



STATE SURVEY OF MEDICAL MARIJUANA PROGRAMS

current as of Jan. 1, 2024

Alabama

Summary	<p>On May 17, 2021, Gov. Kay Ivey signed into law Senate Bill 46, referred to as the Darren Wesley 'Ato' Hall Compassion Act. This bill allows cannabis for medical use if the patient has certain qualifying conditions and defense against prosecution for marijuana possession. Under this law, to legally use and access medical cannabis, patients must have a qualifying condition, a physician's certification and receive a medical cannabis card. A fee of up to \$65 will apply.</p> <p>Alabama's medical cannabis program is still under development and is not registering patients or caregivers at this time. However, beginning Sept. 1, 2022, the Alabama Medical Cannabis Commission started accepting medical cannabis business applications.</p>
Quantity Limits	<p>Registered patients are permitted to possess a maximum of "70 daily dosages" of medical cannabis at one time. Doses of authorized cannabis products are capped at a maximum of 50 mg of delta-9-tetrahydrocannabinol for the first 90 days. The driver's license of any person who is recommended a daily dosage of medical cannabis that exceeds 75 mg of delta-9-tetrahydrocannabinol shall automatically be suspended regardless of whether he or she holds a valid medical cannabis card.</p> <p>Patients are not permitted access to cannabis flower material or cannabis-infused edible products. Rather, medical cannabis must be in the form of: "tablets, capsules, tinctures, or gel cubes for oral use; gels, oils or creams for topical use, or suppositories, transdermal patches, nebulizers, or liquids or oils for use in an inhaler."</p>
Covered Conditions	<p>"Debilitating medical condition" means: <i>Autism, Cancer-related weight loss or chronic pain, Crohn's, Depression, Epilepsy or condition causing seizures, HIV/AIDS related nausea or weight loss, Panic disorder, Parkinson's, Persistent nausea not related to pregnancy, PTSD, Sickle Cell, Spasticity associated with diseases including ALS, multiple sclerosis, and spinal cord injuries, terminal illnesses, Tourette's and Chronic pain for which conventional therapies and opiates should not be used or are ineffective.</i></p>
Reimbursement Provision	<p>Alabama Code § 20-2A-6 states that "an insurer, organization for managed care, health benefit plan, or any individual or entity providing coverage for a medical or health care services" is not required to pay for or to reimburse any other individual or entity for costs associated with the use of medical cannabis.</p> <p>An employee who is injured or killed under circumstances that might otherwise make the employee or the employee's dependents eligible to receive worker's compensation benefits is, along with the employee's dependents, ineligible to receive compensation if the injury or death occurred due to the employee's impairment by medical cannabis, which shall be conclusively presumed in the event of a positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40, as provided under Section 25-5-51, Code of Alabama 1975, or if the employee refuses to submit to or cooperate with a blood or urine test.</p>
Recreational Adult Use	<p>No</p>
Statute	<p>Alabama Senate Bill 46; Proposed Administrative rules governing physician certification and recommendation for the use of medical cannabis</p>

Alaska

Summary	<p>Ballot Measure #8 approved on November 3, 1998, removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess written documentation from their physician advising they "might benefit from the medical use of marijuana." The law became effective on March 4, 1999.</p> <p>Alaska Senate Bill 94 passed June 1999 modified the law created by Measure 8 to remove legal protections for medical marijuana for patients who refused to register with the state health department, or who possess greater amounts of marijuana than allowed by state law. The law establishes a confidential state-run patient registry that issues identification cards to patients who possess written documentation from their physician that they have one of the debilitating medical conditions or a patient's list caregiver.</p>
Quantity Limits	Patients may not possess in aggregate more than 1 oz. of marijuana in usable form and 6 marijuana plants, with no more than 3 mature and flowering plants producing usable marijuana at any one time.
Covered conditions	<p>"Debilitating medical condition" means: Cancer, glaucoma, positive status for HIV/AIDS, or treatment for any of these conditions; any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of marijuana: 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; or any other medical condition, or treatment for such condition, approved by the department, or approval of a submitted petition.</p>
Reimbursement provisions	<p>Alaska Statute 17.37.040(c) states "A governmental, private, other health insurance provider is not liable for any claim for reimbursement for expenses associated with medical use of marijuana. Additionally, nothing in this chapter requires any accommodation of any medical use of marijuana in any place of employment."</p>
Adult Recreational Use	Yes. Voters approved Ballot Measure 2 on November 4, 2014, that made legal the use of marijuana legal for persons 21 years of age or older. The Alaska Alcohol and Marijuana Control Board adopted regulations in 3 AAC 306 that became effective Feb. 21, 2016.
Statute	Alaska Statute 17.37.10 - 17.37.80 (2007). Measure 8 (1998) SB 94 (1999) Statute Title 17, Chapter 37 , Ballot Measure 2 , Statute Title 17, Chapter 38 and Regulations 3AAC 306 updated Jan. 19, 2022.

Arizona

Summary	<p>Ballot Proposition 203, Arizona Medical Marijuana Act, was approved by 50.13 percent of the voters Nov. 2, 2010. The measure allowed registered qualifying patients with a physician's written certification that they have been diagnosed with a debilitating condition and that they would likely receive benefit from marijuana to obtain marijuana from a registered non-profit dispensary, and to possess and use medical marijuana to treat the condition. The certification must list the debilitating condition. The Arizona Department of Health Services administers the registration and renewal application system for patients and non-profit dispensaries with a web-based verification system for law enforcement and dispensaries to verify registry identification cards.</p>
Quantity Limits	<p>Qualified patients or their registered designated caregivers may obtain up to 2.5 ounces of marijuana in a 14-day period from a registered nonprofit medical marijuana dispensary. If the patient lives more than 25 miles from the nearest dispensary, the patient or caregiver may cultivate up to 12 marijuana plants in an enclosed, locked facility. Specifies that a registered patient's use of medical marijuana is to be considered equivalent to the use of any other medication under the direction of a physician and does not disqualify a patient from medical care, including organ transplants.</p>

Covered Conditions	Approved conditions include: <i>Cancer, glaucoma, HIV/AIDS, Hepatitis C, ALS, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome, severe and chronic pain, severe nausea, seizures, including those characteristic of epilepsy, severe or persistent muscle spasms, including multiple sclerosis and any other medical condition added by the Arizona Department of Health pursuant to section 36-2801.01. Starting Jan.1, 2015, PTSD was added to the list.</i>
Reimbursement Provision	Arizona House Bill 2346 enacted in 2015 amended the Arizona Medical Marijuana Act by establishing that nothing in the Act requires a workers' compensation carrier or self-insured employer providing workers' compensation carrier or self-insured employer providing workers' compensation benefits to reimburse a person for the costs associated with the medical use of marijuana. However, under this Act employers are not allowed to discriminate against registered patients in hiring, termination or imposing any term or condition of employment, unless that employer would lose money or licensing under federal law. Employers also may not penalize registered patients solely for testing positive for marijuana in drug tests, unless the patient used, possessed, or was impaired by marijuana on the premises of the place of employment during the hours of employment.
Recreational Adult Use	Yes. Voters adopted Proposition 207 on Nov. 3, 2020 legalizing the possession and use of marijuana for adults age 21 years or older.
Statute	Ballot Proposition 203 "Arizona Medical Marijuana Act" (2010). Senate Bill 1443 (2013); The Arizona Medical Marijuana Act, Arizona Revised Statute Title 36, Chapter 28.1 and Medical Marijuana Program regulations; House Bill 2346 (2015)

Arkansas

Summary	Arkansas Medical Marijuana Amendment, Issue 6, was approved by the voters as amendment to the state constitution on Nov. 8, 2016. The Arkansas Dept. of Health issues medical marijuana registry cards for qualified patients and caregivers. Patients with a physician's written certification that they have been diagnosed with qualifying medical conditions submit that certification with their application to obtain a registry identification card. Registration started in 2018. The Arkansas Medical Marijuana Commission administers and regulates medical marijuana dispensaries.
Quantity Limits	Registered patients and caregivers can purchase up to 2.5 oz., from a dispensary every 14 days.
Covered Conditions	Qualifying medical conditions: <i>Cancer, glaucoma, positive status for HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis, Tourette's syndrome, Crohn's disease, ulcerative colitis, PTSD, severe arthritis, fibromyalgia, Alzheimer's disease, or the treatment of a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; peripheral neuropathy; intractable pain, which is pain that has not responded to ordinary medications, treatment or surgical measures for more than 6 months; severe nausea; seizures, including without limitation those characteristic of epilepsy; severe and persistent muscle spasms, including without limitation those characteristic of multiple sclerosis; and any other medical condition or its treatment approved by the Department of Health. Patients suffering from medical conditions may petition the department for consideration of an illness. After a hearing, the department shall approve or deny a petition within one hundred (120) days of submission of the petition.</i>
Reimbursement Provisions	An employer an employer is <u>not</u> required to accommodate the ingestion of marijuana in a workplace or an employee working under the influence of marijuana. Additionally, a government medical assistance program or private health insurer is not required to reimburse a person for costs associated with the medical use of marijuana unless federal law requires reimbursement.

	<p>Legislation passed in 2017 prohibits members of Arkansas National Guard and United States military from obtaining a qualified patient or designated caregiver registry ID card.</p> <p>Under Section 6(b)(1) of the Arkansas Medical Marijuana Amendment of 2016 a government medical assistance program or private health insurer is not required to reimburse a person for costs associated with the medical use of marijuana unless federal law requires reimbursement. On June 17, 2021, the Arkansas Workers' Compensation Commission in Jones v. Americable Corp. (El Dorado) ruled that a workers' compensation insurer could <u>not</u> be compelled to pay for the costs of a claimant's medical marijuana use as a workers' compensation treatment because marijuana remains illegal under the federal Controlled Substances Act.</p>
Recreational Adult Use	No. Arkansas Issue 4, Marijuana Legalization Initiative, was rejected by voters Nov. 8, 2022.
Statute	Arkansas Medical Marijuana Amendment of 2016; Arkansas Dept. of Health Rules and Regulations Governing Medical Marijuana Registration, Testing and Labeling in Arkansas

California

Summary	<p>Proposition 215, the Compassionate Use Act of 1996, was approved by voters on November 5, 1996 and took effect the following day. It removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess a "written or oral recommendation" from their physician that he or she "would benefit from medical marijuana." Patients diagnosed with any "serious medical condition" where the medical use of marijuana has been "deemed appropriate and has been recommended by a physician" are afforded legal protection under this act.</p> <p>In 2003, Senate Bill 420 mandated the California Department of State Health Services to establish a voluntary medicinal marijuana patient registry, and issue identification cards to qualified patients.</p>
Quantity Limits	Under Senate Bill 420, individual patients (and their caregivers) can possess up to six mature or 12 immature plants and 8 oz. or 226.8 grams of dried cannabis for adult users. Patients can grow their own marijuana or purchase it from licensed dispensaries.
Covered Conditions	Serious medical condition means: <i>AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis; seizures, including but not limited to, seizures associated with epilepsy; severe nausea, and any other chronic or persistent medical symptom that either substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act (ADA) of 1990 or if not alleviated may cause serious harm to the patient's safety or physical or mental health.</i>
Reimbursement Provision	<p>California Health and Safety Code Section 11362.785(d) specifically provides that nothing in the state's medical marijuana program shall require any other health insurance provider or health care service plan to be liable for reimbursement for the medical use of marijuana.</p> <p>Proposition 64 in 2016 added new Health & Safety Code 11362.45 that reads: <i>Nothing in this law will "amend, repeal, affect, restrict, or preempt... rights and obligations of public and private employers to maintain a drug and alcohol free workplace, or require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale, or growth of marijuana in the workplace, or affect the ability of employers to have policies prohibiting the use of marijuana by employees and prospective employees, or prevent employers from complying with state or federal law."</i></p>
Recreational Adult Use	Yes. Voters approved Proposition 64, the Control, Regulate, and Tax Adult Use of Marijuana Act ("AUMA"), on Nov. 8, 2016, which legalized the use of marijuana legal for persons 21 years of age or older effective January 1, 2018. The legal limit for adult use is 28.5 grams. Proposition 64 did not alter

	the quantity limits for adults under the Compassionate Use Act or the Medical Marijuana Regulation and Safety Act (MMRSA).
Statute	California Compassionate Use Act 1996, Cal. Health & Saf. Code, 11362.5 (1996) (codifying voter initiative Prop. 215). Cal. Health & Saf. Code, 11362.7 - 11362.83 (2003) (codifying SB 420), Proposition 215 (1996) SB 420 (2003). California Proposition 64 (2016); Senate Bill 94 and Assembly Bill 133 (2017);

Colorado

Summary	<p>Voters approved Amendment 20 on November 7, 2000, which amended the state's Constitution to recognize the medical use of marijuana. The law took effect on June 1, 2001. It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician affirming that he or she suffers from a debilitating condition and advising that they "might benefit from the medical use of marijuana." (Patients must possess this documentation prior to an arrest.)</p> <p>The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients.</p> <p>In 2015 the Colorado Supreme Court ruled in <i>Coats vs. Dish Network</i> that an employee can be terminated for use of medical marijuana despite its legalization under Colorado law.</p>
Quantity Limits	Colorado's medical marijuana laws allow a patient to possess up to 2 oz. of medical marijuana and grow up to 6 marijuana plants (3 of which can be mature and flowering at any given time); however, a doctor may recommend a larger amount.
Covered Conditions	Patients diagnosed with the following illnesses are afforded legal protection under this act: <i>cachexia; cancer; chronic pain; chronic nervous system disorders; 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 Colorado Board of Health.</i>
Reimbursement Provision	Colo. Const. art. XVII, § 14(10)(a) states that "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."
Recreational Adult Use	Yes. On November 8, 2012 with the approval of Amendment 64 , Colorado became the first state to legalize marijuana in the United States.
Statute	CO Const. art. XVIII, 14 (2001) (codified as 0-4-287 art. XVIII). Colo. Rev. Stat. 18-18-406.3 (2001) (interpreting the provisions of the ballot initiative and constitutional amendment). Colo. Rev. Stat. 25-1.5-106 (2003) (originally enacted as 25-1-107(1)(jj) (2001)) (describing the powers and duties of the Colorado Department of Public Health). Amendment 20 (2000)

Connecticut

Summary	<p>Governor Dan Malloy signed House Bill 5389 into law on June 1, 2012. The law took effect on October 1, 2012. The law prohibits patients from ingesting marijuana anywhere in public, in a workplace, in any moving vehicle, in the line of sight of a person under 18, or on any school or university grounds, including in dorm rooms.</p> <p>Under the law, patients must be 18 years or older and Connecticut residents. Patients and caregivers must register with the Department of Consumer Protection. The cards will be valid from the date of issuance until the patient’s written certification expires, which can be no later than one year after it was issued by the physician.</p>
Quantity Limits	<p>The maximum allowable monthly amount is 2.5 ounces unless a physician indicates a lesser amount is appropriate. Any changes to the allowable amount will be based on advice from the Board of Physicians.</p>
Covered Conditions	<p>To qualify for the program, a patient must have a written certification from a physician and one of the following conditions: <i>Cancer, glaucoma, HIV/AIDS, Parkinson's disease, multiple sclerosis, spinal cord damage causing intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, PTSD, or a condition added by the Department of Consumer Protection.</i> A Board of Physicians comprised of eight physicians or surgeons makes recommendations about what conditions to add. Several conditions have been added including: <i>sickle cell disease, post laminectomy syndrome with chronic radiculopathy, severe psoriasis and psoriatic arthritis, amyotrophic lateral sclerosis (ALS), ulcerative colitis, complex regional pain syndrome, cerebral palsy, cystic fibrosis, irreversible spinal cord injury with objective neurological indication of intractable spasticity, terminal illness requiring end-of-life care, uncontrolled intractable seizure disorder, spasticity or neuropathic pain associated with fibromyalgia, severe rheumatoid arthritis, post herpetic neuralgia, hydrocephalus with intractable headache, intractable headache syndromes, neuropathic facial pain; muscular dystrophy, osteogenesis imperfecta and chronic neuropathic pain associated with degenerative spinal disorders.</i></p>
Reimbursement Provisions	<p>According to Connecticut General Statute Section 21a-408o, “Nothing in sections 21a-408 to 21a-408n, inclusive, or section 21a-243 shall be construed to require health insurance coverage for the palliative use of marijuana.”</p> <p>Nevertheless, on May 12, 2016, in Petrini vs. Marcus Diary (Case #6021 CRB-7-15-7) the Workers’ Compensation Commission Review Board upheld a Commissioner’s order compelling reimbursement of medical marijuana receipts. The court held that “in light of the testimonial and medical evidence presented, it found no basis for concluding that the lack of FDA approval for medical marijuana compelled the trial commissioner to find the claimant’s use of medical marijuana failed to satisfy the necessary or reasonable standard. The case was appealed to the Connecticut Court of Appeals and transferred to the state Supreme Court Oct. 4, 2017 (SC 19973). The case was withdrawn March 28, 2018.</p>
Recreational Adult Use	<p>Yes. Effective July 1, 2021 Senate Bill 1201 allowed adults 21 and older to possess up to 1.5 ounces on their person and have 5 ounces in a locked container in the home or locked trunk or glove compartment in the person’s vehicle.</p>
Statute	<p>Public Act 12-55, An Act Concerning the Palliative Use of Marijuana, Chapter 420f; Regulation on the Palliative Use of Marijuana; Regulation Classifying Marijuana as Schedule II Drug</p>

Delaware

Summary	<p>On May 13, 2011, Governor Jack Markell signed Senate Bill 17, The Delaware Medical Marijuana Act, into law and it became effective July 1, 2012. The state agency in charge of the medical marijuana program, Delaware Division of Health and Social Services (DHSS), adopted regulations to implement the Delaware Medical Marijuana Act on June 1, 2012. The law removes state-level criminal penalties on the use and possession of cannabis obtained from state-licensed facilities for patients at least 18 years of age with an authorized "debilitating medical condition."</p> <p>Recommending physicians must have "bona fide physician-patient relationship" with a person before recommending the use of medical cannabis. All marijuana must be purchased from a state-approved dispensary. See 16 Del. C. § 4901A.</p> <p>Employers can prohibit and discipline employees for on-the-job medical marijuana use. 16 Del. C. § 4907A (b).</p>
Quantity Limits	A registered qualifying patient or caregiver may not possess more than 6 ounces of usable marijuana.
Covered Conditions	<p><i>Medical conditions that qualify for cannabis under this act include:</i> <i>Cancer; terminal illness; positive status for HIV/AIDS; amyotrophic lateral sclerosis (ALS/Lou Gehrig's disease); decompensated cirrhosis; agitation of Alzheimer's disease; PTSD; autism with aggressive behaviour; glaucoma; chronic debilitating migraine; a chronic or debilitating disease or medical condition of its treatment that produces one or more of the following: cachexia, severe debilitating pain that has not responded to previously prescribed medication or surgical measure for than 3 months or for which other treatment options produced serious side effects, intractable nausea, seizures, severe and persistent muscle spasms including but not limited to those characteristic of multiple sclerosis. Any citizen may petition for conditions or treatments to be added to the list of debilitation conditions.</i></p>
Reimbursement Provisions	<p>According to 16 Del. C. § 4907A, "Nothing in this chapter requires: ... A government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana."</p> <p>On Feb. 3, 2021, the Supreme Court of the State of Delaware affirmed in Nobles-Roark v. Back Burner the Industrial Accident Board ("IAB") Oct. 30, 2019, decision on petition on the basis of and for the reasons stated in the Superior Court's July 28, 2020 Order. It was held that the Board did not err by denying an employee's claim for medical marijuana costs despite lawfully obtaining medical marijuana under state law. In reaching this conclusion, the court held that reimbursement for the cost of medical cannabis for a workers' compensation claim is not required and reimbursement depends on whether medical cannabis treatment is "reasonable and necessary" based on an "individualized inquiry."</p>
Recreational Adult Use	Yes. House Bill 1 became law in 2023 without the signature of Gov. John Carney and allows personal possession by adults aged 21 or older of up to one ounce of marijuana is allowed.
Statute	Title 16, Ch 49A of the Delaware Code

District of Columbia

Summary	Voters passed a medical marijuana law in 1998, but Congress blocked implementation. In December 2009, Congress lifted the block. The D.C. Council passed an amendment in February 2010 that made the language more precise, and the mayor signed it May 2010. The Congressional Review Period lasted until July 27, 2010, when Amendment Act B18-622 became law. The law established a medical marijuana program to "regulate the manufacture, cultivation, distribution, dispensing, purchase, delivery, sale, possession, and administration of medical marijuana and the manufacture, possession, purchase, sale and use of paraphernalia" to be administered by the Mayor.
Quantity Limits	The maximum amount of medical marijuana that any qualifying patient or caregiver may possess at any moment is 2 oz. of dried medical marijuana. The Mayor can increase the quantity of dried medical marijuana that may be possessed up to 4 oz.; and is responsible for deciding limits on medical marijuana of a form other than dried.
Covered Conditions	Qualifying medical or dental condition means any condition for which treatment with medical marijuana would be beneficial as determined by the patient's authorized practitioner. "Qualifying medical or dental treatment" means: <ul style="list-style-type: none"> (A) Chemotherapy; (B) The use of azido thymidine or protease inhibitors; (C) Radiotherapy; or (D) Any other treatment, as determined by rulemaking, whose side effects require treatment through the administration of medical marijuana in the same manner as a qualifying medical or dental condition.
Reimbursement Provisions	D.C. Code Section 7-1671-12 indicates that "Nothing in this chapter 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 use of medical marijuana."
Recreational Adult Use	No. On November 4, 2014, District of Columbia voters approved Initiative 71, which legalized the possession and use of up to 2 oz. of marijuana and the possession and cultivation of up to 3 marijuana plants for persons 21 years of age or older. Although Initiative 71 was approved, the U.S. Congress included a provision in the federal budget that prohibits federal or local funds from being used to "enact any law, rule, or regulation to legalize or otherwise reduce penalties associated with the possession, use, or distribution of any Schedule I substance," which includes marijuana.
Statute	Initiative 59 (1998) LR 720 (2010) Initiative 71 (2014); Code of the District of Columbia, Chapter 16B, Use of Marijuana for Medical Treatment

Florida

Summary	<p>Governor Rick Scott signed Senate Bill 1030, Florida's Compassionate Medical Cannabis Act of 2014 (Chapter 381.986, Florida Statutes) into law on June 16, 2014. The Act authorized specified physicians to order low-THC cannabis for qualified patients beginning on Jan. 1, 2015. Only a participating physician that has satisfied specific requirements can order low-THC cannabis for a patient. Florida law defined low-THC cannabis is defined as a product or derivative of cannabis which contains 0.8% or less of tetrahydrocannabinol (THC) and more than 10% cannabidiol (CBD).</p> <p>On March 25, 2016 Governor Scott signed House Bill 307, which expanded the Compassionate Medical Cannabis Act to allow for terminally ill patients (defined as expected to die within a year without life-sustaining procedures) to ingest all forms of medical cannabis. This bill also added the requirement that medical cannabis users register with the Florida Department of Health's Compassionate Use Registry and obtain a medical cannabis ID card.</p>
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	<p>On Nov. 8, 2016, Florida voters approved Amendment 2 that allowed greater use of medical marijuana within the state. Legislation enacted to implement this amendment prohibited “smoking” of medical marijuana; however, Governor DeSantis signed Senate Bill 182 on March 18, 2019 that allows a qualified physician to determine that smoking is an appropriate route of administration.</p> <p>The Florida Dept. of Health Office of Medical Marijuana Use is also responsible for writing and implementing the department’s rules for medical marijuana, overseeing the statewide Medical Marijuana Use Registry and licensing Florida businesses to cultivate, process, and dispense medical marijuana to qualified patients.</p> <p>An employer is not limited in their ability to establish, continue, or enforce a drug-free workplace program or policy. Further an employer is not required to accommodate the medical use of marijuana in any workplace or any employee working while under the influence of marijuana. A cause of action is not created against an employer for wrongful discharge or discrimination.</p>
Quantity Limits	A qualified physician may not issue a physician certification for more than three 70-day supply limits of marijuana or more than six 35-day supply limits of marijuana in a form for smoking. The daily dose amount and equivalent dose amounts of each form of marijuana obtained through a dispensary are quantified by the Department of Health. If a recommending physician opines “that the benefits of smoking marijuana for medical use outweigh the risks for the qualified patient”, up to 2.5 oz. of smokable flower within a 35-day period, and no greater than 4 oz. of whole flower cannabis may be in their possession at any given time.
Covered Conditions	“Debilitating Medical Condition” means: <i>Cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis, medical conditions of the same kind or class as or comparable to those enumerated, a terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification and chronic non-malignant pain.</i>
Reimbursement Provisions	Medical marijuana is not reimbursable under workers’ compensation, chapter 440 pursuant to § 381.986. On June 30, 2021, the 1 st District Court of Appeals ruled in Jones vs. Grace Healthcare affirmed that “a referral to a physician authorized to prescribe medical marijuana, including even just for an evaluation of whether the employee is a good candidate for marijuana treatment, could not – under any circumstances – be “medically necessary,” as that term is defined and used in section 440.13, Florida Statutes. “
Recreational Adult Use	No
Statute	Compassionate Medical Cannabis Act of 2014; Amendment 2 , Use of Marijuana for Debilitating Medical Conditions; Article X Section 29 of the Florida Constitution ; 381.986 Florida Statutes ;

Guam

Summary	Nov. 2014, Guam voters approved Proposal 14A, a medical marijuana law referred to as the “Joaquin (KC) Concepcion II Compassionate Cannabis Use Act.” This measure neglected to include critical regulations governing the program’s distribution network, infrastructure, and rules and on Feb. 9, 2018, Gov. Eddie Calvo signed a bill that approved rules and regulations for Guam’s medical marijuana (MMJ) program. This legislation provided the necessary structure and provided greater clarity on which conditions qualify for the MMJ program and allows patient reciprocity.
Quantity Limits	The law allows qualifying patients to cultivate and possess up to 2.5 oz. or up to 6 mature or 12 immature plants
Covered Conditions	Qualifying conditions include cancer, glaucoma, multiple sclerosis, spinal cord damage resulting in intractable spasticity, epilepsy, HIV/AIDS, hospice care, PTSD, rheumatoid arthritis and other

The following information is provided as a convenience to the clients of Sedgwick Claims Management Services, Inc. It is believed to be accurate but is not represented as being comprehensive. It should be used as a guide to further investigation rather than as an exclusive resource for decision making regarding the design or implementation of workers’ compensation programs

Jan. 1, 2024

	<i>autoimmune inflammatory disorders, or a condition “for which the qualified patient’s practitioner has determined that the use of medical cannabis may provide “relief.”</i>
Reimbursement Provisions	Not addressed.
Recreational Adult Use	Bill No. 32-35 signed by Gov. Guerrero on April 4, 2019, allows adult use of marijuana.
Statute	Proposal 14A, Public Law 33-220, aka "Joaquin (KC) Concepcion, II Compassionate Cannabis Use Act of 2013;

Hawaii

Summary	Governor signed Senate Bill 862 into law on June 14, 2000. The law took effect on December 28, 2000. The law removes state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess a signed statement from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of medical use of marijuana would likely outweigh the health risks." Additionally, the law established a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients.
Quantity Limits	Patient possession limits are 4 oz. of usable marijuana at any given time, jointly possessed between the qualifying patient and the primary caregiver.
Covered Conditions	<i>Patients diagnosed with the following illnesses are afforded legal protection under this act: Cachexia; cancer; chronic pain; Crohn’s disease; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.</i> Other conditions are subject to approval by the Hawaii Department of Health.
Reimbursement Provisions	Hawaii Revised Statute Sec. 329-124 states “This part shall not be construed to require insurance coverage for the medical use of marijuana.”
Recreational Adult Use	No
Statute	Haw. Rev. Stat. 329-121 to 329-128 (2008). SB 862 (2000)

Illinois

Summary	<p>Governor signed House Bill 1, The Compassionate Use of Medical Cannabis Pilot Program Act into law August 1, 2013. The Illinois Department of Public Health is responsible for administration of the program.</p> <p>A four-year pilot program became effective January 1, 2014 and established a patient registry program that provided protections to registered qualifying patients and registered designated caregivers possessing no more than 2.5 ounces of usable cannabis during a 14-day period from "arrest, prosecution, or denial of any right or privilege." The program also allows for the registration of cultivation centers and dispensing organizations as well as imposing a tax of 7% of the sales price per oz. for the privilege of cultivating medical cannabis.</p> <p>Effective June 30, 2016, physicians were no longer required to explicitly recommend cannabis therapy. Instead, physicians are required to certify that there exists a bona fide doctor-patient relationship and that the patient possesses a qualifying, debilitating medical condition.</p>
Quantity Limits	2.5 oz. of cannabis per 14-day period. Effective January 1, 2020, a registered patient may grow up to five mature plants.
Covered Conditions	Approved qualifying conditions include: <i>Cancer, glaucoma, positive status for HIV, AIDS, hepatitis C, ALS, muscular dystrophy, Crohn’s disease, agitation of Alzheimer’s disease, multiple sclerosis,</i>

	<i>chronic pancreatitis, complex regional pain syndrome type 2, PTSD, spinal cord injury or disease, traumatic brain injury, or “one or more injuries that significantly interferes with daily activities as documented by the patient’s provider; and a severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure (glaucoma), cachexia, chemotherapy induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms.</i>
Reimbursement Provisions	According to Illinois Compiled Statute 410 Section 130/40(d), “Nothing in this Act may be construed to require a government medical assistance program, employer, property and casualty insurer, or private health insurer to reimburse a person for costs associated with the medical use of cannabis.”
Recreational Adult Use	Yes. Senate Bill 0007 allowing adult use of recreational marijuana was signed into law by the governor on June 25, 2019 and became effective January 1, 2020. The legalization of adult use cannabis does not alter the state’s medical cannabis pilot program.
Statute	HB 0001 (2013); Compassionate Use of Medical Cannabis Pilot Program Act

Kentucky

Summary	<p>On March 31, 2023, Governor Andrew Beshear signed into law Senate Bill 47, which fully legalizes medical marijuana in the Commonwealth of Kentucky. On Nov. 15, 2022, the Governor issued an executive order providing access to medical cannabis for Kentuckians who meet certain specified conditions after Jan. 1, 2023. While Senate Bill 47 does not take effect until Jan. 1, 2025, the Governor’s executive order remains in effect, allowing those suffering from some medical conditions the ability to obtain medical cannabis out of state until that time. The use or consumption of marijuana by smoking is not included.</p> <p>The bill establishes the authorization process for practitioners to recommend the use of medicinal cannabis and establishes the cannabis business license application process and requirements.</p>
Quantity Limits	<p>A registered qualified patients may not possess more than:</p> <ul style="list-style-type: none"> • An amount in excess of a thirty (30) day supply at his or her residence, in accordance with administrative regulations; • An amount of medicinal cannabis constituting an uninterrupted ten (10) day supply on his or her person.
Covered Conditions	<i>“Qualifying medical condition” means: Any type or form of cancer regardless of stage; Chronic, severe, intractable, or debilitating pain; Epilepsy or any other intractable seizure disorder; Multiple sclerosis, muscle spasms, or spasticity; Chronic nausea or cyclical vomiting syndrome that has proven resistant to other conventional medical treatments; Post-traumatic stress disorder (PTSD); and Any other medical condition or disease for which the Kentucky Center for Cannabis established in KRS 164.983, or its successor, determines that sufficient scientific data and evidence exists to demonstrate that an individual diagnosed with that condition or disease is likely to receive medical, therapeutic, or palliative benefits from the use of medicinal cannabis.</i>
Reimbursement Provisions	“A government medical assistance program, private health insurer or workers’ compensation carrier, or self-funded employer is not required to provide benefits to reimburse a person for costs associated with the use of medicinal cannabis.”
Recreational Adult Use	No
Statute	Senate Bill 47; Executive Order

Louisiana

Summary	Senate Bill 271 was signed into law May 19, 2017, by Gov. Edwards. Under the law patients suffering from debilitating medical conditions have access to cannabis produces if recommended by a physician domiciled in Louisiana and licensed in good standing with the Louisiana Board of Medical Examiners and authorized by the Board to recommend medical marijuana that is patient and disease specific. Smokable marijuana and home cultivation is not permitted. The Louisiana Pharmacy Board has issued permits to nine pharmacies to dispense medical marijuana in their respective regions of the state.
Quantity Limits	The dosage of therapeutic marijuana recommended by the registered physician should be in an amount which is not greater than necessary to constitute an adequate supply to ensure uninterrupted availability for a period of one month, including amounts for topical treatment.
Covered Conditions	<p><i>“Debilitating medical condition” means: Cancer, positive status for HIV, AIDS cachexia or wasting syndrome, seizure disorders, epilepsy, spasticity, Crohn’s disease, muscular dystrophy, or multiple sclerosis. It should be noted that the bill indicates that if the FDA approves the use of medical marijuana in the same form provided for in this law for any debilitating medical conditions specifically identified above, that medical condition is no longer covered.</i></p> <p><i>House Bill 579 expanded the conditions currently qualifying for medical marijuana effective Aug. 1, 2018, to include intractable pain in addition to post traumatic stress disorder, severe muscle spasms, glaucoma, and Parkinson’s disease. This bill defines intractable pain as “so chronic and severe as to warrant an opiate prescription.”</i></p>
Reimbursement Provisions	“Notwithstanding any other provision of law to the contrary, employers and their workers’ compensation insurers shall not be obliged or ordered to pay for medical marijuana in claims arising under Title 23 of the Louisiana Revised Statutes of 1950, the Louisiana Workers' Compensation Law.”
Recreational Adult Use	No
Statute	Senate Bill 271 (2017) ; House Bill 579 ; Louisiana Revised Statutes, Title 40, Section 1046

Maine

Summary	<p>Voters approved Question 2 on November 2, 1999. The law took effect on December 22, 1999. It removes state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess an oral or written "professional opinion" from their physician that he or she "might benefit from the medical use of marijuana."</p> <p>On November 3, 2009, Maine voters approved Question 5, which enacted the citizen-initiated bill, "An act to establish the Maine Medical Marijuana Act" (LD 975, IB 2).</p> <p>Employers cannot discriminate against employees or applicants on the sole basis of their status as qualifying patients. ME. Rev. Stat. tit. 22 § 2423-E(2). However, employers are not required to accommodate marijuana use in any workplace or any employees working under the influence. ME. Rev. Stat. tit. 22 § 2426(2)(B).</p>
Quantity Limits	Senate Bill 611, which was signed into law on April 2, 2002, indicates the amount of useable marijuana an authorized person may possess for medical use at any one time is 2.5 oz. or less of prepared marijuana and a total of up to 6 mature marijuana plants.
Covered Conditions	The list of qualifying illnesses for which a physician may recommend medical cannabis was expanded to include: <i>Cancer, glaucoma, positive HIV, AIDS, hepatitis C, amyotrophic 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 produces intractable pain, which is pain that has not responded to ordinary medical or surgical measures for</i>

	<i>more than 6 months</i> ; 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.
Reimbursement Provisions	On June 14, 2018, the Maine Supreme Judicial Court issued a ruling in Gaetan H. Bourgoïn v. Twin Rivers Paper Co. L.L.C. that reversed an order requiring an injured worker to be reimbursed for the cost of medical marijuana. Since that decision, medical marijuana is no longer reimbursable under workers' compensation.
Recreational Adult Use	Yes. On May 2, 2018, the Maine legislature overrode the governor's veto of LD 1719 that implemented a regulatory structure for adult use of marijuana as passed into law by the people of the state in November 2016. See 7 M.R.S.A. § 2452.
Statute	ME Rev. Stat. tit. 22, 2383-B (5), (6) (1999) (amended 2001). ME Rev. Stat. tit. 22, 2383-B(3)(e) (amended 2001) Question 2 (1999) LD 611 (2002) Question 5 (2009) LD 1811 (2010); Question 1 (2016)

Maryland

Summary	<p>Maryland's legislature passed a medical marijuana affirmative defense law in 2003. Then effective Oct. 1, 2013, House Bill 1101 established the Natalie M. LaPrade Medical Marijuana Commission and the Natalie M. LaPrade Medical Marijuana Commission Fund.</p> <p>On Apr. 14, 2014, Governor O'Malley signed Senate Bill 923 into law, which altered the purpose of the Natalie M. LaPrade Medical Marijuana Commission to include approval of certain physicians. The bill also required the Commission and the Maryland Department of Health and Mental Hygiene to develop regulations for patient registry and identification cards, dispensary licensing, setting fees and possession limits, and more. The law became effective June 1, 2014.</p> <p>Regulation of the medical marijuana industry moved to the state's Alcohol and Tobacco Commission in 2023.</p>
Quantity Limits	Patients are allowed to possess a 30-day supply defined by the Commission as 120 grams of usable cannabis or 36 grams in the case of medical cannabis infused product unless the qualifying patient's certifying provider states in the written certification that a 30-day supply is inadequate to meet the medical needs of the qualifying patient.
Covered Conditions	Medical conditions approved are: <i>A chronic or debilitating disease or medical condition that results in a patient being admitted into hospice or receiving palliative care, a chronic or debilitating disease or medical condition or the treatment of a chronic or debilitating disease or medical condition that produces cachexia, anorexia, or wasting syndrome, severe pain, severe nausea, seizures, severe or persistent muscle spasms, or the Commission may approve applications that include any other condition that is severe and for which other medical treatments have been ineffective if the symptoms can be expected to be relieved by the medical use of marijuana.</i>
Reimbursement Provisions	Reimbursement of medical marijuana is not addressed; however, in a decision issued December 17, 2019, the Maryland Workers' Compensation Commission ordered an employer/insurer to reimburse a claimant for medical expenses legally permitted in the State of Maryland up to the amount of \$200 per month.
Recreational Adult Use	Yes. On Nov. 8, 2022, Maryland voters approved Question 4 to amend the Constitution of Maryland to legalize cannabis for adult use beginning July 1, 2023.

Statute	Maryland Darrell Putman Compassionate Use Act, Md. Code Ann., Crim. Law 5-601(c)(3)(II) (2003). HB 702 (2003), HB 1101- Chapter 403 (2013); Senate Bill 923 (2014); Maryland Code for Natalie M. LaPrade Medical Cannabis Commission ; COMAR for Natalie LaPrade Medical Cannabis Commission .
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Massachusetts

Summary	<p>Voters approved Question 3 on November 6, 2012, to provide no punishment under state law for qualifying patients, physicians and health care professionals, personal caregivers for patients, or medical marijuana treatment center agents for the medical use of marijuana. The law became effective January 1, 2013.</p> <p>Only registered qualifying patients with electronic or written certification obtained from a state certified healthcare provider can purchase medical marijuana from registered marijuana dispensaries (RMD). A certifying healthcare provider may be a licensed physician, certified nurse practitioner or physician assistant. A certification issued must indicate the time-period for which the certification is valid and must not be less than 15 calendar days or longer than one year.</p>
Quantity Limits	The certifying healthcare provider may determine and certify that a qualifying patient requires an amount of marijuana other than 2.5 ounces as a 14-day supply or ten ounces as a 60-day supply and must document the amount and the rationale in the medical record and in the written certification. For that qualifying patient, that amount of marijuana constitutes a 14-day supply or 60-day supply.
Covered Conditions	“Debilitating medical condition” means: Cancer, glaucoma, positive status for HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn’s disease, Parkinson’s disease, and multiple sclerosis (MS), when such diseases are debilitating, and other debilitating conditions as determined in writing by a qualifying patient’s healthcare provider. Debilitating is defined as: “causing weakness, cachexia, wasting syndrome, intractable pain , or nausea, or impairing strength or ability, and progressing to such an extent that one or more of a patient’s major life activities is substantially limited.”
Reimbursement Provisions	<p>Massachusetts Gen. Laws Annotated Chapter 94C App., § 1-7 “Nothing in this law requires any health insurance provider, or any government agency or authority, to reimburse any person for the expenses of the medical use of marijuana.”</p> <p>On Oct. 27, 2020, the Massachusetts Supreme Judicial Court unanimously decided in Daniel Wright v. Central Mutual Insurance Company that a workers’ compensation insurer cannot be required to pay for an injured worker’s medical marijuana expenses. The court concluded that the reimbursement limitation provision prevents a health insurance provider or government agency from being ordered to reimburse a claimant for medical marijuana expenses.</p>
Recreational Adult Use	Yes. Massachusetts voters approved Question 4 in 2016; however, the new law did not change the status of patients using medical marijuana.
Statute	Ballot Question 3 (2012), www.mass.gov/medicalmarijuana , Regulations (2013); Question 4 (2016)

Michigan

Summary	<p>Voters approved Proposal 1 on November 4, 2008. The law took effect on December 4, 2008. It removes state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess written documentation from their physicians authorizing the medical use of marijuana.</p> <p>The law established a confidential state-run patient registry that issues identification cards to qualifying patients and the state officially began accepting applications for the program on April 6, 2009. Valid medical marijuana registry cards from other medical marijuana states are recognized in this state, so long as the cardholder follows the possession limits imposed on cardholders in Michigan.</p>
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Quantity Limits	A qualifying patient may possess an amount of marijuana that does not exceed a combined total of 2.5 oz. of usable marijuana and usable marijuana equivalents, and if the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marijuana for the qualifying patient, 12 marijuana plants kept in an enclosed, locked facility.
Covered Conditions	Patients diagnosed with the following illnesses are afforded legal protection under this act: <i>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, or the treatment of these conditions.</i> Patients are also offered legal protection if they have a chronic or debilitating disease or medical condition or treatment of said condition that produces 1 or more of the following: <i>cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristics of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristics of multiple sclerosis.</i>
Reimbursement Provisions	On December 28, 2012, Governor Snyder signed Michigan Senate Bill 933, which became effective immediately. This legislation provides that an employer is not required to reimburse any charges for medical marijuana treatment. See Michigan Compiled Law § 418.315a .
Recreational Adult Use	Yes. Michigan voters passed Proposal 1 Nov. 6, 2018, and effective Dec. 6, 2018, it is legal for anyone over 21 years old to grow, consume, and possess marijuana. Recreational sales started Dec. 1, 2019.
Statute	Michigan Medical Marihuana Act, Mich. Comp. Law 333.26421 - 333.26430 (2008). Proposal 1 (2008) Section 315a to the Michigan Worker's Disability Compensation Act (Chapter 418); Proposal 1 (2018)

Minnesota

Summary	<p>Governor Mark Dayton signed a compromise medical marijuana bill into law on May 29, 2014. This bill defines "medical cannabis" as any species of the genus cannabis plant delivered in the form of (1) liquid, including, but not limited to, oil; (2) pill; (3) vaporized delivery method that does not require the use of dried leaves or plant form. Smoking is not a method approved by the bill.</p> <p>Distribution of medical marijuana to enrolled patients with qualifying conditions started July 1, 2015. The Minnesota Dept. of Health Office of Medical Cannabis is responsible for registering in-state manufacturers to produce all medical cannabis within the state. Registration for all users is mandatory. There is no program identification card and no reciprocity with other jurisdictions.</p>
Quantity Limits	The total quantity of medical cannabis purchased for a patient in a 23-day period must not exceed the patient's 30-day supply. The Pharmacist employed by manufacturer to distribute medical cannabis must consult with the patient then determine a recommended daily dosage to calculate an amount equal to a 30-day supply at maximum recommended dosage.
Covered Conditions	Qualifying conditions approved are: <i>Cancer (if the underlying condition or treatment produces severe or chronic pain, nausea or severe vomiting, or cachexia or severe wasting), glaucoma, HIV/AIDS, Tourette's syndrome, ALS, seizures including those characteristic of epilepsy, severe and persistent muscle spasms including those characteristic of multiple sclerosis, inflammatory bowel disease including Crohn's disease, terminal illness with a life expectancy of under one year if the illness or its treatment produces severe or chronic pain, nausea or severe vomiting, cachexia or wasting as well as any other medical condition or its treatment approved by the Commissioner.</i> Intractable pain was added to the list of conditions by the Minnesota Health Commissioner effective Dec. 2, 2015. In 2016 PTSD was added.
Reimbursement Provisions	Minnesota Statute Sec. 152.23(b) states, "Nothing in sections 152.22 to 152.37 require the medical assistance and Minnesota Care programs to reimburse an enrollee or a provider for costs associated with the medical use of cannabis."

	<p>On Oct. 13, 2021, the Minnesota Supreme Court issued a pair of rulings overturning prior decisions by the state Workers Compensation Court of Appeals (WCCA) that ordered employers to pay for medical marijuana to treat work-related injuries. The cases decided were Daniel Bierbach vs. Digger's Polaris and State Auto/United Fire and Susan Musta vs. Mendota Heights Dental Center and Hartford Insurance. In reaching this conclusion, the state high court determined that the WCCA lacked jurisdiction to decide whether federal law preempts Minnesota law that requires an employer to furnish medical treatment when the treatment for which reimbursement is sought is medical cannabis. The court then held that the Controlled Substances Act (CSA) preempts the workers' compensation court's orders mandating the former employers to pay for medical cannabis for injured employees. On June 21, 2022, the United States Supreme Court denied the petition to review the case of Musta v. Mendota Heights Dental Center, where the court was asked to resolve the question of whether the federal Controlled Substances Act (CSA) preempts a state order requiring employers and insurers to reimburse claimants for their medical marijuana use.</p>
Recreational Adult Use	Yes. Gov. Tim Walz approved House File 100 on May 30, 2023, which legalized recreational marijuana use for adults 21 years or older effective Aug. 1, 2023.
Statute	Senate Bill 2470 (2014) ; Minn. Stat. §§ 152.22 to 152.37

Mississippi

Summary	<p>As of Nov. 4, 2020, voters in Mississippi approved a measure to regulate marijuana for medical use. However, on May 14, 2021, the Mississippi Supreme Court overturned the measure and the state's ballot initiative process holding that the state's signature requirements for ballot measures could not be complied with.</p> <p>On February 2, 2022, Gov. Tate Reeves signed Senate Bill 2095, the Medical Cannabis Act, into law. The bill was passed to restore the will of the voters. Under the new law, the state Department of Health has 60 days following enactment to begin issuing registry ID cards to qualifying patients. Officials are to begin providing licenses to dispensary operations within 150 days.</p>
Quantity Limits	<p>Possession and purchase limits are calculated based on "Medical Cannabis Equivalency Units" (MCEUs) of 3.5 grams of flower, up to 100 mg of THC in infused products, and up to one gram of concentrate per day from licensed dispensaries. Patients are not allowed to purchase more than 24 MCEUs in a month (84 grams, which is less than 3 oz.).</p> <p>Flower is capped at 30 percent THC while concentrated products are capped at 60 percent THC.</p>
Covered Conditions	<p>Qualifying conditions are:</p> <p><i>Cancer, Parkinson's, Huntington's, muscular dystrophy, glaucoma, spastic quadriplegia, HIV, AIDS, hepatitis, amyotrophic lateral sclerosis (ALS), Crohn's, ulcerative colitis, sickle cell anemia, Alzheimer's, agitation of dementia, PTSD, autism, pain refractory to opioid management, diabetic/peripheral neuropathy, spinal cord disease, or severe injury; a chronic medical condition (or its treatment) that produces either cachexia or wasting, severe nausea, seizures, severe and persistent muscle spasms, or chronic pain — which is narrowly defined as, "a pain state in which the cause of the pain cannot be removed or otherwise treated, and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible, or none has been found after reasonable efforts by a practitioner;" and conditions approved by the MDOH, after a petition process.</i></p>
Reimbursement Provisions	<p>No compensation is payable if the use of medical cannabis in accordance with the Mississippi Medical Cannabis Act and rules and regulations adopted thereunder was the proximate cause of the injury. If the employee has a positive test indicating the presence at the time of injury of medical cannabis, it is presumed that the proximate cause of injury the use of medical cannabis in accordance with the</p>

	<p>Mississippi Medical Cannabis Act. The burden of proof is on the employee to prove that the use of medical cannabis was not a contributing cause of the accident to defeat the presumption.</p> <p>A health coverage plan is not required to cover and pay for the treatment of a person who is a cardholder and registered qualifying patient with medical cannabis.</p>
Recreational Adult Use	No
Statute	Mississippi Ballot Initiative 65; Senate Bill 2095

Missouri

Summary	<p>Amendment 2, a constitutional amendment to allow medical cannabis, was approved by the voters in the Nov. 2018 election. The Missouri Department of Health and Senior Services (DHSS) has the authority and responsibility to ensure the availability of and safe access to medical marijuana. This agency issues licenses for medical marijuana dispensaries, as well as cultivation, testing and infused product manufacturing businesses.</p> <p>Missouri cultivation facilities and dispensaries started to open with first legal sales of medical marijuana in Missouri occurred Oct. 17, 2020.</p> <p>A qualifying patient must obtain a new physician certification at least annually.</p> <p>Section 1.7(1)(b) and (c) of Amendment 2 state that, “nothing in [the law] permits a person to b) undertake any task under the influence of marijuana when doing so would constitute negligence or professional malpractice or c) to operate, navigate, or be in actual physical control of any dangerous device or motor vehicle, aircraft or motorboat while under the influence of marijuana.”</p>
Quantity Limits	Qualified patients who have approval from their physicians will receive identification cards from the state that will allow them and their registered caregivers to grow up to six marijuana plants and purchase at least 4 oz. of cannabis from dispensaries on a monthly basis.
Covered Conditions	<i>“Qualifying medical condition” means the condition of, symptoms related to, or side effects from the treatment of: Cancer, Epilepsy, Glaucoma, Intractable migraines unresponsive to other treatment; a chronic medical condition that causes severe, persistent pain or persistent spasms, including but not limited to those associated with multiple sclerosis, seizures, Parkinson’s disease and Tourette’s syndrome; debilitating psychiatric disorders, including, but not limited to, PTSD, if diagnosed by a state licensed psychiatrist; HIV or AIDS, a chronic medical condition that is normally treated with a prescription medication that could lead to physical or psychological dependence, when a physician determines that medical use of marijuana could be effective in treating that condition and would serve as a safer alternative to the prescription medication.</i>
Reimbursement Provisions	Amendment 2 indicates that it is not to be construed as mandating health insurance coverage of medical marijuana for qualifying patient use.
Recreational Adult Use	Yes. On Nov. 8, 2022, voters approved Amendment 3 , which legalized the purchase, possession, consumption, use, delivery, manufacturing, and sale of marijuana for personal use of adults over age 21.
Statute	Amendment 2 (2018)

Montana

Summary	<p>Voters approved Initiative 148 on November 2, 2004, and the law took effect that same day. It removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possessed written documentation from their physicians authorizing the medical use of marijuana.</p> <p>In the 2012 general election, Montana voters upheld the legislature’s decision to revise the state’s medical marijuana law by passing Initiative Referendum 124, a ballot referendum identical to S.B. 423 that became law without Gov. Schweitzer’s signature in 2011.</p> <p>The most recent changes occurred when the 2017 Legislature passed Senate Bill 333 that created more detailed regulations.</p> <p>The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients or their primary caregiver. Valid medical marijuana registry cards from other medical marijuana states are recognized in this state, as long as the cardholder is in compliance with the possession limits imposed on cardholders in Montana.</p>
Quantity Limits	<p>A registered patient or caregiver may possess no more than 4 mature plants, 12 seedlings and 1 oz. of usable marijuana.</p>
Covered Conditions	<p>Patients diagnosed with the following debilitating medical conditions are afforded legal protection under this act: <i>Cancer, glaucoma, positive status for HIV/AIDS when the condition or disease results in symptoms that adversely affect the patient’s health status; cachexia or wasting syndrome; severe chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient’s treating physician; intractable nausea or vomiting; epilepsy or an intractable seizure disorder; multiple sclerosis; Crohn’s disease; painful peripheral neuropathy; a central nervous system disorder resulting in chronic, painful spasticity or muscle spasms; admittance into hospice care in accordance with rules adopted by the department; or PTSD.</i></p>
Reimbursement Provisions	<p>According to Montana Code Annotated Sec. 50-46-320(4)(a), “Nothing in this part may be construed to require ... a government medical assistance program, a group benefit plan that is covered by the provisions of Title 2, chapter 18, an insurer covered by the provisions of Title 33, or an insurer as defined in 39-71-116 to reimburse a person for costs associated with the use of marijuana by a registered cardholder.”</p> <p>Montana Code Annotated Sec. 39-71-407 states:</p> <p style="padding-left: 40px;">c) Nothing in this chapter may be construed to require an insurer to reimburse any person for costs associated with the use of marijuana for a debilitating medical condition, as defined in 50-46-302.</p> <p>Montana House Bill 655 provides that failing to pass, or refusing to take, a drug test that complies with certain requirements after an accident creates a presumption that the major contributing cause of the accident was the use of nonprescribed drugs. However, this presumption does not apply to employees certified to use medical marijuana.</p>
Recreational Adult Use	<p>Yes. Montana voters approved Initiative 190 on Nov. 4, 2020, which allows adult use of marijuana.</p>
Statute	<p>Initiative 148 (2004); IR 124 (2012); Montana Medical Marijuana Act; House Bill 655 (2021)</p>

Nevada

Summary	<p>Voters approved Question 9 on November 7, 2000, which amended the states' constitution to recognize the medical use of marijuana. The law took effect on October 1, 2001. The law removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who have "written documentation" from their physician that marijuana may alleviate his or her condition.</p> <p>The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients.</p>
Quantity Limits	Cardholders are allowed to possess 2.5 oz. of marijuana for medicinal purposes.
Covered Conditions	<p>Patients diagnosed with one or more of the following qualifying medical conditions by their healthcare provider may qualify for a Nevada Medical Marijuana card: <i>AIDS; cancer; glaucoma; PTSD, and any medical condition or treatment to a medical condition that produces cachexia, severe pain, severe nausea, seizures, including without limitation, seizures caused by epilepsy, persistent muscle spasms, including but not limited to, spasms caused by multiple sclerosis.</i> Other conditions are subject to approval by the health division of the state Department of Human Resources.</p>
Reimbursement Provisions	<p>Nevada Revised Statute 453A.800 (1) states "The provisions of this chapter do not ... Require an insurer, organization for managed care or any person or entity who provides coverage for a medical or health care service to pay for or reimburse a person for costs associated with the medical use of marijuana."</p> <p>In 2021 Nevada enacted Assembly Bill 400 established standards for determining when an employee is considered to be under the influence of a controlled or prohibited substance, including marijuana, for workers' compensation purposes, but provides an exception if the employee has a current and lawful prescription issued in the employee's name.</p>
Recreational Adult Use	Yes. On Nov. 8, 2016, voters approved Ballot Question 2, the Initiative to Regulate and Tax Marijuana , which legalized the purchase, possession, and consumption of recreational marijuana for adults over age 21 on Jan. 1, 2017.
Statute	Nev. Rev. Stat. 453A.010 - 453A.240 (2008). Question 9 (2000) NRS 453A ; NAC 453A ; NRS 453D

New Hampshire

Summary	<p>The Governor Maggie Hassan signed HB 573 into law July 23, 2013, that became effective upon passage. The bill authorized the use of medical marijuana in New Hampshire, established a registry identification card system, allowed for the registration of up to 4 non-profit alternative treatment centers in the state, and established an affirmative defense for qualified patients and designated caregivers with valid registry ID cards.</p> <p>A designated caregiver may receive compensation for costs, not including labor, associated with assisting a qualifying patient with the therapeutic use of cannabis.</p>
Quantity Limits	A qualifying patient may possess an amount of cannabis that does not exceed 2 oz. of usable cannabis.
Covered Conditions	<p>Approved conditions include: <i>Cancer, glaucoma, positive status for HIV, AIDS, hepatitis C, ALS, muscular dystrophy, Crohn's disease, agitation of Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or "one or more injuries that significantly interferes with daily activities as documented by the patient's provider; and a severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms."</i></p>

Reimbursement Provisions	New Hampshire Revised Statute Sec. 126-X: 30(III) states, “Nothing in this chapter shall be construed to require: ... Any health insurance provider, health care plan, or medical assistance program to be liable for any claim for reimbursement for the therapeutic use of cannabis.” On March 2, 2021, the Supreme Court of New Hampshire ruled in Appeal of Andrew Panaggio that the federal CSA does not preempt the New Hampshire Compensation Appeals Board from ordering an insurer to reimburse a claimant for medical marijuana. In reaching this decision, the state high court concluded that complying with an order would not cause an insurer to violate federal law. In the same case, the court found March 2019 that a workers’ compensation insurer was not prohibited from reimbursing a claimant’s medical marijuana expenses. Click here to review the previous opinion
Recreational Adult Use	No
Statute	HB 573 (2013), New Hampshire RSA 126-X

New Jersey

Summary	Gov. Corzine signed the New Jersey Compassionate Use Medical Marijuana Act into law on Jan. 18, 2010. This law allowed New Jersey residents suffering from debilitating medical conditions to possess and use medical marijuana with a physician’s recommendation.
Quantity Limits	The law establishes a registry of qualifying patients and their primary caregivers and issues a registry identification card that is valid for 2 years. A registered qualifying patient may not be dispensed more than 2 oz. in a 30-day period, although a physician may issue multiple written instructions at one time authorizing the patient to receive up to a 90-day supply.
Covered Conditions	According to the law, a “debilitating medical condition” is defined as: (1) one of the following conditions, if resistant to conventional medical therapy: seizure disorder, including epilepsy; intractable skeletal muscular spasticity; or glaucoma; (2) one of the following conditions, if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome results from the condition or treatment thereof: positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or cancer; (3) amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn’s disease; (4) terminal illness, if the physician has determined a prognosis of less than 12 months of life; or (5) any other medical condition or its treatment that is approved by the department by regulation. Effective March 27, 2018, five new categories of debilitating conditions were added: anxiety, chronic pain related to musculoskeletal disorders , chronic pain of visceral origin, migraine, Tourette’s syndrome. On January 23, 2019 , opioid use disorder was added as a stand-alone debilitating medical condition.
Reimbursement Provisions	Although New Jersey Statute Annotated Sec. 24:6I-14 states “Nothing in this act shall be construed to require a government medical assistance program or private health insurer to reimburse a n person for costs associated with the medical use of marijuana...” on April 13, 2021, the New Jersey Supreme Court affirmed the Appellate Division of the Superior Court of New Jersey in Hager v. M&K Construction and held that: i. workers’ compensation insurers do not fit within the mandatory reimbursement exception in New Jersey’s Compassionate Use Medical Marijuana Act (MMA) applicable to private health insurers and government medical assistance programs; ii. medical marijuana may be found to constitute reasonable and necessary care under the Workers’ Compensation Act, which includes chronic pain as a qualifying medical condition; iii. the MMA is not preempted by the federal Controlled Substances Act (CSA), which is “effectively suspended” with respect to this issue; and

	iv. employer “does not face a credible threat of federal criminal aiding-and-abetting or conspiracy liability.”
Recreational Adult Use	Yes. On Nov. 3, 2020, New Jersey voters approved “Bill A-21” — the New Jersey Cannabis Regulatory, Enforcement Assistance and Marketplace Modernization Act — which legalized recreational marijuana for adult use effective Jan. 1, 2021, and related bills were signed into law Feb. 22, 2021.
Statute	Supplements Title 24 of the Revised Statutes. SB 119 (2009); New Jersey Compassionate Use Medical Marijuana Act ; N.J. Admin. Code §§ 8:64-1.1 to 8:64-13/1

New Mexico

Summary	The Governor signed Senate Bill 523, "Lynn and Erin Compassionate Use Act," into law on April 2, 2007, and became effective July 1, 2007. The law mandated the state Department of Health by Oct. 1, 2007, to promulgate rules governing the use and distribution of medical cannabis to state-authorized patients; however, these rules were not finalized until Jan. 2009.
Quantity Limits	The New Mexico Workers' Compensation medical fee schedule establishes the maximum amount that a worker may be reimbursed for medical marijuana.
Covered Conditions	Patients registered with the state Department of Health and who are diagnosed with the following illnesses are afforded legal protection under these rules: <i>Arthritis, severe chronic pain, painful peripheral neuropathy, Intractable nausea/vomiting, severe anorexia/cachexia, hepatitis C infection currently receiving antiviral treatment, Crohn's disease, PTSD, amyotrophic lateral sclerosis (Lou Gehrig's disease), cancer, glaucoma, multiple sclerosis, damage to the nervous tissue of the spinal cord with intractable spasticity, epilepsy, HIV/AIDS, hospice patients. Other conditions are subject to approval by the Department of Health.</i>
Reimbursement Provisions	In 2014, the New Mexico Court of Appeals in held in <i>Vialpando v. Ben's Automotive Services</i> that marijuana may be a “reasonable and necessary” medical treatment for a workplace injury, and if a treatment is reasonable and necessary, the employer and its insurer must pay the bill. Additional cases decided in 2015 were <i>Lewis v. American General Media</i> , which rejected challenge to reimbursement for medical marijuana under Workers' Compensation Act based on federal preemption and <i>Maez v. Riley Industrial</i> that found sufficient evidence that medical marijuana was medically necessary.
Recreational Adult Use	Yes. HB 2 Cannabis regulation act passed legislature March 31, 2021 and signed by governor on April 12, 2021.
Statute	Lynn and Erin Compassionate Use Act, N.M. Stat. Ann. 30-31C-1 (2007). SB 523 (2007)

New York

Summary	Assembly Bill 6357, the Compassionate Care Act, became effective upon the signature of Governor Andrew Cuomo on July 5, 2014. Smoking was not a method approved by the bill; however, legislation signed into law in 2021 removed the prior prohibitions on smoking.
Quantity Limits	Initially qualified patients were permitted to possess a 30-day supply of cannabis-infused, non-smokable products. As of 2021, qualified patients can possess a 60-day supply of cannabis and home-cultivate up to 6 plants per private residence.

Covered Conditions	<p>The Medical Marijuana Program made medical marijuana accessible to patients with conditions including: <i>Cancer, HIV/AIDS, Lou Gehrig's disease (ALS), Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, and Huntington's disease. The law includes these conditions when there is a clinical association with or complication of the condition resulting in cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms. The Department of Health commissioner has the discretion to add or delete conditions.</i> By rule adopted on March 22, 2017, the Department of Health added "chronic pain" to the list of conditions medical marijuana is approved to treat (see 10 NYCRR 1004.2[a][8][xi]). Patients must also have one of the following associated or complicating conditions: <i>cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms (see Public Health Law § 3360[7][ii]; 10 NYCRR 1004.2[a][9]).</i></p>
Reimbursement Provisions	<p>New York Public Health Law Sec. 3368(2) states, "Nothing in this title shall be construed to require an insurer or health plan under this chapter or the insurance law to provide coverage for medical marihuana. Nothing in this title shall be construed to require coverage for medical marihuana under article twenty-five of this chapter or article five of the social services law." N.Y. Pub. Health Law § 3368(2).</p> <p>However, on June 6, 2017, the New York Workers' Compensation Board (NYWCB) issued an opinion in <i>Vornado</i> establishing that a carrier can be ordered to pay for medical marijuana if:</p> <ul style="list-style-type: none"> • The condition is one which meets one of the NY medical conditions for which medical marijuana is an accepted form of treatment (in this case, chronic pain) AND; • The treating doctor appropriately requests a variance from the treatment guidelines. <p>This reversal of previous decisions denying payment for medical marijuana was based on chronic being added as an authorized condition for medical marijuana treatment.</p> <p>On February 25, 2021 a New York Appellate Court in Matter of Quigley v. Village of E. Aurora affirmed a decision by the state Workers' Compensation Board that granted a variance to the state treatment guidelines for workers' compensation for medical marijuana and ordered reimbursement of an injured employee's medical marijuana expenses. The court was not persuaded by the employer and carrier's claim that compelling the carrier to "fund" claimant's use of medical marijuana exposed it to civil and criminal liability under the Controlled Substances Act (CSA).</p> <p>On September 1, 2021, the New York State Workers' Compensation Board announced that a medical marijuana prior authorization request (PAR) will be submitted within OnBoard: Limited Release as a "Medication PAR" instead of a Variance.</p> <p>To prescribe medical marijuana, four requirements of the Public Health Law 3360(7) must be met:</p> <ol style="list-style-type: none"> i. the New York State Department of Health accredits the physician to prescribe medical marijuana; ii. the claimant has one of the severe debilitating or life-threatening conditions set forth in Public Health Law 3306(7), which must be accompanied by one or more of the listed complicating conditions; iii. the prescribing physician must certify the claimant as having one of the severe debilitating or life-threatening conditions and submit proof of such certification to the Board; and iv. the claimant must register with the Department of Health and receive a registry card, which the claimant must produce as proof of registration.
Recreational Adult Use	<p>Yes. AB 1248A/SB 854 passed legislature, signed by governor on March 31, 2021 that removes cannabis from the list of controlled substances in the state. Adult consumption is permitted in any place where tobacco use is also allowed.</p>

Statute	Assembly Bill 6357 (2014) ; N.Y. Pub. Health Law, Article 33, Title V-a §§3360 to 3366 Board Panel Decision Case # G1403803, Matter of WDF Inc.
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North Dakota

Summary	November 2016, the voters in North Dakota approved Constitutional Measure No. 5, also known as the North Dakota Compassionate Care Act. The Act allows residents suffering from certain conditions to obtain medical marijuana from “compassion centers” or dispensaries licensed by the state. The Act required the creation of a registration system consisting of patient identification cards.
Quantity Limits	Centers cannot dispense more than 3 oz. of usable marijuana to a qualifying patient or qualifying patient caregiver during a 14-day period. If a patient lives more than 40 miles from one of these centers, they can cultivate as many as eight plants on their property.
Covered Conditions	The debilitating medical conditions under the North Dakota medical marijuana law include: <i>cancer and its treatments; positive status for human immunodeficiency virus (HIV); acquired immune deficiency syndrome (AIDS); decompensated cirrhosis (Hepatitis C); Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease); post-traumatic stress disorder (PTSD); agitation of Alzheimer’s disease, dementia or the treatment of these conditions; Crohn’s disease or fibromyalgia; spinal stenosis or chronic back pain including neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; glaucoma; epilepsy; anorexia nervosa; bulimia nervosa; anxiety disorder; Tourette syndrome; Ehlers-Danlos syndrome; endometriosis; interstitial cystitis; neuropathy; migraine; rheumatoid arthritis; autism spectrum disorder; a brain injury; a terminal illness; or a chronic or debilitating disease medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects; intractable nausea; seizures; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; and any other medical condition or its treatment added by the North Dakota Department of Health.</i>
Reimbursement Provisions	In 2017, North Dakota House Bill 1156 in part amended North Dakota Century Code §65-05-07(8) to add that medical marijuana under workers’ compensation is not payable.
Recreational Adult Use	No. On Nov. 8, 2022, voters rejected North Dakota Statutory Measure 2 , which would have legalized marijuana use for residents 21 years of age and older.
Statute	Measure 5 (2016) ; NDCC 19-24.1 and NDAC 33-44

Ohio

Summary	House Bill 523 was signed in law by Gov. Kasich June 8, 2016, and established the framework for the legalization of medical marijuana effective Sept. 8, 2018; however, the state’s Medical Marijuana Control Program (OMMCP) became operational Jan. 2019. Patients need a certified physician’s recommendation to register and obtain medical marijuana through the state’s Medical Marijuana Control Program (OMMCP). The marijuana must be purchased from an approved dispensary in Ohio. An in-person visit with a certified physician is required at least once per year. Nothing in the law requires an employer to accommodate an employee’s use of marijuana. Nor does the law prohibit an employer from refusing to hire, discharging, or taking an adverse employee action because of a person’s use of marijuana.
Quantity Limits	A certified physician can recommend up to a 90-day supply of medical marijuana with 3 refills.
Covered Conditions	Only patients with one of the following qualifying conditions: <i>AIDS, Amyotrophic lateral sclerosis, Alzheimer’s disease, Cancer, Chronic traumatic encephalopathy, Crohn’s disease, epilepsy and seizure disorders, fibromyalgia, glaucoma, hepatitis C, HIV, inflammatory bowel disease, multiple sclerosis,</i>

	<i>chronic or intractable pain, Parkinson's disease, PTSD, sickle cell anemia, spinal cord injury or disease, Tourette's syndrome, traumatic brain injury, ulcerative colitis.</i>
Reimbursement Provisions	Reimbursement of medical marijuana is not addressed, but according to Ohio Rule 4123-6-21.19(c) payment for outpatient medications is limited to those that are: (1) on the BWC's pharmaceutical formulary; (2) approved for human use by the FDA; and (3) dispensed by a registered pharmacist from an enrolled pharmacy provider. Medical marijuana is not listed in the Ohio drug formulary.
Recreational Adult Use	On Nov. 7, 2023, the Issue 2 ballot initiative was passed with 57% of the vote to allow adults 21 years and over to buy and possess up to 2.5 oz. of cannabis and to grow up to 6 plants per individual or 12 plants per household at home. The state has 9 months to set up a system for legal marijuana purchases subject to a 10% sales tax.
Statute	HB 523 (2016); Ohio Administrative Rule 3796:8-204

Oklahoma

Summary	Oklahoma voters on June 26, 2018, approved a measure that legalized the use, sale, and growth of medical marijuana. According to the ballot measure, a license is required for use and possession of marijuana for medicinal purposes and must be approved by an Oklahoma board-certified physician. The Oklahoma Medical Marijuana Authority (OMMA) operating under the Oklahoma State Department of Health was established to oversee the medical marijuana program for the State of Oklahoma and is responsible for licensing, regulating, and administering the program as authorized by state law. OMMA issues medical marijuana licenses if the applicant is 18 years and an Oklahoma resident. The measure permits younger applicants to use medical marijuana with the endorsement of two physicians and a parent or legal guardian. OMMA also issues seller, grower, packaging, transportation, research, and caregiver licenses. Employers in Oklahoma are not required to permit or accommodate the use of medical marijuana at work or during work hours and are not prevented from having written drug testing policies that comply with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act.
Quantity Limits	A patient who has been issued and is in possession of an OMMA medical marijuana license is legally authorized to cumulatively possess up to 3 oz. (84.9 grams) of marijuana on their person; 6 mature marijuana plants; 6 seedling plants; 1 oz. (28.3 grams) of concentrated marijuana; 72 oz. (2,037.6 grams) of edible marijuana; and 8 oz. (226.4 grams) of marijuana in their residence
Covered Conditions	Oklahoma leaves to the discretion of the physician the conditions for which medical marijuana can be recommended using the same judgment they would use for prescriptions.
Reimbursement Provisions	Employers in Oklahoma are not required to reimburse an employee for costs associated with the use of medical marijuana.
Recreational Adult Use	No. On March 7, 2023, Oklahoma voters rejected State Question 820 , which would have legalized up to 1 oz. of recreational marijuana for adults 21 years old and older.
Statute	SQ 788 (2018); House Bill 2612 (2019); OMMA Rules

Oregon

Summary	Voters approved Measure 67 on Nov. 3, 1998. The law took effect on December 3, 1998. It removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess a signed recommendation from their physician stating that marijuana "may mitigate" his or her debilitating symptoms. The law established a confidential state-run patient registry that issues identification cards to qualifying patients. In August 2001, program administrators filed new rule that defined attending physician as "a physician who has established a physician/patient relationship with the patient; ... is primarily responsible for the care and treatment of the patients; ... has reviewed a patient's medical records at
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	the patient's request, has conducted a thorough physical examination of the patient, has provided a treatment plan and/or follow-up care, and has documented these activities in a patient file."
Quantity Limits	An Oregon medical marijuana patient (and their caregiver, if applicable) may possess up to 6 mature plants , which must be grown at a registered grow site address, and up to 24 ounces of usable marijuana .
Covered Conditions	Patients diagnosed with the following illnesses are afforded legal protection under this act: <i>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.</i> Other conditions are subject to approval by the Health Division of the Oregon Department of Human Resources. The Oregon Board of Health approved <i>agitation due to Alzheimer's disease</i> to the list of debilitating conditions qualifying for legal protection.
Reimbursement Provisions	According to Oregon Revised Statute Sec. 475B.413, "Nothing in ORS 475B.400 to 475B.525 requires ... 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 the workplace."
Recreational Adult Use	Yes. On November 4, 2014, voters approved Measure 91 to permit persons licensed, controlled, regulated, and taxed by the state of Oregon to legally manufacture and sell marijuana to persons 21 years of age or older subject to the provisions of this law.
Statute	Oregon Medical Marijuana Act, Or. Rev. Stat. 475.300 (2007). Oregon Medical Marijuana Act (1998) SB 161 (2007). Measure 91 (2014)

Pennsylvania

Summary	<p>On April 6, 2016, Gov. Wolf signed into law Senate Bill 3 that legalized medical marijuana in Pennsylvania and on Feb. 15, 2018, medical marijuana became available for patients at dispensaries in the state. Initially, the only approved forms of medical marijuana include pill; oil; topical forms, including gel, creams, or ointments; tincture; liquid; and a form medically appropriate for administration by vaporization or nebulization, including dry leaf or plant form for administration by vaporization. However, on April 9, 2018, the Pennsylvania Medical Marijuana Advisory Board recommended approval of medical marijuana "in dry leaf or plant form, for administration by vaporization."</p> <p>Only doctors approved by the Pennsylvania Department of Health can issue a patient certification for medical marijuana that confirms the patient has one of the qualifying medical conditions. In Pennsylvania, medical marijuana may only be dispensed to a patient who receives certification from a practitioner and is in possession of a valid identification card issued by the department.</p>
Quantity Limits	When dispensing medical marijuana to a patient or caregiver, the dispensary may not dispense an amount greater than a 30-day supply indicated by the certification until the patient has exhausted all but a 7-day supply provided under the previously issued certification.
Covered Conditions	Only patients suffering from one of the following qualifying medical conditions may currently participate in Pennsylvania's medical marijuana program: <i>Amyotrophic lateral sclerosis (ALS); autism; cancer, including remission therapy, Crohn's disease; damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies; dyskinesic and spastic movement disorders, epilepsy, glaucoma, HIV/AIDS, Huntington's disease, intractable seizures, multiple sclerosis, neurodegenerative diseases, neuropathies, opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary</i>

	<i>therapeutic interventions; Parkinson's disease, PTSD, severe chronic intractable pain of neuropathic origin or severe chronic or intractable pain; sickle cell anemia, or terminal illness.</i>
Reimbursement Provisions	<p>According to 35 Pa. Stat. Ann. § 10231.2102, "Nothing in this act shall be construed to require an insurer or a health plan, whether paid for by Commonwealth funds or private funds, to provide coverage for medical marijuana." However, on March 17, 2023, the Commonwealth Court of Pennsylvania in <i>L. Fegley, as Executrix of the Estate of P. Sheetz v. Firestone Tire & Rubber (WCAB) - 680 C.D. 2021 FILED: March 17, 2023</i>, and <i>E. Appel v. GWC Warranty Corp. (WCAB) - 824 C.D. 2021 FILED: March 17, 2023</i> ruled:</p> <ul style="list-style-type: none"> • Because Section 2102 of the Medical Marijuana Act (MM) does not prohibit insurers from covering medical marijuana, employers must reimburse claimants for out-of-pocket costs of lawful medical marijuana use which has been found to be reasonable and necessary for their work-related injuries. • Employer is not in violation of the federal drug act since employer is not prescribing marijuana, but rather reimbursing claimant for lawful use. • An insurance company's or third-party administrator's failure to reimburse an injured worker for out-of-pocket expenses for legally obtained medical marijuana will subject that entity to penalties
Recreational Adult Use	No
Statute	SB 3 (2016); Pennsylvania Medical Marijuana Act

Puerto Rico

Summary	<p>On May 3, 2015, Gov. Padilla signed an Executive Order to permit the use of medical marijuana in Puerto Rico. It remains unlawful to smoke medical marijuana. Puerto Rico's Public Health Department is charged with the responsibility of developing the regulations to implement the order.</p> <p>The Medical Act includes a reciprocity clause that allows dispensaries to serve patients who hold medical cannabis authorization cards from their home states.</p> <p>House Bill 152 enacted July 2021 granted protected category status to registered patients of medical marijuana and prohibits discrimination in employment for these employees. However, this protection is not afforded to registered patients if employers can prove that:</p> <ol style="list-style-type: none"> 1. Using medical marijuana presents a real threat of harm or danger; 2. Use of medical marijuana interferes with an employee's functions or performance; 3. Permitting use of medical marijuana triggers a licensing or certification loss under law, regulation, or funding program; or 4. The employee uses medical marijuana during working time or in the workplace without written authorization by the employer.
Quantity Limits	Registered patients in Puerto Rico are allowed a daily amount of 1 ounce (28 grams) of flower or 8 grams of THC in concentrate or edible form. They can possess up to 30 days' worth at a time.
Covered Conditions	<p>Qualifying conditions include:</p> <p><i>Alzheimer's disease, Amyotrophic lateral sclerosis (ALS), Anorexia, Anxiety, Cancer or other conditions that cause severe nausea, Crohn's disease, Epilepsy, Fibromyalgia, Hepatitis C, HIV/AIDS or other conditions that cause cachexia, Migraines, Multiple Sclerosis or other conditions that cause severe spasms, Parkinson's disease, Rheumatoid Arthritis, Spinal cord injury or other conditions that cause severe pain.</i></p>

Reimbursement Provisions	Not addressed.
Recreational Adult Use	No
Statute	Executive Order No. OE-2015-35 Public Health Department Regulation 155 (2016); Act to Manage the Study, Development and Research of Cannabis for Innovation, Applicable Norms and Limitations” (the “Medicinal Act” or “Act”) 2017

Rhode Island

Summary	<p>The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act took effect immediately upon passage on January 3, 2006. The law removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess "written certification" from their physician stating, "In the practitioner's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient." The law also established a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients. Valid medical marijuana registry cards from other medical marijuana states are recognized in this state, so long as the cardholder follows the possession limits imposed on cardholders in this state.</p> <p>On June 16, 2009, the Rhode Island legislature overrode the governor’s veto to pass an amendment that established Compassion Centers to grow and distribute medical marijuana for an unlimited number of patients.</p> <p>A bill to further protect the confidentiality of physicians who recommend medical marijuana to their patients was passed in 2010 by the Rhode Island legislature and allowed to take effect without the governor’s signature. Another change in the new amendment is Connecticut and Massachusetts physicians were allowed to recommend cannabis for RI patients.</p> <p>When adult recreational sales begin Dec. 1, 2022, the fees imposed upon patients, authorized purchasers and primary caregivers for registry identification cards and plant tags are eliminated.</p>
Quantity Limits	A patient cardholder may possess an amount of marijuana that does not exceed 12 mature marijuana plants, that are accompanied by valid medical marijuana tags purchased from the Department of Business Regulation and 2.5 oz. of dried usable marijuana or its equivalent amount, and 12.5 oz. of wet marijuana.
Covered Conditions	Patients diagnosed with the following illnesses are afforded legal protection under this act: <i>Cachexia; cancer or cancer treatment including chemotherapy, radiation, etc.; glaucoma or glaucoma treatment; positive status for HIV or treatment for HIV; AIDS or treatment for AIDS; Hepatitis C or treatment for Hepatitis C; 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; Post-traumatic stress disorder (PTSD) and autism spectrum disorder.</i> Other conditions are subject to approval by the Rhode Island Department of Health.
Reimbursement Provisions	According to Rhode Island Gen. Laws §21-26.6-7(b)(2), an employer need not accommodate the medical use of marijuana in any workplace. There has been no finding that marijuana meets the criteria for compensability under the Workers’ Compensation Statute, or in other words, that it is reasonable and necessary treatment to cure, rehabilitate or relieve the employee from the effects of the work-related injury.
Recreational Adult Use	Yes. Senate Bill 2430A allows adults 21 and older to purchase and possess up to 1 oz. and grow up to 6 plants (only 3 of which can be mature) for personal use effective Dec. 1, 2022

Statute	The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws 21-28.6 (2006). SB 791 (2007) SB 185 (2009), H8172 (2010)
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South Dakota

Summary	<p>South Dakota voters approved Initiated Measure 26 to regulate marijuana for medical use on Nov. 4, 2020. This measure established a medical marijuana program in South Dakota for individuals who have a <i>debilitating medical condition</i> as certified by a physician.</p> <p>The South Dakota Medical Cannabis program was launched July 1, 2021 and is operational. The Rules Review Committee approved the Department of Health Revised Ruled on October 26, 2021.</p> <p>On November 8, 2021, physicians became able to access the medical cannabis patient portal and began certifying medical cannabis patients and on November 18, 2021, the first medical cannabis patient cards were printed and issued.</p> <p>The Department of Health issued the first medical cannabis establishment registration certificates to dispensaries on January 19, 2022.</p> <p>No employer is required to allow the ingestion of cannabis in any workplace or to allow any employee to work while under the influence of cannabis. A registered qualifying patient may not be considered to be under the influence of cannabis solely because of the presence of metabolites or components of cannabis that appear in insufficient concentration to cause impairment.</p>
Quantity Limits	Patients can possess a maximum of 3 oz. of marijuana. Patients registered to cultivate marijuana at home can grow 3 plants at minimum, or another amount as prescribed by a physician. Limits on the amount of cannabis products a person may possess will be set by the Department of Health.
Covered Conditions	Under the measure, a debilitating medical condition means, "A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: <i>cachexia or wasting syndrome; severe, debilitating pain; severe nausea; seizures; or severe and persistent muscle spasms, including those characteristics of multiple sclerosis.</i> " Under the measure, the Department of Health could add additional qualifying conditions.
Reimbursement Provisions	<p>Nothing in this chapter requires:</p> <ol style="list-style-type: none"> 1. A government medical assistance program or private insurer to reimburse a person for costs associated with the medical use of cannabis; 2. Any person or establishment in lawful possession of property to allow a guest, client, customer, or other visitor to smoke cannabis on or in that property; or 3. A landlord to allow the cultivation of cannabis on the rental property. <p>Senate Bill 17 signed March 8, 2022, amends South Dakota Medical Cannabis law to specify that workers' compensation insurance carriers, or self-insured employers providing workers' compensation benefits are not required to reimburse a person for costs associated with the medical of marijuana.</p>
Recreational Adult Use	No. Voters also approved Amendment A to allow adult-use of marijuana; however, state court ruled the measure unconstitutional February 8, 2021. The South Dakota Supreme Court upheld this decision on November 24, 2021 by a vote of 4-1. South Dakota Initiated Measure 27 which would have again legalized possession, distribution, and use of marijuana for persons 21 years or over was
Statute	Initiated Measure 26 ; Administrative rules for the program can be found at ARSD 44:90 .

Utah

Summary	<p>Utah voters approved Proposition 2 Nov. 2018. On Dec. 3, 2018, Utah lawmakers enacted House Bill 3001: Utah Medical Cannabis Act to replace Proposition 2. The Utah Medical Cannabis Act directs the Utah Department of Health (UDOH) to issue medical cannabis cards to patients, register medical providers who wish to recommend medical cannabis treatment for their patients, and license medical cannabis pharmacies.</p> <p>Under House Bill 425 passed during the 2020 Utah Legislative Session, qualifying patients who do not have a medical cannabis card but had a “recommendation letter” from their medical provider could purchase medical cannabis until December 31, 2020.</p> <p>As of July 1, 2021, out-of-state purchases and possession of medical cannabis are no longer permitted.</p> <p>As of January 3, 2022, a patient’s first medical cannabis card is active for 6 months from the date it was issued (Compassionate Use Board patient renewal dates may differ). The patient and their qualified medical provider (QMP) must renew the card online or the card expires. Subsequent card renewal cycles are six months or one year. The one-year renewal cycle is possible if, after at least one year following the issuance of the original card, the QMP determines that the patient has been stabilized on medical cannabis treatment and a one-year renewal period is justified.</p> <p>Smoking of marijuana is not currently permitted. Edible products other than gelatinous cubes such as candies, cookies, brownies, and unprocessed flowers outside of blister packs are not permitted.</p>
Quantity Limits	<p>Patients who have been recommended to use medical marijuana by a qualified medical provider for one of the qualifying conditions and has registered may possess 113 grams of unprocessed cannabis; or an amount of cannabis product that contains 20 grams of total composite_tetrahydrocannabinol (THC).</p>
Covered Conditions	<p>“Qualifying conditions are defined as: HIV/AIDS, Alzheimer’s disease; amyotrophic lateral sclerosis (ALS); cancer; cachexia; persistent nausea that is significantly responsive to traditional treatment, except for nausea related to pregnancy, cannabis-induced cyclical vomiting syndrome, or cannabinoid hyperemesis syndrome; Crohn’s disease or ulcerative colitis, epilepsy or debilitating seizures; multiple sclerosis or persistent and debilitating muscle spasms; PTSD that is being treating and monitored by a licensed medical health therapist and has been diagnosed by a qualified healthcare provider or mental health provider; autism; terminal illness when the patient’s remaining life expectancy is less than 6 month; a condition resulting in the individual receiving hospice care; a rare condition or disease that affects less than 200,000 individuals in the United States and is not adequately managed despite treatment attempts using conventional medications other than opioid or opiates or physical interventions; pain lasting longer than 2 weeks that is not adequately managed in the qualified medical provider’s opinion despite treatment attempts using conventional medications other than opioids or opiates or physical interventions; and a condition that the compassionate use board approves on an individual case-by-case basis.</p>
Reimbursement Provisions	<p>According to Utah Code Sec. 26-61a-112, “Nothing in this chapter requires an insurer, a third-party administrator, or an employer to pay or reimburse for cannabis, a cannabis product, or a medical cannabis device.</p>
Recreational Adult Use	<p>No</p>
Statute	<p>Prop 2 (2018) replaced by House Bill 3001 passed during 3rd Special Session in 2018; Utah Medical Cannabis Act; House Bill 425 (2020)</p>

Vermont

Summary	<p>Senate Bill 76 became law without the Governor’s signature on May 26, 2004. The law took effect on July 1, 2004. The law removed state-level criminal penalties on the use, possession, and cultivation of marijuana by patients diagnosed with a "debilitating medical condition." The law established a mandatory, confidential state-run registry that issues identification cards to qualifying patients.</p> <p>Senate Bill 7 amended state law so that licensed physicians in neighboring states can legally recommend cannabis to Vermont patients.</p>
Quantity Limits	No more than 2 mature marijuana plants, 7 immature plants, and 2 oz. of usable marijuana
Covered Conditions	<p>Patients diagnosed with the following illnesses are afforded legal protection under this act: HIV or AIDS, cancer, and multiple sclerosis.</p> <p>Senate Bill 7, which took effect on July 1, 2007, expands the definition of "debilitating medical condition" to include: "(A) Cancer, multiple sclerosis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions, if the disease or the treatment results in severe, persistent, and intractable symptoms; or (B) a disease, medical condition, or its treatment that is chronic, debilitating, and produces severe, persistent, and one or more of the following intractable symptoms: severe pain; severe nausea; or seizures."</p>
Reimbursement Provisions	According to Vermont Statute Annotated Title 18 Sec. 4474c(b), "This chapter shall not be construed to require that coverage or reimbursement for the use of marijuana for symptom relief be provided by: (1) a health insurer as defined by section 9402 of this title, or any insurance company regulated under Title 8; (2) Medicaid or any other public health care assistance program; (3) an employer; or (4) for purposes of workers' compensation, an employer as defined in 21 V.S.A. § 601(3)."
Recreational Adult Use	Yes. Effective July 1, 2018 Vermont became the first state to legalize recreational marijuana use through an act of the legislature rather than voter referendum with governor signing of House Bill 511 . This new law did not change the status of patients using medical marijuana. Senate Bill 54 enacted in 2020 without the governor’s signature established sale regulations effective Oct. 7, 2020.
Statute	Therapeutic Use of Cannabis, Vt. Stat. Ann. tit. 18, 4471- 4474d (2003). SB 76 (2004); SB 7 (2007); HB511 (2018)

Virginia

Summary	<p>The use of cannabidiol oil or THC-A oil for the treatment of, or to alleviate the symptoms of, any diagnosed condition or disease has progressed legislatively since 2015 as follows:</p> <p>2015: provided an affirmative defense for the possession of CBD oil or THC-A oil, initially to alleviate <i>intractable epilepsy</i>.</p> <p>2016 and 2017: authorized the establishment of the 5 pharmaceutical processors to produce and dispense these oils.</p> <p>2018: expanded the use of these oils to <i>any diagnosed condition or disease, upon recommendation from any physician</i>.</p> <p>2019: expanded authority to issue written certifications to nurse practitioners and physician assistants, created “registered agent” registration category, and authorized wholesale distribution of oils between pharmaceutical processors</p> <p>2020: removed the definitions of cannabidiol oil and THC-A oil and replaced them with a definition of cannabis oil, allows for the use of telemedicine for patient care, in compliance with federal requirements for prescribing drugs in Schedules II-V, allows for up to 5 cannabis dispensing facilities per health service area that are owned, at least in part, by the pharmaceutical processor permitted for that health service area, and access to cannabis oils for individuals that temporarily reside in</p>
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The following information is provided as a convenience to the clients of Sedgwick Claims Management Services, Inc. It is believed to be accurate but is not represented as being comprehensive. It should be used as a guide to further investigation rather than as an exclusive resource for decision making regarding the design or implementation of workers' compensation programs Jan. 1, 2024

	<p>Virginia The cannabis oil products became available for purchase from the processors in Virginia in 2020.</p> <p>2021: House Bill 1988/Senate Bill 1333 made botanical cannabis available for dispensing from pharmaceutical processor dispensaries or a cannabis dispensing facility</p> <p>"Cannabidiol oil" is defined as "any formulation of processed Cannabis plant extract or a dilution of the resin of the Cannabis plant that contains at least 5 milligrams of cannabidiol (CBD) or tetrahydrocannabinolic acid (THC-A) and no more than 10 milligrams of tetrahydrocannabinol per dose and does not include industrial hemp, as defined in § 3.2-4112.</p> <p>Effective July 1, 2021, cannabis oil users were provided increased employment protections due to new Section 40.1-27.4 that prohibits employers from discharging, disciplining or discriminating against an employee for their lawful use of cannabis oil with a valid written certification issued by a doctor. However, the law states that nothing in this provision requires employers to commit any act in violation of federal law or that would lead to the loss of a federal contract or federal funding. The law also does not require any defense industrial base sector employer or prospective employer to hire or retain any applicant or employee who tests positive for THC in excess of 50 ng/ml for a urine test or 10 pg/mg for a hair test. Additionally, an employer can still take adverse action against an employee for any work impairments caused using cannabis oil and prohibit possession of cannabis oil during work hours.</p>
Quantity Limits	No more than 4 oz. of botanical cannabis shall be dispensed for each 30-day period. Any dispensed botanical cannabis is calculated into the total 90-day supply of medical cannabis products that may be obtained by a registered patient.
Covered Conditions	A practitioner in the course of his professional practice may issue a written certification for the use of cannabis products for treatment or to alleviate the symptoms of <u>any</u> diagnosed condition or disease determined by the practitioner to benefit from such use.
Reimbursement Provisions	Pursuant to Va. Code §65.2-306 , a claimant may not recover workers' compensation benefits when the cause of the accident is due to his intoxication or use of a non-prescribed controlled substance.
Recreational Adult Use	Yes. Legislature approved House Bill 2312 / Senate Bill 1406 . Signed by Gov. Northam on April 7, 2021.
Statute	HB1251

Washington

Summary	<p>Voters approved Measure 692 on November 3, 1998. The law took effect on that day. It removes state-level criminal penalties on the use, possession, and cultivation of marijuana by patients who possess "valid documentation" from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of the medical use of marijuana would likely outweigh the health risks."</p> <p>Senate Bill 5798 allows additional health care professionals including naturopaths, physician's assistants, osteopathic physicians, osteopathic physician's assistants, and advanced registered nurse practitioners to legally recommend marijuana therapy to their patients. The bill became effective June 10, 2010.</p>
Quantity Limits	<p>Qualified patients and designated providers who are entered into the medical marijuana database may legally purchase sales-tax free any combination of the following from a licensed marijuana store with a medical endorsement:</p> <ul style="list-style-type: none"> • 3 oz. of usable marijuana • 48 oz. of marijuana-infused product in solid form • 216 oz. of marijuana-infused product in liquid form or

	<ul style="list-style-type: none"> • 21 grams of marijuana concentrate
Covered Conditions	<p>Patients diagnosed with the following illnesses are afforded legal protection under this act: <i>Cachexia; cancer; HIV or AIDS; epilepsy; glaucoma; intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis.</i> Other conditions are subject to approval by the Washington Board of Health. The law does not establish a state-run patient registry. Senate Bill 6032 also affirmed changes previously recommended by the state's Medical Quality Assurance Commission to expand the state's list of qualifying conditions to include: <i>Crohn's disease, hepatitis c, and any "diseases, including anorexia, which results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, and/or spasticity, when these symptoms are unrelieved by standard treatments or medications."</i></p>
Reimbursement Provisions	<p>According to Washington Revised Code Sec. 69.51A.060(2), "Nothing in this chapter establishes a right of care as a covered benefit or requires any state purchased health care as defined in RCW 41.05.011 or other health carrier or health plan as defined in Title 48 RCW to be liable for any claim for reimbursement for the medical use of cannabis. Such entities may enact coverage or noncoverage criteria or related policies for payment or nonpayment of medical cannabis in their sole discretion." It should be noted that Washington Administrative Code (WAC) 296-20-03010 indicates that in determining drug coverage, the department or self-insurer requires prescribed drugs be approved by the FDA. Accordingly, medical marijuana is denied coverage in the state's outpatient formulary.</p>
Recreational Adult Use	<p>Yes. On November 8, 2012 Washington state voters passed Initiative 502 which regulates and taxes sales of small amounts of marijuana for adults.</p>
Statute	<p>Wash. Rev. Code 69.51A - 69.51A.901 (2007). Initiative 692 (1998) SB 5798 (2010)</p>

West Virginia

Summary	<p>West Virginia Senate Bill 386 signed into law on April 19, 2017, by Governor Jim Justice created the Medical Cannabis Act that allows certified medical use of marijuana for West Virginia residents with certain serious medical conditions and is limited by law to the following forms: pills; oils; tincture; liquid; dermal patch; topical forms including gels, creams or ointments; a form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form unless dry leaf or plant forms become acceptable under rules adopted by the Bureau for Public Health. While this bill became effective July 5, 2017, identification cards could not be issued to patients until July 1, 2019.</p> <p>The West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Medical Cannabis is responsible for issuance of identification cards to patients, licensing of dispensaries, and registering medical providers who wish to recommend medical cannabis treatment for their patients.</p> <p>Under the Medical Cannabis Act, an employer is not required to make any accommodation of the use of medical cannabis on the property or premises of any place of employment. Further the act in no way limits an employer's ability to discipline an employee for being under the influence of medical cannabis in the workplace or for working while under the influence of medical cannabis when the employee's conduct falls below the standard of care normally accepted for that position.</p>
Quantity Limits	<p>A dispensary may not dispense an amount of medical cannabis greater than a 30-day supply to patient unless the patient has exhausted all but a 7-day supply provided pursuant to the patient certification currently on file with the Bureau.</p>
Covered Conditions	<p>Serious medical conditions means: <i>cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome; amyotrophic lateral sclerosis; Parkinson's disease; multiple</i></p>

	<i>Sclerosis; damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy; neuropathies; Huntington’s disease; Crohn’s disease; post-traumatic stress disorder (PTSD); intractable seizures; sickle cell anemia; severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or has proved ineffective as determined as part of continuing care; or terminal illness.</i>
Reimbursement Provisions	Section 16A-15-3 indicates that “Nothing in this act shall be construed to require an insurer or a health plan, whether paid by state funds or private funds, to provide coverage for medical cannabis. It is also indicated that nothing in this act requires an employer to commit any act that would put the employer or any person acting on its behalf in violation of federal law.
Recreational Adult Use	No
Statute	Senate Bill 386 (2017)

Sources: [National Conference of State Legislatures \(NCSL\)](#)
[Review of cannabis reimbursement by workers’ comp insurance in the US and Canada](#)
[FDA and Marijuana](#)
[Drug Enforcement Agency \(DEA\) Controlled Substances by CSA Schedule](#)
[Department of Transportation Notice on Marijuana](#)