee.
Illinois 2015 SB 2529	Amends the Compassionate Use of Medical Cannabis Pilot Program Act. Includes in the findings Section of the Act that one of the purposes of the Act is to protect patients with debilitating medical conditions, as well as their physicians and providers, from denial or revocation of a Firearm Owner’s Identification Card or concealed carry license. Amends the Firearm Owners Identification Card Act. Provides that the definition of “addicted to narcotics” does not include possession or use of recommended cannabis under the Compassionate Use of Medical Cannabis Pilot Program Act under the direction and authority of a physician or other person authorized to prescribe or recommend cannabis under that Act if used in the recommended manner.	2/24/2016 – referred to Judiciary Committee.
Illinois 2015 SB 2854	Provides that a registered cultivation center may not be located within 2,500 feet of the property line of a pre-existing playground. Provides that a dispensing organization may not be located within 1,000 feet of the property line of a pre-existing playground. Defines “playground”.	3/2/2016 – referred to Executive Committee.

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Illinois 2015 SB 2891	Provides that nothing in the Act: prohibits employers from adopting workplace policies concerning the consumption, storage, or timekeeping requirements for qualifying patients related to the use of medical cannabis; prohibits employers from enforcing policies concerning the use or possession of drugs by employees; or limits an employer's ability to discipline an employee for failing a drug test, including, but not limited to, if failing to discipline such an employee would cause the employer to violate federal law or lose a federal contract or funding.	3/2/2016 - referred to Executive Committee.
Illinois 2015 SB 2981	Amends the Compassionate Use of Medical Cannabis Pilot Program Act. Changes the Act's repeal date to January 1, 2021.	3/8/2016 – referred to Executive Committee.
Indiana 2016 HB 1158	Cannabis oil for medical treatment. Exempts an individual and a physician from criminal penalties for possession or use of cannabis oil if: (1) the individual is the patient of the physician and has cannabis oil transferred, dispensed, or administered to the individual as part of the individual's treatment by the physician; and (2) the physician who is treating the individual transfers, dispenses, or administers cannabis oil as part of the individual's treatment. Effective: July 1, 2016.	1/7/2016 – first reading; referred to Committee on Courts and Criminal Code.
Indiana 2016 HB 1228	Allows the state seed commissioner to adopt rules to implement laws concerning industrial hemp. Encourages the Indiana University School of Medicine and other state educational institutions to research the use of cannabidiol oil ("CBD") from a hemp plant in the treatment of intractable epilepsy. Provides that an individual who possesses or uses CBD from a hemp plant for the treatment of intractable epilepsy is not subject to criminal penalties for the possession or use of the CBD if certain conditions are met. Provides civil, criminal, and administrative immunity for a physician who recommends, dispenses, possesses, or administers CBD in the treatment of intractable epilepsy.	2/8/2016 – first reading in Senate; referred to Committee on Agriculture.

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Indiana 2016 HB 1284	Defines “qualifying patient”, and permits a qualifying patient to use medical cannabis under certain circumstances. Requires the Indiana Department of Health to adopt rules before July 1, 2017, concerning the use, distribution, cultivation, production, and testing of medical cannabis. Provides limited reciprocity for holders of nonresident medical cannabis cards. Provides immunity for physicians who recommend the medical use of cannabis.	1/12/2016 – first reading; referred to Committee on Public Health.
Indiana 2016 SB 209	Establishes a medical marijuana program (“program”) and permits caregivers and patients who have received a physician recommendation to possess a certain quantity of marijuana for treatment of certain medical conditions. Establishes the Indiana Department of Marijuana Enforcement (“DOME”) as a state agency to oversee the program, and creates the DOME advisory committee to review the effectiveness of the program and to consider recommendations from DOME. Authorizes DOME to grant research licenses to research facilities with a physical presence in Indiana. Repeals the controlled substance excise tax and the marijuana eradication program.	1/6/2016 – first reading; referred to Committee on Health & Provider Services.
Indiana 2016 SB 258	Provides that certain prohibitions against granting a license to a grower or handler of industrial hemp do not apply to growers and manufacturers that process cannabidiol (“CBD”) and meet certain requirements. Requires the state seed commissioner to establish testing standards for CBD. Establishes a CBD registry for certain physicians, patients, and caregivers for the use of CBD from hemp in the treatment of a child with intractable epilepsy. Establishes a pilot study registry for physicians interested in studying the use of CBD in the treatment of intractable epilepsy. Requires the Indiana Department of Health to develop and maintain both registries. Provides civil, criminal, and administrative immunity for: (1) physicians in the use of CBD in the treatment of intractable epilepsy; (2) certain growers of industrial hemp; and (3) facilities and manufacturers of CBD; if certain requirements are met. (Continued below)	1/7/2016 – first reading; referred to Committee on Health & Provider Services.

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Indiana 2016 SB 258 (Continued)	Exempts caregivers and patients from criminal penalties for possession or use of CBD if the caregivers and patients are registered with the state department and are using the CBD for the patient and in the manner approved for registration. Encourages state educational institutions to research the use of CBD in the treatment of intractable epilepsy.	1/7/2016 – first reading; referred to Committee on Health & Provider Services.
Iowa 2015 HSB 607	The bill reclassifies marijuana, including tetrahydrocannabinols, as a schedule II controlled substance instead of a schedule I controlled substance and strikes references to the authority of the Iowa Board of Pharmacy to adopt rules for the use of marijuana or tetrahydrocannabinols for medicinal purposes. The bill provides that a patient with a debilitating medical condition, who receives written certification from the patient’s health care practitioner that the patient has a debilitating medical condition and who submits the written certification along with an application to the Iowa Department of Public Health (“Department”) for a medical cannabidiol registration card, may lawfully use medical cannabidiol to treat the patient’s debilitating medical condition. A patient who is issued a medical cannabidiol registration card will be able to receive medical cannabidiol directly from a licensed medical cannabidiol dispensary in this state. The bill requires the Department to license by December 1, 2016, four medical cannabidiol manufacturers for the manufacture of medical cannabidiol within this state. The bill provides that a patient, including an out-of-state patient who is in Iowa, shall not consume the medical cannabidiol by smoking the medical cannabidiol.	2/10/2016 – filed and assigned to Commerce Committee.

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Iowa 2015 HF 2087	The bill establishes new Code chapter 124E, the medical cannabis Act, to allow for the medical use of cannabis for alleviating symptoms caused by debilitating medical conditions and their medical treatments. The bill provides that a qualified patient who has been issued and who possesses a registry identification card issued by the Iowa Department of Public Health shall not be subject to arrest or prosecution, civil or criminal penalty, or the denial of any right or privilege for the medical use of cannabis if the quantity of cannabis does not exceed an adequate supply. The bill also provides the same immunity for a qualified patient’s primary caregiver and for a licensed producer. The bill defines a qualified patient as a resident of this state who has been diagnosed by a practitioner as having a debilitating medical condition as specified in the bill and who has received written certification by a practitioner and has been issued a registry identification card pursuant to the new Code chapter. A qualified patient may designate one or more primary caregivers.	1/22/2016 – introduced and referred to Committee on Public Safety
Iowa 2015 HF 2097	This bill amends current law to provide that a licensed physician who has examined and treated a patient suffering from a debilitating medical condition (defined as Crohn’s disease, epilepsy, or ulcerative colitis) may provide, but does not have a duty to provide, a written recommendation for the patient’s medical use of cannabidiol to treat or alleviate the symptoms of the person’s debilitating medical condition.	1/26/2016 – introduced.
Iowa 2015 HF 2384	The bill amends the Medical Cannabidiol Act to include multiple sclerosis and terminal cancer, in addition to intractable epilepsy, as additional debilitating medical conditions for which a patient may receive a written recommendation from a health care practitioner for the patient’s medical use of cannabidiol. “Health care practitioner” is defined to mean any Iowa licensed physician who provides specialty care for one or more debilitating medical conditions. (Continued below).	2/22/2016 – introduced and referred to Committee on Ways & Means.

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Iowa 2015 HF 2384 (continued)	. The bill requires a patient to submit a cannabidiol registration card fee of \$100 or \$25 to the department, depending on whether a patient is the recipient of certain public assistance. The bill requires the department to license by December 1, 2016, two medical cannabidiol manufacturers to manufacture and dispense cannabidiol within this state. As a condition for licensure, a medical cannabidiol manufacturer must agree to begin supplying and dispensing cannabidiol to patients in this state by July 1, 2017. The bill provides that a patient, including an out-of-state patient who is in Iowa, shall not consume the cannabidiol by smoking or vaping the cannabidiol.	2/22/2016 – introduced and referred to Committee on Ways & Means.
Kansas 2015 HB 2049	No longer addresses the medicinal use of marijuana. As amended, it modifies the penalties for possession of marijuana so that a first offense would be a class B nonperson misdemeanor, a second offense would be a class A nonperson misdemeanor, and a third or subsequent offense would be a drug severity level 5 felony. Under current law, a first offense is a class A nonperson misdemeanor and any subsequent offense is a drug severity level 5 felony.	2/5/2016 – House did not concur with Senate amendments; conference committee requested.
Kansas 2015 HB 2691	Provides for: (1) the legal use of cannabis for medical conditions; (2) the registration and functions of compassion centers; (3) the issuance of identification cards; (4) the establishing the compassion board; and (5) the administration of the act by the Kansas Department of Health and Environment.	2/12/2016 – referred to Committee on Health & Human Services.
Kansas 2015 SB 489	Authorizes the creation of medical hemp establishments including registered hemp preparation centers and registered hemp testing laboratories for the purpose of acquiring, cultivating, transporting, manufacturing, and dispensing hemp preparations to registered cardholders who have qualifying medical conditions diagnosed by a medical doctor or an osteopathic physician licensed by the Kansas Board of Healing Arts. The act would be administered by the Kansas Department of Health and Environment.	3/8/2016 – introduced and referred to Committee on Public Health and Welfare.

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Kansas 2015 SB 510	Eliminates criminal penalties and professional discipline for recommendation, distribution or possession of medical marijuana or related paraphernalia.	3/14/2016 – introduced.
Kentucky 2016 HB 584	Requires the Kentucky Department for Public Health (“Department”) to operate a medical marijuana program. Establishes a process to license and permit cultivators, distributors, manufacturers, and processors of medical marijuana. Requires prospective patients to possess a diagnosis from a physician and possess a registry identification card issued by the Department prohibit a patient from receiving more than a 60-day supply or possessing more than a 90-day supply of his or her recommended amount of medical marijuana. Requires the Department to license no more than 10 growers.	3/2/2016 – referred to Committee on Health & Welfare.
Kentucky 2016 HR 173	Encourages the United States Congress to authorize and direct the Food and Drug Administration to study the benefits, side effects, drug interactions, dosages, and other aspects of medical marijuana and evaluate current efforts regarding public information and awareness.	2/29/2016 – referred to Committee on Health & Welfare.
Kentucky 2016 SB 44	“Cannabis Freedom Act.” Allows a person age 21 years of age or older to: (1) possess up to one ounce of cannabis on his or her person; and (2) possess and cultivate up to five cannabis plants for personal consumption. Allows a person under age 21 to possess up to one ounce of cannabis or cannabis products pursuant to a recommendation issued by a physician.	1/7/2016 – referred to Committee on Appropriations & Revenue.
Kentucky 2016 SB 263	Create various new sections of KRS Chapter 218A to establish a comprehensive system for medical cannabis, including provisions for medical verification of need, persons allowed to cultivate, use, and possess the drug, organizations allowed to assist in providing the drug, regulation by the Kentucky Department of Alcoholic Beverage and Cannabis Control, interaction on the part of state and local governments, including law enforcement, with persons and entities coming within the purview of the Act, and the establishment of required reporting and review procedures. Renames the Department of Alcoholic Beverage Control the Department of Alcoholic Beverage and Cannabis Control.	3/4/2016 – referred to Committee on Licensing, Occupations & Administrative Regulations.

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Kentucky 2016 SB 304	Amends KRS 218A.010 to define “medically necessary marijuana.” Establishes the Implementation Task Force on the Palliative and Hospice Use of Medical Marijuana, selects members, and establishes the requirement to prepare legislation and present it before the 2017 General Assembly and establish issues to be discussed.	3/7/2016 – referred to Committee on Health & Welfare.
Louisiana 2016 HB 446	Proposed law adds a new marijuana pharmacy permit fee with a minimum amount of \$5,000.	3/24/2016 – scheduled for floor debate on House on 3/30.
Louisiana 2016 HB 127 (Extra Session)	Present law imposes a tax on dealers of marijuana and other controlled dangerous substances at the following rates: (1) for marijuana, \$3.50/gram; (2) for controlled dangerous substances sold by the gram, \$200/gram; (3) for controlled dangerous substances sold by the dosage unit, \$400/10 dosage units. Proposed law repeals present law and levies the 4% state sales and use tax on the quarterly gross sales of licensed medical marijuana production.	3/1/2016 – read, referred to Committee on Ways & Means.
Louisiana 2016 SB 180	Proposed law adds that the following persons are not subject to prosecution for possession or distribution of marijuana under present law: (1) any person who is a patient of a state-sponsored medical marijuana program in a state other than Louisiana, and possesses medical marijuana in a form permissible under present law relative to medical marijuana for a condition enumerated in present law; (2) any person who is a domiciliary parent of a minor child who possesses medical marijuana on behalf of his minor child in a form permissible under present law for a condition enumerated in present law pursuant to a legitimate out-of-state medical marijuana prescription. Proposed law provides that this defense must be raised in accordance with present law relative to valid prescriptions for controlled dangerous substances, and the defendant bears the burden of proof of establishing that the possession or distribution of the marijuana in question was in accordance with a state-sponsored medical marijuana program.	3/14/2016 – read second time and referred to Committee on Judiciary.

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Louisiana 2016 SB 271	Present law provides for medical marijuana to be prescribed. Proposed law changes prescribed to recommended. Proposed law changes the disease states to debilitating medical conditions (cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or a chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, seizure disorders, epilepsy, severe muscle spasms, including those characteristic of Crohn’s disease or multiple sclerosis). Proposed law adds a definition of “recommend” or “recommended” as an order from a physician domiciled in Louisiana and licensed and in good standing with the Louisiana Board of Medical Examiners who is authorized by the Board to recommend medical marijuana that is patient specific and disease specific.	3/14/2016 – read second time and referred to Committee on Health & Welfare.
Maine 2015 SP 256	This bill amends the Maine Medical Use of Marijuana Act in the following ways: (1) it increases the amount of excess prepared marijuana a registered primary caregiver may transfer for reasonable compensation in a calendar year from 2 pounds to 5 pounds; (2) it specifies that, like registered dispensaries, a primary caregiver’s cultivation facility is subject to reasonable inspection by the Department of Health and Human Services at any time, without prior notice; (3) it requires the Department of Health and Human Services to adopt routine technical rules governing the manner in which the department considers an application for and a renewal of a registry identification card for a primary caregiver; (4) it clarifies that the information provided by the Department of Health and Human Services to the Department of Administrative and Financial Services, Bureau of Revenue Services may be used by the bureau to determine whether an applicant for a license or renewal of a license as a registered dispensary has complied with the tax laws; and (5) it specifies that the Medical Use of Marijuana Fund may be used by the Department of Health and Human Services for enforcement purposes that are primarily for the protection of public health and safety and for investigations.	6/30/2015 – carried over to any special or regular session of the 127th Legislature.

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Maine 2015 SP 312	This bill allows a taxpayer, either an individual or corporation that operates a registered dispensary of medical marijuana pursuant to the Maine Medical Use of Marijuana Act to deduct from income the costs of operating that registered dispensary. The bill also allows a qualified patient to deduct from income the costs of medical marijuana purchased by that qualifying patient.	7/16/2015 – carried over from the special appropriations table to any special or regular session of the 127th legislature.
Maryland 2016 HB 104	Authorizes certain dentists, podiatrists, nurse midwives, and nurse practitioners, in addition to physicians, to issue written certifications to qualifying patients by substituting the defined term “certifying provider” for “certifying physician” as it relates to laws governing medical cannabis.	3/7/2016 – Senate committee hearing scheduled for 3/23.
Maryland 2016 HB 1452	This bill extends the right to assert an affirmative defense in a prosecution for the use or possession of marijuana to (1) a defendant who did so because the defendant has posttraumatic stress disorder (PTSD), if that condition has been diagnosed by a physician with whom the defendant has a bona fide physician-patient relationship and meets other specified requirements and (2) a “qualified veteran patient.” The bill retains the stipulation that the affirmative defense may not be used if the defendant (qualified veteran patient or otherwise) was using marijuana in a public place or was in possession of more than one ounce of marijuana. In addition, the bill establishes specified legal protections (as well as limits on those protections) for qualified veteran patients for the medical use of marijuana (for specified debilitating medical conditions, including PTSD) and for physicians who certify qualified veteran patients.	2/12/2016 – first reading; referred to Committees on Health, Government Operations and Judiciary.
Maryland 2016 HB 1479	Provides that, until medical cannabis is available through a certain dispensary, a qualifying patient, or the caregiver of a qualifying patient, in possession of a certain amount of medical cannabis from a source other than a licensed dispensary may not be subject to arrest, prosecution, or certain penalties or disciplinary action, or be denied any right or privilege, for the medical use of cannabis.	3/14/2016 – unfavorable report from Committee on Judiciary.

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Maryland 2016 SB 902	This bill extends the right to assert an affirmative defense in a prosecution for the use or possession of marijuana to (1) a defendant who did so because the defendant has posttraumatic stress disorder, if that condition has been diagnosed by a physician with whom the defendant has a bona fide physician-patient relationship and meets other specified requirements and (2) a “qualified veteran patient.” The bill retains the stipulation that the affirmative defense may not be used if the defendant (qualified veteran patient or otherwise) was using marijuana in a public place or was in possession of more than one ounce of marijuana. In addition, the bill establishes specified legal protections (as well as limits on those protections) for qualified veteran patients for the medical use of marijuana (for specified debilitating medical conditions, including PTSD) and for physicians who certify qualified veteran patients.	3/11/2016 – unfavorable report from Committee on Judiciary Proceedings.
Maryland 2016 SB 1093	Provides that certain provisions of law may not be construed to require an employer, the Maryland Medical Assistance Program, or certain insurance carriers to pay for or reimburse a person for certain costs that result from an individual’s use of medical cannabis in accordance with certain provisions of law.	2/22/2016 – first reading.
Maryland 2016 SB 1148	Alters the maximum number of medical cannabis grower licenses that the Natalie M. LaPrade Medical Cannabis Commission may issue before a certain date.	3/10/2016 – referred to Committee on Judiciary Proceedings.

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Michigan 2015 HB 4209	“Medical Marihuana Facilities Licensing Act.” A bill: (1) to license and regulate medical marihuana growers, processors, provisioning centers, secure transporters and safety compliance facilities; (2) to provide for the powers and duties of certain state and local governmental officers and entities; (3) to create a medical marihuana licensing board; (4) to provide immunity from prosecution for marihuana-related offenses for persons engaging in marihuana-related activities in compliance with this act; (5) to prescribe civil fines and sanctions and provide remedies; and (6) to provide for taxes, fees, and assessments.	10/8/2015 – referred to Senate Committee on Judiciary.
Michigan 2015 HB 4210	This amendatory act is curative and applies retroactively as to the following: clarifying the quantities and forms of marihuana for which a person is protected from arrest, precluding an interpretation of “weight” as aggregate weight, and excluding an added inactive substrate component of a preparation in determining the amount of marihuana, medical marihuana, or usable marihuana that constitutes an offense.	10/8/2015 – referred to Senate Committee on Judiciary.
Michigan 2015 HB 4827	“Marihuana Tracking Act.” A bill: (1) to establish a system to track marihuana and marihuana products in commercial trade; (2) to monitor compliance with laws authorizing commercial traffic in medical marihuana; (3) to identify threats to health from particular batches of marihuana or medical marihuana; (4) to require persons engaged in commercial trade to submit certain information for entry into the system; (5) to provide the powers and duties of certain state departments and agencies; and (6) to provide for sanctions.	10/8/2015 – referred to Senate Committee on Judiciary.
Michigan 2015 HB 5161	Provides that an employer shall not terminate or take adverse employment action against an employee for medical use of marihuana that is in accord with the law if the use is not incompatible with and does not hinder job performance and the employee produces his or her registry identification card for the employer’s inspection.	12/15/2015 – read first time and referred to Committee on Commerce and Trade.

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Michigan 2015 HB 5445	Sec. 9a of the bill provides that if a business that dispenses marihuana for medical use is operating in violation of state law regulating marihuana and the business brings an action against a local unit of government based on an ordinance, including a zoning ordinance, that prohibits or regulates the business, the court shall not grant either of the following: (1) injunctive relief against enforcement of the ordinance; or (2) damages incurred because of enforcement of the ordinance.	3/9/2016 – referred to Committee on Judiciary.
Michigan 2015 SB 72	Clarifies portions of the Michigan Medical Marihuana Act regarding where the use/possession of marihuana is not authorized. Adds that use/possession is not authorized on private property in violation of a prohibition established by the property owner. Adds that a lessor of private property does not have to rent to a person who smokes or cultivates marihuana on the premises if such restriction is in the written lease.	4/21/2015 – referred to second reading in House.
Michigan 2015 SB 140	This amendatory act is curative and applies retroactively as to the following: clarifying the quantities and forms of marihuana for which a person is protected from arrest, precluding an interpretation of “weight” as aggregate weight, and excluding an added inactive substrate component of a preparation in determining the amount of marihuana, medical marihuana, or usable marihuana that constitutes an offense.	2/18/2015 – introduced and referred to Committee on Judiciary.
Michigan 2015 SB 142	“Medical marihuana provisioning center regulation act.” A bill to license and regulate medical marihuana provisioning centers and safety compliance facilities. Provides for the powers and duties of certain state and local governmental officers and entities. Provides immunity for persons engaging in medical marihuana-related activities in compliance with this act.	2/18/2015 – introduced and referred to Committee on Judiciary.
Michigan 2015 SB 346	Provides that an insurer must provide coverage for the medical use of marihuana or for expenses related to the medical use of marihuana if the use is in compliance with Michigan law.	5/21/2015 – introduced and referred to Committee on Insurance.

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Minnesota 2015 HF 3037	Adds inflammatory bowel disease to list of qualifying medical conditions. Provides that “within three months after the date on which at least 2,000 patients are enrolled in the registry program, a manufacturer authorized to operate in even-numbered congressional districts must operate at least two distribution facilities. The first new distribution facility opened by each manufacturer after at least 2,000 patients are enrolled in the registry program must be located outside of the seven-county metropolitan area. Thereafter, within three months after the date on which each additional 1,000 patients are enrolled in the registry program, a manufacturer must operate an additional distribution facility until the manufacturer has four distribution facilities fully operational.”	3/14/2016 – introduced; referred to Committee on Health and Human Services Reform.
Minnesota 2015 SF 2767	Companion bill to 2015 HF 3037.	3/14/2016 – referred to Committee on Health, Human Services & Housing.
Mississippi 2016 HB 1360	An act to be known as the Mississippi Medical Marijuana Pilot Program Act. Allows the therapeutic use of marijuana for certain patients who have debilitating medical conditions. Provides certain protections to patients, caregivers, physicians, therapeutic marijuana establishments, dispensaries and testing facilities for the therapeutic use of marijuana. Provide that the Mississippi Department of Health (“Department”) will administer this act, and issue registry identification cards to qualifying patients and registrations to therapeutic establishments, dispensaries and testing facilities. Provides for an advisory committee to make recommendations to the legislature and the Department. Provides that this act will stand repealed five years after the first dispensary begins supplying qualifying patients with marijuana.	2/23/2016 – died in Committee.

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Mississippi 2016 SB 2358	Authorizes the medical use of marihuana by seriously ill patients under a physician’s supervision. Provides an exemption from criminal and civil penalties for the medical use of marihuana. Moves marihuana from Schedule I to Schedule II under the controlled substances law.	2/23/2016 – died in Committee.
Missouri 2016 HB 1390	Provides that a neurologist may treat a patient with intractable epilepsy using “approved hemp extract” if such treatment is permissible under federal law and regulations. “Approved hemp extract” is defined as any type of extract containing cannabis plant material or extract that has been approved by the Food and Drug Administration for testing or trials involving the treatment of intractable epilepsy including, but not limited to, the drug Epidiolex or a cannabidiol oral solution.	3/16/2016 – Select Committee on General Laws voted do pass.
Missouri 2016 HB 2160	The bill allows the licensing of hemp extract for use in clinical trials by research institutions such as hospitals and universities. Immunity from civil, criminal, and administrative penalties for those involved with clinical trials is specified in the bill. The Missouri Department of Health and Senior Services will implement rules regarding the licensure of clinical trials and programs. The bill also allows for the expansion of the existing hemp extract clinical trial program under Chapter 192 for certain types of intractable epilepsy.	3/9/2016 – public hearing completed.
Missouri 2016 HB 2213	This bill establishes the Missouri Compassionate Care Act that specifies a licensure process for medical cannabis centers and allows medical cannabis cultivation and production facilities to possess, cultivate, and dispense cannabis to assist patients with specified debilitating medical conditions. A medical cannabis business must hold both a medical cannabis center license and a medical cannabis cultivation and production facility license in order to do business in Missouri. The business must also have a local license in order to be issued a state license and needs state and local licenses to engage in the activities authorized in the bill.	3/8/2016 – House committee substitute reported do pass.

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Missouri 2016 HB 2625	This act allows people with serious conditions, as defined in the bill, to use medical marijuana. This act provides that the Missouri Department of Health and Senior Services must issue a registration card to a person who provides a certification that the person suffers from a serious condition and may benefit from treatment with medical marijuana. The certification must be signed by a practitioner who is qualified to and will continue to treat the condition. The certification must also provide the form of marijuana the patient should consume, including the method of consumption and the appropriate dosage.	2/29/2016 – read second time.
Missouri 2016 SJR 29	This proposed constitutional amendment would allow the Department of Health and Senior Services (“Department”) to grant licenses for the cultivation, manufacture, distribution, and sale of marijuana for medical use. This resolution defines the responsibilities of the Department in licensing businesses and facilities and certifying patients and allows the department to charge fees, limit the number of licenses issued, and the quantities of marijuana that may be possessed. Under this resolution, the retail sale of medical marijuana would be subject to a four percent tax. The proceeds of the tax and fees collected under the marijuana program would be deposited in the Missouri Veterans’ Health and Care Fund, which is created by this resolution. This resolution prohibits the imposition of certain penalties against patients, laboratories, caregivers, attorneys, health care providers, including physicians, and other entities for participating in the medical marijuana program. This resolution prohibits the legislature from enacting laws that would hinder the right of access to medical marijuana.	1/12/2016 – second reading and referred to Committee on Veterans Affairs and Health.

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Missouri 2016 SB 822	Current law allows people with intractable epilepsy to possess and use hemp extract to treat their condition. This act also allows people with serious conditions to use hemp extract. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Parkinson’s disease, multiple sclerosis, spinal cord damage, inflammatory bowel disease, neuropathies, Huntington’s disease, post-traumatic stress disorder, or certain specified symptoms or complications associated with the conditions listed above. This act provides that the Department must issue a registration card to a person who provides a recommendation signed by a physician or neurologist that the person suffers from a serious condition or intractable epilepsy and may benefit from treatment with hemp extract, indicates the physician or neurologist is qualified to treat the condition, and states that the individual is under the neurologist or practitioner’s continuing care.	2/25/2016 – hearing conducted.
Missouri 2016 SB 912	Current law allows people with intractable epilepsy to possess and use hemp extract to treat their condition. This act allows people with serious conditions to use medical marijuana. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Alzheimer’s disease, rheumatoid arthritis, fibromyalgia, severe migraines, Parkinson’s disease, multiple sclerosis, spinal cord damage, epilepsy, inflammatory bowel disease, neuropathies, Huntington’s disease, or certain specified symptoms or complications associated with the conditions listed above. This act provides that the Department must issue a registration card to a person who provides a certification signed by a practitioner that the person suffers from a serious condition and may benefit from treatment with medical marijuana, indicates the practitioner is qualified to treat the condition, states that the individual is under the practitioner’s continuing care, and provides the form of marijuana the patient should consume, including the method of consumption and the appropriate dosage.	1/20/2016 – second reading and referred to Committee on Veterans Affairs and Health.

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Nebraska 2015 LB 643	Adopts the Cannabis Compassion and Care Act with the purpose to protect patients with debilitating medical conditions, as well as their practitioners and providers, from arrest and prosecution, criminal and other penalties, and property forfeiture if such patients engage in the medical use of cannabis.	3/16/2016 – amendment filed.
New Hampshire 2015 HB 1309	This bill adds post-traumatic stress disorder to the qualifying medical conditions under therapeutic use of cannabis.	3/9/2016 – deemed inexpedient to legislate.
New Hampshire 2015 HB 1373	This bill authorizes the New Hampshire Department of Health and Human Services to add two alternative treatment centers under the law governing use of cannabis for therapeutic purposes.	2/10/2016 – deemed inexpedient to legislate.
New Hampshire 2015 HB 1453	This bill adds ulcerative colitis to the list of qualifying medical conditions for purposes of therapeutic cannabis.	3/15/2016 – introduced in Senate and referred to Committee on Health & Human Services.
New Hampshire 2015 HB 1501	This bill clarifies the definition of qualifying medical conditions for the use of cannabis.	3/9/2016 – deemed inexpedient to legislate.
New Hampshire 2015 SB 419	This bill clarifies the confidentiality for requests by law enforcement officials for information under the use of cannabis for therapeutic purposes law.	3/15/2016 – scheduled for hearing on 3/22/2016 in House committee.

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New Jersey 2016 AB 416	This bill dedicates the sales and use tax collections from the sale of medical marijuana to the “Medical Marijuana for a Cure Fund” for medical research grants on certain debilitating medical conditions. The purpose of this bill is to tie the sales and use tax collections on medical marijuana to medical research that will alleviate the hardships necessitating medical marijuana. The executive branch has recently announced that it has interpreted the “Sales and Use Tax Act” to apply to the dispensation of medical marijuana. Generally, this means that there will be a seven percent sales tax imposed on the sales price of medical marijuana. This bill establishes a statutory dedication that calls for those sales tax proceeds to be used for medical research aimed at alleviating the afflictions that necessitate medical marijuana.	1/27/2016 – introduced; referred to Assembly Appropriations Committee.
New Jersey 2016 AB 457	Authorizes medical marijuana for qualifying patients with post-traumatic stress disorder.	1/27/2016 – introduced; referred to Assembly Health & Senior Services Committee.
New Jersey 2016 AB 861	This bill supplements the “New Jersey Compassionate Use Medical Marijuana Act,” P.L.2009, c.307 (C.24:6I-1 et al.), to provide that a registered qualifying patient’s authorized use of medical marijuana is to be considered equivalent to using any other prescribed medication and not the use of an illicit substance that would otherwise disqualify a qualifying patient from needed medical care, including organ transplantation.	1/27/2016 – introduced; referred to Assembly Health & Senior Services Committee.

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New Jersey 2016 AB 2116	This bill establishes the cultivation or production of marijuana for medical use as an agricultural activity and a generally accepted agricultural operation or practice protected by the “Right to Farm Act,” and permits this activity on preserved farmland, provided that, in either case: (1) the marijuana is cultivated or produced exclusively for medical use as regulated pursuant to P.L.2009, c.307 (C.24:6I-1 et seq.); and (2) there is a 24-hour, seven-days-a-week manned security presence on the property where the marijuana is cultivated or produced, or another security plan, approved by the municipality in which the property is located, is implemented on the property. The bill specifies that no county, county agriculture development board, or municipality may prohibit or restrict the cultivation or production of marijuana for this purpose. Finally, the bill provides that no law, ordinance, resolution, or regulation enacted by any municipality, county, county agriculture development board, or the State Agriculture Development Committee that is contrary to the bill’s provisions concerning the cultivation or production of marijuana for medical use may supersede the provisions of this bill.	1/27/2016 – introduced and referred to Assembly Agriculture & Natural Resources Committee.
New Jersey 2016 AB 2482	This bill would establish protections from adverse employment actions for registered patients using medical marijuana pursuant to the “New Jersey Compassionate Use Medical Marijuana Act.” Specifically, an employer would be prohibited from taking any adverse employment action against an employee based on the employee’s status as a registry identification cardholder or based on a positive test for marijuana, unless the employer establishes by a preponderance of the evidence that the lawful use of medical marijuana has impaired the employee’s ability to perform the employee’s job responsibilities. The bill provides that an employer may consider an employee’s ability to perform the employee’s job responsibilities to be impaired when the employee manifests specific articulable symptoms while working that decrease or lessen the employee’s performance of the duties or tasks of the employee’s job position.	2/4/2016 – introduced; referred to Assembly Health & Senior Services Committee.

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New Jersey 2016 AB 3443	This bill revises the New Jersey Compassionate Use Medical Marijuana Act to authorize an alternative treatment center to transfer to another alternative treatment center any excess inventory of: marijuana seeds, seedlings, or paraphernalia; marijuana plants; or marijuana packaged for use by qualifying patients in any form authorized by law.	3/7/2016 – introduced and referred to Assembly Health and Senior Services Committee.
New Jersey 2016 ACR 17	This concurrent resolution urges the United States Congress and the President of the United States to enact the “Compassionate Access, Research Expansion, and Respect States Act” (CARERS Act) to allow for federal laws that are fair and compassionate, permit states to set their own medical marijuana policies without federal interference, and make marijuana accessible to the millions of Americans who would benefit from its medicinal properties.	1/27/2016 – introduced and referred to Assembly Health and Senior Services Committee.
New Jersey 2016 ACR 149	This concurrent resolution embodies the finding of the Legislature that certain regulations promulgated by the Department of Health (DOH) to implement the “New Jersey Compassionate Use Medical Marijuana Act,” P.L.2009, c.307 (C.24:6I-1 et al.), are not consistent with the intent of the Legislature as expressed in the language of the act as enacted and amended. Specifically, N.J.A.C.8:64-2.4 requires physicians to register with the DOH, and the department currently makes the list of registered physicians available to the general public. This requirement has resulted in a shortage of physicians available to authorize medical marijuana, as many physicians are reluctant to have their names appear on a public registry, and so unnecessarily restricts access to medical marijuana for patients. No other medication requires the approval of three health care practitioners to be authorized for a patient, and this requirement unduly restricts access to medical marijuana for patients who are minors. Taken together, these provisions arbitrarily restrict the ability of physicians to authorize medical marijuana in a form and strength appropriate to each patient’s unique treatment needs.	2/16/2016 – introduced; referred to ARO.

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<b><u>State and Bill Number</u></b>	<b><u>Description<sup>1</sup></u></b>	<b><u>Status and Date of Last Action</u></b>
New Jersey 2016 SB 1294	This bill supplements the “New Jersey Compassionate Use Medical Marijuana Act” (C.24:6I-1 et al.) to provide that a registered qualifying patient’s authorized use of medical marijuana is to be considered equivalent to using any other prescribed medication and not the use of an illicit substance that would otherwise disqualify a qualifying patient from needed medical care, including organ transplantation.	2/8/2016 – introduced and referred to Health, Human Services and Senior Citizens Committee.
New Mexico 2016 HB 195	Removes requirement that medical cannabis be a reimbursable workers compensation benefit.	2/2/2016 – referred to Senate committees.
New Mexico 2016 HB 281	Provides for medical cannabis research. Creates the Cannabis Research Advisory Council. Creates the Cannabis Research Fund. Limits liability for researchers.	1/22/2016 – referred to Rules & Order of Business Committee.
New Mexico 2016 HB 326	Provides for a method in which a locality can approve a proposed location of a marijuana producer.	1/25/2016 – referred to Rules & Order of Business Committee.
New Mexico 2016 SB 235	Provides that before September 1, 2016, the New Mexico Department of Public Safety must contract with a financial processing provider to process medical-cannabis-related financial transactions. After the Department has contracted with a financial processing provider and identified a date on which the provider will begin processing payments related to medical cannabis, the Department and the Department of Public Health shall notify licensed producers, primary caregivers and qualified patients that all financial transactions related to medical cannabis shall be made through the provider and shall not be made using cash.	1/23/2016 – referred to committee.
New Mexico 2016 SB 245	Removes the requirement that medical cannabis be a reimbursable benefit after injury or disablement.	1/30/2016 – reported without recommendation from committee.

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New Mexico 2016 SM 38	Memorial requesting the workforce solutions department to study the discrimination that medical cannabis patients encounter in New Mexico and to offer policy recommendations to ensure that the civil rights of medical cannabis patients are protected.	2/7/2016 – do pass committee report adopted.
New York 2015 AB 3460	Establishes an emergency program to provide cannabidiol access to patients with epilepsy and other serious conditions.	1/6/2016 – referred to Committee on Assembly Health.
New York 2015 AB 7476	Makes numerous amendments to state’s medical marijuana act including the prohibition on smoking as a medical use and adding several conditions to the list of “serious conditions.”	1/6/2016 – referred to Committee on Assembly Health.
New York 2015 AB 8317	Amends medicinal use of marijuana law to allow a physician to certify the use of “low THC oil.” “Low THC oil” means an oil that contains not more than five percent by weight of tetrahydrocannabinol and an amount of cannabidiol equal to or greater than the amount of tetrahydrocannabinol.	1/6/2016 – referred to Committee on Assembly Health.
New York 2015 AB 9151	Directs the New York Commissioner of Health to designate additional registered organizations to manufacture and dispense medical marihuana.	1/29/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 AB 9507	Provides that an organization registered to handle marihuana for medicinal purposes may lawfully, in good faith, sell, deliver, or distribute medical marihuana to a registered organization and may acquire medical marihuana from a registered organization, in accordance with the registration of both registered organizations.	3/10/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 AB 9510	Adds physician assistants and nurse practitioners to those who may prescribe marijuana for medicinal purposes.	3/10/2016 – introduced and referred to Committee on Assembly Health.

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New York 2015 AB 9514	Authorizes the use of medical marihuana for severe chronic pain.	3/10/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 AB 9517	Eliminates the restriction that a certified medical use of marihuana does not include smoking. Provides that “medical marihuana may not be smoked in any place where tobacco may not be smoked under article thirteen-E of this chapter, regardless of the form of medical marihuana stated in the patient’s certification.”	3/10/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 AB 9553	Establishes in the New York Department of Health an advisory committee on medical use of marihuana (the “advisory committee”) to advise the Commissioner on making regulations under this title and on any matters relating to the implementation of this title as the commissioner shall determine. The advisory committee shall be responsible for reviewing the appeal of any patient or caregiver whose registry application has been denied by the department. The Commissioner shall form a subcommittee to assist and advise the Commissioner and the advisory committee on clinical matters relating to medical marihuana, including but not limited to expanding or retracting the categories of diseases to be considered serious conditions for purposes of this title, the members of which shall predominantly be clinical professionals in appropriate areas of expertise and shall also include representatives of patients and the general public.	3/16/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 AB 9562	Adds Alzheimer’s disease, traumatic brain injury, dystonia, muscular dystrophy, wasting syndrome, post traumatic stress disorder, rheumatoid arthritis and lupus to the list of serious medical conditions for which marihuana may be utilized.	3/16/2016 – introduced and referred to Committee on Assembly Health.
New York 2015 SB 3282	Creates an emergency program to provide cannabidiol access to patients with epilepsy or other serious conditions.	1/6/2016 – referred to Committee on Senate Health.

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New York 2015 SB 6998	Relates to defining additional practitioners authorized to prescribe medical marihuana.	3/15/2016 – introduced and referred to Committee on Senate Health.
New York 2015 SB 6999	Amends the dosing limitations and medical conditions permitting the use of medical marihuana.	3/15/2016 – introduced and referred to Committee on Senate Health.
New York 2015 SB 7000	Creates an advisory committee on medical use of marihuana to advise the commissioner on making regulations and to decide patient appeals; permits the use of identification cards issued by other states.	3/15/2016 – introduced and referred to Committee on Senate Health.
New York 2015 SB 7042	Provides that each registered organization shall be permitted to directly contact practitioners for the purposes of education and providing information about the medicinal use of marihuana. Any such education and provision of information shall not satisfy the requirements set out in paragraph (iii) of subdivision twelve of section thirty-three hundred sixty of this title.	3/18/2016 – introduced and referred to Committee on Senate Health.
North Carolina 2015 HB 317	Allows patients with a terminal or debilitating illness to lawfully use marijuana and tetrahydrocannabinols.	3/23/2015 – referred to Committee on Judiciary.
Ohio 2015 HB 33	Authorizes persons diagnosed with seizure disorders certain uses of cannabidiol and other drugs or substances derived from cannabis.	2/10/2015 – referred to Committee on House Health and Aging.
Oklahoma 2015 HB 2251	Amends law allowing the use of cannabidiol to include persons over the age of 18 who suffer from certain “serious medical conditions.”	2/2/2016 – second reading; referred to Committee on Alcohol, Tobacco & Controlled Substances.

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Oklahoma 2015 HB 2835	Eliminates age cap of 18 for persons to be eligible to use cannabidiol oil. Adds the following conditions to those allowed to use: Alzheimer’s disease, dementia, chronic pain, neuropathic pain, spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, appetite stimulation with chronic wasting diseases, attention deficit hyperactivity disorder or bipolar affective disorder.	3/16/2016 – second reading in Senate.
Oregon 2016 HB 4014	Repeals requirement that Oregon Health Authority (“OHA”) registered grow sites, processors, and retailers reside in Oregon for two years. Directs OHA to establish youth marijuana-use prevention pilot project (project). Establishes guidelines for selecting geographic areas for project. Allows Oregon Medical Marijuana Program (“OMMP”) growers to enter into personal agreements to provide marijuana to multiple OMMP cardholders with their existing plant counts. Requires OHA to approve or deny application for OMMP registrants within 30 days of receipt of completed application. Allows applicant for OMMP registration to use completed application receipt as registry identification card for 30 days following date receipt issued. Sets fee for eligible veterans at twenty dollars. Requires OHA to convene work group to develop recommendations on clinical guidelines for physicians who prescribe marijuana and report to Legislature by January 1, 2017. Also requires OHA report on rules adopted or steps taken concerning recall of contaminated or unfit marijuana or marijuana-derived products by January 1, 2017.	3/3/2016 – adopted (2016 Laws Chapter 23); effective 3/3/2016.
Oregon 2016 HB 4132	Specifies that marijuana retailer may not collect tax from consumer of marijuana item if consumer is registry identification cardholder or designated primary caregiver who is purchasing marijuana item for registry identification cardholder.	3/3/2016 – in committee upon legislature adjournment.

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Oregon 2016 SB 1511	Directs the Oregon Liquor Control Commission to register qualified marijuana producers, marijuana processors, marijuana wholesalers and marijuana retailers for purposes of producing, processing and selling marijuana and usable marijuana and medical grade cannabinoid products, cannabinoid concentrates and cannabinoid extracts. Specifies that marijuana retailer may not collect tax from consumer of marijuana item if consumer is registry identification cardholder or designated primary caregiver who is purchasing marijuana item for registry identification cardholder. Authorizes medical marijuana dispensaries to sell certain cannabinoid edibles, topicals and extracts to adults who are not registry identification cardholders or designated primary caregivers until December 31, 2016. Creates stay on mature marijuana plant limits for medical marijuana grow sites applying for license from commission and for medical marijuana grow sites not applying for license from commission. Authorizes city or county to reduce distance requirements from school for medical marijuana dispensaries and persons licensed by commission to sell marijuana at retail under certain circumstances.	3/29/2016 – enacted (2016 Laws Chapter 83); effective 3/29/2016.
Oregon 2016 SB 1524	Exempts certain service-disabled veterans who are registry identification cardholders for purposes of medical use of marijuana from requirement to submit updated documentation of debilitating medical condition as part of application for renewal.	2/29/2016 – enrolled.
Oregon 2016 SB 1601	Exempts from taxation, marijuana sold to cardholders registered with the Oregon Health Authority. Allows marijuana establishments to deduct business expenses allowable under section 280E of the Internal Revenue Code when filing a state tax return. Prohibits retailers from discounting or giving away marijuana items in conjunction with retail sale of other items.	3/29/2016 – enacted (2016 Laws Chapter 91); effective 6/2/2016.
Pennsylvania 2015 HB 35	Adds the crime of criminal diversion of medical marijuana.	5/6/2015 – referred to Judiciary Committee.

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Pennsylvania 2015 HB 193	Provides for the medical use of cannabis. Establishes the State Board of Medical Cannabis Licensing. Imposes duties on the Department of Health and the Department of State. Regulates the growing, processing and dispensing of medical cannabis.	2/2/2015 – referred to Health Committee.
Pennsylvania 2015 SB 3	Creates a stand-alone act entitled the Medical Marijuana Act and establishes a program for the use of medical marijuana to be administered by the Pennsylvania Department of Health (“DOH”). Some provisions of this act are effective immediately. The remainder of the Act takes effect upon issuance of temporary regulations or 18 months from the date of enactment, whichever is sooner. SB 3 provides that DOH register two types of organizations: a grower/processor and a dispensary.	3/16/2016 – third consideration and passage by the House.
Rhode Island 2015 HB 7142	This act would add post-traumatic stress disorder to the definition of “debilitating medical condition” for purposes of qualifying for medical marijuana provided that the patient is 18 years of age or older. It would also accelerate the issuance of an approved medical marijuana use application if the patient is eligible for hospice care.	1/13/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7421	This act would provide that the manufacture of marijuana using solvent extraction process that includes the use of a compressed, flammable gas as a solvent by a cardholder would not be entitled to the protections afforded by The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act. This act would also provide that the manufacture of marijuana using solvent extraction process that includes the use of a compressed, flammable gas as a solvent by a cardholder would be entitled to the protections afforded by The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act as long as the compassion center manufactures in compliance with the department of health’s rules and regulations.	2/25/2016 – withdrawn at sponsor’s request.

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Rhode Island 2015 HB 7454	Among many other things, the bill restructures and expands regulation of Rhode Island’s medical marijuana system. The Department of Business Regulation (DBR) will regulate primary caregivers, compassion centers, cooperative cultivations, and a new class of cultivator licenses for people and businesses who wish to operate as wholesale suppliers of marijuana to compassion centers. The Department of Health will continue to regulate patients and a new group called authorized purchasers. This article implements a system requiring every medical marijuana plant in the state to be tagged, and tag holders will be charged an annual fee for each tag. This article also lowers the number of plants a qualifying patient or primary caregiver can grow, and decreases the surcharge on compassion centers from 4% to 3%.	2/3/2016 – introduced and referred to Committee on Finance.
Rhode Island 2015 HB 7802	This act would provide that the manufacture of marijuana using solvent extraction process that includes the use of a compressed, flammable gas as a solvent by a cardholder would not be subject to the protections of The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act. This act would also provide that the manufacture of marijuana using solvent extraction process that includes the use of a compressed, flammable gas as a solvent by a compassion center cardholder would be subject to the protections of The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act if the compassion center cardholder manufactures in accordance with the department of health’s rules and regulations.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7803	This act would increase the amounts of marijuana that non-residential and residential cooperative cultivation may lawfully possess.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7804	This act would define the term “dried” as having a moisture content of ten percent (10%) or less.	3/2/2016 – introduced and referred to Committee on Judiciary.

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Rhode Island 2015 HB 7805	This act would increase the amount of unusable and usable marijuana that a patient cardholder and primary caregiver cardholder would be allowed to have in their possession.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7806	This act would provide a definition for an immature marijuana plant and update the definition of seedling.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7807	This act would prohibit employers from refusing to hire, discharging or otherwise discriminating against any individual on account of their medical use of marijuana and would include situations where said employee tested positive for marijuana components. It would also make drug testing under §28-6.5-2 subject to the protections of this act.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 HB 7808	This act would increase the number of permits for medical marijuana compassion centers from three (3) to six (6). The additional compassion centers would be approved by the department of health, with no more than one of each additional compassion center to be located in Providence, Bristol, Newport, or Washington counties.	3/2/2016 – introduced and referred to Committee on Judiciary.
Rhode Island 2015 SB 2545	This act would provide that the manufacture of marijuana using solvent extraction process, that includes the use of a compressed, flammable gas as a solvent, would not be subject to the protections of the medical marijuana statute, except if a compassion center cardholder manufactures in accordance with regulations.	2/25/2016 – referred to Committee on Judiciary.
South Carolina 2015 HB 4550	Substantially revises state law regarding the use of low-THC cannabidiol by allowing physicians to order it for patients suffering from certain medical conditions. Creates a compassionate use registry of persons authorized to use low-THC cannabidiol.	1/12/2016 – referred to Committee on Judiciary.
South Dakota 2016 SB 167	Provides only that “the compassionate use of medical cannabis is permitted and the use shall be regulated.”	2/9/2016 – withdrawn at sponsor’s request.

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South Dakota 2016 SB 171	Provides that, upon proper and thorough examination of a patient, a physician may prescribe the use of cannabidiol in liquid, oil, or pill form for treatment of intractable epilepsy. Any patient diagnosed with intractable epilepsy may possess up to the amount of cannabidiol liquid, oil, or pills prescribed by a physician. A physician may not prescribe cannabidiol for illnesses other than intractable epilepsy.	3/8/2016 – Motion in House for, do pass as amended - failed.
Tennessee 2015 HB 561	Enacts the Medical Cannabis Access Act.	3/22/2016 – failed in subcommittee.
Tennessee 2015 SB 660	Enacts the Medical Cannabis Access Act.	3/23/2016 – assigned to subcommittee within Committee on Judiciary.
Utah 2016 HCR 3	This concurrent resolution of the Legislature and the Governor encourages Congress to enable credible, institution-based research of cannabinoid molecules found in the marijuana plant and requests that the Food and Drug Administration and the Drug Enforcement Administration take action to provide the means for determining the human medical benefits of these products.	3/10/2016 – House moves to strike the enacting clause.
Utah 2016 HB 58	Amends the definition of ““hemp extract”” in U.C.A. 58-37-4.3 to require a cannabidiol content of 5% (instead of 15%) by weight. Extends the repeal date of the Hemp Extract Registration Act to July 1, 2021. requires the Department of Health to request proposals to conduct a study of hemp extract by July 1, 2016.	3/21/2016 – enacted.

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Utah 2016 SB 73	Among other things, this bill: (1) allows an individual with a qualifying illness who registers with the Department of Health to possess and use, under certain circumstances a cannabis product, or a medical cannabis device; (2) directs the Department of Health to issue a license to operate a cannabis dispensary to a person who meets certain qualifications; and to an individual who meets certain qualifications, a registration card to act as an agent of a cannabis dispensary; and (3) directs the Department of Agriculture and Food to issue, to a person who meets certain qualifications, a license to operate a cannabis production establishment; and (4) directs the Department of Health to issue a medical cannabis card to an individual who meets the requirements of: a qualified patient, a parent or guardian of a minor who is a qualified patient; or a designated caregiver of a qualified patient.	3/10/2016 - Senate receives amended bill (striking the enacting clause) from House.
Utah 2016 SB 89	This bill allows an individual with a qualifying illness who registers with a state electronic verification system to possess and use cannabis-based medicine under certain circumstances. Directs the Utah Department of Health to issue a medical cannabis card to an individual who meets the requirements of: (1) a qualified patient; or (2) a designated caregiver of a qualified patient. Directs the Division of Occupational and Professional Licensing to issue: (1) a license to operate a CBM dispensary to a person that meets certain qualifications; and (2) a registration card to an individual to act as an agent of a CBM dispensary to an individual who meets certain qualifications. Directs the Utah Department of Commerce, Division of Occupational and Professional Licensing to issue: (1) a license to operate a cannabidiol dispensary to a person that meets certain qualifications; and (2) a registration card to an individual to act as an agent of a cannabidiol dispensary to an individual who meets certain qualifications.	3/10/2016 - Senate receives amended bill (striking the enacting clause) from House.
Utah 2016 SCR 11	This concurrent resolution of the Legislature and the Governor urges Congress to reclassify marijuana as a Schedule II drug and encourages researchers to investigate the benefits of medical marijuana.	3/17/2016 – enacted.

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Vermont 2015 HB 750	This bill proposes to define one ounce of marijuana as 28.3 grams for the purpose of therapeutic use. Adoption of an interpretation of an ounce as 28 grams rather than 28.3 grams per ounce would result in the unregulated loss of 7,200 grams each year per 100 medical marijuana dispensary patients. Further, the lack of precision in adopting the true measure of an ounce would result in depriving patients using their maximum allotment of 7.2 grams of marijuana to which they are entitled and have paid for each year.	1/28/2016 – read first time and referred to Committee on Human Services.
Vermont 2015 SB 14	This bill proposes to require that marijuana-infused edible or potable products be contained in single dose, child-resistant packaging and be labeled with the amount of tetrahydrocannabinol in each dose. The act also makes a technical amendment to the definition of registered caregiver to conform to 2014 amendments to the chapter.	2/26/2015 – read first time in House and referred to Committee on Human Services.
Virginia 2016 SB 343	Adds cancer to list of conditions that may be treated by cannabidiol oil.	3/8/2016 – left in House Committee for Courts of Justice.
Virginia 2016 SB 701	Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (“Board”) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil. The bill requires the Board to adopt regulations establishing health, safety, and security requirements for permitted processors. The bill also requires that a practitioner who issues a written certification for cannabidiol and THC-A oil and the patient or his primary caregiver to register with the Board and requires a permitted pharmaceutical processor, prior to providing the patient or his primary caregiver and the practitioner who issues a written certification have registered with the Board. Finally, the bill provides criminal liability protection for pharmaceutical processors. An enactment clause provides that except for provisions requiring the Board to promulgate regulations, the provisions of the bill do not become effective unless reenacted by the 2017 Session of the General Assembly.	3/29/2016 – enacted (2016 Laws Chapter 578); effective 7/1/2016.

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<u>State and Bill Number</u>	<u>Description<sup>1</sup></u>	<u>Status and Date of Last Action</u>
Washington 2015 HB 1020	Making numerous revisions/additions to current law, including adding posttraumatic stress disorder to the terminal or debilitating medical conditions that qualify for the medical use of marijuana.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 HB 1698	Makes numerous revisions/additions to current law including adding posttraumatic stress disorder to the terminal or debilitating medical conditions that qualify for the medical use of marijuana.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 HB 1766	Makes numerous revisions/additions to current law but does not add post-traumatic stress disorder to list of terminal or debilitating medical conditions.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 HB 1969	Adds posttraumatic stress and traumatic brain injury to the terminal or debilitating medical conditions that qualify for the medical use of marijuana.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 HB 2058	Provides that the legislature intends to amend and clarify the law on the medical use of cannabis so that:(a) qualifying patients and designated providers complying with the terms of this act will no longer be subject to arrest or prosecution, other criminal sanctions, or civil consequences based solely on their medical use of cannabis; (b) qualifying patients will have access to an adequate, safe, consistent, and secure source of medical quality cannabis; and (c) health care professionals may authorize the medical use of cannabis in the manner provided by this act without fear of state criminal or civil sanctions. Indicates that the act is not intended to amend or supersede Washington state law prohibiting the acquisition, possession, manufacture, sale, or use of cannabis for nonmedical purposes.	3/10/2016 – reintroduced and retained in present status.

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<b><u>State and Bill Number</u></b>	<b><u>Description<sup>1</sup></u></b>	<b><u>Status and Date of Last Action</u></b>
Washington 2015 HB 2696	Authorizes licensed marijuana producers to sell marijuana plants and seeds at wholesale to those licensed marijuana retailers with a medical marijuana endorsement issued by the Liquor and Cannabis Board. Authorizes marijuana retailers with a medical marijuana license endorsement to sell marijuana plants and seeds to qualifying medical marijuana patients. Authorizes qualifying medical marijuana patients to purchase and possess marijuana plants and seeds, subject to specified conditions.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 SB 5379	Adds posttraumatic stress disorder to the terminal or debilitating medical conditions that qualify for the medical use of marijuana.	3/10/2016 – reintroduced and retained in present status.
Washington 2015 SB 5519	“Comprehensive Marijuana Reform Act.” The intention of the legislation is to draw bright line rules to aid enforcement of both medical and recreational marijuana systems, to merge medical system into the recreational regulatory scheme so all products sold in the state meet at least the same testing and product safety requirements, and to ensure that people who require marijuana for their medical care are still provided adequate access to this product. In addition, the goal is to adopt a medical marijuana waiver system that allows patients to directly apply with the Department of Health to get a waiver from the limits provided by this bill in order to address their unique medical needs. This system eliminates the need for a medical marijuana registry that involves the health care professional as the “gatekeeper” to entry and will eliminate abuse of authorizations.	3/10/2016 – reintroduced and retained in present status.
West Virginia 2016 HB 4680	Provides that a qualifying patient may not be subject to arrest, prosecution or denial of any right or privilege, including, but not limited to, civil penalty or disciplinary action by a court or occupational or professional licensing board or bureau, for the medical use of marijuana, if the qualifying patient does not possess more than: (1) six ounces of usable marijuana; and (2) 12 mature marijuana plants and six seedlings, if the qualifying patient has not specified that a designated caregiver will be allowed under state law to cultivate marijuana for the qualifying patient.	2/23/2016 – introduced and referred to Committee on Prevention and Treatment of Substance Abuse.

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<b><u>State and Bill Number</u></b>	<b><u>Description<sup>1</sup></u></b>	<b><u>Status and Date of Last Action</u></b>
West Virginia 2016 HB 4713	The purpose of the bill is to legalize the use of cannabis-based pharmaceutical products that in the medical judgment of an attending physician, is an appropriate medical treatment for a person diagnosed with cancer or a disease, disorder or condition in which use of the cannabis based pharmaceutical product alleviates symptoms such as seizures, severe and persistent muscle spasm, and no other satisfactory alternative treatment option exists for the patient.	2/23/2016 – introduced and referred to Committee on Health & Human Resources.
West Virginia 2016 SB 640	The purpose of this bill is to create the “Compassionate Use Act for Medical Cannabis.” It provides protections for the medical use of cannabis; defines debilitating medical conditions for which medical cannabis may be used; and authorizes the addition of debilitating medical conditions. The bill requires the registration of qualifying patients and designated caregivers and requires issuance of registry identification cards. The bill affords an affirmative defense and dismissal of proceedings for medical marihuana. It provides a misdemeanor offense and criminal penalties for disclosing certain information.	2/20/2016 – introduced and referred to Committee on Health & Human Resources.
Wisconsin 2015 AB 224	Current law prohibits a person from manufacturing, distributing, or delivering marijuana; possessing marijuana with the intent to manufacture, distribute, or deliver it; possessing or attempting to possess marijuana; using drug paraphernalia; or possessing drug paraphernalia with the intent to produce, distribute, or use a controlled substance. This bill changes state law so that state law permits both recreational use of marijuana and medical use of marijuana.	5/19/2015 – read first time and referred to Committee on Criminal Justice and Public Safety.

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<u>State and Bill Number</u>	<u>Description<sup>1</sup></u>	<u>Status and Date of Last Action</u>
Wisconsin 2015 AB 228	Current law designates tetrahydrocannabinols (THC) as a schedule I controlled substance. Current law specifies that THC does not include cannabidiol (CBD oil) in a form without a psychoactive effect that is dispensed by a pharmacy or physician approved by the Controlled Substances Board or that is possessed by an individual who has documentation from a physician that the CBD oil is used for the treatment of a seizure disorder. This bill eliminates the requirement that, to be excluded from the definition of THC, the CBD oil must be dispensed by an approved pharmacy or physician or possessed by an individual with such documentation.	2/17/2016 – read first time in Senate.
Wisconsin 2015 SB 221	Current law designates tetrahydrocannabinols (“THC”) as a schedule I controlled substance, but specifies that THC does not include cannabidiol (“CBD oil”) in a form without a psychoactive effect that is dispensed by a pharmacy or physician approved by the Controlled Substances Board or that is possessed by an individual who has documentation from a physician that the CBD oil is used for the treatment of a seizure disorder. This bill eliminates the requirement that, to be excluded from the definition of THC, the CBD oil must be dispensed by an approved pharmacy or physician or possessed by an individual with such documentation.	2/11/2016 – Senate amendment offered.
Wisconsin 2015 SB 772	This bill establishes a licensure program administered by the Wisconsin Department of Safety and Professional Services for producers of cannabidiol. Under the bill, a person may possess tetrahydrocannabinols to produce CBD oil, and may produce CBD oil and deliver it, only if the person is licensed by DSPS and only if the CBD oil is produced in a form without a psychoactive effect for the treatment of a seizure disorder. Under the bill, THC does not include CBD oil in a form without a psychoactive effect without regard to who dispenses it or possesses it. The bill also specifies that any person may possess CBD oil to treat a seizure disorder and that any pharmacy or physician may dispense CBD oil to treat a seizure disorder.	3/3/2016 – read first time and referred to Committee on Judiciary and Public Safety.

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Wisconsin 2015 SB 789	This bill creates a medical use defense to marijuana-related prosecutions and forfeiture actions for, and prohibits the arrest or prosecution of, persons who are registered with the Wisconsin Department of Health Services (“DHS”) and have certain debilitating medical conditions or treatments. The defense and prohibition apply also to primary caregivers of such persons only if it is not practicable for the person to acquire, possess, cultivate, or transport marijuana independently or the person is under the age of 18. The defense and prohibition do not apply under certain circumstances, including the following: 1) if the person does not have a valid registry identification card or equivalent; 2) if the amount of marijuana involved in the offense is more than the maximum authorized amount of marijuana (12 marijuana plants and three ounces of marijuana leaves or flowers); 3) if, while under the influence of marijuana, the person drives or operates a motor vehicle or operates heavy machinery or engages in any other conduct that endangers the health or well being of another person; and 4) if the person smokes marijuana at certain places, including on a school bus or on public transit, at his or her place of employment, or on school premises. The bill requires DHS to establish a registry for persons who use marijuana for medical use. DHS must verify the information and, unless in the previous ten years the person was serving a sentence or on probation for certain felony convictions, issue the person a registry identification card. This bill also requires DHS to promulgate a rule ensuring that certain out-of-state registry identification cards are valid in Wisconsin.	3/10/2016 – read first time and referred to Committee on Health & Human Services.
Wyoming 2016 HB 7	Provides that possession of marihuana pursuant to an unexpired medical marihuana card or a written prescription properly issued under the laws of another state shall not be unlawful in this state if the person in possession is a resident of the state where the medical marihuana card or prescription was issued and the amount possessed is in accordance with the card or prescription.	2/9/2016 – failed introduction.

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Wyoming 2016 HB 110	Allows for the supervised use of cannabidiol.	2/11/2016 – failed introduction.
Wyoming 2016 HB 152	Provides that marihuana does not include “any compound, manufacture, derivative, mixture or preparation from the plant that consists primarily of cannabidiol and contains less than fifteen one-hundredths of one percent (0.15%) of tetrahydrocannabinol.”	2/12/2016 – failed introduction.

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