



# Marijuana: Laws Allowing the Limited Use of Low-THC Oil for Medicinal Purposes

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| <b><u>ALABAMA</u></b>                         |   |
|---|---|
| <b>Statute(s)</b>                             | Ala.Code.1975 § 13A-12-214.2.   |
| <b>Effective date</b>                         | July 1, 2014. The law provides that it will be repealed July 1, 2019.   |
| <b>Type of law</b>                            | Clinical research program for adults and minors administered by the Department of Neurology at the University of Alabama at Birmingham (“UAB Department”).  |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | Cannabidiol (“CBD”). Defined as a (nonpsychoactive) cannabinoid found in the plant Cannabis sativa L. or any other preparation thereof that is essentially free from plant material, and has a tetrahydrocannabinol (“THC”) level of no more than 3.0%. Health care practitioners at the UAB Department are the sole authorized sources of prescriptions for CBD.   |
| <b>Condition(s) treated</b>                   | Debilitating epileptic condition. Defined as “epilepsy or other neurological disorder . . . that, as diagnosed by a board-certified neurologist under the employment or authority of the UAB Department, produces serious, debilitating, or life-threatening seizures.”   |
| <b>Registry administrator</b>                 | N/A   |
| <b>Website</b>                                | <a href="http://www.uab.edu/medicine/neurology/research/uab-cannabidiol-program">http://www.uab.edu/medicine/neurology/research/uab-cannabidiol-program.</a>  |
| <b>Requirements for treatment</b>             | Alabama resident; submit application for consideration to UAB Department containing among other things: primary care neurologist’s referral letter and medical records/history information.   |
| <b>Fee for/ term of inclusion in registry</b> | N/A   |
| <b>Records to be provided by physician</b>    | Primary care neurologist must send referral letter and medical records/ history information to UAB Department.  |
| <b>Exemption from penalties</b>               | It is an “affirmative and complete defense” to a prosecution for possession of CBD that the person has a debilitating epileptic condition and used or possessed CBD pursuant to a prescription authorized by the UAB Department. The person must be able to produce a valid prescription, certification of a debilitating epileptic condition, and the name of the prescribing health care professional authorized by the UAB Department. |
| <b>Information disclosed to third parties</b> | Not addressed in law.   |
| <b>Studies required</b>                       | UAB Department must establish a research and development study to determine medical uses and benefits of CBD for individuals with debilitating epileptic conditions.  |

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| <b><u>FLORIDA</u></b>                         |  |
|---|--|
| <b>Statute(s)</b>                             | F.S.A. § 381.986; §§ 385.211 to 385.212; § 893.02; § 1004.441.   |
| <b>Effective date</b>                         | June 16, 2014. Physicians allowed to prescribe as of January 1, 2015.  |
| <b>Type of law</b>                            | Registry of authorized users.  |
| <b>Regulations</b>                            | Regulations have been proposed but not yet adopted.  |
| <b>Allowed substance(s)</b>                   | “Low-THC cannabis.” Defined as: (1) a plant of the genus Cannabis, the dried flowers of which contain 0.8% or less of THC and more than 10.0% of cannabidiol by weight; (2) the seeds thereof; (3) the resin extracted from any part of such plant; or (4) any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization. The low-THC cannabis must be cultivated, processed, and dispensed by one of five state-approved “dispensing organizations” spread out geographically in Florida. Low-THC cannabis cannot be administered through smoking.   |
| <b>Condition(s) treated</b>                   | Cancer, a condition that chronically produces symptoms of seizures or severe and persistent muscle spasms, or symptoms of such. No other satisfactory alternative treatment options can exist.   |
| <b>Registry administrator</b>                 | Florida Department of Health (“Department”) and Department’s Office of Compassionate Use (“Office”).   |
| <b>Website</b>                                | <a href="http://www.floridahealth.gov/programs-and-services/office-of-compassionate-use/">http://www.floridahealth.gov/programs-and-services/office-of-compassionate-use/</a> .  |
| <b>Requirements for treatment</b>             | Permanent resident of Florida; physician has examined patient; physician determines that risks of ordering low-THC cannabis are reasonable in light of the potential benefit; if patient is under age 18, a second physician must also examine patient and concur with determination; physician must register patient on Department’s compassionate use registry; physician must obtain the voluntary informed consent of the patient (or their legal guardian) to treatment with low-THC cannabis after explaining risks, alternatives, and side effects. Physician is not authorized to order low-THC cannabis until he/she completes an 8-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association. |
| <b>Fee for/ term of inclusion in registry</b> | Not addressed by law.  |
| <b>Records to be provided by physician</b>    | Every quarter, physician must submit a patient treatment plan to the University of Florida College of Pharmacy for research on the safety and efficacy of low-THC cannabis.  |
| <b>Exemption from penalties</b>               | Low-THC cannabis is exempted from the definition of cannabis in Florida’s Comprehensive Drug Abuse Prevention and Control Act if it is manufactured, possessed, sold, purchased, delivered, distributed, or dispensed, in compliance with the law.   |

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**FLORIDA**

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| <b>Information disclosed to third parties</b> | Registry information is accessible to law enforcement agencies and to a dispensing organization in order to verify patient authorization and record the dispensing.   |
| <b>Studies required</b>                       | Research by the University of Florida College of Pharmacy on the safety and efficacy of low-THC cannabis on patients. Although not required, state medical centers may conduct research on cannabidiol and low-THC cannabis. This research may include, but is not limited to, the agricultural development, production, clinical research, and use of liquid medical derivatives of cannabidiol and low-THC cannabis for the treatment for refractory or intractable epilepsy. |

| <b><u>GEORGIA</u></b>                         |   |
|---|---|
| <b>Statute(s)</b>                             | Ga. Code Ann. §§ 16-12-190 to 16-12-191; § 31-2A-18; §§ 31-50-1 to 31-50-5; §§ 31-51-1 to 31-51-10; § 51-1-29.6.  |
| <b>Effective date</b>                         | April 16, 2015. First registration cards must be issued by September 1, 2015. Provision allowing clinical research will be repealed on July 1, 2020.  |
| <b>Type of law</b>                            | The law allows both: (1) a registry of authorized users; and (2) a clinical research program for minors conducted by the Board of Regents of the University System of Georgia or any authorized clinical trial or research study in Georgia.  |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | “Low THC oil.” Defined as an oil that contains not more than 5.0% by weight of tetrahydrocannabinol and an amount of cannabidiol equal to or greater than the amount of tetrahydrocannabinol. Allowed possession is limited to 20 fluid ounces or less.   |
| <b>Condition(s) treated</b>                   | (1) Cancer (end stage or treatment produces related wasting illness, recalcitrant nausea and vomiting); (2) Amyotrophic lateral sclerosis (severe or end stage); (3) Seizure disorders related to diagnosis of epilepsy or trauma related head injuries; (4) Multiple sclerosis (severe or end stage); (5) Crohn's disease; (6) Mitochondrial disease; (7) Parkinson's disease (severe or end stage); or (8) Sickle cell disease (severe or end stage).   |
| <b>Registry administrator</b>                 | Georgia Department of Public Health (“Department”).   |
| <b>Website</b>                                | <a href="http://dph.georgia.gov/low-thc-oil-registry">http://dph.georgia.gov/low-thc-oil-registry</a> .   |
| <b>Requirements for treatment</b>             | To be treated through the registry, the patient must be a Georgia resident for at least one year (or a child less than one who was born in Georgia); must be certified by physician to Department as diagnosed with applicable condition and authorized by the physician to use low THC oil for treatment; must have doctor-patient relationship with physician and physician must be treating the specific condition.<br><br>To be treated through the research program, the patient must be under age 18 with medication-resistant epilepsy; resident of Georgia for the entire 24-month period prior to entry into program (or child under age 24 months who has lived in Georgia continuously since birth). |
| <b>Fee for/ term of inclusion in registry</b> | Not addressed by law.   |
| <b>Records to be provided by physician</b>    | Quarterly reports to Georgia Composite Medical Board, which must include dosages recommended for a particular condition, clinical responses, compliance, response to treatment, side effects, and drug interactions.  |

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| <b><u>GEORGIA</u></b>                         |   |
|---|---|
| <b>Exemption from penalties</b>               | It is lawful to possess 20 fluid ounces or less of low THC oil if the person has a Department-issued registration card, or a permit issued by the clinical research program, and has the substance “in a pharmaceutical container labeled by the manufacturer indicating the percentage of tetrahydrocannabinol therein.”   |
| <b>Information disclosed to third parties</b> | Department will disclose information:<br>(1) Upon written request of a registered individual or caregiver; or<br>(2) To peace officers and prosecuting attorneys for the purpose of verifying the proper registration of an individual in possession of a registration card or in possession of low THC oil.  |
| <b>Studies required</b>                       | Georgia Commission on Medical Cannabis (“Commission”) is established to provide comprehensive recommendations regarding the regulation of medical cannabis in this state and the best practices, experiences, and results of legislation in other states with regard to medical cannabis. The Commission must issue a detailed report no later than December 31, 2015, including a review of the conditions, needs, issues, and problems related to medical cannabis and any recommended action or proposed legislation deemed necessary or appropriate. This portion of the law is repealed June 30, 2016. |

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| <b><u>IOWA</u></b>                            |   |
|---|---|
| <b>Statute(s)</b>                             | I.C.A. §§ 124D.1 to § 124D.8.   |
| <b>Effective date</b>                         | July 1, 2014. The law provides that it will be repealed July 1, 2017.   |
| <b>Type of law</b>                            | Registry of authorized users.   |
| <b>Regulations</b>                            | Iowa Admin. Code 641-154.1 to 641-154.11.   |
| <b>Allowed substance(s)</b>                   | Cannabidiol. Defined as a nonpsychoactive cannabinoid found in the plant <i>Cannabis sativa</i> L. or <i>Cannabis indica</i> (or any other preparation that is essentially free from plant material) that has a THC level of not more than 3.0%. The substance must be obtained from an out-of-state source and be administered orally or through the skin.   |
| <b>Condition(s) treated</b>                   | Intractable epilepsy.   |
| <b>Registry administrator</b>                 | Iowa Department of Public Health (“Department”). The Department may join with the Iowa Department of Transportation to issue registration cards.  |
| <b>Website</b>                                | <a href="https://www.idph.state.ia.us/MCARCP/">https://www.idph.state.ia.us/MCARCP/</a> .   |
| <b>Requirements for treatment</b>             | Permanent resident of Iowa; a neurologist has treated the patient for intractable epilepsy for at least six months and has tried and documented alternative treatments that have not alleviated symptoms; neurologist determines that the risks of recommending the use of cannabidiol are reasonable in light of the potential benefit; neurologist submits a written recommendation to Department that the patient may benefit from the use of cannabidiol; patient (or caregiver) submits application to Department. |
| <b>Fee for/ term of inclusion in registry</b> | No fee. Registry card expires one year from issuance. Card can be renewed if renewal application is submitted at least 60 days before expiration.   |
| <b>Records to be provided by physician</b>    | Neurologist must maintain a record keeping system for all patients in which a written recommendation is submitted; must participate in any survey conducted by the Department about the medicinal use of cannabidiol.   |
| <b>Exemption from penalties</b>               | It is an “affirmative and complete defense” to charges of unlawful possession of marijuana under Iowa law that the person has a diagnosis of intractable epilepsy, uses or possesses cannabidiol pursuant to the law, and if age 18 or older, is in possession of a valid registration card. The defense applies only if the amount possessed by a patient is less than 32 ounces.  |
| <b>Information disclosed to third parties</b> | Personally identifiable information may be released: (1) to employees or agents of the Department and state Department of Transportation as necessary to perform duties; and (2) to employees of state or local law enforcement agencies for the sole purpose of verifying that a person is in possession of a registration card lawfully.  |
| <b>Studies required</b>                       | Not addressed by law.   |



| <b><u>KENTUCKY</u></b>                        |   |
|---|---|
| <b>Statute(s)</b>                             | KRS § 218A.010.   |
| <b>Effective date</b>                         | April 10, 2014.   |
| <b>Type of law</b>                            | Written order from physicians affiliated with certain state universities.   |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | Cannabidiol. There is no definition of cannabidiol in the law.  |
| <b>Condition(s) treated</b>                   | Not specified in law.   |
| <b>Registry administrator</b>                 | N/A   |
| <b>Website</b>                                | None.   |
| <b>Requirements for treatment</b>             | Cannabidiol must be dispensed through a written order of a physician practicing at a hospital or associated clinic affiliated with a Kentucky public university having a college or school of medicine. |
| <b>Fee for/ term of inclusion in registry</b> | N/A   |
| <b>Records to be provided by physician</b>    | Not addressed by law.   |
| <b>Exemption from penalties</b>               | Cannabidiol dispensed pursuant to law is excepted from the definition of marijuana in Kentucky's controlled substances law.   |
| <b>Information disclosed to third parties</b> | Not addressed by law.   |
| <b>Studies required</b>                       | Not addressed by law.   |

| <b><u>MISSISSIPPI</u></b>                     |  |
|---|--|
| <b>Statute(s)</b>                             | Miss. Code Ann. § 41-29-136.   |
| <b>Effective date</b>                         | April 17, 2014. The law provides that it will be repealed July 1, 2017.  |
| <b>Type of law</b>                            | The law allows both: (1) a written order from state-licensed physician; and (2) clinical research program by the National Center for Natural Products Research (“NCNPR”) at the University of Mississippi (“University”) and dispensed by the University’s Department of Pharmacy Services (“Department”).   |
| <b>Regulations</b>                            | None adopted to date.  |
| <b>Allowed substance(s)</b>                   | “CBD oil.” Defined as processed cannabis plant extract, oil or resin that contains more than 15.0% cannabidiol, or a dilution of the resin that contains at least 50 mg. of cannabidiol per ml, but not more than 0.5% of THC. CBD oil must be obtained by NCNPR and dispensed by the Department.  |
| <b>Condition(s) treated</b>                   | Debilitating epileptic condition or related illness.   |
| <b>Registry administrator</b>                 | N/A  |
| <b>Website</b>                                | <a href="http://pharmacy.olemiss.edu/ncnpr/research-programs/cannabis-research/">http://pharmacy.olemiss.edu/ncnpr/research-programs/cannabis-research/</a> .  |
| <b>Requirements for treatment</b>             | Patient (or minor’s parent/custodian) must sign a hold-harmless agreement that releases from liability the state and any division, agency, institution or employee thereof involved in the research, cultivation, processing, dispensing, prescribing or administration of CBD oil. According to the Department website, as of May 2015, regulatory hurdles still remain before treatment trials can begin. The Department also notes that trials would initially involve only children with refractory or more serious types of epilepsy. |
| <b>Fee for/ term of inclusion in registry</b> | N/A  |
| <b>Records to be provided by physician</b>    | Not addressed by law.  |
| <b>Exemption from penalties</b>               | It is an “affirmative and complete defense” to a prosecution for unlawful possession of marijuana under Mississippi law if the CBD oil was used and/or possessed in accordance with the law.   |
| <b>Information disclosed to third parties</b> | Not addressed by law.  |
| <b>Studies required</b>                       | NCNPR, the Department and the Mississippi Agricultural and Forestry Experiment Station at Mississippi State University are authorized to produce or possess cannabidiol for research.  |

| <b><u>MISSOURI</u></b>                        |  |
|---|--|
| <b>Statutes</b>                               | V.A.M.S. § 192.945; § 195.207; § 261.265.  |
| <b>Effective date</b>                         | July 14, 2014.   |
| <b>Type of law</b>                            | Registry of authorized users.  |
| <b>Regulations</b>                            | 2 Mo. Code of State Regulations 70-14.005 to 70-14.190;<br>19 Mo. Code of State Regulations 20-51.010.   |
| <b>Allowed substance(s)</b>                   | <p>“Hemp extract.” Defined as an extract from a cannabis plant (or preparation containing cannabis plant material) that :</p> <ol style="list-style-type: none"> <li>(1) Has no more than 0.3% THC by weight;</li> <li>(2) Has at least 5.0% cannabidiol by weight; and</li> <li>(3) Contains no other psychoactive substance.</li> </ol> <p>The hemp extract must be produced by a non-profit entity with a Missouri-issued cultivation and production facility license. No more than two such licenses will be issued at any one time.</p> |
| <b>Condition(s) treated</b>                   | Intractable epilepsy.  |
| <b>Registry administrator</b>                 | Missouri Department of Health and Senior Services (“Department”).  |
| <b>Website</b>                                | <a href="http://health.mo.gov/about/proposedrules/hempextract.php">http://health.mo.gov/about/proposedrules/hempextract.php</a> .  |
| <b>Requirements for treatment</b>             | Missouri resident; provide the Department with a statement signed by a neurologist that the individual suffers from intractable epilepsy and may benefit from treatment (includes a certification that physician has overseen three or more other treatment options for which there has been no response); neurologist’s statement must be consistent with his/her medical record of the patient transmitted to the Department; pay fee (if required).   |
| <b>Fee for/ term of inclusion in registry</b> | Registration cards are valid for one year and renewable if requirements are met at time of renewal. Although the law allows the Department to charge a fee to join registry, there does not appear to be a fee at this time.   |
| <b>Records to be provided by physician</b>    | Neurologist must keep a record of his/her evaluation and observation of a patient and transmit the record to the Department.   |

**MISSOURI**

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| <b>Exemption from penalties</b>               | <p>A person using or possessing up to 20 ounces of hemp extract in compliance with law is not subject to penalties for penalties under Chapter 195 of the Missouri Code (Drug Relations) so long as the person:</p> <ol style="list-style-type: none"><li>(1) Is using the hemp extract to treat intractable epilepsy;</li><li>(2) Has a current hemp extract registration card;</li><li>(3) Obtained the hemp extract from a sealed container with a label indicating the place of origin and a certificate of analysis number; and</li><li>(4) Has “in close proximity” to the hemp extract the certificate of analysis that matches the label on the hemp extract, is from a laboratory not affiliated with the producer, documents the ingredients, and was submitted to the Department.</li></ol> |
| <b>Information disclosed to third parties</b> | <p>Department may share the records provided by neurologists to “a higher education institution” for the purpose of studying hemp extract.</p>   |
| <b>Studies required</b>                       | <p>Law indicates that a “higher education institution” can study hemp extract but no such study is required.</p>   |

| <b><u>NEBRASKA</u></b>                        |  |
|---|--|
| <b>Statute(s)</b>                             | Not assigned to date (2015 Legislative Bill 390).  |
| <b>Effective date</b>                         | May 27, 2015. The law provides that it will be repealed on October 1, 2019.  |
| <b>Type of law</b>                            | Clinical research program (the “Pilot Study”) for adults and minors through the University of Nebraska Medical Center (“Medical Center”) and Nebraska Medicine Research Pharmacy (“Nebraska Pharmacy”).  |
| <b>Regulations</b>                            | None adopted to date.  |
| <b>Allowed substance(s)</b>                   | Cannabidiol. Defined as processed cannabis plant extract, oil or resin that contains more than 10% cannabidiol by weight, but not more than 0.3% THC by weight, and delivered in liquid or solid form. The Medical Center and Nebraska Pharmacy are the only authorized producers.   |
| <b>Condition(s) treated</b>                   | Intractable seizures and treatment resistant seizures for which currently available treatment options have been ineffective. These include: (1) intractable, catastrophic genetic, or metabolic epilepsies; (2) Lennox–Gastaut Syndrome; (3) epilepsies consisting of drop seizures at risk for significant bodily injury; or (4) cluster seizures that result in significant life-threatening apnea after the trial and failure of at least three antiepileptic therapies that directly address the epilepsy in question. |
| <b>Registry administrator</b>                 | N/A.   |
| <b>Website</b>                                | None as of this date.  |
| <b>Requirements for treatment</b>             | A “medical provider,” a Nebraska-licensed physician appointed through the Pilot Study, has the authority to order and administer cannabidiol to patients. Patients (and their parents, if under age 19) must sign a “risks and benefits form” documenting the discussion with the medical provider of the risks and benefits of entering the study.  |
| <b>Fee for/ term of inclusion in registry</b> | N/A  |
| <b>Records to be provided by physician</b>    | Records of the evaluation and observation of a patient, including the patient’s response to cannabidiol treatment. The records must be transmitted to the Nebraska Department of Health and Human Services.  |
| <b>Exemption from penalties</b>               | There is an “affirmative and complete defense” to a prosecution for the unlawful possession of marijuana under the Uniform Controlled Substances Act if a patient (or parent/guardian of a minor) suffering from intractable seizures uses or possesses marijuana pursuant to the terms of the law.  |
| <b>Information disclosed to third parties</b> | The Medical Center must submit a report electronically to the Nebraska Legislature on or before September 15 each year (beginning 2016) containing information about the Pilot Study including the number of patients / minors, the number of former patients no longer receiving treatment and changes to health from the use of cannabidiol.   |

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**NEBRASKA**

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| <b>Studies required</b> | The Medical Center shall create the Pilot Study and designate at least two medical providers to conduct research on the safety and preliminary effectiveness of cannabidiol to treat patients with intractable seizures and treatment resistant seizures. The medical providers must be physicians licensed to practice medicine and surgery in Nebraska, and at least one must be a pediatric neurologist. |
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| <b><u>NORTH CAROLINA</u></b>                  |   |
|---|---|
| <b>Statute(s)</b>                             | N.C.G.S.A. § 90-94.1; §§ 90-113.100 to 113.106.   |
| <b>Effective date</b>                         | July 3, 2014. (As of May 18, 2015, however, there does not appear to be an operational registry.)   |
| <b>Type of law</b>                            | Registry of patients, caregivers and physicians taking part in clinical research program(s) affiliated with the neurology departments at the University of North Carolina at Chapel Hill, East Carolina University, Duke University, and/or Wake Forest University.   |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | <p>“Hemp extract.” Defined as an extract from a cannabis plant (or preparation containing cannabis plant material) that:</p> <ul style="list-style-type: none"> <li>(1) Has no more than 0.3% THC by weight;</li> <li>(2) Has at least 10.0% cannabidiol by weight; and</li> <li>(3) Contains no other psychoactive substance.</li> </ul> <p>The hemp extract must be acquired from outside North Carolina.</p>   |
| <b>Condition(s) treated</b>                   | Intractable epilepsy.   |
| <b>Registry administrator</b>                 | North Carolina Department of Health and Human Services (“Department”).  |
| <b>Website</b>                                | None.   |
| <b>Requirements for treatment</b>             | Caregiver must be age 18 or older and a resident of North Carolina; the neurologist conducting the pilot study must provide a signed statement to the Department that the patient is under their care, suffers from intractable epilepsy, may benefit from hemp extract treatment and is eligible for the study; neurologist’s statement must be consistent with the written medical record of patient evaluation provided to Department; caregiver must pay fee. |
| <b>Fee for/ term of inclusion in registry</b> | Caregiver cards are valid for one year from issuance. No cards are provided to patients. The fee for an initial card cannot exceed \$50 and the fee for a renewal card cannot exceed \$25.  |
| <b>Records to be provided by physician</b>    | A neurologist, affiliated with a research institution, seeking to conduct a pilot study must apply to the Department. The neurologist must also keep a record of the evaluation and observation of a patient under the neurologist's care, including the patient's response to hemp extract treatment and transmit such record to the Department upon request.  |

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| <b><u>NORTH CAROLINA</u></b>                  |   |
|---|---|
| <b>Exemption from penalties</b>               | <p>An individual may possess or use hemp extract, and is not subject to the penalties in Chapter 90 of the North Carolina Code (which includes the state’s controlled substances law) if the person:</p> <ul style="list-style-type: none"> <li>(1) Is using the hemp extract to treat intractable epilepsy,</li> <li>(2) Possesses, in close proximity to the hemp extract, a certificate of analysis that indicates the hemp extract’s ingredients; and</li> <li>(3) Has a current hemp extract registration card.</li> </ul> <p>[As registration cards are given to caregivers and not patients, it is possible that the exemption from penalties applies to caregivers only and not to patients.]</p> |
| <b>Information disclosed to third parties</b> | <p>Registry must be accessible to law enforcement agencies in order to verify caregiver registration. The Department will provide the name and address of a registered caregiver to the local Department of Health where the patient resides.</p>   |
| <b>Studies required</b>                       | <p>The University of North Carolina at Chapel Hill and East Carolina University may (and Duke University and Wake Forest University are encouraged to) conduct research on hemp extract development, production, and use for the treatment of seizure disorders and to participate in any ongoing or future clinical studies or trials.</p>   |

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| <b><u>OKLAHOMA</u></b>                        |  |
|---|--|
| <b>Statutes</b>                               | 63 Okl.St. Ann. §§ 2-801 to 2-805.   |
| <b>Effective date</b>                         | April 30, 2015.  |
| <b>Type of law</b>                            | Clinical research program for minors. The clinical trials must conclude by December 31, 2017.  |
| <b>Regulations</b>                            | None adopted to date.  |
| <b>Allowed substance(s)</b>                   | Cannabidiol. Defined as a nonpsychoactive cannabinoid found in the plant <i>Cannabis sativa</i> L. that has a THC concentration of not more than 0.3% and that is delivered to the patient in the form of a liquid.  |
| <b>Condition(s) treated</b>                   | Lennox–Gastaut Syndrome, Dravet Syndrome, Severe Myoclonic Epilepsy of Infancy, and any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.   |
| <b>Registry administrator</b>                 | N/A  |
| <b>Website</b>                                | None.  |
| <b>Requirements for treatment</b>             | An Oklahoma-licensed physician treating patients with severe forms of epilepsy may serve as the principal investigator for clinical trials if her/she applies to and is approved by the U.S. Food and Drug Administration as the principal investigator in a statewide investigational new drug application, receives a license from the U.S. Drug Enforcement Administration, and receives a registration from the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control. The qualifying patient must be under age 18 and suffer from one of the conditions. |
| <b>Fee for/ term of inclusion in registry</b> | N/A  |
| <b>Records to be provided by physician</b>    | Not addressed by law.  |
| <b>Exemption from penalties</b>               | A person in compliance with law is not subject to arrest, prosecution, or any civil or administrative penalty for the use, prescription, administration, possession, manufacture, or distribution of medical cannabidiol.  |
| <b>Information disclosed to third parties</b> | The state Commissioner of Health (“Commissioner”) must make available to the legislature any data, excluding individual health records, relating to clinical trials.   |
| <b>Studies required</b>                       | The Commissioner must submit a report to the legislature on or before December 31, 2017 summarizing the findings from the clinical trials.   |

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| <b><u>SOUTH CAROLINA</u></b>                  |   |
|---|---|
| <b>Statutes</b>                               | S.C. Code 1976 § 44-53-110; §§ 44-53-1810 to 44-53-1840.  |
| <b>Effective date</b>                         | June 2, 2014.   |
| <b>Type of law</b>                            | Clinical research programs through academic medical centers.  |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | “Cannabidiol.” Defined as a finished preparation containing, of its total cannabinoid content, at least 98.0% cannabidiol and not more than 0.9% THC by volume that has been extracted from marijuana or synthesized in a laboratory. The cannabidiol must be manufactured and tested in a facility approved or certified by the United States Food and Drug Administration   |
| <b>Condition(s) treated</b>                   | Lennox–Gastaut Syndrome, Dravet Syndrome (also known as severe myoclonic epilepsy of infancy) or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.   |
| <b>Registry administrator</b>                 | N/A   |
| <b>Website</b>                                | None.   |
| <b>Requirements for treatment</b>             | A South Carolina-licensed physician who is practicing in an academic medical center and treating patients with severe forms of epilepsy may serve as the principal investigator for clinical trials if he/she applies to and is approved by the U.S. Food and Drug Administration as the principal investigator in a statewide investigational new drug application and receives a license from the U.S. Drug Enforcement Administration. The trials are for qualifying patients suffering from the treated conditions. |
| <b>Fee for/ term of inclusion in registry</b> | N/A   |
| <b>Records to be provided by physician</b>    | Not addressed by law.   |
| <b>Exemption from penalties</b>               | A person in compliance with law is not subject to arrest, prosecution, or any civil or administrative penalty for the use, prescription, administration, possession, manufacture, or distribution of medical cannabis.  |
| <b>Information disclosed to third parties</b> | Not addressed by law.   |
| <b>Studies required</b>                       | Not addressed by law.   |

| <b><u>TENNESSEE</u></b>                       |   |
|---|---|
| <b>Statute(s)</b>                             | T. C. A. § 39-17-402(16).   |
| <b>Effective date</b>                         | July 1, 2014 (amended May 4, 2015). The law provides that it will be repealed July 1, 2018.   |
| <b>Type of law</b>                            | As originally enacted, the law allowed clinical research programs supervised by a physician at a hospital or clinic affiliated with a university having a college or school of medicine ( <i>i.e.</i> , Vanderbilt University). As amended, the provision for research was eliminated and the law now allows oil containing cannabidiol to be brought into Tennessee by patients diagnosed with certain conditions by a Tennessee-licensed physician. |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | Oil containing cannabidiol with less than 0.9% THC. The oil must be legally obtained from another U.S. state. [As originally enacted, the oil for use in a clinical research study could be “manufactured, processed, transferred, dispensed or possessed” by a four-year public institution of higher education in a county with a population between 72,300 -72,400 ( <i>i.e.</i> Tennessee Tech University).]                                      |
| <b>Condition(s) treated</b>                   | Intractable seizures or epilepsy.   |
| <b>Registry administrator</b>                 | N/A   |
| <b>Website</b>                                | None.   |
| <b>Requirements for treatment</b>             | Diagnosis by a Tennessee-licensed doctor of the person or the person’s immediate family member.   |
| <b>Fee for/ term of inclusion in registry</b> | N/A   |
| <b>Records to be provided by physician</b>    | As originally enacted, a physician conducting research had to report the results of such study to the state Commissioner of Health and Legislature by January 15, 2018.   |
| <b>Exemption from penalties</b>               | Oil containing cannabidiol dispensed pursuant to law is excepted from the definition of marijuana in Tennessee law if the bottle containing the oil is labeled by the manufacturer and the person possessing it retains: (1) proof of the legal order or recommendation from the issuing state; and (2) proof of the Tennessee doctor’s diagnosis.  |
| <b>Information disclosed to third parties</b> | Not addressed by law.   |
| <b>Studies required</b>                       | As originally enacted, the law allowed clinical research programs affiliated with a university having a college or school of medicine. This reference was removed in the May 2015 amendment.  |

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| <b><u>TEXAS</u></b>                           |   |
|---|---|
| <b>Statute(s)</b>                             | V.T.C.A., Health and Safety Code §§ 481.111; 487.001; 487.101 to 487.108; 487.052 to 487.054; 487.151; 487.201.<br>V.T.C.A., Occupations Code §§ 169.001 to 169.005.  |
| <b>Effective date</b>                         | June 1, 2015.   |
| <b>Type of law</b>                            | Registry of authorized patients, prescribers and dispensing organizations.  |
| <b>Regulations</b>                            | None adopted to date.   |
| <b>Allowed substance(s)</b>                   | Low-THC cannabis. Defined as the plant <i>Cannabis sativa</i> L., and any part of that plant or any derivative, mixture, preparation, resin, or oil that contains no more than 0.5% by weight of THC and not less than 10% by weight of cannabidiol. The low-THC cannabis cannot be ingested through smoking. Dispensing organizations will be registered and licensed to cultivate and produce low-THC cannabis. Localities may not enact or adopt ordinances to prohibit the cultivation, production, dispensing or possession of low-THC cannabis.   |
| <b>Condition(s) treated</b>                   | Intractable epilepsy, meaning a seizure disorder in which the patient's seizures have been treated by two or more appropriately chosen and maximally titrated antiepileptic drugs that have failed to control the seizures.   |
| <b>Registry administrator</b>                 | Texas Department of Public Safety ("Department").   |
| <b>Website</b>                                | <a href="http://www.txdps.state.tx.us/RSD/CUP/index.htm">http://www.txdps.state.tx.us/RSD/CUP/index.htm</a> .   |
| <b>Requirements for treatment</b>             | A Texas-licensed physician who dedicates a significant portion of his or her clinical practice to the evaluation and treatment of epilepsy and is board certified in neurology or neurophysiology may register as the prescriber for a patient. The patient must be a permanent resident of Texas and the physician must certify that the patient is diagnosed with intractable epilepsy and that the risk of the use of low-THC cannabis is reasonable in light of the potential benefit. A second physician qualified to prescribe low-THC cannabis must concur with this determination. Only one physician may be the prescriber for a single patient. |
| <b>Fee for/ term of inclusion in registry</b> | Not addressed to date by law or regulations.  |
| <b>Records to be provided by physician</b>    | The physician must maintain a patient treatment plan that indicates the dosage, means of administration and planned duration of treatment for the low-THC cannabis.   |
| <b>Exemption from penalties</b>               | Sections 481.120, 481.121, 481.122, and 481.125 of the Texas controlled substances law, as respects to offenses involving marijuana and drug paraphernalia, do not apply to a person cultivating, possessing or using low-THC cannabis pursuant to the terms of the law.  |

**TEXAS**

|   |   |
|---|---|
| <b>Information disclosed to third parties</b> | Information in registry will be accessible to law enforcement agencies and dispensing organizations for the purpose of verifying whether a patient is one for whom low-THC cannabis is prescribed and whether the patient's prescriptions have been filled. After dispensing low-THC cannabis, a dispensing organization must record in the registry the form and quantity of low-THC cannabis dispensed and the date and time of dispensation. |
| <b>Studies required</b>                       | Not addressed in law or regulations.  |

| <b><u>UTAH</u></b>                            |  |
|---|--|
| <b>Statutes</b>                               | U.C.A. 1953 §§ 26-56-101 to 26-56-103; § 58-37-4.3.  |
| <b>Effective date</b>                         | July 1, 2014.  |
| <b>Type of law</b>                            | Registry of authorized users.  |
| <b>Regulations</b>                            | U.A.C. R436-55.  |
| <b>Allowed substance(s)</b>                   | <p>“Hemp extract.” Defined as an extract from a cannabis plant, or a mixture or preparation containing cannabis plant material, that:</p> <ol style="list-style-type: none"> <li>(1) Contains less than 0.3% tetrahydrocannabinol by weight;</li> <li>(2) Contains at least 15% cannabidiol by weight; and</li> <li>(3) Contains no other psychoactive substances.</li> </ol>  |
| <b>Condition(s) treated</b>                   | Intractable epilepsy.  |
| <b>Registry administrator</b>                 | Utah Department of Health (“Department”).  |
| <b>Website</b>                                | <a href="http://health.utah.gov/hempregistry/index.html">http://health.utah.gov/hempregistry/index.html</a> .  |
| <b>Requirements for treatment</b>             | Utah resident; written certification signed by neurologist specifying that person (or their minor child) suffers from intractable epilepsy and may benefit from treatment with hemp extract; pay fee.  |
| <b>Fee for/ term of inclusion in registry</b> | \$200 application fee (per website). A registration card is valid for one year. The card is renewable if the requirements are still met at time of renewal. Renewal application should be submitted at least 15 business days before expiration of card.   |
| <b>Records to be provided by physician</b>    | Certification by neurologist must be consistent with a written health evaluation of the patient provided by him/her to the Department.   |
| <b>Exemption from penalties</b>               | Possession and use of hemp extract in accordance with law exempts person from any penalties contained in Title 58, Chapter 37 of the Utah Code (Utah Controlled Substances Act). The person must have a current hemp extract registration card and have “in close proximity” to the hemp extract a certificate of analysis that matches the label on the hemp extract, is from a licensed producer, and documents the ingredients. |
| <b>Information disclosed to third parties</b> | Department may verify to a law enforcement agency whether an individual is a lawful possessor of a hemp extract registration card.   |
| <b>Studies required</b>                       | Not addressed by law.  |

| <b><u>VIRGINIA</u></b>                        |  |
|---|--|
| <b>Statute(s)</b>                             | Va. Code. Ann § 18.2–250.1; § 54.1–3408.3.   |
| <b>Effective date</b>                         | February 26, 2015.   |
| <b>Type of law</b>                            | Written certification allowing use by physician.   |
| <b>Regulations</b>                            | None adopted as of this date.  |
| <b>Allowed substance(s)</b>                   | <p>“Cannabidiol oil,” a processed cannabis plant extract that has at least 15.0% cannabidiol but no more than 5.0% percent THC, or a dilution of the resin of the plant that contains at least 50 mg/ml of cannabidiol but not more than 5.0% THC.</p> <p>“THC-A oil,” a processed cannabis plant extract that contains at least 15.0% THC acid but not more than 5% THC, or a dilution of the resin of the cannabis plant that contains at least 50 mg/ml of THC acid but not more than 5.0% THC.</p> |
| <b>Condition(s) treated</b>                   | Intractable epilepsy.  |
| <b>Registry administrator</b>                 | N/A  |
| <b>Website</b>                                | None.  |
| <b>Requirements for treatment</b>             | Written certification on state-provided form by Virginia-licensed practitioner of medicine or osteopathy allowing the use of cannabidiol oil or THC–A oil to treat or alleviate the symptoms of adult or minor child’s intractable epilepsy.   |
| <b>Fee for/ term of inclusion in registry</b> | Treatment can occur for one year from date of physician’s certification unless the certification provides for less time.   |
| <b>Records to be provided by physician</b>    | Not addressed by law.  |
| <b>Exemption from penalties</b>               | It is an affirmative defense to the crime of illegal possession of marijuana (Va. Code Ann. § 18.2–250.1) that the individual possessed cannabidiol or THC-A oil pursuant to a valid certification issued by a practitioner in the course of his professional practice for treatment of intractable epilepsy.  |
| <b>Information disclosed to third parties</b> | Not addressed by law.  |
| <b>Studies required</b>                       | Not addressed by law.  |

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| <b><u>WISCONSIN</u></b>                       |  |
|---|--|
| <b>Statute(s)</b>                             | W.S. A. § 961.14; § 961.34; § 961.38.  |
| <b>Effective date</b>                         | April 18, 2014.  |
| <b>Type of law</b>                            | Written authorization from a state-licensed physician participating in a federal investigational drug program.   |
| <b>Regulations</b>                            | None adopted to date.  |
| <b>Allowed substance(s)</b>                   | Cannabidiol in a form without a psychoactive effect that is dispensed pursuant to the law. Only pharmacies located within hospitals are eligible to receive the cannabidiol.   |
| <b>Condition(s) treated</b>                   | Seizure disorder.  |
| <b>Registry administrator</b>                 | N/A  |
| <b>Website</b>                                | None.  |
| <b>Requirements for treatment</b>             | Physician must apply (with help from state Controlled Substances Board) for a federal investigational drug permit under 21 U.S.C. § 355(i) for use of cannabidiol as treatment for a seizure disorder. If the federal Food and Drug Administration issues an investigational drug permit, the Controlled Substances Board must approve the pharmacies and physicians who may dispense cannabidiol to patients. |
| <b>Fee for/ term of inclusion in registry</b> | N/A  |
| <b>Records to be provided by physician</b>    | Not addressed by law.  |
| <b>Exemption from penalties</b>               | The definition of THC in the Wisconsin controlled substances law does not include “cannabidiol in a form without a psychoactive effect” that is dispensed in accordance with the law. The treating physician may provide a patient with a letter or other official documentation stating that the patient possesses the cannabidiol allowed by the law to treat a seizure disorder.                            |
| <b>Information disclosed to third parties</b> | Not addressed by law.  |
| <b>Studies required</b>                       | Law allows investigational drug studies but does not require any such study.   |



| <b>WYOMING</b>                                |  |
|---|--|
| <b>Statute(s)</b>                             | W.S.1977 §§ 35-7-1801 to 35-7-1803.  |
| <b>Effective date</b>                         | July 1, 2015.  |
| <b>Type of law</b>                            | Registry of authorized users.  |
| <b>Regulations</b>                            | None adopted as of this date.  |
| <b>Allowed substance(s)</b>                   | <p>“Hemp extract,” which is defined as an extract from a cannabis plant or a mixture or preparation containing cannabis plant material that:</p> <ol style="list-style-type: none"> <li>(1) Contains less than 0.3% tetrahydrocannabinol by weight;</li> <li>(2) Contains at least 5% cannabidiol by weight;</li> <li>(3) Contains no other psychoactive substances; and</li> <li>(4) Complies with federal definitions of industrial hemp.</li> </ol> |
| <b>Condition(s) treated</b>                   | Intractable epilepsy or seizure disorders.   |
| <b>Registry administrator</b>                 | Wyoming Department of Health (“Department”).   |
| <b>Website</b>                                | None.  |
| <b>Requirements for treatment</b>             | Wyoming resident; have statement signed by neurologist specifying that person (or their minor child) suffers from intractable epilepsy or seizure disorders and may benefit from treatment with hemp extract; pay fee.   |
| <b>Fee for/ term of inclusion in registry</b> | The fee has not been established to date but the law provides that it should be an amount that allows the total revenue generated to approximate— but not exceed— the direct and indirect costs of administration. The card is valid for one year and can be renewed if requirements to receive card are still met at time of renewal.   |
| <b>Records to be provided by physician</b>    | Neurologist must submit copy of his/her evaluation and response to hemp extract treatment to Department.   |
| <b>Exemption from penalties</b>               | Possession and use of hemp extract in accordance with law exempts person from any penalties contained in Title 35, Chapter 7 of Wyoming Code (which includes controlled substance law) for such possession or use. The person must be able to provide—through a certificate of analysis or otherwise— evidence that the substance meets the definition of hemp extract.  |
| <b>Information disclosed to third parties</b> | With the consent of the registrant or registrant’s parent, the Department may share the records with a “higher education institution” for the purpose of studying hemp extract if personally identifying information redacted.   |
| <b>Studies required</b>                       | Law indicates that a higher education institution can study hemp extract, but no such study is required.   |

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