Marijuana: Laws Allowing the Use of Low-THC Products for Medicinal Purposes

Research current through December 8, 2016.

This project was supported by Grant No. G15599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

STATE **PAGE**

ALABAMA 3
FLORIDA 5
GEORGIA 8
IOWA 10
KENTUCKY 12
MISSISSIPPI 13
MISSOURI 15
NEBRASKA 17
NORTH CAROLINA 19
OKLAHOMA 21
SOUTH CAROLINA 23
TENNESSEE 25
TEXAS 27
UTAH 29
VIRGINIA 31
WISCONSIN 33
WYOMING 35

ALABAMA	
Statute(s)	Ala.Code. §§ 13A-12-214.2 to 13A-12-214.3.
Effective date	July 1, 2014. The law provides that it will be repealed July 1, 2019 absent additional legislative action.
Type of law	Clinical research program for adults and minors administered by the Department of Neurology at the University of Alabama at Birmingham ("UAB Department").
Regulations	Ala. Admin. Code r. 370-4-1-.01.
Allowed substance(s)	Cannabidiol ("CBD"), which is 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%.
Condition(s) treated	Debilitating epileptic condition, which is 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."
Registry administrator	N/A
Website[1]	http://www.uab.edu/medicine/neurology/research/uab-cannabidiol-program.
Size of study or number of registrants	Not published.
Requirements for treatment	• Alabama resident • Must submit a cover letter checklist, referral letter from primary treating neurologist, and certain required medical records to the UAB Department.
Fee for / term of inclusion in registry	N/A
Records to be provided by physician	Primary care neurologist must send referral letter and medical records/ history information to the UAB Department.
Authorized source(s) for low THC product	Health care practitioners at the UAB Department are the sole authorized sources of prescriptions for CBD.

[1] Each website listed herein was accessible as of December 8, 2016.

ALABAMA	
Exemption from criminal penalties	• 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. • In the case of a prosecution for unlawful possession of marijuana in the second degree (possession for personal use), it is "an affirmative and complete defense" that the person used or possessed CBD if he or she: (1) has a "debilitating medical condition"; or (2) is the parent or legal guardian of a minor who has a debilitating medical condition, and the CBD is being used by the minor.
Information disclosed to third parties	Not addressed in law.
Studies required	UAB Department must establish a research and development study to determine medical uses and benefits of CBD for individuals with debilitating epileptic conditions.

FLORIDA	
Statute(s)	F.S.A. §§ 381.986 to 381.987; §§ 385.211 to 385.212; § 499.0295; § 893.02; § 1004.441.[2]
Effective date	June 16, 2014. The law was amended substantially effective March 25, 2016.
Type of law	Registry of authorized users, legal representatives, and ordering physicians.
Regulations	Fla. Admin. Code r. 64-4.001 to 64-4.009.
Allowed substance(s)	• "Low-THC cannabis," which is 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. • "Medical cannabis" means: (1) all parts of any plant of the genus Cannabis, whether growing or not; (2) the seeds thereof; (3) the resin extracted from any part of the plant; or (4) every compound, manufacture, sale, derivative, mixture, or preparation of the plant or its seeds or resin. Neither substance may be administered through smoking. A physician may order no more than a 45-day supply of low-THC or medical cannabis.
Condition(s) treated	• For the use of low-THC cannabis, the patient must have cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms. No other satisfactory alternative treatment options can exist. • For the use of medical cannabis, the patient must have a "terminal condition" that is attested to by the patient's physician and confirmed by a second independent evaluation by a board-certified physician in an appropriate specialty for that condition. A "terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered to be reversible, and would be expected to result in death within one year after diagnosis if the condition runs its normal course.
Registry administrator	Florida Department of Health ("Department") and Department's Office of Compassionate Use ("Office").

[2] On November 8, 2016, Florida voters enacted the Florida Medical Marijuana Legalization Initiative ("Amendment 2"). The official summary of the ballot initiative provides that Amendment 2 allows the medical use of marijuana for individuals with debilitating medical conditions as determined by a licensed Florida physician. It also provides that the Florida Department of Health ("Department") must register and regulate centers that produce and distribute marijuana for medical purposes and shall issue identification cards to patients and caregivers. Amendment 2 becomes effective on January 3, 2017. The Department has six months from that date to promulgate regulations and nine months to implement them.

FLORIDA	
Website	http://www.floridahealth.gov/programs-and-services/office-of-compassionate-use/.
Size of study or number of registrants	Not published.
Requirements for treatment	• Permanent resident of Florida. • Physician must have treated patient for three months immediately preceding registration, examined patient, and determined that risks of ordering low-THC or medical cannabis are reasonable in light of the potential benefit. • If potential 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 after explaining risks, alternatives, and side effects. • Physician may not order low-THC or medical cannabis until he/she completes an 8-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association.
Fee for/ term of inclusion in registry	Not addressed by law.
Records to be provided by physician	Every quarter, the 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 and medical cannabis.
Authorized source(s) of low THC products	Both low THC cannabis and medical cannabis must be cultivated, processed, and dispensed by one of the six state-approved "dispensing organizations" spread out geographically in Florida. Each organization must grow and process low-THC and medical cannabis products within an enclosed structure away from other plants and products. The organizations must also test the products before they are dispensed.
Exemption from criminal penalties	• 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.

FLORIDA	
Exemption from criminal penalties (continued)	• Qualified patient and the qualified patient's legal representative may purchase and possess for the patient's medical use up to the amount of low-THC cannabis or medical cannabis ordered for the patient. • An approved dispensing organization and its owners, managers, and employees may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of reasonable quantities, of low-THC cannabis, medical cannabis, or a cannabis delivery device.
Information disclosed to third parties	Registry information is accessible to law enforcement agencies, dispensing organizations, and the patient's ordering physician in order to verify patient authorization and record the dispensing.
Studies required	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.

GEORGIA	
Statute(s)	Ga. Code Ann. §§ 16–12–190 to 16-12-191; § 31–2A–18; §§ 31-51-1 to 31-51-10; § 51–1–29.6.
Effective date	April 16, 2015. The provision allowing clinical research will be repealed on July 1, 2020, absent additional legislative action.
Type of law	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.
Regulations	Ga Comp. R. & Regs. 360-36-.01 to 360-36-.05; 511-5-11-.01 to 511-5-11-.04.
Allowed substance(s)	"Low THC oil," which is defined as 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." Patients may possess legally only 20 fluid ounces or less.
Condition(s) treated	• Cancer (end stage or treatment produces related wasting illness, recalcitrant nausea and vomiting). • Amyotrophic lateral sclerosis (severe or end stage). • Seizure disorders related to diagnosis of epilepsy or trauma related head injuries. • Multiple sclerosis (severe or end stage). • Crohn's disease. • Mitochondrial disease. • Parkinson's disease (severe or end stage). • Sickle cell disease (severe or end stage).
Registry administrator	Georgia Department of Public Health ("Department").
Website	http://dph.georgia.gov/low-thc-oil-registry.
Size of study or number of registrants	Not published.
Requirements for treatment	To be treated through the registry: • 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.

GEORGIA	
Requirements for treatment (continued)	To be treated through the research program: • 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).
Fee for/ term of inclusion in registry	$25. The registration card is valid for two years from the date of issuance.
Records to be provided by physician	Quarterly reports to the Georgia Composite Medical Board, which must include dosages recommended for a particular condition, clinical responses, compliance, response to treatment, side effects, and drug interactions.
Authorized source(s) for low THC products	Not addressed by law.
Exemption from criminal penalties	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."
Information disclosed to third parties	Department will disclose information: (1) upon written request of a registered individual or caregiver; (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; or (3) with the Georgia Composite Medical Board to assist in the preparation of the quarterly reports.
Studies required	Georgia Commission on Medical Cannabis ("Commission") was 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. Under the law, the Commission had to issue a detailed report no later than December 31, 2015. The portion of the law authorizing the Commission (Ga. Code. Ann. § 31-50-1, et seq.) was repealed June 30, 2016.

IOWA	
Statute(s)	I.C.A. §§ 124D.1 to § 124D.8.
Effective date	July 1, 2014. The law provides that it will be repealed July 1, 2017, absent further legislative action.
Type of law	Registry of authorized users.
Regulations	Iowa Admin. Code 641-154.1 to 641-154.11.
Allowed substance(s)	Cannabidiol, which is defined as a nonpsychoactive cannabinoid found in the plant Cannabis sativa L. or Cannabis indica (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.
Condition(s) treated	Intractable epilepsy.
Registry administrator	Iowa Department of Public Health ("Department"). The Department may join with the Iowa Department of Transportation to issue registration cards.
Website	http://idph.iowa.gov/mcarcp.
Size of study or number of registrants	For the period from January 30 to December 7, 2016, 140 new and renewal patient and caregiver registration cards were approved and 104 new and renewal cards were issued.
Requirements for treatment	• Permanent resident of Iowa. • 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.
Fee for/ term of inclusion in registry	No fee. Registry card expires one year from issuance. Card can be renewed if renewal application is submitted at least 60 days before expiration.
Records to be provided by physician	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.
Authorized source(s) of low THC products	Not addressed by law.

IOWA	
Exemption from criminal penalties	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.
Information disclosed to third parties	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.
Studies required	Not addressed by law.

KENTUCKY	
Statute(s)	KRS § 218A.010.
Effective date	April 10, 2014.
Type of law	Written order from physicians affiliated with certain state universities.
Regulations	None adopted to date.
Allowed substance(s)	Cannabidiol. There is no definition of cannabidiol in the law.
Condition(s) treated	Not specified in law.
Registry administrator	N/A
Website	None.
Size of study or number of registrants	N/A
Requirements for treatment	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.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	No addressed by law.
Exemption from criminal penalties	Cannabidiol dispensed pursuant to law is excepted from the definition of marijuana in Kentucky's controlled substances law.
Information disclosed to third parties	Not addressed by law.
Studies required	Not addressed by law.

MISSISSIPPI	
Statute(s)	Miss. Code Ann. § 41-29-136.
Effective date	April 17, 2014. The law provides that it will be repealed July 1, 2017, absent additional legislative action.
Type of law	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").
Regulations	None adopted to date.
Allowed substance(s)	"CBD oil," which is 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.
Condition(s) treated	Debilitating epileptic condition or related illness.
Registry administrator	N/A
Website	http://pharmacy.olemiss.edu/ncnpr/research-programs/cannabis-research/.
Size of study or number of registrants	Not published.
Requirements for treatment	• 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. • Department also notes that trials would initially involve only children with refractory or more serious types of epilepsy.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	NCNPR.

MISSISSIPPI	
Exemption from criminal penalties	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.
Information disclosed to third parties	Not addressed by law.
Studies required	NCNPR, the Department, and the Mississippi Agricultural and Forestry Experiment Station at Mississippi State University are authorized to produce or possess cannabidiol for research.

MISSOURI	
Statutes	V.A.M.S. §§ 192.945 to 192.947; § 195.207; § 261.265.
Effective date	July 14, 2014.
Type of law	Registry of authorized users.
Regulations	2 Mo. Code of State Regulations 70-14.005 to 70-14.190; 19 Mo. Code of State Regulations 20-51.010.
Allowed substance(s)	"Hemp extract," which is defined as an extract from a cannabis plant (or preparation containing cannabis plant material) that: (1) Has no more than 0.3% THC by weight; (2) Has at least 5.0% cannabidiol by weight; and (3) Contains no other psychoactive substance.
Condition(s) treated	Intractable epilepsy.
Registry administrator	Missouri Department of Health and Senior Services ("Department").
Website	http://health.mo.gov/about/proposedrules/hempextract.php.
Size of study or number of registrants	Not published.
Requirements for treatment	• 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.
Fee for/ term of inclusion in registry	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.
Records to be provided by physician	Neurologist must keep a record of his/her evaluation and observation of a patient and transmit the record to the Department.
Authorized source(s) of low THC products	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. The license allows the licensee to grow, cultivate, process, and possess hemp and hemp extract, and distribute hemp extract to patients through its "cannabidiol oil care centers."

MISSOURI	
Exemption from criminal penalties	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: (1) is using the hemp extract to treat intractable epilepsy; (2) has a current hemp extract registration card; (3) obtained the hemp extract from a sealed container with a label indicating the place of origin and a certificate of analysis number; and (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.
Information disclosed to third parties	Department may share the records provided by neurologists to "a higher education institution" for the purpose of studying hemp extract.
Studies required	Law indicates that a "higher education institution" can study hemp extract but no such study is required.

NEBRASKA	
Statute(s)	Neb.Rev.St. §§ 28-463 to 28-469.
Effective date	May 27, 2015. The law provides that it will be repealed on October 1, 2019, absent additional legislative action.
Type of law	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").
Regulations	None adopted to date.
Allowed substance(s)	Cannabidiol, which is 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.
Condition(s) treated	Intractable seizures and treatment resistant seizures for which currently available treatment options have been ineffective. These include: • intractable, catastrophic genetic, or metabolic epilepsies; • Lennox–Gastaut Syndrome; • epilepsies consisting of drop seizures at risk for significant bodily injury; or • 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.
Registry administrator	N/A
Website	None to date..
Size of study or number of registrants	In June 2016, the Medical Center announced that it sought 25 patients under age 61 for the study.
Requirements for treatment	• 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.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	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.

NEBRASKA	
Authorized source(s) of low THC products	The Medical Center and Nebraska Pharmacy are the only authorized producers. The study will use Epidiolex, a drug produced by GW Pharmaceuticals.
Exemption from criminal penalties	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.
Information disclosed to third parties	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.
Studies required	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.

NORTH CAROLINA	
Statute(s)	N.C.G.S.A. § 90-94.1; §§ 90-113.100 to 113.106.
Effective date	July 3, 2014. The law was amended substantially effective July 16, 2015. The law provides that it will be repealed July 1, 2021, absent additional legislative action.
Type of law	Registry of patients, caregivers, and neurologists. It is the caregiver's responsibility to register the patient in the database.
Regulations	None adopted to date.
Allowed substance(s)	"Hemp extract." Defined as an extract from a cannabis plant (or preparation containing cannabis plant material) that: (1) Has no more than 0.9% THC by weight; (2) Has at least 5.0% cannabidiol by weight; and (3) Contains no other psychoactive substance. The required amounts of THC and cannabidiol were changed when the law was amended in July 2015.
Condition(s) treated	Intractable epilepsy.
Registry administrator	North Carolina Department of Health and Human Services ("Department").
Website	None to date.
Size of study or number of registrants	Not published.
Requirements for treatment	• Caregiver must be age 18 or older and a resident of North Carolina. • Caregiver must be the parent, legal guardian, or custodian of a patient. • Caregiver must possess a written statement from a neurologist that the patient is under their care, suffers from intractable epilepsy, and may benefit from hemp extract treatment. • Neurologist's statement must be consistent with the written medical record of patient evaluation provided to Department.
Fee for/ term of inclusion in registry	None. The statute related to caregiver registration cards was repealed when the law was amended in July 2015.
Records to be provided by physician	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.
Authorized source(s) of low THC products	Not addressed by law. It appears from the statutory language that hemp extract is to be acquired from outside North Carolina.

NORTH CAROLINA	
Exemption from criminal penalties	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: (1) is using the hemp extract to treat intractable epilepsy, (2) possesses, in close proximity to the hemp extract, a certificate of analysis that indicates the hemp extract's ingredients; and (3) is a caregiver, as the term is defined. [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.]
Information disclosed to third parties	The 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.
Studies required	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.

OKLAHOMA	
Statutes	63 Okl.St.Ann. § 2–101(23); §§ 2-801 to 2-805.
Effective date	April 30, 2015. The law was amended effective November 1, 2016.
Type of law	Clinical research program. The clinical trials must conclude by December 31, 2017. The requirement that the patient be under age 18 was removed in November 2016.
Regulations	Okla. Admin. Code 310:15-1-1 to 310:15-3-2.
Allowed substance(s)	Cannabidiol, which is defined as a nonpsychoactive cannabinoid found in the plant Cannabis sativa 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.
Condition(s) treated	• Lennox–Gastaut Syndrome. • Dravet Syndrome, also known as Severe Myoclonic Epilepsy of Infancy. • Any other form of refractory epilepsy that is not adequately treated by traditional medical therapies. • Spasticity due to multiple sclerosis or due to paraplegia. • Intractable nausea and vomiting. • Appetite stimulation with chronic wasting disease.
Registry administrator	N/A
Website	None to date.
Size of study or number of registrants	Not published.
Requirements for treatment	• Patient must suffer from one of the listed conditions. • 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.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	Not addressed by law.

OKLAHOMA	
Exemption from criminal penalties	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.
Information disclosed to third parties	The state Commissioner of Health ("Commissioner") must make available to the legislature any data, excluding individual health records, relating to clinical trials.
Studies required	The Commissioner must submit a report to the legislature on or before December 31, 2017 summarizing the findings from the clinical trials.

SOUTH CAROLINA	
Statutes	S.C. Code § 44–53–110; §§ 44–53–1810 to 44-53-1840.
Effective date	June 2, 2014.
Type of law	Clinical research programs through academic medical centers.
Regulations	None adopted to date.
Allowed substance(s)	"Cannabidiol," which is 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
Condition(s) treated	• Lennox–Gastaut Syndrome. • Dravet Syndrome (also known as severe myoclonic epilepsy of infancy). • Any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.
Registry administrator	N/A
Website	None to date.
Size of study or number of registrants	Not published.
Requirements for treatment	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.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	Not addressed by law.
Exemption from criminal penalties	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.

SOUTH CAROLINA	
Information disclosed to third parties	Not addressed by law.
Studies required	Not addressed by law.

TENNESSEE	
Statute(s)	T. C. A. § 39-17-402(16).
Effective date	July 1, 2014. The law was amended substantially effective May 4, 2015. The law provides that it will be repealed July 1, 2018, absent additional legislative action.
Type of law	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.e.*, 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.
Regulations	None adopted to date.
Allowed substance(s)	• Oil legally obtained from another state containing cannabidiol with less than 0.9% THC. • Cannabis oil containing the substance cannabidiol, with less than six tenths of one percent (0.6%) of THC, including the necessary seeds and plants, when manufactured, processed, transferred, dispensed, or possessed by a four-year public or private institution of higher education certified by the DEA as part of a clinical research study on the treatment of intractable seizures, cancer, or other diseases.
Condition(s) treated	Intractable seizures or epilepsy.
Registry administrator	N/A
Website	None to date.
Size of study or number of registrants	N/A
Requirements for treatment	Diagnosis by a Tennessee-licensed doctor of the person or the person's immediate family member.
Fee for/ term of inclusion in registry	N/A
Authorized source(s) of low THC products	Either produced in a state other than Tennessee or produced by a four-year public or private institution of higher education certified by the DEA as part of a clinical research study on the treatment of intractable seizures, cancer, or other diseases.
Records to be provided by physician	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.

TENNESSEE	
Exemption from criminal penalties	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.
Information disclosed to third parties	Not addressed by law.
Studies required	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.

TEXAS	
Statute(s)	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. V.T.C.A., Occupations Code §§ 169.001 to 169.005.
Effective date	June 1, 2015.
Type of law	Registry of authorized patients, prescribers, and dispensing organizations.
Regulations	37 TAC §§ 12.1 to 12.55.
Allowed substance(s)	Low–THC cannabis, which is defined as the plant Cannabis sativa 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.
Condition(s) treated	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.
Registry administrator	Texas Department of Public Safety ("Department").
Website	http://www.txdps.state.tx.us/RSD/CUP/index.htm.
Size of study or number of registrants	Not published.
Requirements for treatment	• 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.
Fee for/ term of inclusion in registry	Not addressed by law.
Records to be provided by physician	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.

TEXAS	
Authorized source(s) for low THC products	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. Under the law, the Department is required to license at least three dispensing organizations by September 1, 2017. The Department expects to begin accepting applications in June 2017.
Exemption from criminal penalties	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.
Information disclosed to third parties	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.
Studies required	Not addressed by law.

UTAH	
Statutes	U.C.A. §§ 26-56-101 to 26-56-103; § 58-37-4.3.
Effective date	July 1, 2014. The law provides that it will be repealed July 1, 2021 absent additional legislative action.
Type of law	Registry of authorized users.
Regulations	U.A.C. R436-55.
Allowed substance(s)	"Hemp extract." Defined as an extract from a cannabis plant, or a mixture or preparation containing cannabis plant material, that: (1) Contains less than 0.3% tetrahydrocannabinol by weight; (2) Contains at least 5% cannabidiol by weight; and (3) Contains no other psychoactive substances. The law was amended in May 2016 to change the required amount of cannabidiol from 15% to 5%.
Condition(s) treated	Intractable epilepsy.
Registry administrator	Utah Department of Health ("Department").
Website	http://health.utah.gov/hempregistry/index.html.
Size of study or number of registrants	97 active cardholders as of October 24, 2016. The total number of cards issued as of the same date was 166, with a 47% registrant renewal rate.
Requirements for treatment	• 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.
Fee for/ term of inclusion in registry	$200 application fee. 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.
Records to be provided by physician	Certification by neurologist must be consistent with a written health evaluation of the patient provided by him/her to the Department.
Authorized source(s) of low THC products	Not addressed by law.

UTAH	
Exemption from criminal penalties	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.
Information disclosed to third parties	• Department may verify to a law enforcement agency whether an individual is a lawful possessor of a hemp extract registration card. • In May 2016, the law was amended to require the Department to prepare a de-identified set of data based on records provided by neurologists and make the set of data available to researchers at a higher education institution for the purpose of studying hemp extract.
Studies required	In May 2016, the law was amended to require the Department to request proposals to conduct a study of hemp extract. In July 2016, the request was awarded to researchers at the University of Utah School of Medicine, Division of Pediatric Neurology. The purpose of the study is to analyze the experiences of patients who obtained hemp extract registration cards in Utah.

VIRGINIA	
Statute(s)	Va. Code. Ann §§ 18.2–250.1; 54.1–3408.3. Substantive changes to the law may take effect during 2017.[3]
Effective date	February 26, 2015.
Type of law	Written certification allowing use by physician.
Regulations	None adopted as of this date.
Allowed substance(s)	• "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. • "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.
Condition(s) treated	Intractable epilepsy.
Registry administrator	N/A
Website	None to date.
Size of study or number of registrants	N/A
Requirements for treatment	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.
Fee for/ term of inclusion in registry	Treatment can occur for one year from date of physician's certification unless the certification provides for less time.

[3] On March 29, 2016, the Virginia Governor approved the enrolled bill 2016 Virginia Senate Bill 701. The legislation contains a "reenactment clause," however, which provides that it will not take effect unless the legislation is enacted again by the 2017 session of the Virginia General Assembly. If the bill eventually becomes law, it authorizes a pharmaceutical processor, after obtaining a permit from the Virginia Board of Pharmacy and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil. The bill requires the Board of Pharmacy to adopt regulations 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. The additional statutory provisions would be located at Va. Code Ann. §§ 54.1-3442.5 to 54.1-3442.8.

VIRGINIA	
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	Not addressed by law.
Exemption from criminal penalties	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.
Information disclosed to third parties	Not addressed by law.
Studies required	Not addressed by law.

WISCONSIN	
Statute(s)	W.S. A. § 961.14; § 961.34; § 961.38.
Effective date	April 18, 2014.
Type of law	Written authorization from a state-licensed physician participating in a federal investigational drug program for cannabidiol as treatment of a seizure disorder.
Regulations	None adopted to date.
Allowed substance(s)	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.
Condition(s) treated	Seizure disorder.
Registry administrator	N/A
Website	None to date.
Size of study or number of registrants	N/A
Requirements for treatment	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.
Fee for/ term of inclusion in registry	N/A
Records to be provided by physician	Not addressed by law.
Authorized source(s) of low THC products	Pharmacies and physicians approved by the Wisconsin Controlled Substances Board, if the federal Food and Drug Administration issues an investigational drug permit.
Exemption from criminal penalties	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.

WISCONSIN	
Information disclosed to third parties	Not addressed by law.
Studies required	Law allows investigational drug studies but does not require any such study.

WYOMING	
Statute(s)	W.S. §§ 35–7–1901 to 35-7-1903.
Effective date	July 1, 2015.
Type of law	Registry of authorized users.
Regulations	WY Rules and Regulations HLTH HER Ch. 1, §§ 1-8.
Allowed substance(s)	"Hemp extract," which is defined as an extract from a cannabis plant or a mixture or preparation containing cannabis plant material that: (1) Contains less than 0.3% tetrahydrocannabinol by weight; (2) Contains at least 5% cannabidiol by weight; (3) Contains no other psychoactive substances; and (4) Complies with federal definitions of industrial hemp.
Condition(s) treated	Intractable epilepsy or seizure disorders.
Registry administrator	Wyoming Department of Health ("Department").
Website	https://health.wyo.gov/publichealth/prevention/tobacco-prevention/hemp-extract-registry-2/.
Size of study or number of registrants	Not published.
Requirements for treatment	• Wyoming resident. • Over age 18 and suffer from intractable epilepsy or be a parent or legal guardian of a patient who is under the age of 18 and suffers from intractable epilepsy. • Complete application. • Must provide patient evaluation record filled out by neurologist and have a statement signed by neurologist specifying that person suffers from intractable epilepsy or seizure disorders and may benefit from treatment with hemp extract.
Fee for/ term of inclusion in registry	$150 non-refundable application fee. The card is valid for one year and can be renewed if requirements to receive card are still met at time of renewal.
Records to be provided by physician	Neurologist must submit copy of his/her patient evaluation record and response to hemp extract treatment to Department.
Authorized source(s) of low THC products	Not addressed by law.

WYOMING	
Exemption from criminal penalties	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.
Information disclosed to third parties	• Department may verify to a law enforcement agency that an individual is a lawful possessor of a hemp extract registration card. • 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.
Studies required	Law indicates that a higher education institution can study hemp extract, but no such study is required.