

MAINE STATE LEGISLATURE

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and Human Services*
*Maine People Living
Safe, Healthy and Productive Lives*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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Report of the Maine Medical Marijuana Task Force to Governor John E. Baldacci

January 27, 2010

On November 3, 2009, the citizens of Maine approved the Maine Medical Marijuana Act. This Task Force was created by Executive Order to perform the following functions:

- Review the implementation of similar laws in other states;
- Make recommendations on the implementation of the law in Maine, including recommendations for changes in the enacted law that are deemed necessary to ensure effective implementation and ongoing monitoring of the medical marijuana program, and protection of public health and safety; and
- Advise the Department of Health and Human Services in its development of proposed rules and fee schedules.

The Task Force included the following individuals: Anne Jordan, Commissioner of Public Safety, Anne Head, Commissioner of Financial and Professional Regulations, Kandyce Powell, Executive Director of Maine Hospice Council, Gordon Smith, Executive Vice President of the Maine Medical Association, Dan Walker, attorney and supporter of the initiative, Faith Benedetti, representing patients, Ken Altshuler, attorney representing the public, John McElwee, retired judge representing the public, Representatives Anne Haskell and Anne Perry and Senators Joseph Brannigan and Stan Gerzofsky. Brenda Harvey, Commissioner of the Department of Health and Human Services, chaired the Task Force. The Chair and members thank Catherine Cobb, Lucky Hollander and Kathy Bubar, all from DHHS, who staffed the Task Force. The Task Force met a total of five times: on December 1, 8, and 15, 2009 and January 5 and 15, 2010.

The Task Force would like to thank the Governor for the opportunity to participate in this important work on behalf of the citizens of Maine.

The Committee reviewed a summary of the principal provisions of medical marijuana statutes in the 13 states where the medical use of marijuana is permitted. In addition to Maine, those states include Alaska, California, Colorado, Hawaii, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont, and Washington. That summary is attached.

The Task Force briefly discussed rules adopted by states with similar statutes and there was consensus that both the statute and the rules of New Mexico were the most closely aligned with Maine's and would be used as a guide for considering Maine's statute and a template for Maine's rules. Importantly, New Mexico has had a year of experience with its law. We had great access to knowledge and experience of New Mexico staff who answered many of our questions regarding implementation successes and challenges.

The Task Force carefully considered all of the provisions of the statute, discussed myriad concerns and determined certain sections of the statute that they recommend be changed. The list of recommended statutory changes is attached and should form the basis of a Governor's proposed L.D. The Task Force was able to reach consensus on most of the language. There were a few areas about which the Task Force was unable to agree; those have been noted as such in the attached document, along with the "straw votes" for each option. These are likely areas which will receive significant public testimony.

Draft rules reflecting the law prior to recommended changes were presented to and discussed by the Task Force. Until the statute is final, however, it is not possible to draft appropriate rules that reflect the structure and the implementation of the statute. Important issues that will be addressed in the rules include detailed requirements for dispensaries, how and by which state agency photo identification cards will be managed, quality guidelines/regulations for growers and monitoring of the dispensaries.

During the final meeting of the Task Force, consensus was reached about not predetermining the number and location of dispensaries. This follows the recommendations of the New Mexico program and is consistent with the best thinking of the Task Force. Task Force members also have requested that the Criminal Law Advisory Commission review a number of the provisions in the statute to assure that they are consistent both in language and effect with other Maine statutory provisions. These provisions have been forwarded to that Commission.

Because this is an entirely new program for Maine, the Task Force recommends that a thorough review of the program be conducted and a report of that review be presented to the first session of the Legislature next year. Based on that report, the Legislature will have ample opportunity to make any necessary changes or adjustments in the statute.

It is not possible at this time to determine the cost of the program and level of fees that must be assessed to cover those costs. Once the statutory language is final, the Department of Health and Human Services will be able to complete the fiscal analysis and a fiscal note will accompany the proposed legislation. It was the intent of the drafters, as represented on the Task Force, that this legislation be self funded, so the fees will be set to assure that no additional costs are passed on to the Maine taxpayer.

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Recommended Statutory Changes – Updated 1/20/2010

(Changes considered and or recommended by the Task Force are in italics. In situations where there was no consensus regarding the change in language, the results of the poll taken of the membership is shown. Commissioner Harvey abstained from each poll. In all cases where no poll results are shown, the Task Force agreed to recommend the change. Parts of the statute to which no changes are being recommended do not appear here.)

§ 2422. Definitions

Section 2422 (2) - **2. Debilitating medical condition.** "Debilitating medical condition" means:

A. Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail-patella syndrome, *Post Traumatic Stress Disorder (PTSD)*, *Peripheral Neuropathy* or the treatment of these conditions;

The Task Force voted 2-10 not to consider any additions.

Section 2422 (4) – **4. Felony drug offense.**

A. "Felony drug offense" means a violation of a state or federal controlled substance law *that is a crime punishable by imprisonment for one year or more*. It does not include:

1. An offense for which the sentence, including any term of probation, incarceration or supervised release, was completed 10 or more years earlier; or
2. An offense that consisted of conduct that would have been permitted under this chapter.

B. *Anyone who has been convicted of committing or found not criminally responsible by reason of insanity of committing:*

1. *A crime in this State that is punishable by imprisonment for a term of one year or more;*
2. *A crime under the laws of the United States that is punishable by imprisonment for a term exceeding one year;*
3. *A crime under the laws of any other state that, in accordance with the laws of that jurisdiction, is punishable by a term of imprisonment exceeding one year. This subparagraph does not include a crime under the laws of another state that is classified by the laws of that state as a misdemeanor and is punishable by a term of imprisonment of 2 years or less;*

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4. A crime under the laws of any other state that, in accordance with the laws of that jurisdiction, does not come within subparagraph (3) but is elementally substantially similar to a crime in this State that is punishable by a term of imprisonment for one year or more.” Title 15, section 393, subsection 1.

The Task Force members discussed whether this section should refer to all felony convictions or only drug related felonies. No consensus was reached and the straw poll vote was evenly split (6 to 6).

Section 2422 (6) – **Nonprofit dispensary** - “Nonprofit dispensary” means a not-for-profit entity registered under section 2428 that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses marijuana or related supplies and educational materials to cardholders. *(Task Force recommends deleting the sentence “A nonprofit dispensary is a primary caregiver.”)*

Section 2422 (7) – **Physician** - "Physician" means a person licensed as an osteopathic physician by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or a person licensed as a physician or surgeon by the Board of Licensure in Medicine pursuant to Title 32, chapter 48 *who holds a valid DEA license and complies with the Rules of the Board of Licensure in Medicine and the Board of Osteopathic Medicine, 02-0373 CMR ch.11.*

Section 2423. **Protections for the medical use of marijuana**

1. Qualifying patient. Add at the end –

Twenty-four hours notice will be provided to producers who are qualified patients prior to an onsite assessment except when the Department has reasonable suspicion to believe that providing notice will result in the destruction of evidence or that providing such notice will impede the Department’s ability to enforce this law or regulations.

There was no consensus on this provision. 4 Task Force members voted to maintain this provision, 8 voted to require 24 hour notice under all circumstances.

Section 2423 (2) - . **2. Primary caregiver.** *A primary caregiver, including staff of an inpatient hospice provider, who has been issued and possesses a registry identification card may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom the primary caregiver is connected through the department's registration process with the medical use of marijuana in accordance with this chapter as long as the primary caregiver possesses an amount of marijuana that:*

A. Is not more than 2 1/2 ounces of usable marijuana for each qualifying patient to whom the primary caregiver is connected through the department’s registration process; and

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B. For each qualifying patient who has specified that the primary caregiver is allowed under state law to cultivate marijuana for the qualifying patient, does not exceed 6 marijuana plants, which must be kept in an enclosed, locked facility unless they are being transported because the primary caregiver is moving.

Twenty-four hours notice will be provided to producers who are registered caregivers prior to an onsite assessment.

Section 2423 (6) – **School, employer or landlord may not discriminate** - A school, employer or landlord may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that person's status as a registered qualifying patient or a registered primary caregiver unless failing to do so would put the school, employer or landlord in violation of federal law or cause it to lose a federal contract or funding.

The foregoing shall not prohibit a restriction on the use or cultivation of marijuana on premises where such would be inconsistent with the general use of the premises.

There is concern about this provision and recommendations ranged from removal of the provision to no change at all. There was no consensus. 4 members voted to delete this provision and 8 voted to retain in its current form. There was also no consensus regarding the additional language, with the Task Force voting 9-3 to add the language.

Section 2423 (7) – **Person may not be denied parental rights and responsibilities or contact with a minor** – “A person may not be denied parental rights and responsibilities of, or contact with, a minor child as a result of acting in accordance with this chapter, unless the person’s behavior is contrary to the best interests of the minor child as outlined in Title 19-A Section 1653(3).”

2 members of the Task Force wanted this provision deleted; the remaining 10 were comfortable with the language as redrafted.

Section 2423 (8) – **Registered primary caregiver may receive reasonable monetary compensation for costs** - A registered primary caregiver may receive reasonable monetary compensation for costs associated with assisting a registered qualifying patient's medical use of marijuana as long as the registered primary caregiver is connected to the registered qualifying patient through the department's registration process. Any such compensation does not constitute the sale of controlled substances.

Section 2423 (9) – **Physician not subject to penalty** A physician may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or by any other business or occupational or professional licensing board or bureau, solely for providing written certifications or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition except that nothing prevents a professional licensing board from sanctioning a physician for failing to properly evaluate or treat a patient's medical

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condition or otherwise violating the *applicable* standard of care for evaluating *or treating* medical conditions.

Section 2423 (13) – **Effect of registry identification card issued by another jurisdiction** - A registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth or insular possession of the United States that allows the medical use of marijuana by a visiting qualifying patient has the same force and effect as a registry identification card issued by the department.

Need to revise to allow possession and use by a visiting patient but procurement only if the individual registers with the State of Maine. That process will be described in the rules.

Section 2424 (2) - **Adding debilitating medical conditions** - *The Commissioner of the Department of Health and Human services shall establish an advisory board consisting of at least eight (8) practitioners representing various fields of practice including but not limited to neurology ,gastroenterology, pain management, medical oncology, psychiatry, infectious disease ,hospice medicine, family medicine and gynecology. The practitioners shall be nationally board-certified in their area of specialty and knowledgeable about the medical use of cannabis. Additionally, not fewer than two (2) members of the public shall serve on this advisory board, at least one of whom is currently certified to use medical marijuana. The members shall be chosen for appointment by the Commissioner from a list proposed by the Maine Medical Association and the Maine Osteopathic Association and from a list of individuals who have volunteered to serve on this board. The advisory board shall:*

A. review and recommend to the department for approval additional debilitating medical conditions that would benefit from the medical use of cannabis;

B. accept and review petitions to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis;

C. convene at least once per year to conduct public hearings and to evaluate petitions, which shall be maintained as confidential personal health information, to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the medical use of cannabis; (There was discussion regarding the clause and no consensus was achieved. The vote was 10 to retain it and 2 to remove it.)

D. issue recommendations concerning rules to be promulgated for the issuance of the registry identification cards; and

E. recommend quantities of cannabis that are necessary to constitute an adequate supply for qualified patients and primary caregivers. (changes in italics)

Section 2425 (8) – **Confidentiality** - Replace the current language in E. with:

E. Except as provided below, any person who knowingly violates the confidentiality of information obtained pursuant to this chapter commits a civil violation for which a civil penalty up to \$1,000.00 maybe imposed. This section shall not apply to physicians, hospice personnel or any other person directly associated with physician or hospice services to a qualifying patient; except to the

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extent that such conduct may be subject to penalties or discipline under a separate provision of law, rule or regulation.

And add the following provisions:

- F. Records maintained pursuant to this chapter which identify patients are confidential and may not be disclosed except as follows:*
- 1. To department employees designated by the commissioner for the purpose of carrying out the responsibilities of this chapter;*
 - 2. Pursuant to court order based on reasonable cause demonstrated;*
 - 3. With written permission of the patient or the patient's guardian, if the patient is under guardianship, or a parent, if the patient has not attained the age of eighteen;*
 - 4. As permitted for the disclosure of "health care information" by 22 MRSA § 1711-C;*
 - 5. To a member of law enforcement for legitimate law enforcement purposes, such information not to be disseminated further than necessary to achieve the limited goals of a specific investigation.*
 - 6. To a patient's treating physician and to a patient's caregiver for the purpose of carrying out the responsibilities of this chapter.*
(Note that nonidentifying data may be disseminated for any other purpose, e.g., statistical, evaluation or medical or sociological research, etc.)
- G. Nothing in the section shall prohibit a physician from notifying the Department if the physician acquires information that a patient is no longer eligible to use medical marijuana or that the patient falsified information that was the basis of the physician's certification of eligibility for use.*
- H. Cardholder revocation hearings shall be confidential. However, if a card is revoked, the findings of the hearing and the revocation shall be made public.*
- I. Nothing in this section shall prohibit the Office of the Secretary of State and employees thereof from receiving any necessary information to produce and manage the "card" program.*

Section 2425 (9) - **Cardholder who sells, furnishes or gives marijuana to person not allowed to possess** – Any cardholder who sells, furnishes or gives marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter must have that cardholder's registry identification card revoked and is liable for any other penalties for the sale of marijuana. The department may revoke the registry identification card of any cardholder who violates this chapter, and the cardholder is liable for any other penalties for the violation.

Section 2426 (1)(A) - **Limitations** - A. Undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice would violate professional standards;

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2426 (1) (D) – Operate, navigate or be in actual physical control of any motor vehicle, aircraft, motorboat, *snowmobile or ATV* while under the influence of marijuana;

Section 2428 (2) (B) – **Nonprofit dispensaries**

D. The department may not issue a registry identification card to any principal officer, board member, agent or employee of a nonprofit dispensary who has been convicted of a felony drug offense. The department may conduct a background check of each principal officer, board member, agent or employee in order to carry out this provision. The department shall notify the nonprofit dispensary in writing of the purpose for denying the registry identification card.

There was no consensus regarding whether this should apply only to felony drug offenses or all felonies.

2428 (5) – **Inspection** - A nonprofit dispensary is subject to reasonable inspection by the department. The department *may enter a facility at any time to assess or monitor.*

2428 (6) (A) – **Nonprofit dispensary requirements** –

A. A nonprofit dispensary must be operated on a not-for-profit basis for the mutual benefit of its members and patrons. The bylaws of a nonprofit dispensary and its contracts with patrons must contain such provisions relative to the disposition of revenues and receipts as may be necessary and appropriate to establish and maintain its nonprofit character. A nonprofit dispensary need not be recognized as a tax-exempt organization under 26 United States Code, Section 501(c)(3) *but is required to incorporate pursuant to Title 13-B.*

The Maine Medical Marijuana Task Force requests that the Criminal Law Advisory Commission review and provide comments on the following sections of the statute as written.

§ 2423. Protections for the medical use of marijuana

1. Qualifying patient. A qualifying patient who has been issued and possesses a registry identification card may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marijuana in accordance with this chapter as long as the qualifying patient possesses an amount of marijuana that:

A. Is not more than 2 1/2 ounces of usable marijuana; and

B. If the qualifying patient has not specified that a primary caregiver is allowed under state law to cultivate marijuana for the qualifying patient, does not exceed 6 marijuana plants, which must be kept in an enclosed, locked facility unless they are being transported because the qualifying patient is moving or they are being transported to the qualifying patient's property.

2. Primary caregiver. A primary caregiver, other than a nonprofit dispensary, who has been issued and possesses a registry identification card may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom the primary caregiver is connected through the department's registration process with the medical use of marijuana in accordance with this chapter as long as the primary caregiver possesses an amount of marijuana that:

A. Is not more than 2 1/2 ounces of usable marijuana for each qualifying patient to whom the primary caregiver is connected through the department's registration process; and

B. For each qualifying patient who has specified that the primary caregiver is allowed under state law to cultivate marijuana for the qualifying patient, does not exceed 6 marijuana plants, which must be kept in an enclosed, locked facility unless they are being transported because the primary caregiver is moving.

4. Presumption. There is a presumption that a qualifying patient or primary caregiver is engaged in the medical use of marijuana in accordance with this chapter if the qualifying patient or primary caregiver:

A. Is in possession of a registry identification card; and

B. Is in possession of an amount of marijuana that does not exceed the amount

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allowed under this chapter.

The presumption may be rebutted by evidence that conduct related to marijuana was not for the purpose of treating or alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition in accordance with this chapter.

5. Cardholder not subject to arrest. A cardholder may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for giving an amount of marijuana the person is allowed to possess under subsection 1 or 2 to a cardholder for the registered qualifying patient's medical use when nothing of value is transferred in return or for offering to do the same.

10. Person not subject to penalty for providing registered qualifying patient or registered primary caregiver marijuana paraphernalia. A person may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for providing a registered qualifying patient or a registered primary caregiver with marijuana paraphernalia for purposes of a qualifying patient's medical use of marijuana.

11. Property not subject to forfeiture. Any marijuana, marijuana paraphernalia, licit property or interest in licit property that is possessed, owned or used in connection with the medical use of marijuana, as allowed under this chapter, or property incidental to such use, may not be seized or forfeited.

12. Person not subject to penalty for being in presence of medical use of marijuana. A person may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, simply for being in the presence or vicinity of the medical use of marijuana as allowed under this chapter or for assisting a registered qualifying patient with using or administering marijuana.

§ 2425. Registry identification cards

7. Possession of or application for card not probable cause for search. Possession of, or application for, a registry identification card does not constitute probable cause or reasonable suspicion, nor may it be used to support the search of the person or property of the person possessing or applying for the registry identification card. The possession of, or application for, a registry identification card does not prevent the issuance of a warrant if probable cause exists on other grounds.

§ 2426. Scope

3. Penalty for fraudulent representation. Fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution is a civil violation punishable by a fine of \$500, which must be in addition to any other penalties that may apply for making a false statement or for the use of marijuana other than use undertaken pursuant to this chapter.

§ 2427. Affirmative defense and dismissal for medical marijuana

1. Affirmative defense. Except as provided in section 2426, a qualifying patient and a qualifying patient's primary caregiver, other than a nonprofit dispensary, may assert the medical purpose for using marijuana as a defense to any prosecution involving marijuana, and this defense must be presumed valid where the evidence shows that:

A. A physician has stated that, in the physician's professional opinion, after having completed a full assessment of the qualifying patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the qualifying patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition or symptoms associated with the qualifying patient's debilitating medical condition;

B. The qualifying patient and the qualifying patient's primary caregiver, if any, were collectively in possession of a quantity of marijuana that was not more than was reasonably necessary to ensure the uninterrupted availability of marijuana for the purpose of treating or alleviating the qualifying patient's debilitating medical condition or symptoms associated with the qualifying patient's debilitating medical condition; and

C. The qualifying patient and the qualifying patient's primary caregiver, if any, were engaged in the acquisition, possession, cultivation, manufacture, use, delivery, transfer or transportation of marijuana or paraphernalia relating to the administration of marijuana solely to treat or alleviate the qualifying patient's debilitating medical condition or symptoms associated with the qualifying patient's debilitating medical condition.

2. Motion to dismiss. A person may assert the medical purpose for using marijuana in a motion to dismiss, and the charges must be dismissed following an evidentiary hearing where the person proves the elements listed in subsection 1.

3. No sanction for medical use of marijuana. If a qualifying patient or a qualifying patient's primary caregiver demonstrates the qualifying patient's medical purpose for using marijuana pursuant to this section, the qualifying patient and the qualifying patient's primary caregiver may not be subject, for the qualifying patient's medical use of marijuana, to any state sanction, including:

A. Disciplinary action by a business or occupational or professional licensing board or bureau; and

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B. Forfeiture of any interest in or right to property.

§ 2428. Nonprofit dispensaries

8. Immunity. This subsection governs immunity for a nonprofit dispensary.

A. A nonprofit dispensary may not be subject to prosecution, search, seizure or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or entity, solely for acting in accordance with this section to provide usable marijuana to or to otherwise assist registered qualifying patients to whom it is connected through the department's registration process with the medical use of marijuana.

B. Principal officers, board members, agents and employees of a registered nonprofit dispensary may not be subject to arrest, prosecution, search, seizure or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or entity, solely for working for or with a nonprofit dispensary to provide usable marijuana to or to otherwise assist registered qualifying patients to whom the nonprofit dispensary is connected through the department's registration process with the medical use of marijuana in accordance with this chapter.

ISSUE: Confidentiality

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>A. Applications and supporting information submitted by qualifying patients under this chapter, including information regarding their primary caregivers and physicians, are confidential.</p> <p>B. Applications and supporting information submitted by primary caregivers operating in compliance with this chapter, including the physical address of a nonprofit dispensary, are confidential.</p> <p>C. The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards. Individual names and other identifying information on the list are confidential, exempt from the freedom of access laws, Title 1, chapter 13, and not subject to disclosure except to authorized employees of the department as necessary to perform official duties of the department.</p> <p>D. The department shall verify</p>	<p>The department shall maintain a confidential file containing the names and addresses of the persons who have either applied for or received a registry identification card. Individual names on the list shall be confidential and not subject to disclosure, except:</p> <ol style="list-style-type: none"> (1) to authorized employees or agents of the department as necessary to perform the duties of the department pursuant to the provisions of the Lynn and Erin Compassionate Use Act; (2) to authorized employees of state or local law enforcement agencies, but only for the purpose of verifying that a person is lawfully in possession of a registry identification card; or (3) as provided in the federal Health Insurance Portability and Accountability Act of 1996. 	<p>California law gives law enforcement access to names of card holders.</p>	<p>The state health agency shall create and maintain a confidential registry of patients who have applied for and are entitled to receive a registry identification card according to the criteria set forth in this subsection, effective June 1, 1999.</p> <p>* No person shall be permitted to gain access to any information about patients in the state health agency's confidential registry, or any information otherwise maintained by the state health agency about physicians and primary care-givers, except for authorized employees of the state health agency in the course of their official duties and authorized employees of state or local law enforcement agencies which have stopped or arrested a person who claims to be engaged in the medical use of marijuana and in possession of a registry identification card or its functional equivalent, pursuant to paragraph (e) of this subsection (3). Authorized</p>

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>to law enforcement personnel whether a registry identification card is valid without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.</p> <p>E. A person, including an employee or official of the department or another state agency or local government, who breaches the confidentiality of information obtained pursuant to this chapter commits a Class E crime. Notwithstanding this subsection, department employees may notify law enforcement about falsified or fraudulent information submitted to the department as long as the employee who suspects that falsified or fraudulent information has been submitted confers with the employee's supervisor and both agree that circumstances exist that warrant reporting.</p>			<p>employees of state or local law enforcement agencies shall be granted access to the information contained within the state health agency's confidential registry only for the purpose of verifying that an individual who has presented a registry identification card to a state or local law enforcement official is lawfully in possession of such card.</p>
RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>The Department shall maintain a confidential list of the persons to whom the department has issued</p>	<p>Except as otherwise provided by law, a person is not subject to arrest, prosecution, or penalty in</p>	<p>Not addressed.</p>	<p>The following confidentiality rules shall apply: (1) Applications and supporting</p>

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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>registry identification cards and shall notify local and state law enforcement of the number of qualified patients in any given city or town. Individual names and other identifying information on the list shall be confidential, exempt from the provisions of Rhode Island Access to Public Information, chapter 2 of title 38, and not subject to disclosure, except to authorized employees of the department as necessary to perform official duties of the department.</p> <p>(i) The department shall verify to law enforcement personnel whether a registry identification card is valid solely by confirming the random registry identification number.</p> <p>(j) It shall be a crime, punishable by up to one hundred eighty (180) days in jail and a one thousand dollar (\$1,000) fine, for any person, including an employee or official of the department or another state agency or local government, to breach the confidentiality of information obtained pursuant to this chapter. Notwithstanding this</p>	<p>any manner for applying to have the person's name placed on the confidential registry maintained by the department under AS 17.37.010 .No person shall be permitted to gain access to names of patients, physicians, primary care-givers or any information related to such persons maintained in connection with the Department's confidential registry, except for authorized employees of the Department in the course of their official duties and authorized employees of state or local law enforcement agencies who have stopped or arrested a person who claims to be engaged in the medical use of marijuana and in the possession of a registry identification card or its functional equivalent, pursuant to AS 17.35.010(e).</p>		<p>information submitted by qualifying patients, including information regarding their primary caregivers and physicians, are confidential.</p> <p>(2) The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards. Individual names and other identifying information on the list is confidential and is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.</p> <p>(3) The department shall verify to law enforcement personnel whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.</p> <p>(4) A person, including an employee or official of the department or another state agency or local unit of government, who discloses confidential information in violation of this act is guilty of a misdemeanor, punishable</p>

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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>provision, the department employees may notify law enforcement about falsified or fraudulent information submitted to the Department.</p>			<p>by imprisonment for not more than 6 months, or a fine of not more than \$1, 000.00, or both. Notwithstanding this provision, department employees may notify law enforcement about falsified or fraudulent information submitted to the department.</p>

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MONTANA	NEVADA	OREGON	VERMONT
<p>The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards. Individual names and other identifying information on the list must be confidential and are not subject to disclosure, except to:</p> <ul style="list-style-type: none"> (a) authorized employees of the department as necessary to perform official duties of the department; or (b) authorized employees of state or local law enforcement agencies, only as necessary to verify that a person is a lawful possessor of a registry identification card. <p>(1) A person, including an employee or official of the department or other state or local government agency, commits the offense of disclosure of confidential information relating to medical use of marijuana if the person knowingly or purposely discloses confidential information in violation of [section 3].</p> <p>(2) A person convicted of disclosure of confidential</p>	<p>Except as otherwise provided in this section, <u>NRS 239.0115</u> and subsection 4 of <u>NRS 453A.210</u>, the Department and any designee of the Department shall maintain the confidentiality of and shall not disclose:</p> <ul style="list-style-type: none"> (a) The contents of any applications, records or other written documentation that the Department or its designee creates or receives pursuant to the provisions of this chapter; or (b) The name or any other identifying information of: <ul style="list-style-type: none"> (1) An attending physician; or (2) A person who has applied for or to whom the Department or its designee has issued a registry identification card. 	<p>The Department shall create and maintain both paper and computer data files of patients, designated caregivers, growers, and grow site addresses. The data files will include all information collected on the application forms or equivalent information from other written documentation, plus a copy of OMMP registry identification cards, effective date, date of issue, and expiration date.</p> <ul style="list-style-type: none"> (1) Except as provided in section (2) of this rule, the names and identifying information of registry identification cardholders and the name and identifying information of a pending applicant for a card, a designated primary caregiver, and a grower, and a marijuana grow site location, shall be confidential and not subject to public disclosure. (2) Names and other identifying information made confidential under section (1) of this rule may be released to: <ul style="list-style-type: none"> (a) Authorized employees of the Department as 	<p>Not addressed.</p>

APPENDIX C

MONTANA	NEVADA	OREGON	VERMONT
<p>information relating to medical use of marijuana shall be fined not to exceed \$1,000 or be imprisoned in the county jail for a term not to exceed 6 months, or both.</p>		<p>necessary to perform official duties of the Department, including the production of any reports of aggregate (i.e., non-identifying) data or statistics;</p> <p>(b) Authorized employees of state or local law enforcement agencies when they provide a specific name or address. Information will be supplied only as necessary to verify:</p> <p>(A) That a person is or was a lawful possessor of a registry identification card; or</p> <p>(B) That the address is or was a documented grow site, and how many people are authorized to grow at that grow site; or</p> <p>(C) How many people a person was or is authorized to grow for; or</p> <p>(D) As provided in OAR 333-008-0060(2);</p> <p>(c) Other persons (such as, but not limited to, employers, lawyers, family members, other government officials)</p>	

APPENDIX C

MONTANA	NEVADA	OREGON	VERMONT
		upon receipt of a properly executed release of information signed by the patient, the patient's parent or legal guardian, designated primary caregiver or grower. The release of information must specify what information the Department is authorized to release and to whom.	

WASHINGTON			
Not addressed.			

ISSUE: Debilitating Medical Condition

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>Cancer, glaucoma, positive status for immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotropic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail-patella syndrome or the treatment of these conditions; A chronic or debilitating disease or medical condition or its treatment that produced intractable pain, which is pain that has not responded to ordinary medical or surgical measures for more than 6 months; A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; or Any other medical condition or its treatment approved by the department as provided for in section 2424, subsection 2</p>	<p>Debilitating condition means cancer; glaucoma; multiple sclerosis; damage to the nervous tissue of the spinal cord, with objective neurological indication of intractable spacticity; epilepsy; positive status for human immunodeficiency virus or acquired immune deficiency syndrome; admitted to hospice care in accordance with rules promulgated by the department; or other medical condition, medical treatment or disease as approved by the department.</p>	<p>AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, including spasms associated with multiple sclerosis, seizures, including seizures associated with epilepsy, severe nausea; Other chronic or persistent medical symptoms.</p>	<p>Cancer, glaucoma, HIV/AIDS positive, cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis. Other conditions are subject to approval by the Colorado Board of Health.</p>

APPENDIX C

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Cancer, glaucoma, positive status for HIV/AIDS, Hepatitis C, or the treatment of these conditions; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease; or any other medical condition or its treatment approved by the state Department of Health.	Cachexia, cancer, chronic pain, epilepsy and other disorders characterized by seizures, glaucoma, HIV or AIDS, multiple sclerosis and other disorders characterized by muscle spasticity, and nausea. Other conditions are subject to approval by the Alaska Department of Health and Social Services.	Cancer, glaucoma, positive status for HIV/AIDS; A chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, seizures, including those characteristic of epilepsy, or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease. Other conditions are subject to approval by the Hawaii Department of Health.	Approved for treatment of debilitating medical conditions, defined as cancer, glaucoma, HIV, AIDS, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures, epilepsy, muscle spasms, and multiple sclerosis.

MONTANA	NEVADA	OREGON	VERMONT
Cancer, glaucoma, or positive status for HIV/AIDS, or the treatment of these conditions; a chronic or debilitating disease or medical condition or its treatment that produces cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, including seizures caused by epilepsy, or severe or persistent muscle spasms, including spasms caused by multiple sclerosis or Crohn's disease; or any other medical condition or	AIDS; cancer; glaucoma; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain. Other conditions are subject to approval by the health division of the state Department of Human Resources.	Cancer, glaucoma, positive status for HIV/AIDS, or treatment for these conditions; A medical condition or treatment for a medical condition that produces cachexia, severe pain, severe nausea, seizures, including seizures caused by epilepsy, or persistent muscle spasms, including spasms caused by multiple sclerosis. Other conditions are subject to approval by the Health Division of the Oregon Department of Human	Cancer, AIDS, positive status for HIV, multiple sclerosis, or the treatment of these conditions if the disease or the treatment results in severe, persistent, and intractable symptoms; or a disease, medical condition, or its treatment that is chronic, debilitating and produces severe, persistent, and one or more of the following intractable symptoms: cachexia or wasting syndrome, severe pain or nausea or seizures.

APPENDIX C

treatment for a medical condition adopted by the department by rule.		Resources.	
WASHINGTON			
Cachexia; cancer; HIV or AIDS; epilepsy; glaucoma; intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis. Other conditions are subject to approval by the Washington Board of Health.			

ISSUE: Dispensary – Limitations

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>A nonprofit dispensary or a principal officer, board member, agent or employee of a nonprofit dispensary may not dispense more than 2 1/2 ounces of usable marijuana to a qualifying patient or to a primary caregiver on behalf of a qualifying patient during a 15-day period.</p> <p>A nonprofit dispensary may not possess more than 6 live marijuana plants for each registered qualifying patient who has designated the nonprofit dispensary as a primary caregiver and designated that the dispensary will be permitted to cultivate marijuana for the registered qualifying patient's medical use.</p> <p>A nonprofit dispensary may not dispense, deliver or otherwise transfer marijuana to a person other than a qualifying patient who has designated the nonprofit dispensary as a primary caregiver or to the patient's other registered primary caregiver.</p>	<p>Distribution criteria documentation. The private non-profit entity shall develop, implement and maintain on the premises, policies and procedures relating to the marijuana program. The policies and procedures shall at a minimum include the following criteria:</p> <ol style="list-style-type: none"> (1) Develop distribution criteria for qualified patients or primary caregivers appropriate for marijuana services; (2) Qualified patient's or the primary caregiver's distribution criteria shall include a clear identifiable photocopy of all qualified patient's or the primary caregiver's registry identification card served by the private entity; and; (3) Alcohol and drug free work place policy; the private non-profit entity shall develop, implement and maintain on the premises, policies and procedures relating to an alcohol and drug free workplace program; (4) Employee policies and 	<p>No provision in state law</p>	<p>Nothing in state law speaks to dispensaries.</p>

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>procedures; the private non-profit entity shall develop, implement and maintain on the premises, employee policies and procedures to address the following requirements:</p> <p>(a) a job description or employment contract developed for all employees, which includes duties, authority, responsibilities, qualifications and supervision; and</p> <p>(b) training in, and adherence, to state confidentiality laws;</p> <p>(5) The licensed producer shall maintain a personnel record for each employee that includes an application for employment and a record of any disciplinary action taken; and</p> <p>(6) The private non-profit entity shall develop, implement and maintain on the premises on-site training curriculum, or enter into contractual relationships with</p>		
	<p>outside resources capable of meeting employee training needs, which includes, but is</p>		

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>not limited to, the following topics:</p> <ul style="list-style-type: none"> (a) professional conduct, ethics and patient confidentiality; and (b) informational developments in the field of medical use of marijuana; <p>(7) Employee safety and security training; the private non-profit entity shall provide each employee, at the time of his or her initial appointment, training in the following:</p> <ul style="list-style-type: none"> (a) the proper use of security measures and controls that have been adopted; and (b) specific procedural instructions on how to respond to an emergency, including robbery or a violent accident. <p>(8) All private non-profit entities shall prepare training documentation for each employee and have employees sign a statement indicating the date, time and place the employee received said training and topics discussed, to include name and title of presenters; the private non-profit entity shall maintain</p>		

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	documentation of an employee's training for a period of at least six (6) months after termination of an employee's employment; employee training documentation shall be made available within twenty-four (24) hours of a department representative's request; the twenty-four (24) hour period shall exclude holidays and weekends.		

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Nothing in state law speaks to dispensaries.	Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.

MONTANA	NEVADA	OREGON	VERMONT
Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.

WASHINGTON			
Not a "dispensary" state.			

ISSUE: Dispensary – Number and Location

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>A nonprofit dispensary may not be located within 500 feet of the property line of a preexisting public or private school. This chapter does not prohibit a political subdivision of this State from limiting the number of nonprofit dispensaries that may operate in the political subdivision or from enacting reasonable zoning regulations applicable to nonprofit dispensaries.</p>	<p>The secretary shall consider the overall health needs of qualified patients and the safety of the public in deciding on the number and location of licenses to produce marijuana issued to private entities, including, but not limited to, the following factors:</p> <ul style="list-style-type: none"> (1) the sufficiency of the overall supply available to qualified patients statewide; (2) the applicant's plan to ensure purity, consistency of dose, and the various forms of applications to be provided; i.e., topical, oral, tinctures, etc.; (3) the applicant's skill and knowledge of organic growing methods to ensure a safe product; (4) the quality of the security plan proposed including location, security devices employed and staffing; (5) the quality assurance plans in place including provision for periodic testing; and (6) the Distribution of marijuana by a non-profit entity to qualified patients or primary caregiver shall not take place 	<p>No provision in state law.</p>	<p>Nothing in state law speaks to dispensaries.</p>

APPENDIX C

	at locations that are within three hundred (300) feet of any school, church or daycare center.		
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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Nothing in state law speaks to dispensaries.	Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.

MONTANA	NEVADA	OREGON	VERMONT
Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.

WASHINGTON			

ISSUE: Dispensary – Personnel

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>The department shall issue each principal officer, board member, agent and employee of a nonprofit dispensary a registry identification card within 10 days of receipt of the person's name, address and date of birth under paragraph A and a fee in an amount established by the department. Each card must specify that the cardholder is a principal officer, board member, agent or employee of a nonprofit dispensary and must contain:</p> <ol style="list-style-type: none"> (1) The name, address and date of birth of the principal officer, board member, agent or employee; (2) The legal name of the nonprofit dispensary with which the principal officer, board member, agent or employee is affiliated; (3) A random identification number that is unique to the cardholder; (4) The date of issuance and expiration date of the registry identification card; and (5) A photograph, if the department decides to require one. 	<p>Employee policies and procedures; the private non-profit entity shall develop, implement and maintain on the premises, employee policies and procedures to address the following requirements:</p> <ol style="list-style-type: none"> (a) a job description or employment contract developed for all employees, which includes duties, authority, responsibilities, qualifications and supervision; and (b) training in, and adherence, to state confidentiality laws; <p>The licensed producer shall maintain a personnel record for each employee that includes an application for employment and a record of any disciplinary action taken; and;</p> <p>The private non-profit entity shall develop, implement and maintain on the premises on-site training curriculum, or enter into contractual relationships with outside resources capable of meeting employee training needs, which includes, but is not limited to, the following topics:</p>	<p>No provision in state law.</p>	<p>Nothing in state law speaks to dispensaries.</p>

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>The department may not issue a registry identification card to any principal officer, board member, agent or employee of a nonprofit dispensary who has been convicted of a felony drug offense. The department may conduct a background check of each principal officer, board member, agent or employee in order to carry out this provision. The department shall notify the nonprofit dispensary in writing of the purpose for denying the registry identification card. All principal officers and board members of a nonprofit dispensary must be residents of this State.</p>	<p>(a) professional conduct, ethics and patient confidentiality; and</p> <p>(b) informational developments in the field of medical use of marijuana;</p> <p>Employee safety and security training; the private non-profit entity shall provide each employee, at the time of his or her initial appointment, training in the following:</p> <p>(a) the proper use of security measures and controls that have been adopted; and</p> <p>(b) specific procedural instructions on how to respond to an emergency, including robbery or a violent accident.</p> <p>All private non-profit entities shall prepare training documentation for each employee and have employees sign a statement indicating the date, time and place the employee received said training and topics discussed, to include name and title of presenters; the private non-profit entity shall maintain documentation of an employee's training for a period of at least six</p>		

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	(6) months after termination of an employee's employment; employee training documentation shall be made available within twenty-four (24) hours of a department representative's request; the twenty-four (24) hour period shall exclude holidays and weekends.		

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Nothing in state law speaks to dispensaries.	Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.

MONTANA	NEVADA	OREGON	VERMONT
Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.	Not a "dispensary" state.

WASHINGTON			
Not a "dispensary" state.			

ISSUE: Dispensary – Requirements

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>A. A nonprofit dispensary must be operated on a not-for-profit basis for the mutual benefit of its members and patrons. The bylaws of a nonprofit dispensary and its contracts with patrons must contain such provisions relative to the disposition of revenues and receipts as may be necessary and appropriate to establish and maintain its nonprofit character.</p> <p>B. A nonprofit dispensary need not be recognized as a tax exempt organization under 26 United States Code, Section 501(c)(3) and is not required to incorporate pursuant to Title 13-B. B. A nonprofit dispensary may not be located within 500 feet of the property line of a preexisting public or private school.</p> <p>C. A nonprofit dispensary shall notify the department within 10 days of when a principal officer, board member, agent or employee ceases to work at the nonprofit dispensary.</p> <p>D. A nonprofit dispensary shall notify the department in writing</p>	<p>A private non-profit entity must provide the following in order to be considered for a license to produce marijuana:</p> <ol style="list-style-type: none"> (1) acknowledgement that, at any time, production shall not exceed ninety-five (95) mature plants and seedlings and an inventory of usable marijuana that reflects current patient needs; (2) proof that the private entity is a non-profit corporation; (3) appropriate non-refundable fees; (4) verification that the board of the non-profit includes, at a minimum, one (1) physician, a nurse or other health care provider, and three (3) patients currently qualified under the Lynn and Erin Compassionate Use Act; (5) a description of the facility that shall be used in the production of marijuana; (6) proof that the facility is not within three hundred (300) feet of any school, church or daycare center; (7) a description of the means the private non-profit shall 	<p>Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients and persons with identification cards, who associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions. Any group that is collectively or cooperatively cultivating and distributing marijuana for medical purposes should be organized and operated in a manner that ensures the security of the crop and safeguards against diversion for non-medical purposes. The following are guidelines to help cooperatives and collectives operate within the law, and to help law enforcement determine whether they are doing so.</p> <p>Statutory Cooperatives: A cooperative must file articles of incorporation with the state and conduct its business for the mutual benefit of its members. (Corp. Code, § 12201, 12300.) No business may call itself a</p>	<p>Nothing in state law speaks to dispensaries.</p>

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>of the name, address and date of birth of any new principal officer, board member, agent or employee and shall submit a fee in an amount established by the department for a new registry identification card before the new principal officer, board member, agent or employee begins working at the nonprofit dispensary.</p> <p>E. A nonprofit dispensary shall implement appropriate security measures to deter and prevent unauthorized entrance into areas containing marijuana and the theft of marijuana.</p> <p>F. The operating documents of a nonprofit dispensary must include procedures</p> <p>for the oversight of the nonprofit dispensary and procedures to ensure accurate record keeping.</p> <p>G. A nonprofit dispensary is prohibited from acquiring,</p>	<p>employ to make qualified patients or the primary caregiver aware of the quality of the product;</p> <p>(8) a description of the means the private non-profit shall employ to safely dispense the marijuana to qualified patients or the qualified patient’s primary caregivers;</p> <p>(9) a description of ingestion options of useable marijuana provided by the private non-profit entity;</p> <p>(10) a description of safe smoking techniques that shall be provided to qualified patients;</p> <p>(11) a description of potential side effects and how this shall be communicated to qualified patients and the qualified patient’s primary caregivers;</p> <p>(12) a description of the private entity’s means for educating</p> <p>the qualified patient and the primary caregiver on the limitation of the right to possess and use marijuana;</p> <p>(13) a description of the packaging of the useable marijuana that</p>	<p>“cooperative” (or “coop”) unless it is properly organized and registered as such a corporation under the Corporations or Food and Agricultural Code. (<i>Id.</i> at § 12311(b).) Cooperative corporations are “democratically controlled and are not organized to make a profit for themselves, as such, or for their members, as such, but primarily for their members as patrons.” (<i>Id.</i> at § 12201.) The earnings and savings of the business must be used for the general welfare of its members or equitably distributed to members in the form of cash, property, credits, or services. (<i>Ibid.</i>) Cooperatives must follow strict rules on organization, articles, elections, and distribution of earnings, and must report individual transactions from individual members each year. (See <i>id.</i> at § 12200, et seq.) Agricultural cooperatives are likewise nonprofit corporate entities “since they are not organized to make profit for themselves, as such, or for their members, as such, but only for their members as producers.” (Food & Agric. Code, § 54033.) Agricultural cooperatives share many characteristics with</p>	

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying or dispensing marijuana for any purpose except to assist registered qualifying patients with the medical use of marijuana directly or through the registered qualifying patients' other primary caregivers.</p> <p>H. All principal officers and board members of a nonprofit dispensary must be residents of this State. I. All cultivation of marijuana must take place in an enclosed, locked facility.</p>	<p>the private non-profit entity shall be utilizing, including a label that shall contain the name of the strain, batch, quantity and a statement that the product is for medical use and not for resale;</p> <p>(14) a description of the private non-profit entity's confidential sale records, ensuring that quantities purchased do not suggest redistribution; both clients and the department shall have access to this information at any time;</p> <p>(15) a description of the private non-profit entity's policy on the right of the entity to refuse service;</p> <p>(16) a description of the device or series of devices that shall be used to provide security;</p> <p>(17) a written description of the private non-profit entity's security policies, safety and security procedures, personal safety and crime prevention techniques;</p> <p>(18) copies of the entity's articles of incorporation and by-laws;</p> <p>(19) a list of all persons or business entities having direct or indirect authority over the</p>	<p>consumer cooperatives. (See, e.g., <i>id.</i> at § 54002, et seq.) Cooperatives should not purchase marijuana from, or sell to, non-members; instead, they should only provide a means for facilitating or coordinating transactions between members.</p> <p>Collectives: California law does not define collectives, but the dictionary defines them as “a business, farm, etc., jointly owned and operated by the members of a group.” (<i>Random House Unabridged Dictionary</i>; Random House, Inc. © 2006.) Applying this definition, a collective should be an organization that merely facilitates the collaborative efforts of patient and caregiver members – including the allocation of costs and revenues. As such, a collective is not a statutory entity, but as a practical matter it might have to organize as some form of business to carry out its activities. The collective should not purchase marijuana from, or sell to, non-members; instead, it should only provide a means for facilitating or coordinating transactions between members. (From California Guidelines Regarding Collective</p>	

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>management or policies of the facility;</p> <p>(20) a list of all persons or business entities having five percent or more ownership in the facility, whether direct or indirect and whether the interest is in profits, land or building, including owners of any business entity which owns all or part of the land or building;</p> <p>(21) the identities of all creditors holding a security interest in the premises, if any;</p> <p>(22) criminal history screening requirements:</p> <p>(a) all persons associated with a non-profit private entity production facility must consent to a nationwide and statewide criminal history screening background check; this includes board members, persons having direct or indirect authority over management or policies, and employees; all applicable fees associated with the nationwide and statewide criminal history screening background check shall be paid by the</p>	<p>and Collaboratives)</p>	

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>individual or production facility;</p> <p>(b) individuals convicted of a felony are prohibited from participating or being associated with a production facility licensed under this rule; if an individual has been convicted of a felony, and the final completion of the entirety of the associated sentence of such felony conviction has been less than five (5) years from the date of the individual's anticipated association with the production facility, then the individual is prohibited from serving in his or her role on the board or for the entity; the individual shall be notified by registered mail of his or her disqualification; if the individual has been convicted of more than one (1) felony violation, the individual shall be notified by registered or certified mail that he or she is permanently prohibited from</p>		

APPENDIX C

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>participating or being associated with a production facility licensed under this rule; any violation of this subsection will result in the immediate revocation of any privilege granted under this rule and the act;</p> <p>(23) the department may verify information on each application and accompanying documentation by:</p> <ul style="list-style-type: none"> (a) contacting the applicant by telephone or by mail; (b) conducting an on-site visit; (c) requiring a face-to-face meeting and the production of additional identification materials if proof of identity is uncertain; and (d) requiring additional relevant information that the department deems necessary; <p>(24) cooperation with the department upon notice by the department of the intent to review the licensed producer application; failure of the private entity to cooperate with the department's request</p>		

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
	<p>may result in the application being declared incomplete or denied; and</p> <p>(25) such other information as the private entity wishes to provide or that the licensing authority shall request.</p>		

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Nothing in state law speaks to dispensaries.	Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.

MONTANA	NEVADA	OREGON	VERMONT
Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.

WASHINGTON			
Not a “dispensary” state.			

ISSUE: Growing/Production – Dispensaries

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
Allowable amount depends upon the number of registered patients who have designated the dispensary and the primary caregiver	a non-profit private entity that operates a facility and, at any one time, is limited to a total of ninety-five (95) mature plants and seedlings and an inventory of usable marijuana that reflects current patient needs, and that shall sell marijuana with a consistent unit price, without volume discounts.	Dispensaries, growing collectives, etc... are licensed through local city or county business ordinances and the regulatory authority lies with the State Attorney General's Office.	Nothing in state law speaks to dispensaries.

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Nothing in state law speaks to dispensaries.	Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state.

MONTANA	NEVADA	OREGON	VERMONT
Not a “dispensary” state.	Not a “dispensary” state.	Not a “dispensary” state, but see attached sheet.	Not a “dispensary” state.

WASHINGTON			
The law does not allow dispensaries. The law only allows qualifying patients and designated providers to possess medical marijuana.			

Oregon “Grow Site” statute

- (1) The Department of Human Services shall establish by rule a marijuana grow site registration system to authorize production of marijuana by a registry identification cardholder, a designated primary caregiver who grows marijuana for the cardholder or a person who is responsible for a marijuana grow site. The marijuana grow site registration system adopted must require a registry identification cardholder to submit an application to the department that includes:
 - (a) The name of the person responsible for the marijuana grow site;
 - (b) The address of the marijuana grow site;
 - (c) The registry identification card number of the registry cardholder for whom the marijuana is being produced; and
 - (d) Any other information the department considers necessary.
- (2) The department shall issue a marijuana grow site registration card to a registry identification cardholder who has met the requirements of subsection (1) of this section.
- (3) A person who has been issued a marijuana grow site registration card under this section must display the registration card at the marijuana grow site at all times when marijuana is being produced.
- (4) A marijuana grow site registration card must be obtained and posted for each registry identification cardholder for whom marijuana is being produced at a marijuana grow site.
- (5) All usable marijuana, plants, seedlings and seeds associated with the production of marijuana for a registry identification cardholder by a person responsible for a marijuana grow site are the property of the registry identification cardholder and must be provided to the registry identification cardholder upon request.
- (6)
 - (a) The department shall conduct a criminal records check under ORS 181.534 of any person whose name is submitted as a person responsible for a marijuana grow site.
 - (b) A person convicted of a Class A or Class B felony under ORS 475.840 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder for five years from the date of conviction.
 - (c) A person convicted more than once of a Class A or Class B felony under ORS 475.840 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder.
- (7) A registry identification cardholder or the designated primary caregiver of the cardholder may reimburse the person responsible for a marijuana grow site for the costs of supplies and utilities associated with the production of marijuana for the registry identification cardholder. No other costs associated with the production of marijuana for the registry identification cardholder, including the cost of labor, may be reimbursed.
[2005 c.822 §8; 2007 c.573 §2]

SECTION 8a. The provisions of section 8 (6) of this 2005 Act apply only to a person convicted of a violation of ORS 475.992 (1)(a) or (b) that occurred on or after the effective date of this 2005 Act.

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SECTION 9.

- (1) (a) A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants and 24 ounces of usable marijuana.
(b) Notwithstanding paragraph (a) of this subsection, if a registry identification cardholder has been convicted of violating ORS 475.992 (1)(a) or (b), the registry identification cardholder or the designated primary caregiver of the cardholder may possess one ounce of usable marijuana at any given time for a period of five years from the date of the conviction.
- (2) If the marijuana used by the registry identification cardholder is produced at a marijuana grow site where the cardholder or designated primary caregiver is not present, the person responsible for the marijuana grow site:
 - (a) May produce marijuana for and provide marijuana to a registry identification cardholder or that person's designated primary caregiver as authorized under this section.
 - (b) May possess up to six mature plants and up to 24 ounces of usable marijuana for each cardholder or caregiver for which marijuana is being produced.
 - (c) May produce marijuana for up to four registry identification cardholders or designated primary caregivers per year.
 - (d) Must obtain and display a marijuana grow site registration card issued under section 8 of this 2005 Act for each registry identification cardholder or designated primary caregiver for which marijuana is being produced.
 - (e) Must provide all marijuana produced for a registry identification cardholder or designated primary caregiver to the cardholder or caregiver at the time the person responsible for a marijuana grow site ceases producing marijuana for the cardholder or caregiver.
 - (f) Must return the marijuana grow site registration card to the registry identification cardholder to whom the card was issued when requested to do so by the cardholder or when the person responsible for a marijuana grow site ceases producing marijuana for the cardholder or caregiver.
- (3) Except as provided in subsections (1) and (2) of this section, a registry identification cardholder, the designated primary caregiver of the cardholder and the person responsible for a marijuana grow site producing marijuana for the registry identification cardholder may possess a combined total of up to six mature plants and 24 ounces of usable marijuana for that registry identification cardholder.
- (4) (a) A registry identification cardholder and the designated primary caregiver of the cardholder may possess a combined total of up to 18 marijuana seedlings or starts as defined by rule of the Department of Human Services.
(b) A person responsible for a marijuana grow site may possess up to 18 marijuana seedlings or starts as defined by rule of the department for each registry identification cardholder for which the person responsible for the marijuana grow site is producing marijuana.

SECTION 10. A law enforcement officer who determines that a registry identification cardholder is in possession of amounts of usable marijuana or numbers of marijuana plants in excess of the amount or number authorized by section 9 of this 2005 Act may confiscate

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only any usable marijuana or plants that are in excess of the amount or number authorized.

Maine Department of Agriculture Letter

To: Committee on the Implementation of the
Maine Medical Marijuana Act

From: Ned Porter, Deputy Commissioner
Maine Department of Agriculture

Re: Departmental Perspectives on
Implementation Challenges

Date: Thursday, December 3, 2009

Opportunity for Maine producers

Since voters approved the medical marijuana law, the Department has received a steady flow of inquiries from people seeking to learn more about the opportunities in growing medical marijuana. The callers have ranged from folks who have never been on our radar to the owners of long-established businesses.

An example of the latter is Rick Eastman of Western Maine Nurseries in Fryeburg. He has 10, 150 by 40 foot greenhouses, nursery and greenhouse sales of about \$1 million, and seasonally employs as many as 50 people. He talked to me about how he could make changes to his operation to meet the security needs of the state and to grow enough to meet the demands of dispensaries. Owners of similar operations have contacted the Department with similar interests.

I've explained to callers that the law as passed does not seem to envision production in a facility that is not a dispensary, but people have expressed a willingness to work with the state. If there were interest on the Committee in consolidating the number of growing operations or allowing dispensaries to contract the crop production, there are long-time operations that would welcome the opportunity to diversify their existing production.

Existing regulatory framework

The Department regulates crops from the field to the table. We license and inspect nurseries, license and inspect food processors, including those that process and blend herbs. Additional statutes provide for the use of the quality trademark for commodities meeting grade and standards, and for the issuance of trip tickets to allow for the tracking of the transportation of wood or blueberries.

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While the various facets of commerce covered by these laws and regulations are not identical to the movement of medical marijuana from the dispensary to the registered qualifying patient, there are many similarities. The initiated legislation is largely silent on these matters. What follows are explanations of the Department's current laws and rules that could serve as a model, should the Committee decide to pursue it.

Producing the crop

The assistant horticulturist recently did a quick review of standard sources about the pests and diseases of Cannabis. The plant is susceptible to the common greenhouse and outdoor pests, many of which already occur in Maine. However, given that it is currently illegal to grow, the thoroughness and accuracy of the lists is debatable. At the same time, there are some species of those diseases that could pose threats to existing production of commercial crops. While the threat may be marginal, it can and ought to be addressed.

Under the initiated legislation it is unlikely that marijuana production or the dispensaries would fall under the Department's jurisdiction as established in 7 MRSA Chapter 404 Subchapter 1: Nursery Owners and Dealers Generally, and Chapter 405-A: Horticulture. However, Chapter 404 provides extensive authority covering the importation, growing and sale of plant materials in the state and Chapter 405-A provides for the inspection of licensed facilities – greenhouses and nurseries. Inspectors check the greenhouse, the plants and the operation. The regulations are designed to ensure the plants are free of disease and pests.

In addition, any pesticide used in the United States has to be registered with the Environmental Protection Agency and, if used in Maine, with the Board of Pesticides Control. The chemical companies register their products for use on specific crops. There are 643 products with active federal registrations for tobacco and none for marijuana. A grower using a chemical, including those used in organic production, to control a disease or pest in the growing operation would be using it illegally.

Processing the product

Maine has a number of growers raising salad greens for the wholesale market. Once harvested, the greens are washed, sorted, weighed and packaged in facilities licensed and inspected by the Department. The standards cover worker hygiene, the facility, equipment, and sanitation as well as public health safeguards. They ensure that foods are wholesome, and processed, packaged and stored in a sanitary manner.

Medical marijuana is a regulatory anomaly under the initiated legislation. It does not seem to be a medicine as traditionally regulated. The process of cleaning, sorting, grading, weighing and packaging medical marijuana cannot be that much different from that undergone by ready-to-eat salad greens. And 22 MRSA, Chapter 551, Subchapter 1: Foods, clearly sets forth the standards that must be met by regulated entities.

As it stands today with the initiated legislation, salad greens grown in Maine and sold ready to eat in supermarkets would have to meet higher standards than would medical marijuana whose consumers have, by definition, a debilitating medical condition.

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In order to provide consumers some assurance of the quality of Maine grown products, the Department administers the state quality trademark. It is a voluntary program that allows producers to use the logo, which certifies that the products have been produced within the state, undergone a quality inspection and met standards for size, color, and defects. It is important to note that the standards do not correspond to nutritional value. The use of the logo is outlined in 7 MRSA, Chapter 101, Subchapter 2: Grades and Standards for Farm Products. It is currently available for a variety of commodities such as blueberries, milk, potatoes and dry beans.

Purveying the merchandise

The Department also administers 10 MRSA, Chapter 501: Weights and Measures Law, which requires testing of all weights and measures devices that are used in commercial transactions – scales at the deli counter, gas pumps etc.

In one method of transaction (“point of sale”), the scale itself must be tested and approved for commercial use. A “point of sale” transaction is when the product is sold by weight, for instance a half-pound of cheddar is ordered at the deli counter, the attendant loads a block on the slicer, places the clump of slices on the scale and it is weighed, wrapped and the price sticker generated.

The other method is the sale of prepackaged products, for instance an eight-ounce wedge of cheddar in the dairy case. In this case, the Department has the right to test the net weight of the packed commodity being offered for sale. Additionally, for pre-packaged commodities, Maine law requires the name and address of the responsible party accompanied with a zip code, common name of the commodity, a net weight declaration and an ingredient statement.

In any case, the law clearly applies to any commodity sold by weight or volume. Given the value of medical marijuana and the weight limits placed on possession, the Department would seem to have a role in this step, whatever the method of sale.

For the last link in the chain, moving the product to market, there are a couple of laws that may serve as models – 10 MRSA, Chapter 501, Subchapter 2-A: Measurement of Wood; or 36 MRSA, chapter 701, Blueberry Tax.

The trip ticket that must accompany each load of wood contains a variety of information that may be used by employees of the Department of Conservation investigating timber theft.

As for the permit required for the transportation of blueberries, it also creates a paper trail that can be used by law enforcement investigating blueberry theft.

ISSUE: Growing/Production – Patients

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
Patients (or their primary caregivers) may legally possess no more than 2.5 ounces of usable marijuana, and may cultivate no more than six marijuana plants.	Patients have the right to possess up to six ounces of usable cannabis, four mature plants and 12 seedlings.	Qualified patients and their primary caregivers may possess no more than eight ounces of dried marijuana and/or six mature (or 12 immature) marijuana plants. However, S.B. 420 allows patients to possess larger amounts of marijuana when recommended by a physician. The legislation also allows counties and municipalities to approve and/or maintain local ordinances permitting patients to possess larger quantities of medicinal pot than allowed under the new state guidelines.	A patient or a primary caregiver who has been issued a Medical Marijuana Registry identification card may possess no more than two ounces of a usable form of marijuana and not more than six marijuana plants, with three or fewer being mature, flowering plants that are producing a usable form of marijuana.
RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
Limits the amount of marijuana that can be possessed and grown to up to 12 marijuana plants or 2.5 ounces of cultivated marijuana.	Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and may cultivate no more than six marijuana plants, of which no more than three may be mature.	The amount of marijuana that may be possessed jointly between the qualifying patient and the primary caregiver is an "adequate supply," which shall not exceed three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each mature plant.	A qualifying patient and a qualifying patient's caregiver may each possess six marijuana plants and one ounce of usable marijuana. "Usable marijuana" means the dried leaves and flowers of marijuana and any mixture or preparation of marijuana. "Enclosed, locked facility" means a closet, room, or other enclosed area equipped with locks or other security devices that permit access only by a registered primary caregiver or registered qualifying patient.

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MONTANA	NEVADA	OREGON	VERMONT
<p>Patients may possess up to two and one-half (2.5) ounces of usable marijuana and twelve marijuana plants kept in an enclosed, locked facility. The twelve plants may be kept by the patient only if he or she has not specified a primary caregiver to cultivate the marijuana for him or her.</p>	<p>Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, three mature plants, and four immature plants.</p>	<p>A registry identification cardholder or the designated primary caregiver of the cardholder may possess up to six mature marijuana plants and 24 ounces of usable marijuana.</p>	<p>No more than two mature marijuana plants, seven immature plants, and two ounces of usable marijuana may be collectively possessed between the registered patient and the patient's registered caregiver. A marijuana plant shall be considered mature when male or female flower buds are readily observed on the plant by unaided visual examination. Until this sexual differentiation has taken place, a marijuana plant will be considered immature.</p>

WASHINGTON			
<p>Patients (or their primary caregivers) may legally possess or cultivate no more than a 60-day supply of marijuana. The law does not establish a state-run patient registry.</p>			

Maine Law – prior to referendum

Title 22

§2383. Possession

2. Butyl nitrite and isobutyl nitrite. A person who possesses a usable amount of butyl nitrite or isobutyl nitrite commits a civil violation for which a fine of not more than \$200 may be adjudged.

1. Marijuana. Except as provided in section 2383-B, subsection 5, a person may not possess marijuana.

A. A person who possesses a usable amount of marijuana commits a civil violation for which a fine of not less than \$350 and not more than \$600 must be adjudged for possession of up to 1 1/4 ounces of marijuana and a fine of not less than \$700 and not more than \$1,000 must be adjudged for possession of over 1 1/4 ounces to 2 1/2 ounces of marijuana, none of which may be suspended.

§2383-A. Possession of imitation scheduled drugs

Possession of fewer than 100 tablets, capsules or other dosage units of imitation scheduled drugs, as defined in Title 17-A, section 1101, subsection 19, constitutes a civil violation for which a forfeiture of not more than \$200 may be adjudged. In determining whether the substance is an imitation scheduled drug, the court shall apply Title 17-A, section 1116, subsection 5. An imitation scheduled drug is declared to be contraband and may be seized by the State.

§2383-B. Authorized possession by individuals; exemptions

1. Lawfully prescribed drugs. A person to whom or for whose use any scheduled drug, prescription drug or controlled substance has been prescribed, sold or dispensed for a legitimate medical purpose by a physician, dentist, podiatrist, pharmacist or other person acting in the usual course of professional practice and authorized by law or rule to do so and the owner or the person having the custody or control of any animal for which any scheduled drug, prescription drug or controlled substance has been prescribed, sold or dispensed for a legitimate veterinary medical purpose by a licensed veterinarian acting in the usual course of professional veterinary practice may lawfully possess the drug or substance, except when in use, only in the container in which it was delivered by the person selling or dispensing the drug or substance. For purposes of this subsection, "when in use" includes reasonable repackaging for more convenient legitimate medical use.

2. Others lawfully in possession. Except as otherwise authorized or restricted, the following persons are authorized to possess, furnish and have control of scheduled or prescription drugs, controlled substances or hypodermic apparatuses:

- A. Common carriers or warehouse operators while engaged in lawfully transporting or storing prescription drugs or hypodermic apparatuses or any of their employees acting within the scope of their employment;
- B. Employees or agents of persons lawfully entitled to possession who have temporary, incidental possession while acting within the scope of their employment or agency;

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- C. Persons whose possession is for the purpose of aiding public officers in performing their official duties while acting within the scope of their employment or duties;
- D. Law enforcement officers while acting within the scope of their employment and official duties;
- E. Physicians, dentists, podiatrists, pharmacists or other persons authorized by law or rule to administer, dispense, prescribe or sell scheduled or prescription drugs, controlled substances or hypodermic apparatuses while acting within the course of their professional practice; and
- F. With regard to the possession or furnishing of hypodermic apparatuses, persons authorized by the Bureau of Health pursuant to a hypodermic apparatus exchange program, certified under chapter 252-A while acting within the scope of their employment under such programs.

3. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Controlled substances" has the same meaning as defined in 21 United States Code, Section 812 (1970) and 21 Code of Federal Regulations, Chapter II, Part 1308.

A-1. "Designated care giver" means a person over 18 years of age who:

- (1) Is a family member or other person who has consistently assumed responsibility for the housing, health or safety of a person authorized to possess marijuana for medical use pursuant to subsection 5, paragraph A or B or who is a member of the same household as a person authorized to possess marijuana for medical use pursuant to subsection 5, paragraph A or B; and
- (2) Is named in a written individual instruction or power of attorney for health care as defined in Title 18-A, section 5-801 by, or is the parent or legal guardian of, a person authorized to possess marijuana for medical use pursuant to subsection 5.

A-2. "Eligible patient" means a person authorized to possess marijuana for medical use pursuant to subsection 5.

B. "Law enforcement officer" has the same meaning as defined in Title 17-A, section 2, subsection 17.

B-1. "Physician" means a person licensed as an osteopathic physician by the Board of Osteopathic Licensure pursuant to Title 32, chapter 36 or a person licensed as a physician or surgeon by the Board of Licensure in Medicine pursuant to Title 32, chapter 48.

C. "Prescription drugs" has the same meaning as defined in Title 32, section 13702-A, subsection 30 and includes so-called legend drugs.

D. "Scheduled drug" has the same meaning as defined in Title 17-A, chapter 45.

E. "Usable amount of marijuana for medical use" means 2 1/2 ounces or less of harvested marijuana and a total of 6 plants, of which no more than 3 may be mature, flowering plants.

4. Specially restricted drugs and substances.

5. Medical use of marijuana; exemptions. The following provisions govern the medical use of marijuana.

A. Notwithstanding any other provision of law, a person who is at least 18 years of age may lawfully possess a usable amount of marijuana for medical use if, at the time of that possession, the person has available an authenticated copy of a medical record or other written documentation from a physician, demonstrating that:

(1) The person has been diagnosed by a physician as suffering from one or more of the following conditions:

(a) Persistent nausea, vomiting, wasting syndrome or loss of appetite as a result of:

- (i) Acquired immune deficiency syndrome or the treatment thereof; or
- (ii) Chemotherapy or radiation therapy used to treat cancer;

(b) Heightened intraocular pressure as a result of glaucoma;

(c) Seizures associated with a chronic, debilitating disease, such as epilepsy; or

(d) Persistent muscle spasms associated with a chronic, debilitating disease, such as multiple sclerosis;

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(2) A physician, in the context of a bona fide physician-patient relationship with the person:

(a) Has discussed with the person the possible health risks and therapeutic or palliative benefits of the medical use of marijuana to relieve pain or alleviate symptoms of the person's condition, based on information known to the physician, including, but not limited to, clinical studies or anecdotal evidence reported in medical literature or observations or information concerning the use of marijuana by other patients with the same or similar conditions;

(b) Has provided the person with the physician's professional opinion concerning the possible balance of risks and benefits of the medical use of marijuana to relieve pain or alleviate symptoms in the person's particular case; and

(c) Has advised the person, on the basis of the physician's knowledge of the person's medical history and condition, that the person might benefit from the medical use of marijuana to relieve pain or alleviate symptoms of the person's condition;

(3) The person has disclosed to the physician that person's medical use of marijuana; and

(4) The person is under the continuing care of the physician.

B. A person under 18 years of age may lawfully possess a usable amount of marijuana for medical use if:

(1) The person meets the requirements of paragraph A, subparagraphs (1) to (4); and

(2) The person:

(a) Has available a signed written authorization from that person's parent or legal guardian consenting to that person's medical use of marijuana or

(b) Is a minor who is entitled to give consent to all medical and other health care services pursuant to Title 22, section 1503.

C. Notwithstanding any other provision of law, a designated care giver may lawfully possess a usable amount of marijuana for medical use by an eligible patient if the designated care giver is acting within the scope of the designated care giver's duties to the eligible patient.

D. The fact that a person produces documentation described in paragraph A does not constitute a waiver of the physician-patient privilege in any other respect.

E. A physician who, in the context of a bona fide physician-patient relationship, advises a patient that the patient might benefit from the medical use of marijuana may not be deemed to have violated any provision of Title 32, section 2591-A, subsection 2 or section 3282-A, subsection 2.

F. Notwithstanding the provisions of paragraph A, medical use of marijuana by an eligible patient is not authorized by this section if such use occurs in a public place or in a workplace where such use is not permitted.

G. It is an affirmative defense to prosecution for possession, use or cultivation of a usable amount of marijuana under section 2383, Title 15, section 3103 or Title 17-A, chapter 45 that the defendant was an eligible patient under this subsection.

H. It is an affirmative defense to prosecution for possession, possession with the intent to furnish, furnishing or cultivation of a usable amount of marijuana under section 2383, Title 15, section 3103 or Title 17-A, chapter 45 that the defendant was a designated care giver under this subsection if the person to whom the marijuana was to be furnished or for whom it was cultivated was an eligible patient.

6. Lawful possession of hypodermic apparatuses by livestock owners. A person who owns livestock is authorized to possess and have control of hypodermic apparatuses for the purpose of administering antibiotics, vitamins and vaccines to treat medical conditions or promote the health of that person's livestock. For the purposes of this subsection, "livestock" means cattle, equines, sheep, goats, swine, members of the genus Lama, poultry, rabbits and cervids as defined in Title 7, section 1333, subsection 1.

ISSUE: Limitations

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>Limitations. This chapter does not permit any person to:</p> <p>A. Undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice;</p> <p>B. Possess marijuana or otherwise engage in the medical use of marijuana:</p> <p>(1) In a school bus;</p> <p>(2) On the grounds of any preschool or primary or secondary school; or</p> <p>(3) In any correctional facility;</p> <p>C. Smoke marijuana:</p> <p>(1) On any form of public transportation; or</p> <p>(2) In any public place;</p> <p>D. Operate, navigate or be in actual physical control of any motor vehicle, aircraft or motorboat while under the influence of marijuana; or</p> <p>E. Use marijuana if that person does not have a debilitating medical condition.</p> <p>Construction. This chapter may not be construed to require:</p> <p>A. A government medical assistance program or private health insurer to</p>	<p>Participation in a medical cannabis program by a qualified patient or primary caregiver does not relieve the qualified patient or primary caregiver from:</p> <p>(1) criminal prosecution or civil penalties for activities not authorized in this rule and act;</p> <p>(2) liability for damages or criminal prosecution arising out of the operation of a vehicle while under the influence of marijuana; or</p> <p>(3) criminal prosecution or civil penalty for possession, distribution or transfers of marijuana or use of marijuana:</p> <p>(a) in a school bus or public vehicle;</p> <p>(b) on school grounds or property;</p> <p>(c) in the workplace of the qualified patient's or primary caregiver's employment;</p> <p>(d) at a public park, recreation center, youth center or other public place;</p> <p>(e) to a person not approved by the department</p>	<p>Nothing in this article shall require any accommodation of any medical use of marijuana on the property or premises of any place of employment or during the hours of employment or on the property or premises of any jail, correctional facility, or other type of penal institution in which prisoners reside or persons under arrest are detained.</p> <p>(b) Notwithstanding subdivision (a), a person shall not be prohibited or prevented from obtaining and submitting the written information and documentation necessary to apply for an identification card on the basis that the person is incarcerated in a jail, correctional facility, or other penal institution in which prisoners reside or persons under arrest are detained.</p> <p>(c) Nothing in this article shall prohibit a jail, correctional facility, or other penal institution in which prisoners reside or persons under arrest are detained, from permitting a prisoner or a person under arrest who has an identification card, to use marijuana for medical purposes under circumstances that will not</p>	<p>No patient shall:</p> <p>(I) Engage in the medical use of marijuana in a way that endangers the health or well-being of any person; or</p> <p>(II) Engage in the medical use of marijuana in plain view of, or in a place open to, the general public.</p> <p>a) No governmental, private, or any other health insurance provider shall be required to be liable for any claim for reimbursement for the medical use of marijuana.</p> <p>(b) Nothing in this section shall require any employer to accommodate the medical use of marijuana in any work place.</p>

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<p>reimburse a person for costs associated with the medical use of marijuana; or</p> <p>B. An employer to accommodate the ingestion of marijuana in any workplace or any employee working while under the influence of marijuana.</p> <p>No sanction for medical use of marijuana. If a qualifying patient or a qualifying patient's primary caregiver demonstrates the qualifying patient's medical purpose for using marijuana pursuant to this section, the qualifying patient and the qualifying patient's primary caregiver may not be subject, for the qualifying patient's medical use of marijuana, to any state sanction, including:</p> <p>A. Disciplinary action by a business or occupational or professional licensing board or bureau; and</p> <p>B. Forfeiture of any interest in or right to property.</p>	<p>pursuant to this rule;</p> <p>(f) outside New Mexico or attempts to obtain or transport marijuana from outside New Mexico; or</p> <p>(g) that exceeds the allotted amount of useable medical use marijuana. Participation in a medical use of marijuana licensing program by a licensed producer, or the employees of a licensed producer, does not relieve the producer or employee from criminal prosecution or civil penalties for activities not authorized in this rule and the act.</p> <p>Distribution of medical marijuana to qualified patients or their primary caregivers shall take place at locations that are designated by the department and that are not within three hundred feet of any school, church or daycare center.</p> <p>Fraudulent misrepresentation: Any person who makes a fraudulent representation to a law enforcement officer about the person's participation in a medical cannabis program to avoid arrest or</p>	<p>endanger the health or safety of other prisoners or the security of the facility.</p> <p>(d) Nothing in this article shall require a governmental, private, or any other health insurance provider or health care service plan to be liable for any claim for reimbursement for the medical use of marijuana.</p> <p>Nothing in this article shall authorize a qualified patient or person with an identification card to engage in the smoking of medical marijuana under any of the following circumstances:</p> <p>(a) In any place where smoking is prohibited by law.</p> <p>(b) In or within 1,000 feet of the grounds of a school, recreation center, or youth center, unless the medical use occurs within a residence.</p> <p>(c) On a school bus.</p> <p>(d) While in a motor vehicle that is being operated.</p> <p>(e) While operating a boat.</p> <p>(a) (1) Any criminal defendant who is eligible to use marijuana pursuant to Section 11362.5 may request that the court confirm that he or she is allowed to use</p>	
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	<p>prosecution for a marijuana-related offense is guilty of a petty misdemeanor and shall be sentenced in accordance with the provisions of Section 31-19-1 et seq. NMSA 1978.</p> <p>Unlawful distribution: If a licensed producer or employee of a licensed producer sells, distributes, dispenses or transfers marijuana to a person not approved by the department pursuant to this rule and the act, or obtains or transports marijuana outside New Mexico in violation of federal law, the licensed producer or employee of the licensed producer shall be subject to arrest, prosecution and civil or criminal penalties pursuant to state law.</p> <p>Revocation of registry identification card, licensed primary caregiver card, license to produce or distribute: Violation of any provision of this rule may result in the immediate revocation of any privilege granted under this rule and the act.</p>	<p>medical marijuana while he or she is on probation or released on bail.</p>	
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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
(a) This chapter shall not permit: (1) Any person to undertake any	A No governmental, private, or any other health insurance provider	(c) The authorization for the medical use of marijuana in this	Sec. 7. (a) The medical use of marihuana

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<p>task under the influence of marijuana, when doing so would constitute negligence or professional malpractice; (2) The smoking of marijuana: (i) In a school bus or other form of public transportation; (ii) On any school grounds; (iii) In any correctional facility; (iv) In any public place; or (v) In any licensed drug treatment facility in this state.(3) Any person to operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marijuana. However, a registered qualifying patient shall not be considered to be under the influence solely for having marijuana metabolites in his or her system. (b) Nothing in this chapter shall be construed to require: (1) A government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana; or (2) An employer to accommodate the medical use of marijuana in any workplace.(c) Fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution shall be punishable by a fine of five hundred dollars (\$500) which shall</p>	<p>shall be required to be liable for any claim for reimbursement for expenses associated with the] medical use of marijuana. (d) Nothing in this chapter requires any accommodation of any medical use of marijuana (1) in any place of employment; (2) in any correctional facility , medical facility, or facility monitored by the department or the Department of Administration; (3) on or within 500 feet of school grounds; (4) at or within 500 feet of a recreation or youth center; or (5) on a school bus.</p>	<p>section shall not apply to: (1) The medical use of marijuana that endangers the health or well-being of another person; (2) The medical use of marijuana: (A) In a school bus, public bus, or any moving vehicle; (B) In the workplace of one's employment; (C) On any school grounds; (D) At any public park, public beach, public recreation center, recreation or youth center; or (E) Other place open to the public; and (3) The use of marijuana by a qualifying patient, parent, or primary caregiver for purposes other than medical use permitted by this chapter.</p>	<p>is allowed under state law to the extent that it is carried out in accordance with the provisions of this act. (b) This act shall not permit any person to do any of the following: (1) Undertake any task under the influence of marihuana, when doing so would constitute negligence or professional malpractice. (2) Possess marihuana, or otherwise engage in the medical use of marihuana: (A) in a school bus; (B) on the grounds of any preschool or primary or secondary school; or (C) in any correctional facility. (3) Smoke marihuana: (A) on any form of public transportation; or (B) in any public place. (4) Operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marihuana. (5) Use marihuana if that person does not have a serious or debilitating medical condition. (c) Nothing in this act shall be construed to require: (1) A government medical assistance program or</p>
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be in addition to any other penalties that may apply for making a false statement for the nonmedical use of marijuana.			commercial or non-profit health insurer to reimburse a person for costs associated with the medical use of marihuana. (2) An employer to accommodate the ingestion of marihuana in any workplace or any employee working while under the influence of marihuana.
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MONTANA	NEVADA	OREGON	VERMONT
<p>Limitations of medical marijuana act. (1) [Sections 1 through 9] do not permit:</p> <p>(a) any person to operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marijuana; or</p> <p>(b) the smoking of marijuana:</p> <p>(i) in a school bus or other form of public transportation;</p> <p>(ii) on any school grounds;</p> <p>(iii) in any correctional facility; or</p> <p>(iv) at any public park, public beach, public recreation center, or youth center.</p> <p>(2) Nothing in [sections 1 through 9] may be construed to require:</p> <p>(a) a government medical assistance program or private health insurer to reimburse a person for costs associated with the</p>	<p>A person who holds a registry identification card issued to him pursuant to <u>NRS 453A.220</u> or <u>453A.250</u> is not exempt from state prosecution for, nor may he establish an affirmative defense to charges arising from, any of the following acts:</p> <p>(a) Driving, operating or being in actual physical control of a vehicle or a vessel under power or sail while under the influence of marijuana.</p> <p>(b) Engaging in any other conduct prohibited by <u>NRS 484.379</u>, <u>484.3795</u>, <u>484.37955</u>, <u>484.379778</u>, subsection 2 of <u>NRS 488.400</u>, <u>NRS 488.410</u>, <u>488.420</u>, <u>488.425</u> or <u>493.130</u>.</p> <p>(c) Possessing a firearm in violation of paragraph (b) of subsection 1 of <u>NRS 202.257</u>.</p> <p>(d) Possessing marijuana in</p>	<p>No person authorized to possess, deliver or produce marijuana for medical use pursuant to ORS 475.300 to 475.346 shall be excepted from the criminal laws of this state or shall be deemed to have established an affirmative defense to criminal charges of which possession, delivery or production of marijuana is an element if the person, in connection with the facts giving rise to such charges:</p> <p>(a) Drives under the influence of marijuana as provided in ORS 813.010;</p> <p>(b) Engages in the medical use of marijuana in a public place as that term is defined in ORS 161.015, or in public view or in a correctional facility as defined in</p>	<p>This subchapter shall not exempt any person from arrest or prosecution for:</p> <p>(1) Being under the influence of marijuana while:</p> <p>(A) operating a motor vehicle, boat, or vessel, or any other vehicle propelled or drawn by power other than muscular power;</p> <p>(B) in a workplace or place of employment; or</p> <p>(C) operating heavy machinery or handling a dangerous instrumentality.</p> <p>(2) The use or possession of marijuana by a registered patient or a registered caregiver:</p> <p>(A) for purposes other than symptom relief as permitted by this subchapter; or</p> <p>(B) in a manner that endangers the health or well-being of another</p>

APPENDIX C

<p>medical use of marijuana; or (b) an employer to accommodate the medical use of marijuana in any workplace.</p>	<p>violation of <u>NRS 453.336</u> or possessing drug paraphernalia in violation of <u>NRS 453.560</u> or <u>453.566</u>, if the possession of the marijuana or drug paraphernalia is discovered because the person engaged or assisted in the medical use of marijuana in:</p> <p>(1) Any public place or in any place open to the public or exposed to public view; or</p> <p>(2) Any local detention facility, county jail, state prison, reformatory or other correctional facility, including, without limitation, any facility for the detention of juvenile offenders.</p> <p>(e) Delivering marijuana to another person who he knows does not lawfully hold a registry identification card issued by the Department or its designee pursuant to <u>NRS 453A.220</u> or <u>453A.250</u>.</p> <p>(f) Delivering marijuana for consideration to any person, regardless of whether the recipient lawfully holds a registry identification card issued by the Department or its designee pursuant to <u>NRS 453A.220</u> or <u>453A.250</u>.</p> <p>2. Except as otherwise provided in <u>NRS 453A.225</u> and in addition to any other penalty provided by law, if the Department</p>	<p>ORS 162.135 (2) or youth correction facility as defined in ORS 162.135 (6);</p> <p>(c) Delivers marijuana to any individual who the person knows is not in possession of a registry identification card;</p> <p>(d) Delivers marijuana for consideration to any individual, even if the individual is in possession of a registry identification card;</p> <p>(e) Manufactures or produces marijuana at a place other than:</p> <p>(A)(i) One address for property under the control of the patient; and</p> <p>(ii) One address for property under the control of the primary caregiver of the patient that have been provided to the Department of Human Services; or</p> <p>(B) A marijuana grow site authorized under section 8 of this 2005 Act; or</p> <p>(f) Manufactures or produces marijuana at more than one address.</p> <p>(2) In addition to any other penalty allowed by law, a person who the department finds has willfully violated the provisions of ORS 475.300 to 475.346, or rules adopted under ORS 475.300 to Enrolled Senate Bill 1085 (SB</p>	<p>person.</p> <p>(3) The smoking of marijuana in any public place, including:</p> <p>(A) a school bus, public bus, or other public vehicle;</p> <p>(B) a workplace or place of employment;</p> <p>(C) any school grounds;</p> <p>(D) any correctional facility; or</p> <p>(E) any public park, public beach, public recreation center, or youth center.</p> <p>(b) This chapter shall not be construed to require that coverage or reimbursement for the use of marijuana for symptom relief be provided by:</p> <p>(1) a health insurer as defined by subdivision 9402(7) of this title, or any insurance company regulated under Title 8;</p> <p>(2) an employer; or</p> <p>(3) for purposes of worker's compensation, an employer as defined in subdivision 601(3) of Title 21.</p>
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	<p>determines that a person has willfully violated a provision of this chapter or any regulation adopted by the Department or Division to carry out the provisions of this chapter, the Department may, at its own discretion, prohibit the person from obtaining or using a registry identification card for a period of up to 6 months.</p> <p>Nothing in the Act authorize the use or possession of the plant for a purpose other than medical or use for a medical purpose in public.</p> <p>Require reimbursement by an insurer for medical use of the plant or accommodation of medical use in a place of employment.</p>	<p>1085-BCCA) Page 8</p> <p>475.346, may be precluded from obtaining or using a registry identification card for the medical use</p> <p>of marijuana for a period of up to six months, at the discretion of the department.</p>	
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WASHINGTON			
<p>(1) It shall be a misdemeanor to use or display medical marijuana in a manner or place which is open to the view of the general public.</p> <p>(2) Nothing in this chapter requires any health insurance provider to be liable for any claim for reimbursement for the medical use of marijuana.</p> <p>(3) Nothing in this chapter requires any physician to authorize the use of medical marijuana for a patient.</p> <p>(4) Nothing in this chapter requires</p>			

APPENDIX C

<p>any accommodation of any on-site medical use of marijuana in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking medical marijuana in any public place as that term is defined in RCW 70.160.020.</p> <p>(5) It is a class C felony to fraudulently produce any record purporting to be, or tamper with the content of any record for the purpose of having it accepted as, valid documentation under *RCW 69.51A.010(6)(a).</p> <p>(6) No person shall be entitled to claim the affirmative defense provided in RCW 69.51A.040 for engaging in the medical use of marijuana in a way that endangers the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway.</p>			
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ISSUE: Minors

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>The department may not issue a registry identification card to a qualifying patient who is under 18 years of age unless:</p> <p>A. The qualifying patient's physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian or person having legal custody of the qualifying patient; and</p> <p>B. The parent, guardian or person having legal custody consents in writing to:</p> <ol style="list-style-type: none"> (1) Allow the qualifying patient's medical use of marijuana; (2) Serve as one of the qualifying patient's primary caregivers; and (3) Control the acquisition of the marijuana, the dosage and the frequency of the medical use of marijuana by the qualifying patient. 	<p>The department shall issue a registry identification card to an applicant under the age of eighteen (18) for the purpose of participating in the medical cannabis program upon the medical provider certification for patient eligibility from the applicant's practitioner and supporting application documents required under this rule. The qualified minor parental consent form shall require the following information to be provided:</p> <ol style="list-style-type: none"> (1) written documentation that the applicant's practitioner has explained the potential risks and benefits of the use of marijuana to both the applicant and parent or representative of the applicant; and (2) the applicant's parent or representative consents to; <ol style="list-style-type: none"> (a) allow the applicant's use of marijuana; (b) serve as the applicant's primary caregiver; and (c) control the acquisition of the marijuana, dosage and the frequency of the use of marijuana by the applicant. 	<p>Not addressed.</p>	<p>Notwithstanding paragraphs (2) (a) and (3) (d) of this section, no patient under eighteen years of age shall engage in the medical use of marijuana unless:</p> <ol style="list-style-type: none"> (a) Two physicians have diagnosed the patient as having a debilitating medical condition; (b) One of the physicians referred to in paragraph (6) (a) has explained the possible risks and benefits of medical use of marijuana to the patient and each of the patient's parents residing in Colorado; (c) The physicians referred to in paragraph (6) (b) has provided the patient with the written documentation, specified in subparagraph (3) (b) (I); (d) Each of the patient's parents residing in Colorado consent in writing to the state health agency to permit the patient to engage in the medical use of marijuana; (e) A parent residing in Colorado consents in writing to serve as a patient's primary care-

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
			<p>giver;</p> <p>(f) A parent serving as a primary care-giver completes and submits an application for a registry identification card as provided in subparagraph (3) (b) of this section and the written consents referred to in paragraph (6) (d) to the state health agency;</p> <p>(g) The state health agency approves the patient's application and transmits the patient's registry identification card to the parent designated as a primary care-giver;</p> <p>(h) The patient and primary care-giver collectively possess amounts of marijuana no greater than those specified in subparagraph (4) (a) (I) and (II); and</p> <p>(i) The primary care-giver controls the acquisition of such marijuana and the dosage and frequency of its use by the patient</p>

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>The department shall not issue a registry identification card to a qualifying patient under the age of eighteen (18) unless:</p> <p>(1) The qualifying patient's</p>	<p>If the patient is a minor, a statement by the minor's parent or guardian that the patient's physician has explained the possible risks and</p>	<p>Subsection (a) shall not apply to a qualifying patient under the age of eighteen years, unless:</p> <p>(1) The qualifying patient's</p>	<p>The department shall not issue a registry identification card to a qualifying patient who is under the age of 18 unless:</p> <p>(1) The qualifying patient's</p>

APPENDIX C

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>practitioner has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian or person having legal custody of the qualifying patient; and</p> <p>(2) A parent, guardian or person having legal custody consents in writing to:</p> <p>(i) Allow the qualifying patient's medical use of marijuana;</p> <p>(ii) Serve as one of the qualifying patient's primary caregivers; and</p> <p>(iii) Control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.</p> <p>(3) The department shall verify the information contained in an application or renewal</p>	<p>benefits of medical use of marijuana and that the parent or guardian consents to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the patient.</p>	<p>physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and</p> <p>(2) A parent, guardian, or person having legal custody consents in writing to:</p> <p>A) Allow the qualifying patient's the medical use of marijuana;</p> <p>(B) Serve as the qualifying patient's primary caregiver; and</p> <p>(C) Control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.</p>	<p>physician has explained the potential risks and benefits of the medical use of marihuana to the qualifying patient and to his or her parent or legal guardian;</p> <p>(2) The qualifying patient's parent or legal guardian submits a written certification from 2 physicians; and</p> <p>(3) The qualifying patient's parent or legal guardian consents in writing to:</p> <p>(A) Allow the qualifying patient's medical use of marihuana;</p> <p>(B) Serve as the qualifying patient's primary caregiver; and</p> <p>(C) Control the acquisition of the marihuana, the dosage, and the frequency of the medical use of marihuana by the qualifying patient.</p>

MONTANA	NEVADA	OREGON	VERMONT
<p>The department shall issue a registry identification card to a minor if the materials required under subsection (2) are submitted and the custodial parent or legal guardian with</p>	<p>Restriction of medical use of the plant by a minor to require diagnosis and written authorization by a physician, parental consent, and parental control of the acquisition and use of the plant.</p>	<p>(a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care</p>	<p>If the patient is under the age of 18 the application must be signed by both the patient and a parent or guardian</p>

APPENDIX C

MONTANA	NEVADA	OREGON	VERMONT
<p>responsibility for health care decisions for the minor signs and submits a written statement that:</p> <ul style="list-style-type: none"> (a) the minor's physician has explained to that minor and to the custodial parent or legal guardian with responsibility for health care decisions for the minor the potential risks and benefits of the medical use of marijuana; and (b) the custodial parent or legal guardian with responsibility for health care decisions for the minor: <ul style="list-style-type: none"> (i) consents to the medical use of marijuana by the minor; (ii) agrees to serve as the minor's caregiver; and (iii) agrees to control the acquisition of marijuana and the dosage and frequency of the medical use of marijuana by the minor. 		<p>decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;</p> <ul style="list-style-type: none"> (b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes; (c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and (d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age. 	
WASHINGTON			
Not addressed.			

ISSUE: Physicians

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>Written certification" means a document signed by a physician and stating that in the physician's professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition. A written certification may be made only in the course of a bona fide physician-patient relationship after the physician has completed a full assessment of the qualifying patient's medical history. The written certification must specify the qualifying patient's debilitating medical condition. Physician not subject to penalty. A physician may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by the Board of Licensure in Medicine or the Board of Osteopathic Licensure or by any other business or occupational or professional licensing board or bureau, solely for providing written certifications or for otherwise</p>	<p>"Practitioner" means a person licensed in New Mexico to prescribe and administer drugs that are subject to the Controlled Substances Act, Section 30-31-1 et seq. NMSA 1978. A practitioner shall not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege by the state of New Mexico, or political subdivision thereof, for recommending the use of marijuana or providing written certification for the use of marijuana pursuant to this rule and act.</p>	<p>Attending physician means an individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate. The physician caring for the qualified patient must fulfill the following criteria and responsibilities: Possess a license to practice medicine or osteopathy in California issued by the Medical Board of California or the Osteopathic Medical Board of California. This license must be in good standing. Take responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of the applicant (patient). Perform a medical examination of the applicant (patient). As a result of the medical examination,</p>	<p>(c) It shall be an exception from the state's criminal laws for any physician to:</p> <p>(I) Advise a patient whom the physician has diagnosed as having a debilitating medical condition, about the risks and benefits of medical use of marijuana or that he or she might benefit from the medical use of marijuana, provided that such advice is based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship; or</p> <p>(II) Provide a patient with written documentation, based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship, stating that the patient has a debilitating medical condition and might benefit from the medical use of marijuana.</p>

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stating that, in the physician's professional opinion, a patient is likely to receive therapeutic benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition except that nothing prevents a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.		document in the patient's medical record that the patient has a serious medical condition and that the medical use of marijuana is appropriate. Have the patient sign an authorized medical release of information. The county program cannot process the patient's application without the appropriate authorization for release of medical information. Provide to the patient copies of the medical records stating that he or she has been diagnosed with a serious medical condition and that the medical use of marijuana is appropriate.	No physician shall be denied any rights or privileges for the acts authorized by this subsection.
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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
"Practitioner" means a person who is licensed with authority to prescribe drugs 33 pursuant to chapter 37 of title 5. A practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by the Rhode Island Board of Medical Licensure and Discipline or by any another business or occupational or professional licensing board or bureau solely for providing written certifications or for otherwise stating that, in the practitioner's professional opinion, the potential	A physician is not subject to any penalty, including arrest, prosecution, or disciplinary proceeding, or denial of any right or privilege, for (1) advising a patient whom the physician has diagnosed as having a debilitating medical condition about the risks and benefits of medical use of marijuana or that the patient might benefit from the medical use of marijuana, provided that the advice is based upon the physician's contemporaneous assessment in the context of a bona fide physician-patient	"Physician" means a person who is licensed under chapters 453 and 460, and is licensed with authority to prescribe drugs and is registered under section 329-32. "Physician" does not include physician's assistant as described in section 453-5.3. Protections afforded to a treating physician. No physician shall be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege for providing written certification for the medical use of marijuana for a qualifying patient; provided that:	A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the qualifying patient's medical history, or for otherwise stating that, in the

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<p>benefits of the medical marijuana would likely outweigh the health risks for a patient.</p> <p>A practitioner nurse or pharmacist shall not be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau solely for discussing the benefits or health risks of medical marijuana or its interaction with other substances with a patient.</p>	<p>relationship of</p> <p>(A) the patient's medical history and current medical condition; and</p> <p>(B) other approved medications and treatments that might provide relief and that are reasonably available to the patient and that can be tolerated by the patient; or</p> <p>(2) providing a patient with a written statement in an application for registration under AS 17.37.010 .</p>	<p>(1) The physician has diagnosed the patient as having a debilitating medical condition, as defined in section 329-A;</p> <p>(2) The physician has explained the potential risks and benefits of the medical use of marijuana, as required under section 329-B;</p> <p>(3) The written certification is based upon the physician's professional opinion after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship; and</p> <p>(4) The physician has complied with the registration requirements of section 329-C.</p>	<p>physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.</p>
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MONTANA	NEVADA	OREGON	VERMONT
<p>A physician may not be arrested, prosecuted, or penalized in any manner, or be denied any right or privilege, including but not limited to civil penalty or disciplinary action by the board of medical examiners or the department of</p>	<p>The Board of Medical Examiners or the State Board of Osteopathic Medicine, as applicable, shall not take any disciplinary action against an attending physician on the basis that the attending physician:</p>	<p>“Attending physician” means a physician licensed under ORS chapter 677 who has primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition.</p>	<p>“Bona fide physician-patient relationship” means a treating or consulting relationship of not less than six months duration, in the course of which a physician has completed a full assessment of the registered patient’s medical history</p>

APPENDIX C

<p>labor and industry, for providing written certification for the medical use of marijuana to qualifying patients.</p>	<ol style="list-style-type: none"> 1. Advised a person whom the attending physician has diagnosed as having a chronic or debilitating medical condition, or a person whom the attending physician knows has been so diagnosed by another physician licensed to practice medicine pursuant to the provisions of <u>chapter 630</u> of NRS or licensed to practice osteopathic medicine pursuant to the provisions of <u>chapter 633</u> of NRS: <ol style="list-style-type: none"> (a) About the possible risks and benefits of the medical use of marijuana; or (b) That the medical use of marijuana may mitigate the symptoms or effects of the person's chronic or debilitating medical condition, if the advice is based on the attending physician's personal assessment of the person's medical history and current medical condition. 2. Provided the written documentation required pursuant to paragraph (a) of subsection 2 of <u>NRS 453A.210</u> for the issuance of a registry identification card or pursuant to subparagraph (1) of paragraph (b) of subsection 1 of 	<p>No attending physician may be subjected to civil penalty or discipline by the Board of Medical Examiners for:</p> <ol style="list-style-type: none"> (1) Advising a person whom the attending physician has diagnosed as having a debilitating medical condition, or a person who the attending physician knows has been so diagnosed by another physician licensed under ORS chapter 677, about the risks and benefits of medical use of marijuana or that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition, provided the advice is based on the attending physician's personal assessment of the person's medical history and current medical condition; or (2) Providing the written documentation necessary for issuance of a registry identification card under ORS 475.309, if the documentation is based on the attending physician's personal assessment of the applicant's medical history and current medical condition and the attending physician has 	<p>and current medical condition, including a personal physical examination.</p>
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	<p><u>NRS 453A.230</u> for the renewal of a registry identification card, if:</p> <p>(a) Such documentation is based on the attending physician's personal assessment of the person's medical history and current medical condition; and</p> <p>(b) The physician has advised the person about the possible risks and benefits of the medical use of marijuana.</p>	discussed the potential medical risks and benefits of the medical use of marijuana with the applicant.	
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WASHINGTON			
<p>A physician licensed under chapter 18.71 or 18.57 RCW shall be excepted from the state's criminal laws and shall not be penalized in any manner, or denied any right or privilege, for:</p> <p>(1) Advising a qualifying patient about the risks and benefits of medical use of marijuana or that the qualifying patient may benefit from the medical use of marijuana where such use is within a professional standard of care or in the individual physician's medical judgment; or</p> <p>(2) Providing a qualifying patient</p>			

APPENDIX C

with valid documentation, based upon the physician's assessment of the qualifying patient's medical history and current medical condition, that the medical use of marijuana may benefit a particular qualifying patient.			
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ISSUE: Primary Care Giver

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>"Primary caregiver" means a person who is at least 21 years of age who has agreed to assist with a qualifying patient's medical use of marijuana and who has never been convicted of a felony drug offense. Unless the primary caregiver is a nonprofit dispensary, the primary caregiver may assist no more than 5 qualifying patients with their medical use of marijuana. A primary caregiver, other than a nonprofit dispensary, who has been issued and possesses a registry identification card may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom the primary caregiver is connected through the department's registration process with the medical use of marijuana in accordance with this chapter as long as the primary caregiver possesses an amount of marijuana that: A. Is not more than 2 1/2 ounces of usable marijuana for each qualifying patient to whom the primary caregiver is connected through the department's registration process; and B. For each qualifying patient who has specified that the primary caregiver is allowed under state law to cultivate marijuana for the qualifying patient, does not exceed 6 marijuana plants, which must be kept in an enclosed, locked facility unless they are being transported because the primary caregiver is moving.</p>	<p>Primary caregiver means a resident of New Mexico who is at least eighteen (18) years of age and who has been designated by a qualified patient or the patient's practitioner as being necessary to take responsibility for managing the well-being of the patient with respect to the medical use of cannabis pursuant to the provisions of the Lynn and Erin Compassionate Use Act. The department shall issue a registry identification card to a primary caregiver applicant for the purpose of managing the well-being of up to four (4) qualified patients pursuant to the requirements of this rule upon the completion and approval of the primary caregiver application form available from the medical cannabis program. In order for a registry identification card to be obtained and processed, the following information shall be submitted to the medical cannabis program: (1) birth certificate verifying that the applicant is at least eighteen (18) years of age; (2) written approval by the qualified patient(s) and the qualified patient(s)' practitioner(s) authorizing responsibility for managing the well-being of a qualified patient(s) with respect to the use of marijuana; (3) the name(s), address(es), telephone number(s) and date of birth of the qualified patient(s); (4) the name, address and telephone number of the qualified patient's practitioner; (5) the name, address, telephone number of the applicant; and (6) the applicant's signature and date.</p>	<p>"Primary caregiver" means the individual, designated by a qualified patient or by a person with an identification card, who has consistently assumed responsibility for the housing, health, or safety of that patient or person, and may include any of the following: (1) In any case in which a qualified patient or person with an identification card receives medical care or supportive services, or both, from a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2, a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, a residential care facility for persons with chronic life-threatening illness licensed pursuant to Chapter 3.01 (commencing with Section 1568.01) of Division 2, a residential care facility for the elderly licensed pursuant to Chapter 3.2 (commencing with Section 1569) of Division 2, a hospice, or a home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2, the owner or operator, or no more than three employees who are designated by the owner or operator, of the clinic, facility, hospice, or home health agency, if designated as a primary caregiver by that qualified patient or person with an identification card. (2) An individual who has been designated as a primary caregiver by more than one qualified patient or person with an identification card, if every qualified patient or person with an identification card who has designated that individual as a primary caregiver resides in the same city or county as the primary caregiver. (3) An individual who has been designated as</p>	<p>Primary care-giver means a person, other than the patient and the patient's physician, who is eighteen years of age or older and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.</p>

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MAINE	NEW MEXICO	CALIFORNIA	COLORADO
		a primary caregiver (3) An individual who has been designated as a primary caregiver by a qualified patient or person with an identification card who resides in a city or county other than that of the primary caregiver, if the individual has not been designated as a primary caregiver by any other qualified patient or person with an identification card.(e) A primary caregiver shall be at least 18 years of age, unless the primary caregiver is the parent of a minor child who is a qualified patient or a person with an identification card or the primary caregiver is a person otherwise entitled to make medical decisions under state law pursuant to Sections 6922, 7002, 7050, or 7120 of the Family Code	

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
"Primary caregiver" means a person who is at least twenty-one (21) years old and who has agreed to assist with a person's medical use of marijuana and who doesn't have a felony drug conviction. A primary caregiver may assist no more than five (5) qualifying patients with their medical use of marijuana. No primary caregiver shall possess an amount of marijuana in excess of twenty-four (24) marijuana plants and five (5) ounces of usable marijuana for qualifying patients to whom he or she is connected through the department's registration process.	A person may be listed under this section as the primary caregiver or alternate caregiver for a patient if the person submits a sworn statement on a form provided by the department that the person (1) is at least 21 years of age; (2) has never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73; and (3) is not currently on probation or parole from this or another jurisdiction. (e) A person may be a primary caregiver or alternate caregiver for only one patient at a time unless the primary caregiver or alternate caregiver is simultaneously caring for two or more patients who are related to the caregiver by at least the fourth degree of kinship by blood or	"Primary caregiver" means a person, other than the qualifying patient and the qualifying patient's physician, who is eighteen-years-of-age or older who has agreed to undertake responsibility for managing the well-being of the qualifying patient with respect to the medical use of marijuana. In the case of a minor or an adult lacking legal capacity, the primary caregiver shall be a parent, guardian, or person having legal custody.	"Primary caregiver" means a person who is at least 21 years old and who has agreed to assist with a patient's medical use of marihuana and who has never been convicted of a felony involving illegal drugs.

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	marriage. A primary caregiver may only act as the primary caregiver for the patient when the primary caregiver is in physical possession of the caregiver registry identification card. An alternate caregiver may only act as the primary caregiver for the patient when the alternate caregiver is in physical possession of the caregiver registry identification card.		
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MONTANA	NEVADA	OREGON	VERMONT
<p>"Caregiver" means an individual, 18 years of age or older who has agreed to undertake responsibility for managing the well-being of a person with respect to the medical use of marijuana. A qualifying patient may have only one caregiver at any one time.</p> <p>(b) The term does not include the qualifying patient's physician. The department shall issue a registry identification card to the caregiver who is named in a qualifying patient's approved application if the caregiver signs a statement agreeing to provide marijuana only to qualifying patients who have named the applicant as caregiver. The department may not issue a registry identification card to a proposed caregiver who has previously been convicted of a felony drug offense. A caregiver may receive reasonable compensation for services provided to assist with a qualifying patient's medical use of marijuana.</p>	<p>A designated primary caregiver may not be the designated primary caregiver to more than one person.</p> <p>Designated primary caregiver" means a person who:</p> <ul style="list-style-type: none"> (a) Is 18 years of age or older; (b) Has significant responsibility for managing the well-being of a person diagnosed with a chronic or debilitating medical condition; and (c) Is designated as such in the manner required pursuant to <u>NRS 453A.250</u>. <p>2. The term does not include the attending physician of a person diagnosed with a chronic or debilitating medical condition.</p>	<p>"Designated primary caregiver" means an individual 18 years of age or older who has significant responsibility for managing the well-being of a person who has been diagnosed with a debilitating medical condition and who is designated as such on that person's application for a registry identification card or in other written notification to the department.</p> <p>"Designated primary caregiver" does not include the person's attending physician.</p>	<p>Registered caregiver" means a person who is at least 21 years old who has never been convicted of a drug-related crime and who has agreed to undertake responsibility for managing the well-being of a registered patient with respect to the use of marijuana for symptom relief.</p> <p>A person may submit a signed application to the department of public safety to become a registered patient's registered caregiver. The department shall approve or deny the application in writing within 30 days. The department shall approve a registered caregiver's application and issue the person an authorization card, including the caregiver's name, photograph, and a unique identifier, after verifying:</p> <ul style="list-style-type: none"> (1) the person will serve as the registered caregiver for one registered patient only; and (2) the person has never been convicted of a drug-related crime. <p>(b) Prior to acting on an application, the department shall obtain from the Vermont criminal information center a Vermont criminal record, an out-of-state criminal record, and a criminal record from the Federal Bureau of Investigation for the applicant. For purposes of this</p>

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MONTANA	NEVADA	OREGON	VERMONT
			<p>subdivision, “criminal record” means a record of whether the person has ever been convicted of a drug-related crime. Each applicant shall consent to release of criminal records to the department on forms substantially similar to the release forms developed by the center pursuant to section 2056c of Title 20. The department shall comply with all laws regulating the release of criminal history records and the protection of individual privacy. The Vermont criminal information center shall send to the requester any record received pursuant to this section or inform the department of public safety that no record exists. If the department disapproves an application, the department shall promptly provide a copy of any record of convictions and pending criminal charges to the applicant and shall inform the applicant of the right to appeal the accuracy and completeness of the record pursuant to rules adopted by the Vermont criminal information center. No person shall confirm the existence or nonexistence of criminal record information to any person who would not be eligible to receive the information pursuant to this subchapter.</p> <p>(c) A registered caregiver may serve only one registered patient at a time, and a registered patient may have only one registered caregiver at a time.</p>
WASHINGTON			
<p>"Designated provider" means a person who:</p> <p>(a) Is eighteen years of age or older;</p> <p>(b) Has been designated in writing by a patient to serve as a designated provider under this chapter;</p> <p>c) Is prohibited from consuming marijuana</p>			

APPENDIX C

MONTANA	NEVADA	OREGON	VERMONT
obtained for the personal, medical use of the patient for whom the individual is acting as designated provider; and d) Is the designated provider to only one patient at any one time.			

ISSUE: Protections

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>Presumption. There is a presumption that a qualifying patient or primary caregiver is engaged in the medical use of marijuana in accordance with this chapter if the qualifying patient or primary caregiver: A. Is in possession of a registry identification card; and B. Is in possession of an amount of marijuana that does not exceed the amount allowed under this chapter. The presumption may be rebutted by evidence that conduct related to marijuana was not for the purpose of treating or alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition in accordance with this chapter. Cardholder not subject to arrest. A cardholder may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for giving an amount of marijuana the person is allowed to possess under subsection 1 or 2 to a cardholder for the registered qualifying patient's medical use when nothing of value is transferred in return or for offering to do the same. School, employer or landlord may not discriminate. A school, employer or landlord may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that</p>	<p>Possession of, or application for, a registry identification card shall not constitute probable cause or give rise to reasonable suspicion for any governmental agency to search the person or property of the person possessing or applying for the card. A. A qualified patient shall not be subject to arrest, prosecution or penalty in any manner for the possession of or the use of marijuana by the state of New Mexico, or political subdivision thereof, if the quantity of marijuana does not exceed an adequate supply. B. A primary caregiver shall not be subject to arrest, prosecution or penalty in any manner for the possession of marijuana by the state of New Mexico, or political subdivision thereof, for the medical use by the qualified patient if the quantity of marijuana does not exceed an adequate supply. C. A qualified patient or a primary caregiver shall be granted the full legal protections provided under 7.34.3.12 NMAC by the state of New Mexico if the qualified patient or primary caregiver is in possession of a registry identification card. If the qualified patient or primary caregiver is not in possession of a registry identification card, the qualified patient or primary caregiver shall be given an opportunity to produce the registry identification card before any arrest or criminal charges or other penalties are</p>	<p>a) Subject to the requirements of this article, the individuals specified in subdivision (b) shall not be subject, on that sole basis, to criminal liability under (various) Sections. However, nothing in this section shall authorize the individual to smoke or otherwise consume marijuana unless otherwise authorized by this article, nor shall anything in this section authorize any individual or group to cultivate or distribute marijuana for profit. (b) Subdivision (a) shall apply to all of the following: (1) A qualified patient or a person with an identification card who transports or processes marijuana for his or her own personal medical use. (2) A designated primary caregiver who transports, processes, administers, delivers, or gives away marijuana for medical purposes, in amounts not exceeding those established in subdivision (a) of Section 11362.77, only to the qualified patient of the primary caregiver, or to the person with an identification card who has designated the individual as a primary caregiver. (3) Any individual who provides assistance to a qualified patient or a person with an identification card, or his or her designated primary caregiver, in administering medical marijuana to the qualified patient or person or acquiring the skills necessary to cultivate or administer marijuana for medical purposes to the</p>	<p>No school, employer or landlord may refuse to enroll, employ or lease to or otherwise penalize a person solely for his or her status as a registered qualifying patient or a registered primary caregiver. A primary caregiver, who has in his or her possession, a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marijuana; provided, that the primary caregiver possesses an amount of marijuana which does not exceed twelve (12) marijuana plants and two and one-half (2.5) ounces of usable marijuana for each qualifying patient to whom he or she is connected through the department's registration. A primary caregiver may receive reimbursement for costs associated with assisting a registered qualifying patient's medical use of marijuana. Compensation shall not constitute sale of controlled substances. process. Any interest in or right to property that is possessed, owned, or used in connection with the medical use of</p>

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<p>person's status as a registered qualifying patient or a registered primary caregiver unless failing to do so would put the school, employer or landlord in violation of federal law or cause it to lose a federal contract or funding. Person may not be denied custody or visitation of minor. A person may not be denied custody or visitation of a minor for acting in accordance with this chapter unless the person's behavior is such that it creates an unreasonable danger to the minor that can be clearly articulated and substantiated. Person not subject to penalty for providing registered qualifying patient or registered primary caregiver marijuana paraphernalia. A person may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for providing a registered qualifying patient or a registered primary caregiver with marijuana paraphernalia for purposes of a qualifying patient's medical use of marijuana. Property not subject to forfeiture. Any marijuana, marijuana paraphernalia, licit property or interest in licit property that is possessed, owned or used in connection with the medical use of marijuana, as allowed under this chapter, or property incidental to such use, may not be seized or forfeited. Person not subject to penalty for being in presence of medical use of marijuana. A person may not be subject to arrest, prosecution or penalty in any manner or denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, simply for being in the presence or vicinity of the</p>	<p>initiated. D. A practitioner shall not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege by the state of New Mexico, or political subdivision thereof, for recommending the use of marijuana or providing written certification for the use of marijuana pursuant to this rule and act. E. Any property interest that is possessed, owned or used in connection with the use of marijuana, or acts incidental to such use, shall not be harmed, neglected, injured or destroyed while in the possession of New Mexico state or local law enforcement officials. Any such property interest shall not be forfeited under any New Mexico state or local law providing for the forfeiture of property except as provided in the Forfeiture Act. Marijuana, paraphernalia or other property seized from a qualified patient or primary caregiver in connection with the claimed use of marijuana shall be returned immediately upon the determination by a court or prosecutor that the qualified patient or primary caregiver is entitled to the protections of the provisions of this rule and act, as shall be evidenced by a failure to actively investigate the case, a decision not to prosecute, the dismissal of charges or acquittal. F. A person shall not be subject to arrest or prosecution by the state of New Mexico, or political subdivision thereof, for a marijuana related offense for being in the presence of the use of marijuana as permitted under the provisions of this rule and act.</p>	<p>qualified patient or person. (c) A primary caregiver who receives compensation for actual expenses, including reasonable compensation incurred for services provided to an eligible qualified patient or person with an identification card to enable that person to use marijuana under this article, or for payment for out-of-pocket expenses incurred in providing those services, or both, shall not, on the sole basis of that fact, be subject to prosecution or punishment under Section <u>11359</u> or <u>11360</u>.</p>	<p>marijuana, or acts incidental to such use, shall not be forfeited. (h) No person shall be subject to arrest or prosecution for constructive possession, conspiracy, aiding and abetting, being an accessory, or any other offense for simply being in the presence or vicinity of the medical use of marijuana as permitted under this chapter or for assisting a registered qualifying patient with using or administering marijuana.</p>
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medical use of marijuana as allowed under this chapter or for assisting a registered qualifying patient with using or administering marijuana.			
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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>A qualifying patient who has in his or her possession a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marijuana; provided, that the qualifying patient possesses an amount of marijuana that does not exceed twelve (12) marijuana plants and two and one-half (2.5) ounces of usable marijuana. Said plants shall be stored in an indoor facility. (b) No school, employer or landlord may refuse to enroll, employ or lease to or otherwise penalize a person solely for his or her status as a registered qualifying patient or a registered primary caregiver. (c) A primary caregiver, who has in his or her possession, a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marijuana; provided, that the primary caregiver</p>	<p>A patient, primary caregiver, or alternate caregiver registered with the department under this chapter has an affirmative defense to a criminal prosecution related to marijuana to the extent provided in AS 11.71.090.</p> <p>(b) Except as otherwise provided by law, a person is not subject to arrest, prosecution, or penalty in any manner for applying to have the person's name placed on the confidential registry maintained by the department under AS 17.37.010 .</p>	<p>Protections afforded to a qualifying patient or primary caregiver.</p> <p>(a) A qualifying patient or the primary caregiver may assert the medical use of marijuana as an affirmative defense to any prosecution involving marijuana under this chapter or chapter 712; provided that the qualifying patient or the primary caregiver strictly complied with the requirements of this part.</p> <p>(b) Any qualifying patient or primary caregiver not complying with the permitted scope of the medical use of marijuana shall not be afforded the protections against searches and seizures pertaining to the misapplication of the medical use of marijuana.</p> <p>(c) No person shall be subject to arrest or prosecution for simply being in the presence or vicinity of the medical use of marijuana as permitted under this part.</p>	<p>A qualifying patient who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marihuana in accordance with this act, provided that the qualifying patient possesses an amount of marihuana that does not exceed 2.5 ounces of usable marihuana, and, if the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility. Any incidental amount of seeds, stalks, and unusable roots shall also be allowed under state law and shall not be included in this amount.</p> <p>(b) A primary caregiver who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration</p>

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<p>possesses an amount of marijuana which does not exceed twelve (12) marijuana plants and two and one-half (2.5) ounces of usable marijuana for each qualifying patient to whom he or she is connected through the department's registration process.(d) There shall exist a presumption that a qualifying patient or primary caregiver is engaged in the medical use of marijuana if the qualifying patient or primary caregiver: (1) Is in possession of a registry identification card; and (2) Is in possession of an amount of marijuana that does not exceed the amount permitted under this chapter. Such presumption may be rebutted by evidence that conduct related to marijuana was not for the purpose of alleviating the qualifying patient's debilitating medical condition or symptoms associated with the medical condition. (e) A primary caregiver may receive reimbursement for costs associated with assisting a registered qualifying patient's medical use of marijuana. Compensation shall not constitute sale of controlled substances. (f) A practitioner shall not be subject to arrest, prosecution, or penalty in any manner</p>			<p>process with the medical use of marihuana in accordance with this act, provided that the primary caregiver possesses an amount of marihuana that does not exceed: (1) 2.5 ounces of usable marihuana for each qualifying patient to whom he or she is connected through the department's registration process; and</p> <p>(2) for each registered qualifying patient who has specified that the primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility; and</p> <p>(3) any incidental amount of seeds, stalks, and unusable roots.</p> <p>(c) A person shall not be denied custody or visitation of a minor for acting in accordance with this act, unless the person's behavior is such that it creates an unreasonable danger to the minor that can be clearly articulated and substantiated. A person shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for providing a registered qualifying patient or a registered primary caregiver with marihuana paraphernalia for purposes of a qualifying patient's medical use of marihuana. (h) Any marihuana, marihuana paraphernalia, or licit property that is possessed, owned, or used in connection with the medical use of marihuana, as allowed under this act, or acts incidental to such use, shall not be seized or forfeited.</p> <p>(i) A person shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or</p>
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			occupational or professional licensing board or bureau, solely for being in the presence or vicinity of the medical use of marihuana in accordance with this act, or for assisting a registered qualifying patient with using or administering marijuana.
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MONTANA	NEVADA	OREGON	VERMONT
<p>Subject to 37-1-138, each licensing board allocated to the department has the authority, in addition to any other penalty or disciplinary action provided by law, to adopt rules specifying grounds for disciplinary action and rules providing for:</p> <p>(a) revocation of a license;</p> <p>(b) suspension of its judgment of revocation on terms and conditions determined by the board;</p> <p>(c) suspension of the right to practice for a period not exceeding 1 year;</p> <p>(d) placing a licensee on probation;</p> <p>(e) reprimand or censure of a licensee; or</p> <p>(f) taking any other action in relation to disciplining a licensee as the board in its discretion considers proper.</p> <p>(2) Any disciplinary action by a board shall be conducted as a contested case hearing under the provisions of the Montana Administrative Procedure Act.</p> <p>(3) Notwithstanding any other provision of law, a board may maintain an action to enjoin a person from engaging in the practice of the occupation or profession regulated by the board until a license to practice is</p>	<p>Professional licensing board prohibited from taking disciplinary action against licensee on basis of licensee's participation in certain activities in accordance with chapter. A professional licensing board shall not take any disciplinary action against a person licensed by the board on the basis that:</p> <p>1. The person engages in or has engaged in the medical use of marijuana in accordance with the provisions of this chapter; or</p> <p>2. The person acts as or has acted as the designated primary caregiver of a person who holds a registry identification card issued to him pursuant to paragraph (a) of subsection 1 of <u>NRS 453A.220</u>.</p>	<p>No professional licensing board may impose a civil penalty or take other disciplinary action against a licensee based on the licensee's medical use of marijuana in accordance with the provisions of ORS 475.300 to 475.346 or actions taken by the licensee that are necessary to carry out the licensee's role as a designated primary caregiver to a person who possesses a lawful registry identification card</p> <p>A licensed health care professional may administer medical marijuana to a person who possesses a registry identification card and resides in a licensed health care facility if the administration of pharmaceuticals is within the scope of practice of the licensed health care professional. Administration of medical marijuana under this subsection may not take place in a public place as defined in ORS 161.015 or in the presence of a person under 18 years of age. If the medical marijuana administered under this subsection is</p>	<p>A person who has in his or her possession a valid registration card issued pursuant to this subchapter and who is in compliance with the requirements of this subchapter, including the possession limits in subdivision 4472(4) of this title, shall be exempt from arrest or prosecution under subsection 4230(a) of this title.</p> <p>c) No person shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for simply being in the presence or vicinity of a registered patient or registered caregiver engaged in use of marijuana for symptom relief.</p>

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procured. A person who has been enjoined and who violates the injunction is punishable for contempt of court. (4) An action may not be taken against a person who is in compliance with [sections 1 through 9]."		smoked, adequate ventilation must be provided. (b) Nothing in this subsection requires: (A) A licensed health care professional to administer medical marijuana; or (B) A licensed health care facility to make accommodations for the administration of medical marijuana	
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WASHINGTON			
(1) The lawful possession or manufacture of medical marijuana as authorized by this chapter shall not result in the forfeiture or seizure of any property. (2) No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the presence or vicinity of medical marijuana or its use as authorized by this chapter. (3) The state shall not be held liable for any deleterious outcomes from the medical use of marijuana by any qualifying patient.			

ISSUE: Qualifying Individuals/Patients

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
Qualifying patient means a person who has been diagnosed by a physician as having a debilitating medical condition.	A resident of New Mexico who has been diagnosed by a practitioner as having a debilitating medical condition and has received written certification and a registry identification card issued pursuant to the Lynn and Erin Compassionate Use Act	"Person with an identification card" means an individual who is a qualified patient who has applied for and received a valid identification card pursuant to this article. "Qualified patient" means a person who is entitled to the protections of Section 11362.5, but who does not have an identification card issued pursuant to this article.	Patient means a person who has a debilitating medical condition.

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
"Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition and is a resident of Rhode Island.	Not defined specifically. Law just talks about "applicants."	"Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.	"Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.

MONTANA	NEVADA	OREGON	VERMONT
"Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.	Not defined specifically. Law just talks about "registry card holders."	"Patient" has the same meaning as "registry identification cardholder."	"Registered patient" means a person who has been issued a registration card by the department of public safety identifying the person as having a debilitating medical condition pursuant to the provisions of this subchapter.

WASHINGTON			
"Qualifying patient" means a person who: (a) Is a patient of a physician licensed under chapter 18.71 or 11 18.57 RCW; (b) Has been diagnosed by that physician as having a terminal or debilitating medical condition; (c) Is a resident of the state of Washington at the time of such diagnosis; (d) Has been advised by that physician about the risks and benefits of the medical use of marijuana; and (e) Has been advised by that physician that			

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they may benefit from the medical use of marijuana.			
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ISSUE: Revocation

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
Any cardholder who sells marijuana to a person who is not allowed to possess marijuana for medical purposes under this chapter must have that cardholder's registry identification card revoked and is liable for any other penalties for the sale of marijuana. The department may revoke the registry identification card of any cardholder who violates this chapter, and the cardholder is liable for any other penalties for the violation. The statute is silent as to the confidentiality of revocation.	<p>Suspension of license without prior hearing: In accordance with the Public Health Act, Section 24-1-5 (H) NMSA 1978, if immediate action is required to protect the health and safety of the general public, the qualified patient or primary caregivers, the department may suspend the qualified patient or primary caregiver license without notice.</p> <p>(1) A qualified patient or primary caregiver whose license has been summarily suspended is entitled to a record review not later than thirty (30) calendar days after the license was summarily suspended.</p> <p>(2) The record review requested subsequent to a summary suspension shall be conducted by the administrative review committee.</p> <p>(3) The administrative review committee shall conduct the record review on the summary suspension by reviewing all documents submitted by both licensee and the department.</p> <p>(4) The sole issue at a record</p>	Not addressed in state statute.	In addition to any other penalties provided by law, the state health agency shall revoke for a period of one year the registry identification card of any patient found to have willfully violated the provisions of this section or the implementing legislation adopted by the general assembly.

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	<p>review on a summary suspension is whether the licensee's license shall remain suspended pending a final adjudicatory hearing and ruling.</p> <p>(5) A licensee given notice of summary suspension by the division may submit a written request for a record review.</p>		
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RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
If a qualifying patient and/or primary caregiver willfully violates any provision of this chapter as determined by the department, his or her registry identification card may be revoked.	The denial or revocation of a registry identification card or the removal of a patient from the registry or the listing of a caregiver shall be considered a final agency action subject to judicial review. Only the patient, or the parent or guardian of a patient who is a minor, has standing to contest the final agency action.	No provision in law.	No provision in law.

MONTANA	NEVADA	OREGON	VERMONT
No provision in law.	No provision in law.	<p>(1) The Department may suspend a registry identification card, and preclude a person from using a registry identification card for a period of up to six months if the Department obtains evidence that establishes a registry identification cardholder has:</p> <p>(a) Committed egregious violations of the Act,</p>	

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		<p>including obtaining a registry identification card by fraud;</p> <p>(b) Committed multiple or continuing violations of the Act; or</p> <p>(c) Been convicted of a marijuana-related offense.</p> <p>(2) The Department shall send written notice of a suspension by certified mail. The notice shall comply with ORS 183.415, and shall include the right to request a contested case hearing. The request for hearing must be received within 21-days from the date the notice was mailed.</p> <p>(3) The Department shall revoke the registry identification card of a cardholder if a court has issued an order that prohibits the cardholder from participating in the medical use of marijuana or otherwise participating in the OMMP under ORS 475.300 to 475.346. The cardholder shall return the registry identification card to the department within 7 calendar days.</p> <p>(4) The cardholder shall return the registry identification card to the department within 7 calendar days of the final order</p>	
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		<p>of suspension being issued. If the cardholder is a patient, the patient shall return his or her card and all other associated OMMP cards.</p> <p>(5) If, during the period of suspension, a patient's annual renewal date comes due, the patient must apply for renewal at the end of the period of suspension.</p>	
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WASHINGTON			
No state registration.			

ISSUE: Timelines for Issuing Cards

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
<p>The department shall verify the information contained in an application or renewal submitted pursuant to this section and shall approve or deny an application or renewal within 30 days of receiving it. The department may deny an application or renewal only if the applicant did not provide the information required pursuant to this section or the department determines that the information provided was falsified. Rejection of an application or renewal is considered a final agency action, subject to judicial review. Jurisdiction and venue for judicial review are vested in the Superior Court.</p>	<p>The department shall issue a registry identification card within five (5) business days of approving an application. A registry identification card shall contain an eight (8) digit number maintained by the division which identifies the qualified patient or primary caregiver. Unless renewed at an earlier date, suspended or revoked, a registry identification card shall be valid for a period of one (1) year from the date of issuance and shall expire at midnight on the day indicated on the registry identification card as the expiration date.</p>	<p>Because the program is voluntary and users do not have to register to receive protection under the statute, I found no timelines for issuing cards.</p>	<p>Within thirty days of receiving the information referred to in subparagraphs (3) (b) (I)-(IV), the state health agency shall verify medical information contained in the patient's written documentation. The agency shall notify the applicant that his or her application for a registry identification card has been denied if the agency's review of such documentation discloses that: the information required pursuant to paragraph (3) (b) of this section has not been provided or has been falsified; the documentation fails to state that the patient has a debilitating medical condition specified in this section or by state health agency rule; or the physician does not have a license to practice medicine issued by the state of Colorado. Otherwise, not more than five days after verifying such information, the state health agency shall issue one serially numbered registry identification card to the patient.</p>
RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
<p>The department shall verify the information contained in an application or renewal submitted pursuant to this section, and shall</p>	<p>The department shall review the application and all information submitted under (c) and (d) of this section within 30 days of receiving</p>	<p>No provision.</p>	<p>The department shall verify the information contained in an application or renewal submitted pursuant to this section, and shall</p>

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approve or deny an application or renewal within fifteen (15) days of receiving it. The department may deny an application or renewal only if the applicant did not provide the information required pursuant to this section, or if the department determines that the information provided was falsified. Rejection of an application or renewal is considered a final department action, subject to judicial review. Jurisdiction and venue for judicial review are vested in the superior court.	it. The department shall notify the patient that the patient's application for a registry identification card has been denied if the department's review of the information that the patient has provided discloses that the information required under (c) of this section has not been provided or has been falsified or that the patient is not otherwise qualified to be registered.		approve or deny an application or renewal within 15 days of receiving it. The department may deny an application or renewal only if the applicant did not provide the information required pursuant to this section, or if the department determines that the information provided was falsified. Rejection of an application or renewal is considered a final department action, subject to judicial review. Jurisdiction and venue for judicial review are vested in the circuit court for the county of Ingham.
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MONTANA	NEVADA	OREGON	VERMONT
The department shall verify the information contained in an application or renewal submitted pursuant to this section and shall approve or deny an application or renewal within 15 days of receipt of the application or renewal.	The Department shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within 30 days after receiving the application. The Department may contact an applicant, his attending physician and designated primary caregiver, if any, by telephone to determine that the information provided on or accompanying the application is accurate.	The Department will approve or deny an application within 30 days of receiving a complete application, including payment of the designated fee.	The department shall approve or deny the application for registration in writing within 30 days from receipt of a completed registration application. If the application is approved, the department shall issue the applicant a registration card which shall include the registered patient's name and photograph, as well as a unique identifier for law enforcement verification purposes under section 4474d of this title.

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WASHINGTON			
State has no registration program.			

ISSUE: Visiting Patients and Reciprocity

MAINE	NEW MEXICO	CALIFORNIA	COLORADO
Visiting qualifying patient means a patient with a debilitating medical condition who is not a resident of this State or who has been a resident of this State less than 30 days. Effect of registry identification card issued by another jurisdiction. A registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth or insular possession of the United States that allows the medical use of marijuana by a visiting qualifying patient has the same force and effect as a registry identification card issued by the department.	None	The California card program is voluntary and it is not necessary to have a card to be entitled to the protections of the law.	No provision in the law.

RHODE ISLAND	ALASKA	HAWAII	MICHIGAN
If you have a medical marijuana registry identification card from any other state, U.S. territory, or the District of Columbia you may use it in Rhode Island. It has the same force and effect as a card issued by the Rhode Island Department of Health.	No provision	No provision	"Visiting qualifying patient" means a patient who is not a resident of this state or who has been a resident of this state for less than 30 days. A registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States that allows the medical use of marihuana by a visiting qualifying patient, or to allow a person to assist with a visiting qualifying patient's medical use of marihuana, shall have the same force and effect as a registry identification card issued by the department.

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MONTANA	NEVADA	OREGON	VERMONT
No provision in law.	No provision.	No provision.	None.

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WASHINGTON			
Doctor recommendations, ID cards, and other documentation from other states are not legal in Washington.			

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