

**Medical Marijuana Laws and Regulations for Patients, Caregivers and Physicians:  
Arizona, Colorado, Nevada, and New Mexico**



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

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

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	<b>Arizona</b> AZ ST § 13-3412.01, 32-1901.01, 36-2801 to 2811, 36-2813 to -2819	<b>Colorado</b> State Constitution Article XVIII § 14, CO ST §§ 12-43.3-101 to 1001, 16-2.5-124.5, 18-18-406.3, 25-1.5-106, CO ADC 1006-2, 1 CO ADC 212-1 1.001 to -1 19.100	<b>Nevada</b> N.R.S. Const. Art. 4, § 38 NV ST §§ 453.005, 453A.010 to .810, 630.306, 631.3475, 632.320, 633.511, 633.521, 635.130, 636.295 NV ADC §§ 453A.010 to .240, 453.740	<b>New Mexico</b> NM ST §§ 26-2A-1 to -7, 26B-1 to -7, 30-31-6, -7 NM ADC §§ 7.34.2, 7.34.3 , 7.34.4
<b>State Registration</b>				
Registry of Authorized Users, Physicians, and Primary Caregivers Maintained by the State	X	X	X	X
Identification Cards Issued to Registered Users and Caregivers	X	X	X	X
Requires Development of 24 Hour Verification System for Law Enforcement	Establishes web based system			
<b>Individuals Allowed Access to Registry</b>				
Authorized Employees of Administrative Department to Perform Official Duties	X Access to all records kept by agency	X	X	X
Authorized Employees of State or Local Law Enforcement to Verify that a Person is Lawfully in Possession of ID Card	Access to verification system	X	X	X
Dispensary Agents	Access to verification system			
<b>Application Information Required From Patient, Caregiver, or Physician Before Placement in Registry</b>				See notes below <sup>7 &amp; 8</sup>
Written Certification From a Physician Stating That The Patient Has Been Diagnosed With A Debilitating Condition and/or That The Patient May Benefit From The Medical Use of Marijuana	X (Must also state the debilitating condition, and be in the course of a bona fide patient-physician relationship)	X	Must also state the physician has explained the risks and benefits of use	Must also state that the benefits of medical use would outweigh the risks, and the debilitating condition
Name	Patient, Physician, Caregiver	Patient, Caregiver, Physician	Patient, Physician, Caregiver	Patient, Physician, Caregiver
Address	Patient, Physician, Caregiver	Patient, Caregiver, Physician	Patient, Physician, Caregiver	Patient, Physician, Caregiver
Date of Birth	Patient, Caregiver	Patient	Patient, Caregiver	Patient, Caregiver
Copy of Photo Identification			Patient	Patient,
Driver's License or ID Card Number			Patient	Caregiver must submit birth certificate
Telephone Number	Physician	Physician	Patient, Physician, Caregiver	Physician
Proof of Residence			Patient	
Social Security Number/Patient ID #		Patient	Patient, Caregiver	
Patient Signature				
Duties of Primary Caregiver				
Signed Consent for the Release of Medical Information Related to the Debilitating Condition				X
A Designation As to Who Will Be Allowed To Cultivate Marijuana	X (if there is not a dispensary within 25 miles of the patient's home)			
Patient's Asked to Designate if They Would Like to Be Notified of Any Clinical Studies of Medical Marijuana	X			
Must Sign Statement Pledging Not to Divert Marijuana to Anyone Who is Not Legally Allowed to Possess Marijuana	Patient, Caregiver			
Signed Statement from Caregiver Agreeing to Serve as The Patient's Caregiver	X			

	Arizona	Colorado	Nevada	New Mexico
Information Required For Registry From Patient, Caregiver, or Physician (Cont'd)				
Length of Time the Patient Has Been Under the Care of the Practitioner				X
Medical License # of Physician				X (A copy of the practitioner's clinical license)
Written Statement Signed By Physician Verifying That The Physician Was Presented With Photo ID of Patient and Caregiver			X	
A Complete Set of Fingerprints of Patient and Caregiver	X		X	
A Notarized Program Waiver, Liability Release Form, and Acknowledgment Form Signed by The Patient and Caregiver		X (Application must be notarized)	X	
Written Statement From Physician Stating That The Physician Approves of the Caregiver			X	
An Attestation That The Practitioner's Primary Place of Business is in the United States				X
Practitioner's Signature and Date				X
Patient's Signature and Date				X
Signed Consent for Release of Medical Information Related to Patient's Debilitating Condition				X
Additional Steps/Information That Must Be Submitted Before Use Can Be Approved for Minors				
Two Physicians Must Diagnose the Minor With A Debilitating Condition	Written certification from two physicians must be submitted	X		
A Statement That The Minor's Physician Has Explained the Potential Risks and Benefits to the Patient and Parent/Guardian	Requires physician to explain risks, but does not necessarily require the submission of statement	X	X	X
<b>Parent/Guardian Must Consent in Writing to:</b> Allow the Medical Use of Marijuana	X	Each parent residing in CO must consent	X	X
Agree to Serve As the Minor's Caregiver	X	X	X	X
Agree to Control the Acquisition of Marijuana, The Dosage, and Frequency of Use	X	X (does not have to be in writing)	X	X
<b>Information on ID Cards</b>				
Name	X	X	X	X
Address	X	X	X	X
Date of Birth	X	X	X	X
Social Security Number		X		
Photo of ID Cardholder	X		X	
Driver's License or ID Card				
Unique User ID or Serial Number	X (Patient's identification number is used on primary caregiver's card)	X	On Patient ID	X
A Statement That The Person Is Registered With The State				
A Statement That The Person Has Been Certified To The State With A Debilitating Medical Condition		X		
Date of Issuance/Expiration Date	X	X	X	X
Primary Caregiver Information Included on Patient's Card		X	X	X
Patient's Information Included on Primary Caregiver's Card	Patient's identification number is used on primary caregiver's card and primary caregiver must have a separate card for each patient		X	X
Address Where Marijuana Will Be Grown				
Name and Address of Physician			On Patient ID	
Phone Number of Administrative Agency		X (Must direct patient's how to notify the department of a change in information)		
Clear Indication of Whether the Cardholder is Authorized to Cultivate Marijuana for Medical Use	X			
Statement Qualifying Individual as Patient or Caregiver	X			
Phone Number of Real Time Verification System				

	<b>Arizona</b>	<b>Colorado</b>	<b>Nevada</b>	<b>New Mexico</b>
Period of Time an ID Card is Valid	One Year	Specified information must be submitted annually to prevent expiration of ID card	Specified information must be submitted annually to prevent expiration of ID card	One Year
Cardholder Must Return Card If They No Longer Have A Debilitating Condition	Patients must notify within 10 days. If a Physician sends notice to the Department that a patient no longer has a debilitating condition or that they would no longer benefit from the therapeutic use of marijuana, the card is void upon notification from the Department.	Within 24 hours	Within 7 Days	Within 10 Days
Application is Considered To Be Approved If State Does Not Approve Or Deny Application Within A Specified Period of Time		35 Days (Does not apply to minors)		
Requirement to Notify State of Change in Name, Address, Physician, or Primary Caregiver	Within 10 Days (Must also notify if changing person designated to grow marijuana) Within 5 days for loss of card	Within 10 Days	Within 7 Days	Within 10 days
<b>Primary Caregiver Conditions and Requirements</b>				
Minimum Age	21	18	18	18
Disqualification For A Felony Conviction/ Probation or Parole	Specified Excluded Felony Offenses <sup>1</sup>			X
Maximum Number of Patients a Primary Caregiver May Assist	Five		One	Four
Must Sign Statement Agreeing to Provide Marijuana Only To Qualifying Patients Who Has Named Caregiver By the Patient	Must pledge not to divert marijuana to anyone who is not allowed to possess marijuana			
Must Be A Resident of The State				X
Caregiver is Allowed To Receive Compensation	Reimbursement for costs			Reimbursement
<b>Qualifying Diseases and Debilitating Conditions</b>				
Cancer	X	X	X	X
Glaucoma	X	X	X	X
HIV/AIDS	X	X	X	X
Hepatitis C	X			X <sup>9</sup>
Alzheimer's Disease	X			
Nail Patella				
Amyotrophic Lateral Sclerosis	X			X
Cachexia/Wasting Syndrome	X	X	X	
Severe/Chronic Pain	X	X	X	X <sup>10</sup>
Severe Nausea	X	X	X	X
Seizures	X	X	X	Epilepsy
Anorexia				
Severe and Persistent Muscle Spasms MS/Crohns's	X	X	X	X
Damage to the Nervous Tissue of The Spinal Cord, With Neurological Indication of Intractable Spasticity				X
Arthritis				Inflammatory autoimmune arthritis
Post Traumatic Stress Disorder				X <sup>11</sup>
Migraine				
Admission to Hospice Care				X
Painful Peripheral Neuropathy				X <sup>12</sup>
Any Other Chronic or Persistent Medical Condition				
Other Medical Conditions Approved by the State	Pursuant to petition	Pursuant to petition	Pursuant to a petition	Pursuant to petition

	Arizona	Colorado	Nevada	New Mexico
<b>Reasons an Application May Be Denied</b>				
Information Provided is False	X	X	X	X
Information Cannot Be Verified		X		
Not All Required Information Was Submitted	X	X	X	X
Failure to Establish Specified Chronic or Debilitating Medical Condition	X	X	X	X
Failure to Document a Consultation With an Attending Physician			X	
Failure to Comply With Established Regulations			X	
The Attending Physician Was Not Licensed in the State		X	X	
Primary Caregiver Denied If Caregiver Is Already Listed As Caregiver for Maximum Number of Patients				
Patient or Primary Caregiver Has Been Convicted of Selling A Controlled Substance			X	
An Applicant Previously Had an ID Card Revoked, or Knowingly Violated A Provision Related to The Medical Use of Marijuana	X		X	
Applicant Has Threatened or Harmed an Employee of a Producer, a Medical Practitioner, a Patient, or an Employee of the Department				X
In The Case of A Minor, Parent/Guardian Did Not Sign Written Statement			X	
An Applicant Does Not Meet Established Criteria	X		X	
An Applicant Previously Had an ID Card Revoked, or Knowingly Violated A Provision Related to The Medical Use of Marijuana			X	
<b>Places Where/Occasions When Use Is Prohibited</b>				
Any Place Where Smoking Is Prohibited By Law				
Any Way That Endangers The Health or Well Being of Any Person		X		
Any Public Place	X			
Grounds of a School, Recreation Center, or Youth Center	School Grounds			X
On a School Bus	X			X
Public Transportation	X			X
Public Park or Beach				X
In the Workplace		X		X
Places Open to the Public		X	X	
In a Correctional Facility	X		X	
In A Medical Facility				
While Operating a Motor Vehicle	X		X	X
While Operating a Boat	X		X	
While Operating Aircraft	X			
While Possessing A Firearm			X	
In A Medical Marijuana Center		X		
Transporting Medical Marijuana Outside The State				X
Undertaking Any Task Under the Influence That Would Constitute Negligence or Professional Malpractice	X			
<b>Statutory Protections for Patients and Caregivers for Medical Use of Marijuana as Defined By The State</b>				
Protected From Arrest, Prosecution, or Penalty for the Medical Use of Marijuana	X	Cardholders exempted from criminal laws	Cardholders exempted from state prosecution	X
Civil Penalty	X			
Assisting A Qualified Patient or Designated Caregiver	Also Applies to Individuals Who Provide Paraphernalia to Patients and Caregivers			
Individuals Not Required to Obtain Identification Card to Claim Protection				
Protected From Disciplinary Action By A Professional Licensing Board	X		X	

	Arizona	Colorado	Nevada	New Mexico
<b>Statutory Protections for Patients and Caregivers for Medical Use of Marijuana as Defined By The State (Cont'd)</b>				
Provides That Property Used in Connection With Medical Use Will Not Be Subject to Forfeiture, and Must Be Returned, Unless Pursuant to a Sentence Imposed After Conviction of a Criminal Offense	X	X	X	X
Prohibits A School, Employer, or Landlord From Refusing to Enroll, Employ, or Lease or Penalize an Individual Solely Upon The Individuals Status As A Qualifying Patient or Registered Caregiver	X (Also protects if patients test positive for marijuana metabolites) <sup>2</sup>			
Provides That Custody or Visitation of a Minor Will Not Be Denied Unless The Person's Behavior Creates Unreasonable Danger to the Minor	X			
Clarifies That Possession of a Registry ID Card Does Not Alone Constitute Probable Cause to Search an Individual or Property			X	X
Allows Medical Use of Marijuana To Be Used As An Affirmative Defense to Criminal Prosecution	X	X	X	
Prohibits Arrest or Prosecution of An Individual for Being In the Presence or Vicinity of Medical Use of Marijuana	X		X	X
<b>Statutory Protections for Physicians When Acting In Compliance With State Medical Marijuana Statutes</b>				
Protection from Arrest or Prosecution	X	Exempted from state's criminal laws		X
Civil Penalty	X			
Discipline from a Professional Licensing Board	May sanction a physician for failing to properly evaluate a patient's medical condition or violating the standard of care for evaluating medical conditions	Provides that physicians will not be denied any right or privilege <sup>6</sup>	X	Provides that physicians will not be denied any right or privilege
<b>Reasons a Card May Be Revoked</b>				
It is Discovered Information on Application Was False			X	X
If a Cardholder Sells Marijuana to a Person Who Is Not Authorized to Use Marijuana	X			Any diversion
If A Person Willfully Violates A Section of the Act or Another Controlled Substances Law	X	X	X	X
Failure to Notify of Change in Address or Primary Caregiver				
The Discover of Repeated Violations of Statute				X
Threatening or Harming an Employee of a Producer, a Medical Practitioner, a Patient, or an Employee of the Department				X
The Patient Was Not Examined By A Physician Within At Least 16 Months of Required Annual Resubmission of Application Information				
Failure To Provide Access To The State To Material and Information Necessary For Determining Compliance With Regulations				X
Any Determination by the Primary Caregiver's Licensing Body that the Primary Caregiver has Engaged in Unprofessional or Dishonorable Conduct				Applies to primary caregivers
Failure of the Patient to Satisfy Any Criterion Identified as a Prerequisite to Eligibility				X
A Certifying Provider of the Patient Determines that the Use of Cannabis by the Patient Would More Likely Be Detrimental to the Patient's Health				X
If A Cardholder Was Convicted of Knowingly or Intentionally Selling A Controlled Substance			X	Caregivers convicted of specified felonies
Revocation of A Physician's Medical License or Controlled Substance Registration				

	<b>Arizona</b>	<b>Colorado</b>	<b>Nevada</b>	<b>New Mexico</b>
Possession Limitations for Patients and Primary Caregivers			Amount possessed jointly by patient and caregiver	
Ounce Limit	2.5 oz <sup>3</sup>	2 ounces	1 ounce (combo)	6 ounces
Plant Limit	12 plants <sup>4</sup>	6 plants with 3 or fewer being mature, flowering plants	3 mature plants, and 4 immature plants (Must have personal production license)	4 mature plants, and 12 seedlings, or a 3 month supply of topical ointment <sup>13</sup>
Exemptions		A patient or caregiver may raise an affirmative defense that greater amounts were medically necessary to address the patient's condition	If a Physician determines a greater amount is medically necessary	If there is approved special need recommended by a physician
<b>Offenses Created</b>				
Fraudulent Representation of a Medical Condition to Obtain an ID Card		X		
Fraudulent Representation to Law Enforcement Relating to Medical Marijuana	X	X		X
Fraudulent Use or Theft of an ID Card		X		
Counterfeit Production of ID Card		X		
Releasing Confidential Information Maintained By Registry	X	X		
Burning Marijuana To Avoid an Investigation		X		
Obtaining Medical Marijuana From Unauthorized Source	X			
Obtaining More Than Legal Maximum Amount Allowed to Be Possessed	May not obtain more than 2.5 oz in 14 days			
<b>Department/Agency in Charge/Contact</b>				
Agency In Charge	Arizona Department of Health	Department of Public Health and Environment	Department of Health and Human Services	New Mexico Department of Health
Division In Charge		Medical Marijuana Registry	State Health Division	Infectious Disease Bureau: Medical Cannabis Program
Contact	(602) 542-1025	(303) 692-2184	(775) 687-7594	(505) 827-2321

	Arizona	Colorado	Nevada	New Mexico
Creates Research Program			X	X
Number of Designated Caregivers a Qualified User Is Allowed			One	
Clarifies that Insurance Will Not Be Required to Provide Coverage	X	X	X	
Provides That An Employer Will Not Be Required To Accommodate Use In The Workplace	X	X	X	
Provides That Any Person or Establishment in Lawful Possession of Property is Not Required to Allow a Guest, Client, Customer or Other Visitor to Use Marijuana on or in That Property	X			
Provides That A Penal Institution is Not Required to Accommodate Use				
State Honors Identification Card Issued By Another State	X <sup>5</sup>			
ID Cards Issued By Another State Do Not Qualify An Individual For Medical Use				
Allows for Inspection of Patients and Caregivers to Ensure Compliance and Allows for Corrective Actions				X
Requires An Annual Report of Statistical Information	X			
Creates Advisory Board or Committee				X <sup>14</sup>
Creates Severability				

<sup>1</sup> Excluded felony offense include a violent crime as defined in AZ ST § 13-901.03, subsection B, that was classified as a felony in the jurisdiction where the person was convicted; or violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted but does not include an offense for which the sentence, including any term of probation, incarceration or supervised release, was completed ten or more years earlier, or an offense involving conduct that would be immune from arrest, prosecution or penalty under medical marijuana laws except that the conduct occurred before the effective date of this chapter or was prosecuted by an authority other than the state of Arizona.

<sup>2</sup>Creates exceptions if: failing to do so would cause the school or landlord to lose a monetary or licensing related benefit under federal law or regulations; failure to do so would cause an employer to lose a monetary or licensing related benefit under federal law or regulations; or a cardholder used, possessed or was impaired by marijuana on the premises of the place of employment or during the hours of employment.

<sup>3</sup>Does not include marijuana that is not considered to be usable.

<sup>4</sup>Must be stored in a locked, enclosed facility, unless the plants are being transported because the patient or designated caregiver is moving

<sup>5</sup>Individuals who possess ID cards issued by other jurisdictions are allowed to possess marijuana for medical purposes within the state, but are not authorized to obtain marijuana from a nonprofit medical marijuana dispensary.

<sup>6</sup>Does allow the state registry to be used to determine if a physician should be referred to the Colorado board of medical examiners for suspected violations.

<sup>7</sup>New Mexico also places additional conditions that are unique to the state. Conditions include: patients may not be certified by a practitioner who is related to the patient within the second degree of consanguinity or the first degree of affinity, including a spouse, child, stepchild, parent, step-parent, sibling, grandparent, mother-in-law, father-in-law, son-in law, or daughter-in-law of the patient; and that a practitioner's primary place of practice must be located within the state of New Mexico. Regulations also states that a practitioner may be prohibited from certifying a patient's application for: failure to comply with any provision of this rule; falsification of any material or information submitted to the department; threatening or harming an employee of a producer, a medical practitioner, a patient, or an employee of the department; or any determination by the practitioner's licensing body that practitioner has engaged in unprofessional or dishonorable conduct.

<sup>8</sup>In New Mexico, primary caregivers must register separately and required to submit: New Mexico driver's license or comparable state of New Mexico or federal issued photo identification card verifying that the applicant is at least eighteen (18) years of age and is a resident of New Mexico; written approval by each qualified patient, and written approval by at least one certifying practitioner for each qualified patient, authorizing the primary caregiver's responsibility for managing the well-being of the patient(s) with respect to the medical use of cannabis; the name(s), address(es), telephone number(s) and date of birth of the qualified patient(s); the name, address and telephone number of each qualified patient's practitioner; the name, address, and telephone number of the applicant primary caregiver; an attestation from the primary caregiver applicant that he or she is a resident of the state of New Mexico; the applicant primary caregiver's signature and the date; and documentation of completed nationwide and statewide background checks conducted within six months of the application submission date.



<sup>9</sup>Written certification for applicants with hepatitis must state: that the hepatitis C infection is currently being treated with antiviral drugs; to the anticipated duration of the hepatitis C antiviral treatment; and that standard treatments for the management of side effects associated with hepatitis C treatment have failed to bring adequate relief.

<sup>10</sup>Patients must present: objective proof of the etiology of the severe chronic pain shall be included in the application; and two practitioners familiar with the patient's chronic pain shall provide written certification that the patient has an unremitting severe chronic pain condition; one certification shall be from a primary care provider; the second certification shall be from a specialist with expertise in pain management or a specialist with expertise in the disease process that is causing the pain;

<sup>11</sup>Applicants with post-traumatic stress disorder must submit medical records that confirm the diagnosis of PTSD based upon the evaluation of a psychiatrist or psychiatric nurse practitioner and meeting the diagnostic criteria of the current diagnostic and statistical manual of mental disorders.

<sup>12</sup>Application to the medical cannabis program must be accompanied by medical records that confirm the objective presence of painful peripheral neuropathy that has been refractory to other treatments.

<sup>13</sup>A qualified patient must be licensed to grow marijuana. In addition to licensing qualified patients, New Mexico also licenses non-profit entities that are limited to a total of 95 mature plants, and seedlings and an inventory of useable marijuana that reflects current patient needs.

<sup>14</sup>New Mexico has established an advisory board to: review and recommend to the department for approval additional debilitating medical conditions that would benefit from the medical use of cannabis; recommended quantities of cannabis that are necessary to constitute an adequate supply for qualified patients and primary caregivers; accept and review petitions to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis and all lawful privileges under the act and implementing rules; issue recommendations concerning rules to be promulgated for the issuance of registry identification cards; and review conditions previously reviewed by the board and approved by the secretary for the purpose of determining whether to recommend the revision of eligibility criteria for persons applying under those conditions or to review new medical and scientific evidence pertaining to currently approved conditions.