2020 STATE OF THE STATES REPORT

AN ANALYSIS OF MEDICAL CANNABIS ACCESS IN THE UNITED STATES

MEDICAL CANNABIS ACCESS IN THE UNITED STATES

AmericansForSafeAccess

AmericansForSafeAccess.org

Dear Reader,

Americans for Safe Access' (ASA) State of the States report has been used by patient advocates and policymakers since 2014 as a tool to assess and improve state medical cannabis programs to better serve the needs of patients resulting in dozens of new laws annually. The report analyzes, summarizes, and critiques legislation and regulations and places them in 5 categories surrounding Patient Rights and Civil Protection from Discrimination, Access to Medicine, Ease of Navigation, Functionality of the Program, and Consumer Safety and Provider Requirements. Unfortunately, we are seeing a decline in states improving patient access to medical cannabis which has left millions with no hope for access. This reality underscores the need for comprehensive federal legislation.

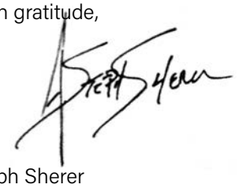
While it may feel like medical cannabis will soon be an option worldwide, on the ground, medical cannabis access is still far from reality for many patients. Due to unnecessary restrictions in regulations and laws, continued discrimination, and high costs, patients across the country, even in states with robust medical cannabis programs, are still without safe or legal access. While we are excited to see the number of states with medical cannabis programs increase so much in the last few years, the vast differences of these state programs, presented in this report, highlight that the patchwork of state laws is not working to provide access to everyone who needs this medicine. Some states only offer protections that cover a small subset of patients using a certain type of medicine, and most states vary greatly on types of medicine available, purchase limits, training requirements for staff, and testing and labeling requirements for products.

Although one of the goals of this report is to highlight these many differences between states, the main purpose of this report is to show how states can improve programs to allow more access for patients. Advocates across the country should use this report to show their legislators what is needed most in their states to improve their medical cannabis programs. In the seven years we have been creating this report, we take great pride in knowing that these recommendations are frequently adopted by regulators and policymakers throughout the country to improve their state programs.

While sharing this report is critical to improving state medical cannabis programs, it is our sincere hope and mission to secure the adoption of a comprehensive national cannabis policy that is regulated by the U.S. federal government. Only then will patients be able to rely on a uniform system of safe and legal access that protects their employment, housing and parental rights in the same manner as patients utilizing treatment options sold at pharmacies. For a look at our recommendations on how to end the federal conflict, through an Office of Medical Cannabis federal oversight, read our Model Federal Legislation report.

We hope that you take the information in this report and use it to bring greater access to patients, not just in your state, but all over the country.

With gratitude,



Steph Sherer
President and Founder
Americans for Safe Access

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MEDICAL CANNABIS BY THE NUMBERS

47
States with Medical Cannabis Laws

0
Deaths Caused by Cannabis

4.4 MIL.+
Medical Cannabis Patients in the U.S.

$ 500 MIL.+
Federal Tax Dollars Spent on Federal Interference in Medical Cannabis States Before Blumenauer-Joyce CJS Amendment

9,000
Clinical Trial Data Using Cannabis for Pain in Patient Years

100+
Qualifying Medical Conditions in Medical Cannabis Programs

30,000+
Studies Published on the Endocannabinoid System

↓25%
Average Drop in Deaths in States with Medical Cannabis Laws

93%
Americans Supporting Medical Cannabis

$ 165 MIL.
Federal Prescription Drug Cost Savings in Medical Cannabis States in 2013

100+
Known Cannabinoids

67,367
Deaths Caused by Prescription Drugs in 2018

20%
Percent of population suffering from chronic pain

INTRODUCTION

Founded in 2002, Americans for Safe Access (ASA) has engaged state and federal governments, courts, and regulators to improve the development and implementation of state medical cannabis laws and regulations. Over the course of nearly 20 years of advocacy, we have organized a methodology to assess how state and territorial medical cannabis programs are functioning in their ability to meet the needs of patients. This report, generated through legislative and regulatory analysis and patient feedback, is a distillation of that methodology.

Our goal with this report is to highlight what is and is not working for patients in each state and territory so that legislators and regulators can make necessary adjustments to their programs that improve outcomes for patients. The "Gold Standards" section of this report, highlights states that represent the best of each category of our regular scoring rubric: Patient Rights and Civil Protection, Access to Medicine, Ease of Navigation, Functionality, and Consumer Safety and Provider Requirements. Our goal here is to demonstrate that even the states with the higher grades may be falling behind in areas where others excel. Unfortunately, a glaring deficiency in this report are barriers for patient access that may not be easily remedied by state legislation or regulations such as drug testing in the private sector and federal employees, lack of doctor education, lack of insurance coverage or affordable options, and lack of standardized products.

Passing a medical cannabis law is only the first step in a lengthy implementation process, and the level of forethought and advanced input from patients can make the difference between a well-designed program and one that is seriously flawed. One of the most important markers of a well-designed program is whether all patients who would benefit from medical cannabis will have safe and legal access to their medicine without fear of losing any of the civil rights and protections afforded to them as residents of the United States.

The current medical cannabis industry is a byproduct of a movement of medical professionals, scientists, patients, their families, and policymakers advocating to allow patients, under the guidance of a healthcare professional, to use cannabis for medical treatment. This effort began at the federal level and, after encountering a series of roadblocks, moved to the changing of laws at the state level in the late 1990s. These early laws anticipated that patients would need to obtain their medicine from a legal market, but provided no framework to make that happen. Laws that regulated the production, testing, and sale of medical cannabis were not considered until the early 2000s. By the late 2000s, state legislators were regularly including medical cannabis licensing regimes covering cultivation, manufacturing, testing, distribution, and retail in their proposals to establish and improve medical access systems.

The first access models were nonprofit, member-based collectives, with members supplying their excess cannabis and cannabis products to storefront facilities that patients could legally access. This model worked with smaller populations of patients, but as the patient population grew, the member-supplied model became more of a legal designation than the actual business model for the majority of distribution centers. In 2010 Colorado became the first state to classify medical cannabis retail as a business regulated under the state's Department of Revenue, formally creating the medical cannabis industry.

Patient advocates recognized this transition would require more than just regulations for business licensing, anti-diversion protocols, taxation and zoning. Like all commercial markets in the U.S., product safety protocols would also have to be adopted. While cannabis has been proven to be a safe, non-toxic medication, cannabis and cannabis products can be contaminated in the course of cultivation or manufacturing processes. In this new marketplace, as with other commercially available products designed for consumption, patients have the right to know how their medicine is produced. Further, patients should be able to maintain a high level of confidence that the medicine has been cultivated or manufactured with the highest quality of care, and that it is free of molds, pesticides, heavy metals and other contaminants.

In 2011, ASA teamed up with the American Herbal Products Association (AHPA), the principal U.S. trade association and voice of the herbal products industry, to create industry-wide product safety protocols for commercial cultivation, manufacturing, distribution, and laboratory testing of cannabis products. In 2013, the American Herbal Pharmacopoeia (AHP) issued the *Cannabis Inflorescence Monograph,* a comprehensive description of the plant's botany and constituent components and recommended testing strategies. This specialized study by the world's leading experts on the plant provides scientifically valid methods for testing the identity, purity, potency, and quality of cannabis products. The PFC Standard builds on both AHPA and AHP Recommendations while also integrating Good Agricultural (Collection) Practices, Good Manufacturing Practices, and Good Laboratory Practices to provide a robust standard that can be used by both cannabis and hemp operators.

Today, we have a patchwork of medical cannabis laws across the United States. Thirty-three states, the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico have adopted laws creating programs that allow at least some legal access to medical cannabis for authorized patients. Most of those 33 states provide patients with protections from arrest and00 prosecution, and incorporate a regulated production and distribution program. Several programs also allow patients and their caregivers to cultivate a certain amount of medical cannabis themselves. While it took a long time for states to recognize the importance of protecting patients from civil discrimination (employment, parental rights, education, access to health care, etc.), through advocacy and recommendations from our report, more laws now include these explicit protections. An additional 17 states allow for the limited use of cannabidiol (CBD) products that contain no, or very little, tetrahydrocannabinol (THC).

We have come a long way since the first medical cannabis law passed in 1996; however, none of the state laws adopted thus far can be considered ideal from a patient's standpoint. Only a minority of states currently include the entire range of protections and rights that should be afforded to patients under the law, with some lagging far behind others. Because of these differences and deficiencies, patients have argued that the laws do not function equitably and are often poorly designed, poorly implemented, or both. Even well-organized programs can fail to deliver safe or legal access in states with laws that allow local governments to ban medical cannabis businesses from operating, leaving thousands of patients without the access state law was intended to create.

In March 2020, ASA launched their No Patient Left Behind campaign to address the many issues patients were facing around the country regarding access to medical cannabis. While the majority of Americans live in a jurisdiction that recognizes cannabis' medical potential, millions of people who should be able to legally obtain and use cannabis for medical purposes still find themselves without access to it. The current patchwork of state laws, as highlighted in this report, means that each state has different legislative and regulatory conditions for access.

As the patchwork of cannabis laws in the United States continues to evolve, action must be taken to ensure that no patient is left behind. Laws must be changed to expand medical cannabis access to the extent possible, ensure that patients are prioritized with regard to medical product access and quality, and organize meaningful legal protection of medical cannabis patients.

EVOLUTION OF THIS REPORT

In addition to DC, the four U.S. territories, and the 33 states that are commonly recognized as having viable medical cannabis laws, another 14 states have adopted laws that only allow the possession of certain cannabis oil extracts rich in CBD. CBD, one of many active compounds in medical cannabis, is among the cannabinoids that have been shown to have a positive therapeutic effect on intractable seizure disorders, especially in young children. Indiana joined the states with CBD-focused laws in 2017 and was followed by Kansas in 2018, leaving only Idaho, South Dakota, and Nebraska without any form of medical cannabis law. These CBD-focused laws apply to a small subset of patients with a severely limited number of conditions and maintain the criminalization of patients accessing medical products that use any of the other therapeutic ingredients or compounds from the plant, except in Virginia and Georgia, which allow the use of THCA. The laws are intended to serve qualified patients, but serious questions remain regarding the

production, manufacturing, or distribution of cannabis oil to those patients. Only a small minority of these laws create a system that supports the implementation of quality control and quality assurance programs for in-state production and access points, with the most glaring question being: how are patients expected to obtain a steady legal supply of medicine if they cannot obtain it legally in their own state?

Because of this growing patchwork landscape of medical cannabis laws, it is no longer practical to assess or evaluate state laws on an "up/down" basis. Patient advocates have been reluctant to count those states that have adopted CBD-only laws as medical cannabis states because the protections offered extend only to a small set of patients using a certain type of medicine that may or may not be available now or at some point in the future. These distinctions preclude a simple "yes" or "no" classification as a medical cannabis state.

Legislative proposals must be evaluated for strengths and weaknesses on a case-by-case basis within their political context. What is feasible in one state may be impossible in another. Sometimes, even the most supportive and compassionate legislators will make the mistake of passing laws that are overly restrictive and fail to adequately meet the needs of the patients they were intended to help. Other legislative and regulatory proposals are developed or implemented in bad faith with the intent of excluding patients and serving only the narrowest segment of that population. Flawed measures like these may technically be considered medical cannabis laws, but are functionally inadequate in providing safe and legal access to patients.

After hosting countless community forums across the U.S. to gather input from patients on what issues are most important to them, ASA has created a matrix to deconstruct medical cannabis laws in order to evaluate and grade each component based on patient needs. Each year, more states adopt and improve medical cannabis laws, and it is ASA's hope that state legislators and regulators will use this matrix to help them design and improve comprehensive, functional laws and regulations for patients and the regulated industry serving them.

SCORING UPDATE: COVID-19

The ongoing coronavirus pandemic that began affecting the U.S. in early 2020 has disrupted the lives of millions of Americans in countless ways. As a patient organization, we were especially concerned about how to protect medical cannabis access during the crisis. Aware that medical cannabis patients already faced many challenges and barriers to safe access, we wanted to ensure that the crisis response accommodated the needs of patients.

In March 2020, after several states implemented stay-at-home orders requiring non-essential businesses to close, ASA held an emergency meeting with key stakeholders across the country to discuss strategies to maintain patient access and generally keep patients safe during COVID. The meeting produced a plan to engage states and territories directly, and appeal for COVID-related emergency measures to keep medical cannabis businesses open and to implement new program features to minimize close contact for patients.

On March 16, 2020, ASA sent out a letter to governors and directors of medical cannabis programs to take immediate action to ensure that patients continue to have access to medical cannabis and that the supply chain is not interrupted. The eight recommendations offered were:

1. Ensure that cannabis businesses that serve patients are considered "essential" businesses.
2. Instruct medical cannabis businesses on how they can make legal temporary changes to their business plans, including curbside pickup, delivery, and increased purchase limits to accommodate patients and staff during the crisis.
3. Provide tax relief to patients and businesses.
4. Allow cultivation and processing centers to stay open to ensure medicine in the future.
5. Extend the expiration date of state-issued cannabis identification cards so that doctors and other health care providers can focus on COVID-19.
6. Permit authorized caregivers to serve additional patients during the crisis period.
7. Allow telehealth visits for new and renewing medical cannabis patients.
8. Allow dispensaries to deliver medical cannabis to qualifying patients and caregivers in a vehicle parked in the dispensary's parking lot (curbside pickup).

After a few weeks, ASA conducted a COVID-19 Medical Cannabis Patient Experience survey to ask patients how they were dealing with COVID, how their community and government responded, and if the recommendations we provided to governors had an impact on their experience. The results showed overwhelmingly that patients appreciated the temporary regulations their state put in place. For this year's report, we decided to make the "improvement bonus" based on how the jurisdiction reacted to the COVID crisis regarding the temporary regulations they put in place to protect and continue safe access for patients. How states were scored is described below.

Only 35 states or territories are included in this scoring table, the other 20 states and territories, not presented, received zero's in all categories and have been omitted from the table. Of the 14 states with low-THC or CBD only programs, only Texas managed to earn points by declaring CBD providers essential and by allowing for delivery to patients. Five states: Maine, Massachusetts, Michigan, New York, and Rhode Island- received the maximum score of 20 points for introducing or maintaining pre-existing policies that have preserved or improved functional patient access during the pandemic. Delivery was the major component where state programs like Illinois or Washington, which have traditionally received high grades in this report, fell short. Both states scored 0's in the category, demonstrating no pre-existing delivery policies or related infrastructure in place prior to COVID, or inclusion of delivery as a program enhancement to keep patients safe.

While curbside pickup is a viable option for many, patients who are immune-compromised, lack mobility, have the virus and are quarenteening responsibly, or who may be confined to their residences for any other reason, all have no access without delivery under COVID. Meanwhile delivery has become a normal part of life for many people in ways it was not before the pandemic, with many families relying on the delivery of meals, groceries, prescriptions, and even alcohol. Failure to include delivery as an option for patients and caregivers during COVID further illustrates that even more advanced medical cannabis programs may still have a long way to go to provide safe and legal access in a manner that is functional for patients.

COVID Response ___/20

Are businesses allowing for delivery? /6

▪ No delivery made available	0/6
▪ Caregivers patient limit temporarily eliminated	1/6
▪ Delivery was made available as a COVID measure	2/6
▪ Delivery was in a transitional/experimental status, but was expanded due to COVID	4/6
▪ Delivery was already allowed in the regulations and the infrastructure for delivery was in place to provide patients with a seamless experience	6/6

Are businesses allowing for curbside pick up? /2

▪ No	0/2
▪ Partially	1/2
▪ Yes	2/2

Did the state declare cannabis businesses as essential? /7

▪ The state required businesses to close, including medical cannabis businesses	0/7
▪ The state allowed medical cannabis businesses to stay open, but did not provide for patient access safety	4/7
▪ The state shut down to prevent the spread of COVID but medical cannabis businesses were declared essential.	7/7

Did the state allow for telehealth? /5

▪ The state did not allow telehealth	0/5
▪ The state allowed telehealth for renewals only	3/5
▪ The state allowed telehealth for renewals and for new patients	5/5

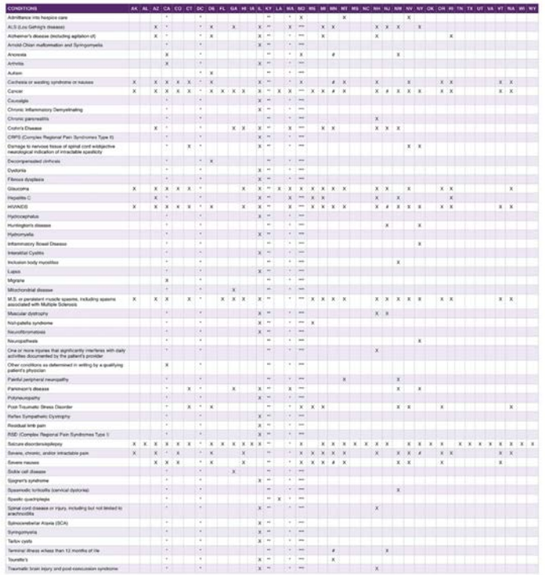
STATE/ TERRITORY	DELIVERY AVAILABLE? /6	CURBSIDE PICKUP AVAILABLE? /2	MEDICAL CANNABIS ESSENTIAL? /7	TELEMEDICINE AVAILABLE? /5	TOTAL COVID RESPONSE SCORE /20
Alaska	0	2	7	3	12
Arizona	6	2	4	0	14
Arkansas	6	0	7	5	18
California	6	1	7	5	19
Colorado	2	2	7	3	14
Commonwealth of NM Islands	0	0	0	5	5
Connecticut	2	2	7	3	14
Delaware	4	2	4	3	13
District of Columbia	2	2	7	3	14
Florida	6	2	7	3	18
Hawaii	0	0	7	3	10
Illinois	0	2	7	3	12
Louisiana	2	0	7	3	12
Maine	6	2	7	5	20
Maryland	4	2	7	5	18
Massachusetts	6	2	7	5	20
Michigan	6	2	7	5	20
Minnesota	1	2	7	5	15
Missouri	2	0	0	5	7
Montana	2	2	7	5	16
Nevada	6	2	4	5	17
New Hampshire	0	2	7	3	12
New Jersey	4	2	7	3	16
New Mexico	6	2	7	3	18
New York	6	2	7	5	20
North Dakota	6	0	4	5	15
Ohio	0	2	7	5	14
Oklahoma	0	2	7	5	14
Oregon	6	2	7	3	18
Pennsylvania	1	2	7	5	15
Rhode Island	6	2	7	5	20
Texas	6	0	7	0	13
Utah	2	0	7	3	12
Vermont	6	2	4	3	15
Washington	0	2	7	3	12

CONDITION LIST

The conditions, diagnoses and symptoms that patients must present to receive a medical cannabis recommendation can vary dramatically by state. The chart above illustrates the distribution of medical cannabis recommendations by patient condition. This list is limited to the most frequently recommended conditions and is not inclusive of every condition for which a medical professional might recommend cannabis as a course of treatment. As is clearly evident in this data chronic pain is the primary condition being treated by medical cannabis, hence our focus on the role of cannabis in alleviating the opioid epidemic.

ASA compiles and compares states which employ fixed lists of conditions for which medical cannabis can be recommended. However, ASA recommends that state lawmakers and regulators defer to the expertise of health professionals to determine the medical efficacy of cannabis to treat symptoms of specific conditions, instead of opting for a fixed list of conditions that exclude some patients from legal access who would otherwise benefit from medical cannabis treatment.

The full chart of condition lists compared across states is available at safeaccessnow.org/condition. This page will be updated to reflect conditions as they are added to state regulations.



The grade for each state's medical cannabis program is based on how well it meets the needs of patients in five categories, worth 100 points each, that are described in detail in the pages that follow. Up to 20 points were also awarded to jurisdictions based on how they reacted to the COVID crisis regarding the temporary regulations they put in place to protect and continue safe access for patients. Due to the incredible volume of bills in state legislatures (over 1,500 were introduced across the country since January 1, 2019), **only laws passed, court decisions decided, regulatory actions taken between January 1, 2019 and June 1, 2020 were considered as additions to state programs.**

HOW STATES WERE EVALUATED

Each state was scored based on how well their current law and regulations accommodate patient needs, as broken down into five general categories:

1. Patient Rights and Civil Protection from Discrimination
2. Access to Medicine
3. Ease of Navigation
4. Functionality
5. Consumer Safety and Provider Requirements

As mentioned in the introduction, ASA developed these criteria based on a series of over 100 public meetings across the U.S. as well as surveys of our 100,000+ members. With laws and regulations changing daily, this document is a snapshot of ever-changing programs. ASA has amended this report several times since we began its writing, and we expect that some of this information will be out of date soon after publication. The criteria we selected reflect the current realities of state medical cannabis laws. Definitions for each item can be found below. States that partially met the definition for certain criteria, either directly or indirectly, were eligible for partial points when appropriate.

The full rubric is available at safeaccessnow.org/rubric

MEDICAL CANNABIS TIMELINE

1996-2002

PATIENTS 50,000

TOTAL STATES: 8

Alaska, California, Colorado, Hawaii, Maine, Nevada, Oregon, and Washington

FEDERAL RAIDS: 14

1996 – DOJ threatens licenses of any doctor recommending cannabis following passage of first medical cannabis law.

1996-2002 – DOJ and DEA carry out paramilitary raids.

1998 – The Institute of Medicine (IOM) issues "Marijuana & Medicine: Accessing the Science Base" calling on the federal government to do formal studies on cannabis.

1998 – Congress blocks DC law.

2002-2008

PATIENTS 471,438

TOTAL STATES: 13

Michigan, Montana, New Mexico, Rhode Island, and Vermont

FEDERAL RAIDS: 241

2002 – Federal court rules in *Conant v. Walters* that government cannot revoke physicians' licenses for recommending medical cannabis.

2007 – DEA administrative law judge recommends allowing new source of cannabis for research.

2009-2013

PATIENTS 1,073,596

TOTAL STATES: 20 PLUS DC

Arizona, Delaware, District of Columbia, New Jersey, Connecticut, Massachusetts, New Hampshire, and Illinois

FEDERAL RAIDS: 262

2009 – US Attorney General announces that DOJ will not prioritize prosecution of legal medical cannabis patients.

2011 – DOJ threatens elected officials in 11 states implementing cultivation and distribution programs.

2012 – AHP issues Cannabis Monograph and AHPA issues recommendations for regulators.

2013 – DOJ issues a guidance memo to prosecutors concerning marijuana enforcement under the Controlled Substance Act (CSA).

2014-2020

PATIENTS 4,400,000+

TOTAL STATES: 47 PLUS DC, CNMI, GUAM, PUERTO RICO, AND USVI

Arkansas, CNMI, Florida, Guam, Louisiana, Maryland, Minnesota, New York, North Dakota, Ohio, Pennsylvania, Puerto Rico, USVI, and West Virginia

CBD-only laws: Alabama, Georgia, Indiana, Iowa, Kansas, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, Wisconsin, and Wyoming

FEDERAL RAIDS: 2

2014 & 2015 – Rohrabacher-Farr CJS amendment passes and prohibits the Department of Justice from spending money to prevent states from implementing medical cannabis programs.

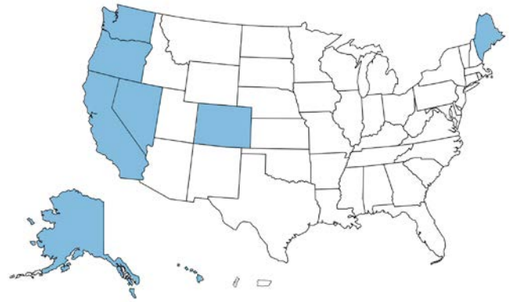
2015 – The CARERS Act, the first medical cannabis bill in US Senate history, is introduced.

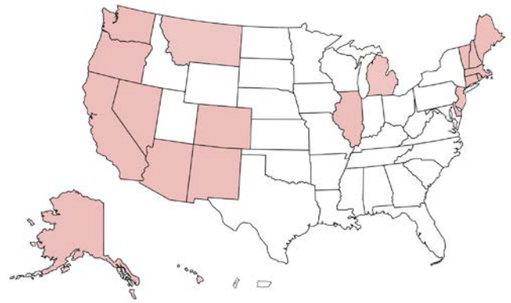
2015 – Court upholds the Rohrabacher-Farr amendment in *U.S. vs Marin Alliance for Medical Marijuana.*

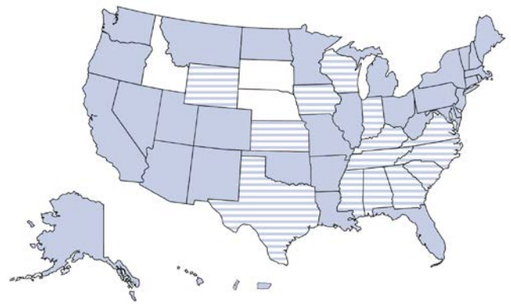
2016 – Court extends Rohrabacher-Farr protections to individuals in *U.S. vs McIntosh.*

2016 – DEA announces it will not move cannabis out of its Schedule I status.

2018 – Cole memo rescinded.







THE MEDICAL USE OF CANNABIS

DELIVERY METHODS

PATIENTS USE MANY METHODS TO TAKE CANNABIS. THE METHOD USED CAN DEPEND ON PERSONAL CHOICE, THE MEDICAL CONDITION BEING TREATED, THE AGE OF THE PATIENT, THE PATIENT'S TOLERANCE FOR THE METHODS, ETC.

INHALATION

Types of products: whole plant, oils, waxes, and concentrates
Expected onset: 0-10 minutes
Duration: 1-4 hours

INGESTION

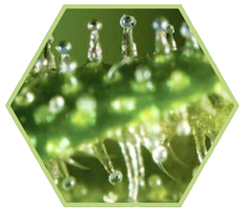
Product types: edible products, beverages, teas, capsules
Expected onset: 30 to 90 minutes
Duration: Up to 8 hours

TOPICAL

Product types: lotions, salves, oils
Expected onset: a few minutes
Duration: 1-4 hours

BUCCAL

Product types: alcohol-based tinctures, lozenges
Expected onset: 0-60 minutes
Duration: 1-8 hours



TRICHOMES

Resin-filled glands that contain the majority of the cannabinoids and terpenoids in a cannabis plant.

BENEFIT
Anti-inflammatory, immunomodulatory, neuroprotective and anti-cancer

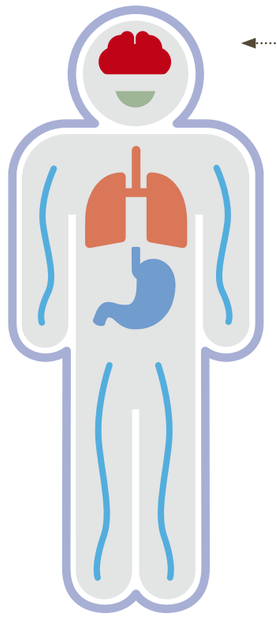
THCA

BENEFIT
Anti-inflammatory, antibiotic, analgesic, cytotoxic, and antiproliferative

CBDA

BENEFIT
Effective against MRSA, sedative, topical analgesic for burns, and may stimulate bone growth

CBN



ECS: EAT, SLEEP, RELAX, FORGET, AND PROTECT

The endocannabinoid system is the body's mechanism for preserving homeostasis (keeping all body functions running smoothly). This system is composed of a sophisticated group of neuromodulators, their receptors, and signaling pathways involved in regulating a variety of physiological processes, including movement, mood, memory, appetite, and pain.

The endocannabinoid system is probably the most ubiquitous system in the human body, with the cannabinoid receptors CB_1 and CB_2 located throughout the brain and the periphery of the body.

CANNABINOIDS & TERPENOIDS

CBD

BENEFIT
Non-psychotropic, anti-depressant, anti-inflammatory, anti-convulsant, anti-nausea, anti-anxiety, analgesic, sedative, sleep aid, and muscle relaxant

THC

BENEFIT
Psychotropic, analgesic, anti-inflammatory, anti-microbial, and muscle relaxant

CBC

BENEFIT
Anti-inflammatory, analgesic, anti-anxiety, and antidepressant

CBG

BENEFIT
Muscle relaxant, anti-eurythmic, analgesic, digestive aid

LIMONENE

LEMON

Potent immunostimulant via inhalation, anxiolytic, apoptosis of breast cancer cells and acne bacteria
SYNERGISTIC CANNABINOIDS: **CBD, CBG, THC**

α-PINENE

PINE

Anti-inflammatory, bronchodilatory, acetylcholinesterase inhibitor (aiding memory)
SYNERGISTIC CANNABINOIDS: **CBD, THC**

β-MYRCENE

HOPS

Blocks inflammation, analgesic, sedative, muscle relaxant, hypnotic, blocks hepatic carcinogenesis by aflatoxin
SYNERGISTIC CANNABINOIDS: **CBD, CBG, THC**

LINALOOL

LAVENDER

Anti-anxiety, local anesthetic, analgesic, anticonvulsant/anti-glutamate
SYNERGISTIC CANNABINOIDS: **CBD, THC, THCV, CBDV**

β-CARYOPHYLLENE

PEPPER

Gastric cytoprotective, anti-malarial, selective CB_2 agonist, anti-inflammatory
SYNERGISTIC CANNABINOIDS: **THC**

NEROLIDOL

ORANGE

Sedative
SYNERGISTIC CANNABINOIDS: **THC, CBN**

PHYTOL

GREEN TEA

GABA via SSADH inhibition
SYNERGISTIC CANNABINOIDS: **CBG**

YEARLY DEATHS 2017

OPIOIDS
47,600
Over half from prescribed opioids

PRESCRIPTION DRUGS
70,200

(Source: CDC 2017)

CANNABIS
0

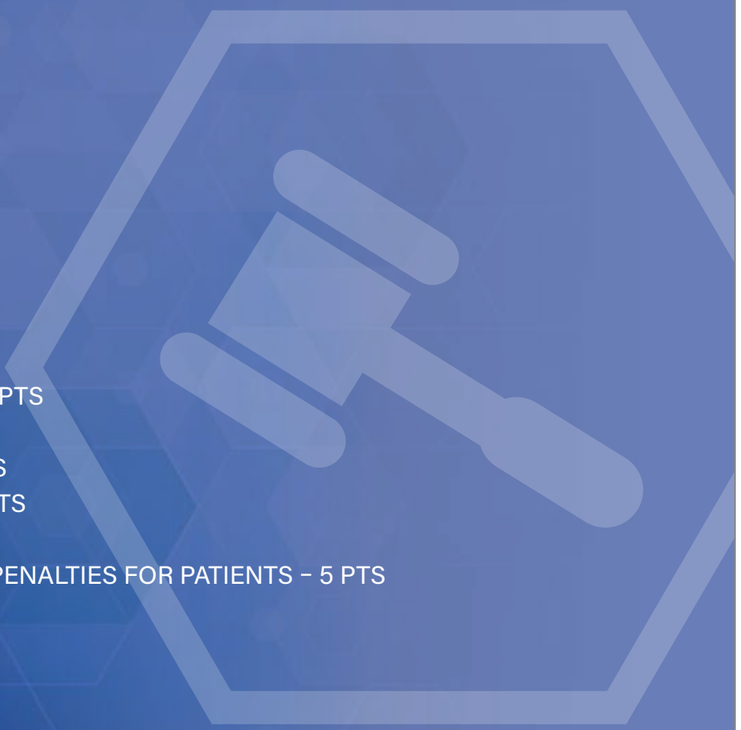
POTENTIAL SIDE EFFECTS
Sedation, dizziness, nausea, vomiting, constipation, physical dependence, tolerance, respiratory depression, and death

POTENTIAL SIDE EFFECTS
Liver failure, loss of language, cognitive decline, respiratory depression, rage, suicide, paranoia, and death

POTENTIAL SIDE EFFECTS
Dry mouth, dizziness, increased appetite, dry eyes, sedation, euphoria, disorientation, and short-term memory impairment

Category 1

PATIENT RIGHTS AND CIVIL PROTECTIONS FROM DISCRIMINATION



ARREST PROTECTION – 40 PTS
AFFIRMATIVE DEFENSE – 15 PTS
CHILD CUSTODY PROTECTIONS – 10 PTS
DUI PROTECTIONS – 5 PTS
EMPLOYMENT PROTECTIONS – 5 PTS
EXPLICIT PRIVACY STANDARDS – 7 PTS
HOUSING PROTECTIONS – 5 PTS
DOES NOT CREATE NEW CRIMINAL PENALTIES FOR PATIENTS – 5 PTS
ORGAN TRANSPLANTS – 5 PTS
RECIPROCITY – 3 PTS

Arrest Protection

40 pts

DOES THE LAW SUFFICIENTLY PROTECT PATIENTS FROM ARREST?

Arrest protection refers to explicit legislative language that instructs law enforcement to refrain from arresting individuals who are in compliance with state law.

Affirmative Defense

15 pts

DOES THE LAW OFFER A CLEAR AFFIRMATIVE DEFENSE IN STATE COURT?

An affirmative defense refers to a criminal defendant's right to argue medical necessity or compliance with state law as a defense in state court. With an affirmative defense, the burden is on the defendant to prove that they were not in violation of the law. Ideally, a state will afford a necessity defense for medical cannabis conduct that does not conform to the strict limits of the state law. For example, possessing amounts above the statutory limit in order to have a consistent supply of medicine on hand for treatment purposes. Some states have an implied affirmative defense within their arrest protection.

Parental Rights Protections

10 pts

ARE PARENTS AT RISK OF LOSING THEIR CHILDREN IN A CHILD CUSTODY, DIVORCE AND SEPARATION PROCEEDINGS BASED ON THEIR PATIENT STATUS?

Most states list marijuana possession and cultivation as an indication of child abuse and/or neglect. Explicit protections against such assumptions can, and should, instruct state agencies and family courts to recognize that a parent's status as a medical cannabis patient should not be a determining factor in any CPS or court intervention, or other family court proceedings like divorce that could alter parental rights. States that set an "unreasonable danger" standard or have similar provisions should include clear guidance that a patient acting in accordance with the state law is not creating an unreasonable danger.

DUI Protections

5 pts

DOES THE LAW RECOGNIZE THAT PATIENTS MAY HAVE RESIDUAL THC METABOLITES IN THEIR BLOODSTREAM WITHOUT BEING IMPAIRED?

Many states allow their Driving Under the Influence (DUI) or Driving Under the Influence of Drugs (DUID) statutes to be used as a means of penalizing drivers who are medical cannabis patients, even without evidence of impairment while driving. An individual's participation in a state medical cannabis program should not constitute probable cause for a sobriety test, nor should the presence of cannabis metabolites in the body - which can be detected days or weeks after last use - indicate actual impairment. By treating cannabis like any other medication under a state's DUI or DUID laws, patients will still be prohibited from driving while impaired or using cannabis while driving, but patients will not be unnecessarily subjected to arrest and prosecution solely for being a medical cannabis patient or having metabolites in their bodies.

Employment Protections

5 pts

CAN AN EMPLOYEE BE FIRED MERELY FOR BEING A PATIENT OR FOR HAVING CANNABIS IN THEIR SYSTEM, IF IT DOES NOT AFFECT THEIR JOB PERFORMANCE?

An individual's status as a medical cannabis patient, or a positive test for cannabis metabolites, should not be an employer's sole basis for either refusal to hire or dismissal of that person. Because of their regular cannabis use, most patients will test positive without being impaired. Medical cannabis use should be treated like any other prescription medication under state law. While some states have explicit protections, many laws are inadequate in providing necessary safeguards against employment discrimination. Despite concerns to the contrary, it is possible to provide workplace protections for patients while adhering to the federal drug-free workplace requirements that certain employers must meet, as many states have successfully done so.

Explicit Privacy Protections

7 pts

ARE PATIENTS' MEDICAL RECORDS KEPT PRIVATE FROM ACCESS BY LAW ENFORCEMENT AND RISK FROM EXPOSURE TO THIRD PARTIES?

Medical cannabis patients deserve the same healthcare privacy rights as all other patients in the U.S., but these rights are often abridged. Information about patients, caregivers, or healthcare providers contained in a registry should be kept confidential in perpetuity and unneeded data should be destroyed. Some states explicitly protect patient information and some have even criminalized privacy violations. The unsanctioned release of registry information should carry substantial administrative penalties.

Housing Protections

5 pts

CAN LANDLORDS EVICT PATIENTS FROM THEIR RESIDENCES BASED ON THEIR MEDICAL STATUS?

Patients who use medical cannabis should not have to live in fear of losing their housing. Patients have routinely been evicted from public and private housing in legal medical cannabis states that have not created explicit protections against such discrimination. While some states do protect patients from housing discrimination, the federal government has left decisions to the discretion of local housing authorities, and has issued guidance to evict tenats who are found to be medical cannabis patients.

Does Not Create New Criminal Penalties for Patients

5 pts

DOES THE MEDICAL ACCESS LAW SUBJECT PATIENTS TO NEW CRIMINAL MISDEMEANORS OR FINES?

Some states create new criminal penalties when organizing their medical cannabis programs, including penalties for the fraudulent use of the medical cannabis program (i.e. diversion), violation of privacy provisions, and falsely identifying oneself as a participant in the medical cannabis program. As states allow for the non-medical use of cannabis, they should not punish existing patients for failure to comply with the provisions of the new law.

Organ Transplants

5 pts

ARE PATIENTS EXPLICITLY PROTECTED FROM BEING DISCRIMINATED AGAINST REGARDING ORGAN TRANSPLANTS?

Several hospitals in the U.S. have removed medical cannabis patients from their organ transplant lists after the patients tested positive for cannabis metabolites. This exclusionary practice is based on outdated policies with no scientific basis, that assume cannabis use automatically indicates substance abuse and therefore poses a danger that the transplanted organ will be rejected. Transplant candidates should not be forced off the treatment a doctor has recommended while they wait for life-extending measures.

Reciprocity

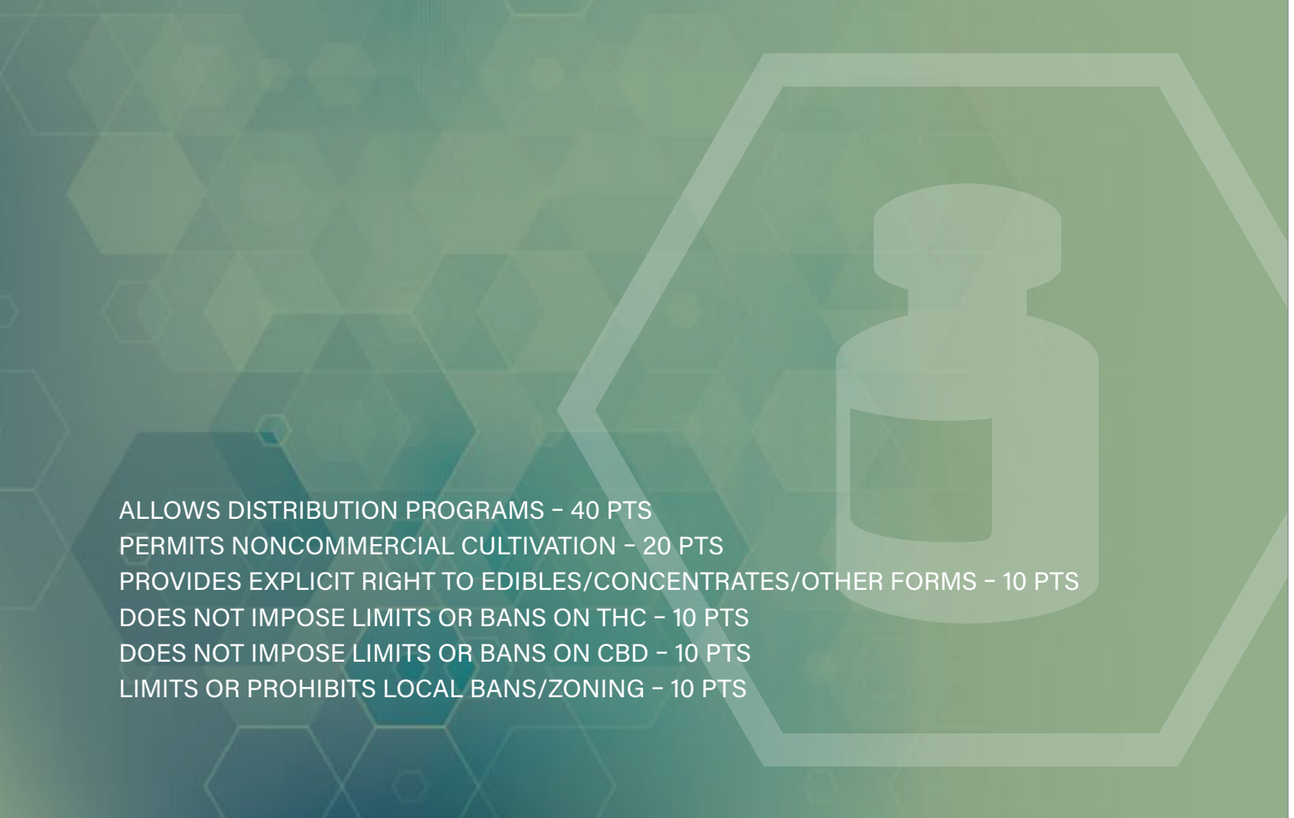
3 pts

ARE PATIENTS WHO ARE LEGALLY RECOGNIZED IN THEIR HOME JURISDICTION PROTECTED WHEN VISITING OUTSIDE THE STATE?

Reciprocity refers to laws providing some measure of legal protection for non-resident medical cannabis patients. These laws generally require that patients carry documentation of their status in their home state's program. Reciprocity is important for traveling patients, patients who are seeking specialty treatments, and those who need to stay in the care of friends or family out of state, as many state medical cannabis programs require residency for participation or legal protections.

Category 2

ACCESS TO MEDICINE



ALLOWS DISTRIBUTION PROGRAMS – 40 PTS
PERMITS NONCOMMERCIAL CULTIVATION – 20 PTS
PROVIDES EXPLICIT RIGHT TO EDIBLES/CONCENTRATES/OTHER FORMS – 10 PTS
DOES NOT IMPOSE LIMITS OR BANS ON THC – 10 PTS
DOES NOT IMPOSE LIMITS OR BANS ON CBD – 10 PTS
LIMITS OR PROHIBITS LOCAL BANS/ZONING – 10 PTS

Allows Medical Access Programs

40 pts total

ARE THERE LOCATIONS WHERE PATIENTS CAN LEGALLY PURCHASE MEDICINE?

While most states regulate the production and sale of medical cannabis, some states have failed to do so, leaving patients with no legal access option. ASA has found that a majority of patients rely on licensed dispensaries for legal access, and that access to medical cannabis in states without licensed dispensaries forces patients to patronize illegal market providers who may compromise patient health and safety. While home cultivation can be an alternative in states who authorize this activity, many patients do not have the time, skills, resources or capability to cultivate their own medicine. Cultivation is also not a solution for a patient who needs medicine sooner rather than later. It is imperative that states provide for regulated medical retail facilities if they wish to have a functional, effective medical cannabis program. States that have taken measures for the implementation of dispensary programs were awarded partial points.

SUBPOINTS:

Allows Access to Dried Flowers

15 pts

DOES THE STATE PROHIBIT ACCESS TO THE MOST COMMONLY USED FORM OF CANNABIS?

A majority of medical cannabis states have allowed patients access to the dried flowers of whole-plant cannabis either for direct inhalation or to process their own medicated edibles or concentrates. However, a few states have limited access to dried flowers in favor of non-inhaled cannabis preparations. This is the most obvious flaw in some states, but it is also part of many of the "CBD-only" laws that restrict patients to a manufactured product only. ASA's experience shows that restricting patients from whole-plant cannabis use can prevent patients from accessing the most effective medicine for their particular condition and can make proper dosing more difficult to achieve.

Allows Delivery

5 pts

DOES THE STATE LAW ALLOW FOR THE DELIVERY OF MEDICAL CANNABIS TO LEGAL PATIENTS?

Many legal medical cannabis patients cannot travel to legal medical cannabis retail facilities to purchase medical cannabis due to physical, economic, or time constraints. This is especially problematic for legal patients who are in the hospital, are bedridden or have mobility issues, or live far from a licensed retail facility. Allowing for delivery of medicine is a compassionate and common-sense solution for these patients, and is necessary to achieve parity with existing delivery services for patients utilizing prescription or over the counter medicine from local pharmacies. Just as with pharmacy delivery models, common-sense regulations and protocols can be organized to ensure safety and discretion. There is no evidence to show that delivering medicine leads to crime or diversion of medical cannabis for non-medical use. States should be clear that provisions allowing for "delivery" refer to home delivery rather than the criminal law context of delivery of a controlled substance.

No Sales Tax or Reasonable Sales Tax

5 pts

IS MEDICAL CANNABIS EXEMPT FROM SALES TAX OR IS THE TAX RATE REASONABLE?

Medical cannabis is real medicine that millions of Americans use to treat serious medical conditions such as cancer, HIV/AIDS, chronic pain, and more. Unfortunately medical cannabis is generally more expensive than other medication and not currently covered by any public or private insurance policies. To combat this obstacle, ASA recommends that states exempt cannabis as a medicine from state and local sales taxes to ease the financial burden on registered patients. Taxation of medicine should be avoided, but when necessary, it should be imposed at an affordable rate for patients that does not prevent safe, legal access. ASA recommends that if taxation of medical cannabis can not be avoided or overcome, that the tax rate applied is comparable to similar products – herbal medicine, over-the-counter remedies, etc. Excessive sales tax is a financial hardship and could compel some patients to buy medical cannabis from the illicit market, where laboratory testing and legal purchasing facilities that aid health and patient safety are absent.

Allows for a Reasonable Number of Dispensaries

5 pts

DOES THE STATE BURDEN PATIENTS BY PLACING SIGNIFICANT LIMITS ON THE NUMBER OF LOCATIONS WHERE THEY MAY OBTAIN THEIR MEDICINE?

Safe, affordable access is directly related to the number and accessibility of dispensaries in any given geographical area. When only an insufficient number of licensed medical retail facilities are licensed, or legal medical retail facilities are located in an arbitrary geographic manner without equal distribution, functional patient access is not achieved. Policy models including such components fail to meet patient needs as they can force patients to navigate long distances to secure safe access, or risk patronizing illegal market providers whose products have not gone through government-mandated consumer product safety testing.

Limitations or arbitrary caps on the number of dispensaries should be avoided, and states should work to ensure even geographic distribution of cannabis retail facilities to ensure sufficient patient access is available. When limits are imposed, they must account for patients who live outside urban areas and those with mobility issues or who are confined to their homes.

Does Not Require Vertical Integration

2 pts

DOES THE STATE REQUIRE THAT DISPENSARIES MUST GROW THEIR OWN MEDICINE?

Vertical integration refers to the requirement that one licensing category is permitted to be paired with one or more of the other authorized licensing categories offered by states. For example, some states permit a cultivation license to be paired with a distribution or retail license. While vertical integration can allow larger cannabis businesses to maximize efficiency and cost effectiveness, it can also lead to supply problems and increased costs for consumers if vertically integrated businesses become the primary or only business arrangement authorized by states or territories. ASA recommends that states do not require vertical integration of cannabis businesses, but allow it so long as combined licensing categories do not compromise patient health (e.g. no licensing category should be coupled with a testing laboratory), and models are established to ensure sufficient patient access to and availability of specific cannabis medicines correlating to patient treatment protocols (e.g. collective models that maintain patient access to the individual cannabis products that patients are using to treat their health condition).

Ownership/ Employment Restrictions

2 pts

ARE PEOPLE WITH PRIOR CANNABIS OFFENSES, OTHER MISDEMEANORS OR FELONIES PROHIBITED FROM BEING MEDICAL CANNABIS PROVIDERS?

Ownership and employment restrictions related to cannabis businesses are commonly included in legislation. Most restrictions on ownership of medical cannabis businesses stem from background check procedures. These types of restrictions disproportionately impact people of color and have a discriminatory effect. Marijuana-related convictions should not automatically exclude a person from ownership of, or employment by, a cannabis business. Instead, each individual should be considered on a case-by-case basis.

Provisions for Labor Standards

2 pts

ARE EMPLOYEES OF MEDICAL CANNABIS BUSINESSES AFFORDED PROTECTIONS?

Workplace safety and employment standards should be part of the development and implementation of medical cannabis laws, including consideration of such issues as living wages, sick pay, and a standard 40-hour work week as well as health care coverage and other benefit packages. These provisions should also cover a neutrality, recognition, or any existing collective bargaining agreement with a certified labor union.

Environmental Impact Regulations

2 pts

DOES THE STATE HAVE SPECIFIC REQUIREMENTS FOR MEDICAL CANNABIS PROVIDERS IN TERMS OF THEIR IMPACT ON THE ENVIRONMENT?

ASA places a premium on policies that encourage sustainable practices. Included among these practices are those which promote environmentally sound production and processing methods to reduce the potential for high-carbon footprints by allowing open air, row cover, and greenhouse methods of cultivation. States should encourage cultivators to utilize natural resource-driven production methods such as solar, hydro and aero-ponic systems, and work to reduce overly burdensome plastic packaging requirements that increase costs for producers and generate unnecessary waste that is diverted to landfills.

Choice of Dispensary Without Restrictions

2 pts

ARE PATIENTS REQUIRED TO DESIGNATE A SINGLE DISPENSARY WHERE THEY MAY ACQUIRE MEDICINE?

Some states require that patients designate a single dispensary from which they may acquire their medicine. While such an approach may be easier to regulate, such requirements often result in patients bearing artificially high costs and experiencing reduced medical product diversity, which must be addressed to ensure provision of appropriate patient treatment options.

Noncommercial Cultivation

20 pts total

SUBPOINTS:

Personal Cultivation

15 pts

ARE PATIENTS ALLOWED TO GROW THEIR OWN MEDICINE?

Unfortunately, states have been moving to limit personal cultivation by patients and their caregivers, restricting and, in some cases, completely obstructing access to medical cannabis home cultivation. In states that have relied exclusively on regulated production and distribution programs, patients have frequently been left without any options if those programs fail to meet the basic needs of proximity, affordability, safety, or privacy. While authorizing personal cultivation is far from a panacea for patients, it does enable those with adequate mobility to produce medicine at a reduced cost over time.

Collective Gardening

5 pts

CAN SEVERAL PATIENTS FORM A GROUP TO MUTUALLY GROW THEIR MEDICINE IN ORDER TO OFFSET COSTS AND BEST UTILIZE SHARED EXPERTISE?

Allowing experienced caregivers to cultivate for a limited number of patients can ensure adequate access to a reliable supply of safe, affordable medicine. Collective gardens intended strictly for private consumption among a small group of patients should not be subject to regulatory authority, provided the activity remains non-commercial. Collective gardening is not associated with dispensaries or other commercial businesses that engage in sales, advertising, or trade. States without explicit collective gardening rights that do allow individual caregivers to grow for more than one patient were eligible for partial points in this category.

Explicit Right to Edibles/Concentrates/ Other Forms

10 pts

ARE PATIENTS EXPLICITLY ALLOWED TO OBTAIN FORMS OF CANNABIS OTHER THAN DRIED FLOWERS?

Some states explicitly provide for the manufacture and use of edible products or concentrated forms of medical cannabis. Some states do not explicitly allow these forms of medicine, but may tolerate the sale and production of such items. Edibles are important, as this form of administration is ideal or preferred for certain ailments and can offer ease of use for certain patients. States without this explicit right, but that allow for availability of these products in practice, were eligible for partial points. While tolerance is better than denying access to alternative forms of cannabis therapy, clear guidance is optimal to protect patient health by establishing standards for production and testing, as well as ensuring public safety by prohibiting the use of volatile and uncontrolled home manufacturing operations. For these reasons ASA encourages states to protect and regulate the manufacturing, use, and distribution of edible and concentrated medical cannabis products.

Does Not Impose Limits or Bans on THC

10 pts

DOES THE STATE HAVE A MAXIMUM LEVEL OF THC ALLOWED IN CULTIVARS OR INFUSED PRODUCTS?

Tetrahydrocannabinol (THC) is a proven therapeutic component of the cannabis plant that the FDA has recognized for medical use, which has been demonstrated to work in synergy with other important therapeutic cannabinoids such as cannabidiol (CBD) to treat specific health conditions, as well as provide for related symptom relief. These cannabinoids, along with an estimated 120 others, engage the human endocannabinoid system to deliver therapeutic benefits. While more research is needed, a 2011 review of studies in the British Journal of Pharmacology revealed that combining THC with other cannabinoids creates a more effective treatment than CBD or other cannabinoids alone.

Some states that have passed so-called "CBD-only" legislation, which are sometimes described as "low-THC" programs, impose arbitrary limits on the amount of THC permitted in authorized medical products or enact outright bans. These laws have the effect of promoting development of only a limited number of cannabis medical products with limited treatment capability for the wide range of health issues which cannabis can effectively treat or mitigate. ASA encourages states to avoid THC caps or prohibitions and instead authorize production of cannabis and cannabis products that are effective in treating health conditions regardless of THC content.

Does Not Impose Limits or Bans on CBD

10 pts

DOES THE STATE REQUIRE THAT ALL FORMS OF MEDICAL CANNABIS MUST HAVE A MINIMUM CBD LEVEL?

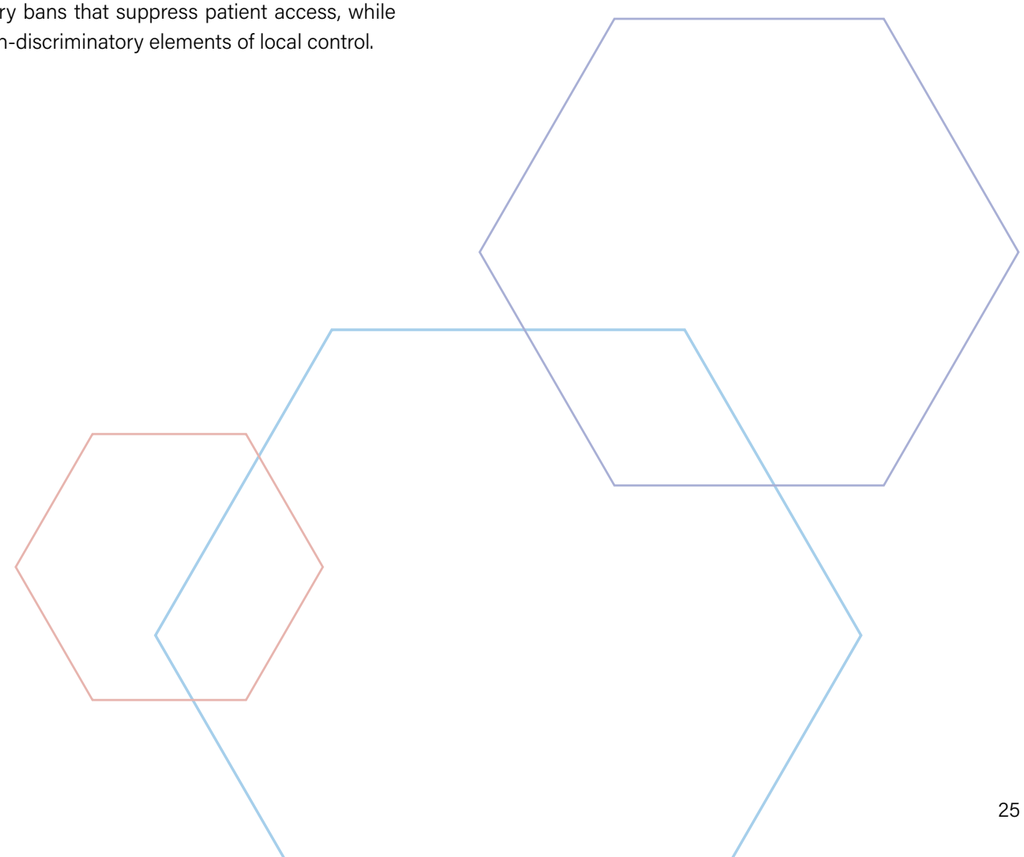
Some states have passed "CBD-enriched" or "CBD-only" legislation. The legislative intent behind this has been to eliminate the psychoactive properties of cannabis compounds, namely THC, however these preparations only benefit a small portion of a state's patient population because CBD has been shown to work more effectively in tandem with other plant components. Even among the minority of patients who can benefit from low-THC preparations, minimum CBD requirements restrict access to the ratios of CBD to THC that may work best for them. For example, while some pediatric patients with seizure disorders benefit greatly from 30:1 ratios, other children will respond better to 1:1 ratios (and anything in between or beyond). Imposing arbitrary cannabinoid level minimum requirements that are not rooted in science provide no benefit to the public health of a state.

Local Bans/Zoning

10 pts

DOES THE STATE LAW ALLOW LOCAL JURISDICTIONS TO BAN MEDICAL CANNABIS BUSINESSES OR TO USE ZONING LAWS TO EXCLUDE THEM?

Cities and counties have a legitimate role in regulating land use within their borders, and some states specifically assign these responsibilities to local governments in their constitution. In some states local governments have used this authority to impose moratoriums on licensed medical cannabis activity, leaving patients with no legal method of obtaining cannabis as medicine. Local bans and onerous local zoning regulations are harmful to patients because they sever legitimate access to medicine for legal patients. ASA research and our 18 years of experience with local regulations demonstrates that sufficient licensing, geographic distribution of legal medical cannabis retail facilities and authorization of delivery can satisfy patient demand, as well as reduce public safety challenges borne from inadequate medical retail licensing or outright bans. An ideal state law would restrict local government capability to impose discriminatory bans that suppress patient access, while retaining non-discriminatory elements of local control.



Category 3

EASE OF NAVIGATION

COMPREHENSIVE QUALIFYING CONDITIONS – 50 PTS
ADDING NEW CONDITIONS – 10 PTS
REASONABLE ACCESS FOR MINORS – 10 PTS
REASONABLE CAREGIVER BACKGROUND CHECK REQUIREMENTS – 4 PTS
NUMBER OF CAREGIVERS – 2 PTS
PATIENT/PRACTITIONER-FOCUSED TASK FORCE OR ADVISORY BOARD – 2 PTS
REASONABLE FEES (PATIENTS & CAREGIVERS) – 10 PTS
ALLOWS MULTIPLE-YEAR REGISTRATIONS – 2 PTS
REASONABLE PHYSICIAN REQUIREMENTS – 5 PTS
DOES NOT CLASSIFY CANNABIS AS A MEDICINE OF LAST RESORT – 5 PTS

Comprehensive Qualifying Conditions

50 pts

DOES THE STATE ALLOW DOCTORS OR POLITICIANS TO DETERMINE WHICH PATIENTS HAVE ACCESS TO MEDICAL CANNABIS?

Every state that has enacted protections for medical cannabis patients has mentioned conditions that may be effectively treated by cannabis (see Chart 1). Some states recognize the constitutional right of physicians to recommend cannabis to any patients who could benefit from it, while other states limit the ability of physicians to certify patients for participation in their medical cannabis program with restrictive qualifying conditions lists. Many states provide for a rigorous process to expand their "approved ailment" list through the state department of health. ASA's position is that there should be access to medical cannabis for every patient who needs it, and that the decision to use cannabis as a treatment should be left to the patients and their physicians, not state or territorial governments. A state or territory will receive 50 points automatically if it allows cannabis to be used for any qualifying condition.

Adding New Conditions

10 pts

DOES THE STATE ALLOW FOR NEW QUALIFYING CONDITIONS TO BE ADDED THROUGH RULEMAKING WITHOUT THE NEED FOR LEGISLATIVE APPROVAL?

In most states that have a restrictive list of qualifying conditions, a procedure exists for the addition of new conditions to the list of approved ailments that may be effectively treated by cannabis. New studies are being published regularly, and treatments that are not contemplated by the law should be available to physicians, much like "off-label" use is available in the realm of prescription medication. It is ASA's position that if these restrictions are imposed, then the procedure to add new conditions should be uncomplicated and expedited to deliver access to eligible new patients as quickly as possible. While many states have created such a process, the hurdles to add new conditions are sometimes nearly impossible to clear. The scoring for this section includes 5 points for having a process in place to add new conditions, and 5 points if that system is working as intended. States that allow healthcare practitioners to recommend cannabis for any condition automatically receive full points in this category.

Reasonable Access for Minors

10 pts

ARE YOUTH UNREASONABLY RESTRICTED FROM LEGAL PROTECTIONS FOR MEDICAL CANNABIS USE?

Though some states limit the age of a patient, many of these restrictions may be overcome through parents or guardians consenting to the treatment and agreeing to be in control of the minor patient's acquisition and administration of medical cannabis. States that require pediatric patients to have a recommendation from multiple doctors fail to realize that the added time and expense is a great challenge to meet, especially for families raising a special needs child. More research has begun around using medical cannabis to treat youth, and it is important to allow parents, along with their children's physicians, to determine the best, most effective medication for their children.

Reasonable Caregiver Background Checks

4 pts

DOES THE STATE PROHIBIT THOSE WITH CANNABIS OFFENSES FROM BEING CAREGIVERS?

A caregiver is a person who assists the patient with procuring and administering his or her medication. Some states prohibit patients from having caregivers with criminal histories related to drugs. It is ASA's position that this type of restriction serves no purpose, as they do not protect patients from criminals, but instead punish the patient for having a family member or trusted confidant who may have had a criminal past. These provisions disproportionately impact people of color and should be edited to remove this requirement.

Number of Caregivers

2 pts

DOES THE STATE RECOGNIZE THAT A SINGLE CAREGIVER PER PATIENT MAY NOT BE SUFFICIENT TO PRACTICALLY ASSIST A PATIENT WHO REQUIRES A CAREGIVER IN ORDER TO OBTAIN OR ADMINISTER THEIR MEDICINE?

The number of caregivers allowed for a qualified patient varies from state to state, as does the number of patients a caregiver may serve. Some states are very restrictive and allow only one caregiver per patient, thus putting patients who have mobility problems in a situation where they must rely on a single person to assist with their access to and use of cannabis. Although ASA is mindful about diversion to the illicit market, we support patients being able to designate caregivers as determined by their unique situations so that they always have access to cannabis when needed. For example, an elderly patient may need to have multiple family members serve as caregivers because no individual in a family has the availability to consistently assist the patient.

Patient/Practitioner-Focused Task Force or Advisory Board

2 pts

DOES THE LAW CREATE AN OVERSIGHT BODY, AND DOES THAT BODY HAVE SUFFICIENT REPRESENTATION BY PATIENTS, CAREGIVERS, AND RELEVANT MEDICAL PROFESSIONALS?

Regulatory agencies for medical cannabis programs vary by state. ASA has found that keeping the medical cannabis program within the Department of Public Health, or its equivalent, provides the most effective assistance to patients and their providers. States that have developed a regulated program should create task forces or advisory boards to help guide the administration of the medical cannabis program and provide assistance in developing regulations. These task forces and advisory boards can be very beneficial to the improvement of state and territory accessl programs by providing a voice for those most knowledgeable about its effectiveness: patients and healthcare professionals. The makeup of such task forces or boards should only include a minimal presence from law enforcement, if any, as the priorities of police and prosecutors may be at odds with the needs of patients. ASA supports the development of these programs and encourages the inclusion of patients and healthcare providers in them.

Reasonable Fees for Patients & Caregivers

10 pts

ARE PATIENTS ASSESSED A FEE BY THE STATE SIMPLY TO HAVE LEGAL PROTECTION AND ACCESS TO MEDICINE?

Fees for patient registration should be set to meet reasonable administrative costs of the registry program. Patient fees should not cover costs of medical marijuana business oversight, nor should they be looked at as a source of revenue for any other purposes. Reasonable fees are particularly important due to the lack of health insurance coverage for medical cannabis expenses. Because of the financial challenges of many chronically ill patients, ASA recommends a sliding scale fee tied to state or federal benefits for which a patient qualifies.

Allows Multiple-Year Registrations

2 pts

DO PATIENTS FILL OUT RENEWAL FORMS AND PAY A RENEWAL FEE ON AN ANNUAL BASIS?

It makes little sense to require patients with chronic, long-lasting conditions to navigate an annual renewal process, when the chronic health patient's condition is extremely likely to persist many years or be permanent. ASA recommends that multi-year registrations be available to these patients based on the condition listed on their application, or that renewal requirements be waived for patients with chronic health diagnoses.

Reasonable Physician Requirements

5 pts

DOES THE LAW CONTAIN PROVISIONS THAT WOULD PREVENT PHYSICIANS FROM UTILIZING MEDICAL CANNABIS AS PART OF THEIR PRACTICE?

Some states require patients to have an ongoing relationship with their doctor, often referred to as a "bona fide" relationship. Generally, states define the relationship to include a complete examination and medical history, along with an ongoing expectation of care provided by the physician. Some require that physicians register with the state, or impose education requirements on physicians, which may be beneficial to patients but could be onerous to physicians and are not a requirement for writing prescriptions for more dangerous pharmaceutical medications. ASA's position is that physicians should only treat ailments and recommend treatments that they are familiar with and feel comfortable discussing with patients. Within the medical field there are many specialties, and prohibiting patients from choosing a doctor who specializes in medical cannabis is antithetical to the practice of medicine.

Any physician in good standing with the state should be allowed to recommend the use of medical cannabis to his or her patients. Physicians who use medical cannabis themselves should not be restricted from recommending it. Because patients with chronic illnesses often seek health care services from a variety of sources, ASA prefers that nurse practitioners, physician assistants, dentists, naturopathic doctors, chiropractors and other healthcare professionals be allowed to recommend medical cannabis, if it is not prohibited by legislation. Health care professionals who are allowed to recommend medical cannabis should not be allowed to have direct or indirect financial interest in a dispensary, manufacturer, laboratory or cultivation operations, or financially benefit from any business that might benefit from a patient's or caregiver's use, acquisition, or purchase of medical cannabis.

Does Not Classify Cannabis as a Medicine of Last Resort

5 pts

DOES THE STATE LAW CLASSIFY MEDICAL CANNABIS AS A MEDICINE OF LAST RESORT?

Some state laws only allow medical cannabis as a last resort, after all other treatments have failed. This approach is harmful and interferes with the doctor-patient relationship. Doctors should be able to recommend or approve medical cannabis use at any point in a patient's treatment. Requiring patients to try less desirable and potentially more dangerous treatments, such as opioids, is an unnecessary burden and may cause needless suffering. Emerging science and the experience of healthcare practitioners and patients all over the country indicate that cannabis is a safe, legitimate medicine with real benefits for patients. State law should respect the welfare of the patients, the doctor's discretion, and the science of cannabis.

Category 4

FUNCTIONALITY

PATIENTS ABLE TO ACCESS MEDICINE AT DISPENSARIES OR VIA CULTIVATION – 50 PTS
NO SIGNIFICANT ADMINISTRATIVE OR SUPPLY PROBLEMS – 15 PTS
PATIENTS CAN RECEIVE LEGAL PROTECTIONS WITHIN A REASONABLE TIME AFTER RECEIVING RECOMMENDATION – 10 PTS
REASONABLE POSSESSION LIMIT – 5 PTS
REASONABLE PURCHASE LIMITS – 5 PTS
ALLOWS PATIENTS TO MEDICATE WHERE THEY CHOOSE – 5 PTS
COVERED BY INSURANCE/STATE HEALTH AIDE – 3 PTS
FINANCIAL HARDSHIP (FEE WAIVERS/DISCOUNT MEDICINE) – 7 PTS

Patients Able to Access Medicine at Dispensaries or Via Cultivation

50 pts

ARE THERE A SUFFICIENT NUMBER OF EASILY ACCESSIBLE LICENSED MEDICAL CANNABIS RETAIL FACILITIES FOR PATIENTS TO OBTAIN THEIR MEDICINE BY PURCHASING IT, AND/OR ARE PATIENTS OR THEIR DESIGNATED CAREGIVERS ALLOWED TO GROW THE MEDICINE NEEDED TO TREAT THE PATIENT'S CONDITION?

States should work to provide the same level of accessibility to medical cannabis that patients have to pharmaceutical products and health supplements sold at drugstores, pharmacies, grocery stores and big-box retailers. Beyond these access options, state laws should authorize personal cultivation for patients to defray medical costs for those with sufficient physical capability, as cannabis is not covered by public or private insurance. Finally, states authorizing the full supply chain of commercial cannabis businesses should maintain or create collective and caregiver models that permit physicians, patients, cultivators and designated caregivers to collaborate to provide cannabis treatment and products aligned with patient care. It is also important to preserve these non-commercial access models while commercial retail activity is beginning, as there is unlikely to be an ample number of conveniently accessible medical cannabis retail facilities for patients during the first several years of policy reform implementation. States implementing access programs were eligible for partial points.

No Significant Administrative or Supply Problems

15 pts

DOES THE PROGRAM WORK AS INTENDED AND PROVIDE A SUFFICIENT SUPPLY OF CANNABIS TO MEET PATIENT NEEDS?

While ASA supports the creation of a statewide regulatory framework for medical cannabis, administrative oversight has become a hindrance to safe access in some states. Some states have programs that inadvertently caused shortages (and therefore disruptions) in the supply and variety of available medical cannabis, or delays in facility licensing authorization, inspection or failed to include fixed timelines for facility opening following licensing. Restrictions on commercial cultivation plant numbers, the number of cultivation or retail access points (e.g. dispensary and/or delivery), or over-regulation of certain areas of production and distribution can have an adverse effect on the patient population. States should consider third-party certification as a way to ease administrative burdens. ASA discourages the development of policies that unnecessarily restrict or otherwise hamper the supply of medical cannabis, and encourages states to think carefully through supply chain regulations to optimize efficiency of moving legal cannabis from cultivation to retail as quickly and at the lowest possible cost to patients.

Patients Can Receive Legal Protections Within a Reasonable Time After Receiving Recommendation

10 pts

DOES MEDICAL NEED AS DETERMINED BY A MEDICAL PROFESSIONAL ESTABLISH IMMEDIATE LEGAL PROTECTIONS?

Ideally protection from arrest and prosecution should begin the moment a patient leaves the doctor's office with a recommendation. In cases where patients must register with the state to obtain arrest protection, an affirmative defense should be granted to defendants with a valid authorization so as not to leave patients vulnerable while their documentation is processed.

Reasonable Possession Limit

5 pts

DO LIMITS ACCOMMODATE ROUTE OF ADMINISTRATION AND HARVEST AMOUNTS?

While it might make sense to have possession thresholds that give law enforcement guidance on personal medical use, it does not make sense for the state to determine the quantity any patient might need for his or her particular illness. The type and severity of symptoms, the cultivation business producing cannabis, factors specific to each patient (e.g. age, body composition, metabolism), and the route of administration each greatly impact the amount that a specific patient may need at any point in time. The decision as to how much cannabis is sufficient to treat a patient's illness should ultimately correspond to the amount that allows the patient an uninterrupted supply necessary for a patient's treatment protocol rather than arbitrary caps that can needlessly burden seriously ill patients. In order to create safe access to a consistent supply of medical cannabis and related products that work best for them, patients should be able to possess and maintain a 90-day supply of medicine.

Reasonable Purchase Limits

5 pts

DO LIMITS ALLOW FOR AN ADEQUATE SUPPLY OF MEDICINE?

When a state is considering imposing purchase limits on patients that will restrict the amount they can obtain from a dispensary, it should take into account the distance a patient must travel, the severity of an individual's medical condition, and any patient mobility issues. Certain cultivators or products may have limited availability, and patients who need those products should not be denied access in favor of concerns with regulatory expediency. The best policy does not restrict patients' ability to purchase medicine to certain windows of time, as such limits may disrupt patients' ability to maintain a consistent supply of medical cannabis.

Allows Patients to Medicate Where They Choose

5 pts

ARE PATIENTS ALLOWED TO USE THEIR MEDICINE FREELY WITH RESPECT TO LOCATION, JUST AS PATIENTS OF PRESCRIPTION MEDICATION?

Some states restrict the locations where patients can use medical cannabis. While it may make sense to limit the right to use inhaled cannabis in places where other smoking is allowed, it is abhorrent to otherwise limit locations where a sick person can use his or her medicine, including on school and college campuses. Cannabis should be treated like any other medication in this regard, and ASA encourages states to include safeguards protecting patient location of use.

Covered by Insurance or State Health Programs

3 pts

IS MEDICAL CANNABIS COVERED BY INSURANCE OR STATE HEALTH PROGRAMS?

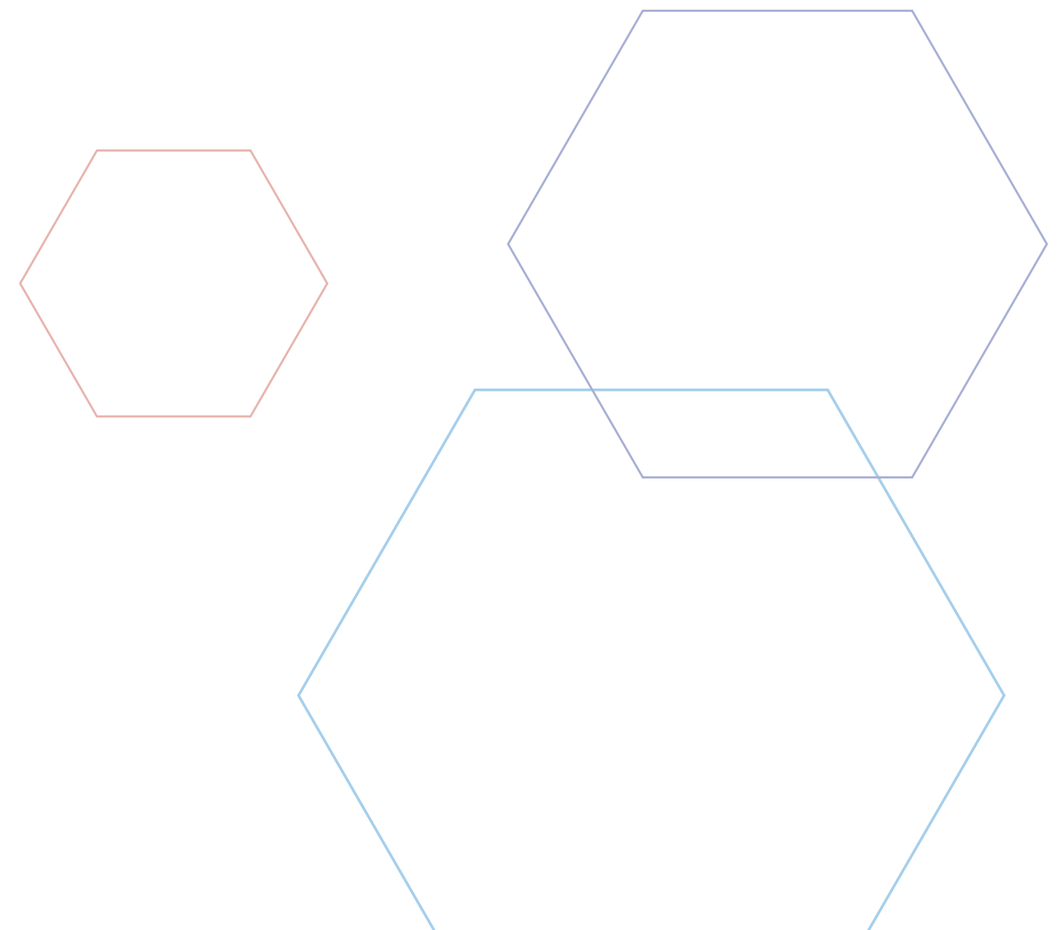
Until federal laws regarding medical cannabis are reformed, patients will not be able to use federal medical benefits and health insurance providers will be reluctant to include coverage for medical cannabis. As a result cannabis patients face high costs to obtain medicine with no product subsidies or reduced pricing arrangements consistent with drug purchase assistance available through most standard insurance plans. However, there is no reason why state law should prevent private insurance carriers from covering medical cannabis. An ideal law would require that insurance carriers and state health programs treat medical cannabis like any other legal medication.

Financial Hardship (Fee Waivers/Discount Medicine)

7 pts

DOES THE STATE OFFER DISCOUNTED REGISTRATION FEES OR REQUIRE DISPENSARIES TO OFFER DISCOUNTED MEDICINE FOR LOW-INCOME PATIENTS?

With medical cannabis not currently covered by health insurance, many patients are unable to afford treatment without experiencing undue hardship. To ease the financial burden, ASA encourages the adoption of sliding-scale fees and donation programs that cover all or part of the cost of doctor's visits, registration fees, and medicine for patients in need.



Category 5

CONSUMER SAFETY AND PROVIDER REQUIREMENTS

STATES WERE EVALUATED FOR CONSUMER SAFETY AND PROVIDER REQUIREMENTS IN FOUR AREAS:

(1) DISPENSARIES
(2) CULTIVATION
(3) MANUFACTURING
(4) LABORATORY TESTING

DISPENSARIES

Staff Training

5 pts

ARE DISPENSARY WORKERS REQUIRED TO BE TRAINED IN BOTH MEDICAL CANNABIS AND RELEVANT LAWS?

Many state governments have training requirements for the staff of dispensaries. It is ASA's position that dispensary staff, as health care professionals, must be adequately trained in order to best understand the medication and products they sell and be able to provide patients with up-to-date information. New medical cannabis patients are often unfamiliar with different kinds of medical cannabis flower, products and routes of administration available to them. A well-educated staff can, and should, provide answers to common questions. ASA maintains that proper training of employees is essential to deliver safe, quality cannabis products to patients and caregivers. Training should include information about state and federal regulations, law enforcement interaction, and regulatory inspection preparedness.

Standard Operating Procedures and Protocols

5 pts

ARE DISPENSARY FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

Early medical cannabis laws only provided protection from criminal prosecution. As the field of medical cannabis has developed, new laws are incorporating requirements to ensure patient and product safety. State laws should require medical cannabis businesses to develop and follow standard operating procedures and protocols to ensure product safety and increase the legitimacy of medical cannabis as a medicine. Such standard operating procedures and protocols should include, at a minimum, the following considerations:

Facility Sanitary Conditions

IS THE FACILITY CLEAN AND SAFE?

State laws should require that medical cannabis dispensing facility operations be conducted in sanitary conditions. ASA recommends using existing sanitation standards for food packaging, storage, and distribution, as well as herbal medicine handling and storage standards, as models for sensible regulations to protect patients from contaminants. The American Herbal Products Association's Recommendations for Regulators is a good place to start this process.

Reasonable Security Protocols

ARE THE SECURITY PROTOCOLS FOR MEDICAL CANNABIS REASONABLE AND EFFECTIVE?

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, training, etc. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis businesses where they are unwarranted.

Storage Protocols

ARE THE STORAGE PROTOCOLS ADEQUATE TO PROTECT THE QUALITY OF THE MEDICINE AND PREVENT LOSS?

State laws should require medical cannabis businesses at every stage of the production and distribution chain to store medicine in a manner that is sanitary, preserves the integrity of the cannabis or derived cannabis product, and is secure. This is important to protect patients from mold, pesticides, heavy metals and other contaminants that may be harmful. Furthermore, state laws should require adequate loss control procedures to prevent theft or robbery.

Inventory Control

DOES THE STATE LAW REQUIRE INVENTORY CONTROL MECHANISMS?

State law should require reasonable inventory control protocols to ensure the integrity of the supply chain and prevent diversion of medical cannabis for non-medical use. The inventory tracking system should include a continuous chain of custody for cannabis and cannabis products, periodic inventory counts, and a procedure for dealing with lost or stolen medicine.

Recall Protocol and Adverse Event Reporting

5 pts

IS THE MEDICAL CANNABIS FACILITY REQUIRED TO DEVELOP AND IMPLEMENT A PRODUCT RECALL STRATEGY?

As with other products developed for human consumption, spoilage, human error, and the unexpected all pose the risk of contamination. As a result, ASA encourages the development of product recall and adverse-event reporting programs. Product recall strategies should include transportation guidelines that allow the patient to return recalled products to the dispensary from which the product came, and a mechanism for the dispensary to return the recalled products to the original manufacturer and/or cultivator. Additionally, the rules and regulations should require that all recall programs include the recording of consumer-reported adverse events, and state regulations should require that all recalled products be destroyed and not resold or diverted to illegal secondary markets.

Product Labeling

5 pts

Some state government regulatory models allow or require dispensaries to obtain medical cannabis that is repackaged at the dispensary. If the dispensary can engage in such activities, then it should be required to meet these minimum standards for labeling:

Product Contents, Including Source Material Identification

Cannabis regulations often dictate the type of packaging for raw plant material and derived products. In some cases, the packaging requirements may prevent the consumer from seeing the contents or render the cannabis as part of a compound making the form of plant material (e.g., leaves, stems, seeds, flowers) unrecognizable. When this occurs, dispensaries should be required to label the product's contents, including identifying the source plant material used or contained within. Nutritional information should also be included for edible products.

Allergens

When labeling derived products that have been mixed with foodstuffs or known common allergens, or that have been packaged or produced in a facility that uses known common allergens, consumers should be notified. All products labeled by dispensing facilities that might contain known common allergens should be required to provide a list on the product's label.

Potency/Compound Identification

Medical cannabis patients often rely on product labels to gauge the strength of the various compounds present in the medicine they consume. Labeling requirements for cannabis and cannabis-derived products should include a listing of the product's active compounds and the potency of each.

Required Testing

5 pts

ARE MEDICAL CANNABIS AND MEDICAL CANNABIS PRODUCTS REQUIRED TO BE TESTED BEFORE BEING DISTRIBUTED TO A MEDICAL CANNABIS RETAIL FACILITY (E.G. DISPENSARY OR DELIVERY) OR FOR SALE TO PATIENTS?

State government regulations are increasingly requiring laboratory testing to verify product safety and help patients understand the potency of products' active compounds. Laboratory testing regulations should ensure that the analytical records of cannabis and derived products are made available at all levels of the supply chain, including to the dispensary (should they be engaged in the processing, packaging, and labeling of medical cannabis or cannabis-derived products) and consumers. Such laboratory testing results should include the analytical results necessary to provide the information required to produce, or verify the accuracy of, a product's label.

Active Compound Identification & Potency

Cannabis and cannabis-derived products vary greatly based on the cultivator of cannabis as well as the technique or method used to create the cannabis products. In order to ensure that cannabis and cannabis-derived products are accurately labeled, laboratory testing facilities should be required to provide analytical services that can accurately determine the presence of active compounds and the potency of all compounds determined to be in the raw cannabis and cannabis-derived products.

Contaminants

Laboratory testing facilities should be required to utilize validated methodologies and provide analysis that accurately tests raw cannabis and cannabis-derived finished products for the presence of contaminants, to include microbiological, residual solvent, pesticide, heavy metals, mycotoxin, and foreign matter contaminants.

CULTIVATION

Staff Training

5 pts

ARE CULTIVATION STAFF REQUIRED TO BE TRAINED IN BOTH MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of cultivation facilities. It is ASA's position that cultivation facility staff should be required to successfully complete a training curriculum that includes an overview of medical cannabis knowledge as well as applicable state and local laws and regulations. Such training is essential to maintaining workplace safety, regulatory compliance, and product safety.

Standard Operating Procedures and Protocols

5 pts

ARE CULTIVATION FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

As product safety guidelines have been added to many state government regulatory programs, the requirement for businesses to create and implement standard operating procedures and protocols has become common. Standard operating procedures and protocols serve to ensure that a facility's operations are conducted in a manner that is safe for all staff working in the facility as well as the surrounding environment, and that proper records are kept to ensure product safety. Written standard operating procedures and protocols also serve as internal training and resource guides for the staff and should include, at a minimum, the following key components designed to address workplace, environmental, and product safety issues:

Facility and Equipment Sanitary Conditions

ARE THE FACILITY AND THE EQUIPMENT USED CLEAN AND SAFE?

Contamination can occur at any stage during the cultivation and processing of cannabis. State laws should require that medical cannabis cultivation and processing, manufacturing, distribution, and laboratory testing be conducted in sanitary conditions. ASA recommends using existing sanitation standards for farming, food packaging, and herbal medicine processing as models for sensible regulations to protect patients from contaminants. The American Herbal Products Association Recommendations for Regulators is a good place to start this process.

Workforce Safety Protocols

Cannabis, like other crops produced for human consumption, requires the use of various types of equipment, mediums, amendments, and plant treatments during the course of its production. The proper use and storage of these items, coupled with the use of appropriate personal protective equipment by employees who are operating equipment and working with cultivation mediums, amendments, and plant treatments, helps to ensure that the workplace is safe and accident-free. Standard operating procedures and protocols addressing workplace safety are a key component to ensuring that the equipment is used appropriately and that workers understand the proper use of mediums, amendments, and plant treatments.

Storage Protocols (Short-Term and Long-Term Storage)

State laws should require that medical cannabis businesses store medicine in a manner that is sanitary and appropriate for the products on hand at every stage of the production and distribution chain. Cannabis is a perishable product, and different types of storage containers may be needed to prevent contamination and preserve freshness at different stages of the production process. In order to reduce the risk of spoilage and contamination, state law should allow for both short-term and long-term storage options as opposed to requiring that all cultivated cannabis be immediately sealed once processing is completed.

Batch and Lot Tracking

As product safety has become more of a consideration in state government regulations and recall and adverse event reporting programs are increasingly required of cannabis facilities, lot and batch tracking has become a necessary component to ensuring product safety throughout the supply chain. The need for lot and batch tracking touches all aspects of the supply chain and must be implemented during propagation and cultivation of cannabis in order to effectively track the cannabis forward and backward through the supply chain. Successful lot and batch tracking systems allow the consumer, dispensary, manufacturer, and processor to obtain information regarding the production facility, including details pertaining to the treatment and laboratory testing of the plant material or product.

Reasonable Security Protocols

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, theft or robbery prevention, and training. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis business where they are unwarranted.

Disposal/Waste

To protect the safety and purity of cannabis and cannabis products, states should require that cannabis cultivation and processing facilities create and implement waste disposal procedures and protocols that are designed to ensure that no discarded cannabis can contaminate or be confused with cannabis destined for sale to patients or manufacturing facilities. Such protocols include segregating material that is to be discarded from other material and rendering material to be discarded as clearly unusable.

Water Management

To address environmental concerns surrounding the cultivation of cannabis, several state governments have developed regulatory programs to address water use and the agricultural discharges sometimes associated with cannabis cultivation. Cultivation facilities should be required to develop and implement a water management plan that acts to ensure that water is used appropriately and not wasted, that the water used is safe for the cultivation of the crop, and that all wastewater leaving the cultivation site is safe for the surrounding environment.

Pesticide Guidance and Protocols (Pesticide Guidance and Disclosure/Labeling)

5 pts

WHAT TYPE OF PESTICIDES ARE USED DURING THE CULTIVATION PROCESS AND HOW DOES THE CONSUMER KNOW?

The use of pesticides during the cultivation of cannabis can lead to irreversible contamination. The U.S. Environmental Protection Agency has not established tolerance thresholds for pesticide products used during the cultivation of cannabis, resulting in a lack of clear guidance on the federal level regarding the appropriate usage of pesticide products. In order to protect consumers from encountering pesticide-adulterated products, ASA encourages state governments to limit allowable pesticides to "minimum risk pesticides" as identified in 40 CFR 152.25(f) or produce a specific list of state-government-approved pesticide products.

Cultivation facilities should be required to track and record pesticide use and fully disclose which pesticide products were used during the cultivation of each lot and batch of cannabis produced. State governments should require that cultivation facilities disclose pesticide use in their labeling requirements.

Required Testing

5 pts

ARE CULTIVATORS REQUIRED TO TEST ALL MEDICAL CANNABIS PRODUCED AND REQUIRED TO DISCLOSE THOSE RESULTS?

In order to ensure patient safety and accurate labeling of medical cannabis and medical cannabis products, state governments should require that representative samples of each batch and lot of medical cannabis produced by a cultivation facility be analyzed by an independent, third-party laboratory testing facility to determine their purity, chemical profile, potency, and quality, screen for potential contaminants, and verify that the product safety practices at the cultivation facility are adequate and effective. Laboratory facilities should be required, or at least allowed, to retain portions of representative samples for analysis at a later date should there be an adverse event or other product safety concern.

Recall Protocol and Adverse Event Reporting

5 pts

IS THE MEDICAL CANNABIS FACILITY REQUIRED TO DEVELOP AND IMPLEMENT A PRODUCT RECALL STRATEGY?

Product recall strategies are an integral step to ensuring the safety of medical cannabis consumers. State regulations should require cultivation facilities to implement a product recall program that includes transportation guidelines that allow the consumer, a manufacturing facility, and/or a dispensary to return adulterated and recalled products to the facility from which the products originated. Additionally, the rules and regulations should require that all recall programs include the recording of consumer-reported adverse events. Labs or third-party vendors should also be required to collect the representative samples to ensure no adulteration has taken place.

MANUFACTURING

Staff Training

5 pts

ARE MANUFACTURING FACILITY STAFF REQUIRED TO BE TRAINED IN MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of manufacturing facilities. It is ASA's position that manufacturing facility staff should be required to successfully complete a training curriculum that includes an overview of medical cannabis knowledge as well as applicable state and local laws and regulations and good manufacturing practices. Such training is essential to maintaining workplace safety, regulatory compliance, and product safety.

Standard Operating Procedures and Protocols

5 pts

ARE MANUFACTURING FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

As product safety guidelines have been added to many state government regulatory programs, the development and implementation of standard operating procedures and protocols has become a common requirement. Standard operating procedures and protocols serve to ensure that a facility's operations are conducted in a manner that is safe for all staff working in the facility as well as the surrounding environment and that proper records are kept to ensure product safety. Written standard operating procedures and protocols also serve as internal training and resource guides for the staff and should include, at a minimum, the following key components designed to protect workers as well as product safety, purity, and consistency:

Facility and Equipment Sanitary Conditions

5 pts

ARE THE FACILITY AND THE EQUIPMENT USED CLEAN AND SAFE?

Contamination can occur at any time during the manufacturing of cannabis-derived products. State laws should require that medical cannabis cultivation, processing, manufacturing, distribution, and laboratory testing be conducted in sanitary conditions. ASA recommends using existing sanitation standards for farming, food packaging, and herbal medicine processing as models for sensible regulations to protect patients from contaminants. The American Herbal Products Association Recommendations for Regulators is a good place to start this process.

Workforce Safety Protocols

5 pts

Cannabis products, like other herbal products produced for human consumption, come into contact with various types of equipment and materials designed to assist with the extraction, mixing, development, and packaging of cannabis and cannabis-derived products. Observing appropriate safety procedures regarding the use and storage of equipment and materials used during the manufacturing process helps to ensure that the workplace is safe and accident-free. Standard operating procedures and protocols addressing workplace safety are key to ensuring that workers understand the proper use, handling, and storage of equipment and materials used during the manufacturing process.

Storage Protocols

As cannabis is a perishable product, state laws should require medical cannabis businesses to store medicine in a manner that is sanitary and appropriate for the product on hand at every stage of the production and distribution chain. Upon its arrival at a manufacturing facility, cannabis should be stored in a separate incoming holding area until the raw plant material or derived product can be inspected, verified for quality, logged into inventory, and moved into a storage area designated for materials ready to be used in the manufacturing process. In order to reduce the risk of spoilage and contamination, storage procedures and protocols should include separate and distinct storage areas for products that are considered to be in-holding, in-process, awaiting labels, and ready for distribution.

Reasonable Security Protocols

State laws or regulations should require legal medical cannabis businesses to develop and implement a reasonable and effective security plan. The plan should address physical security, loss prevention, theft or robbery prevention, and training. However, state laws should not place arbitrary or onerous restrictions on legal medical cannabis business where they are unwarranted.

Batch and Lot Tracking

As product safety has become more of a consideration in state government regulations, and recall and adverse event reporting programs are increasingly required of cannabis facilities, lot and batch tracking has become a necessary component to ensuring product safety throughout the supply chain. The need for lot and batch tracking touches all aspects of the supply chain and must be implemented during propagation and cultivation of cannabis in order to effectively track the cannabis forward and backward through the supply chain. Successful lot and batch tracking systems allow the consumer, dispensary, manufacturer, and processor to obtain information regarding the production facility, including details pertaining to the treatment and laboratory testing of the plant material or product.

Disposal/Waste

To protect the safety and purity of cannabis and cannabis products, states should require that cannabis manufacturing facilities create and implement waste disposal procedures and protocols that are designed to ensure that no discarded cannabis or cannabis-derived products can contaminate or be confused with cannabis-derived products destined for distribution to patients. Such protocols include segregating material that is to be discarded from other material and rendering material to be discarded as clearly unusable.

Product Labeling

5 pts

WHAT INFORMATION SHOULD BE REQUIRED ON MEDICAL CANNABIS PRODUCT LABELS?

Consumers often have a range of medical cannabis products available to them, some of which contain a broad variety of ingredients. Consumers should be able to expect clear and accurate labeling that includes the following product information:

Product Contents, Including Source Material Identification

State government regulations should require manufacturing facilities to label each product in a manner that clearly discloses a list of all ingredients, including the portion of the cannabis plant used or the source of cannabis if not raw plant material. Nutritional panels should be included for edible products.

Allergens

Allergen warnings should be required on the labels of edible cannabis products that contain, or were produced, manufactured, or packaged in a facility that uses known common allergens.

Potency and Compound Identification

Medical cannabis patients often rely on product labels to determine which medicinal compounds are present and at what strength. Labeling requirements for cannabis and cannabis-derived products should include a listing of the products' active compounds and the potency of each, and not be limited to only CBD and THC, if other cannabinoids are present.

Required Testing

5 pts

ARE MANUFACTURING FACILITIES REQUIRED TO TEST ALL MEDICAL CANNABIS PRODUCTS IN ORDER TO ENSURE THE ACCURACY OF LABELING AND VERIFY THE QUALITY, PURITY, AND CONSISTENCY OF THE PRODUCTS PRODUCED?

In order to ensure patient safety and accurate labeling of medical cannabis and medical cannabis products, state governments should require that representative samples of each batch and lot of all cannabis-derived products be analyzed by an independent, third-party laboratory testing facility to determine their purity, chemical profile, potency, and shelf-life, screen for potential contaminants, and verify that the product is of the quality and consistency it purports to be. Laboratory facilities should be required,

or at least allowed, to retain portions of representative samples for analysis at a later date should there be an adverse event or other product safety concern. Labs or third-party samplers should be required to collect the representative samples.

Recall Protocol and Adverse Event Reporting

5 pts

Product recall strategies are an integral step to ensuring the safety of medical cannabis consumers. State governmental regulations should require all manufacturing facilities to implement a product recall program that includes transportation guidelines that allow the consumer and/or dispensary to return adulterated and recalled products to the facility from which they originated. Additionally, the rules and regulations should require that all recall programs include the recording of consumer-reported adverse events.

LABORATORY OPERATIONS

Staff Training

5 pts

ARE MANUFACTURING FACILITY STAFF REQUIRED TO BE TRAINED IN MEDICAL CANNABIS KNOWLEDGE AND THE STATE LAW?

Many state governments have training requirements for the staff of laboratory testing facilities. It is ASA's position that laboratory staff should be required to successfully complete a training curriculum that includes an overview of medical cannabis knowledge as well as applicable state and local laws and regulations and good laboratory practices. Such training is essential to maintaining workplace safety, regulatory compliance, and product safety.

Method Validation in Accordance With AHP Guidelines

5 pts

HAS THE MEDICAL CANNABIS OR MEDICAL CANNABIS PRODUCT BEEN TESTED USING A STANDARDIZED METHOD?

In December 2013 the American Herbal Pharmacopoeia (AHP) released a cannabis monograph that outlines the quality control criteria for identifying the quality, purity, and potency of the cannabis plant. It also provides analytical standards to guide cannabis laboratory operations, with a baseline for contaminant testing and standardized methodologies for cannabis analysis. Multiple state governments have adopted the standards for laboratory analysis provided by AHP in the cannabis monograph.

Result Reporting

5 pts

IS THE LABORATORY REQUIRED TO DISCLOSE THE TYPE OF METHOD USED TO DETERMINE THE REPORTED TEST RESULTS?

Laboratory testing facilities should be required to disclose the type of method and instrumentation (where applicable) used to generate the provided test result. For example, was the presence of bacteria ruled out due to visual inspection with a microscope or was the product cultured?

Independent or Third Party

5 pts

CAN CULTIVATORS AND MANUFACTURERS TEST THEIR OWN PRODUCTS IN-HOUSE TO VERIFY LABELING AND PRODUCT SAFETY?

In order for a laboratory to maintain integrity while serving as a body that can verify the quality, purity, and composition of a product, it must maintain its independence. As such, the verification of medical cannabis and medical cannabis products should be performed by independent third-party entities, and states should refrain from permitting commercial cannabis business licensees to pair any other licensing category with a cannabis testing laboratory license.

Standard Operating Procedures and Protocols

5 pts

ARE LABORATORY TESTING FACILITIES REQUIRED TO DEVELOP AND MAINTAIN STANDARD OPERATING PROCEDURES AND PROTOCOLS?

ASA recognizes that the accuracy and consistency of laboratory analysis is dependent on a facility's ability to implement standard operating procedures and protocols that address and standardize testing activities. State governments should require that laboratory testing facilities develop and implement standard operating procedures and protocols to ensure regulatory compliance and worker safety while protecting the quality, purity, and consistency of the products with which the laboratory works. Standard operating procedures and protocols should include the following topics:

Equipment and Instrument Calibration

Regular calibration of all equipment and instruments used in the laboratory testing facility should be required to help ensure the ongoing accuracy of analytical results.

Facility and Equipment Sanitary Conditions

The testing facility and all equipment used therein should be subject to regular sanitation protocols designed to ensure that new samples that come into contact with equipment and instruments cannot become contaminated with residuals from previous test samples.

Sample Tracking

State governments should require that samples be subject to a detailed tracking protocol.

Disposal/Waste Protocols

The laboratory testing facility should be required to have clear disposal protocols in place that regularly track the amount of waste produced by the operation, as well as include provisions for the safe disposal of chemicals, standards, and reagents generated during testing activities. Most states fail to appreciate that labs have different waste streams that need to be accounted for. The same waste disposal practices that apply to cultivation and manufacturing operations are not always sufficient, i.e. the unrecognizable and unusable clauses that are always present. Labs will generate controlled substance hazardous waste that must be disposed of through licensed environmental (for chemical test sample extracts) or biohazard (for micro test sample extracts) providers.

Storage Protocols

Laboratory facilities should be required to store test and reserve samples under appropriate environmental conditions that protect the integrity of the sample while ensuring their security prior to analysis. Post-analysis samples and extracts should be stored appropriately while awaiting test results, and disposed of promptly thereafter. Reserve samples should be stored for a specified period of time for no greater than two months.

Workforce Safety Protocols

Laboratory testing facilities should be required to develop and implement standard operating procedures and protocols that ensure workplace safety. Such protocols should address the proper use and storage of any solvents or chemicals on site as well as the proper use of all equipment and instruments utilized in the facility.

STATE MEDICAL CANNABIS PROGRAM REGULATIONS AND OVERSIGHT

REGULATIONS

MORE THAN 310 MILLION AMERICANS LIVE IN STATES WITH MEDICAL CANNABIS LAWS. THESE PROGRAMS ARE INFLUENCED BY LOCAL, STATE, AND FEDERAL REGULATIONS. AFTER A LAW IS ENACTED, STATE AGENCIES CREATE A SERIES OF REGULATIONS THAT GOVERN EVERYONE PARTICIPATING IN THE PROGRAM AND ALL PRODUCTS PRODUCED.

MEDICAL CANNABIS REGULATORY AGENCY

State agencies or groups of several agencies (such as the Departments of Health, Agriculture, Consumer Affairs, etc.) are tasked with creating and monitoring regulations through all phases of the production line, issuing licenses for businesses, and coordinating patient enrollment. These agencies also conduct inspections or work with third-party accreditors to ensure compliance, monitor adverse event reporting, and implement product recalls if necessary.

DEPARTMENT OF COMMERCE

DEPARTMENT OF HEALTH

DEPARTMENT OF AGRICULTURE

INSPECTIONS

Medical cannabis businesses must pass inspections to maintain licenses to operate. These inspections may be conducted by the state medical cannabis regulatory agency, accredited third-party agencies, law enforcement, OSHA, municipal safety inspectors, etc.

SUPPLY CHAIN

REGULATIONS BEGIN AT THE APPLICATION STAGE, WHERE CRITERIA ARE SET FOR WHO CAN OWN, OPERATE, AND WORK IN MEDICAL CANNABIS BUSINESSES, AND END WITH PURCHASING CRITERIA AT THE RETAIL POINT. FROM SEED TO CONSUMPTION, REGULATIONS INCLUDE TRACK AND TRACE FUNCTIONS, SECURITY REQUIREMENTS, PRODUCT SAFETY PROTOCOLS, STAFF TRAINING, AND ADVERSE EVENT REPORTING AND RECALL PROCEDURES. MEDICAL CANNABIS BUSINESSES ARE SUBJECT TO INSPECTIONS. REGULATORS NOW HAVE RESOURCES, SUCH AS THE AMERICAN HERBAL PHARMACOPOEIA CANNABIS MONOGRAPH AND THE AMERICAN HERBAL PRODUCTS ASSOCIATION RECOMMENDATIONS FOR REGULATORS, TO INFORM THE CREATION OF ROBUST PRODUCT SAFETY PROTOCOLS. ALL COMPANIES MUST DEMONSTRATE ABILITY TO TRACK ADVERSE EVENTS AND INITIATE A RECALL.

TESTING LAB FACILITY

All staff have proper training. Companies must adhere to Good Laboratory Practices and be accredited by an International Laboratory Accreditation Cooperation (ILAC) signatory for ISO 17025 accreditation and related certifications. Testing laboratories must offer potency testing for a variety of cannabinoids and screen for pesticides and contaminants. Specifications for these tests are set by the American Herbal Pharmacopoeia Cannabis Monograph. Strong regulatory regimes require laboratories to retain samples in order to assist in product recalls and public health inquiries.

OWNERS AND STAFF

Regulations include legal conduct for owners and staff and often require unique IDs issued by the state. All staff and management are required to have legal compliance and product safety protocol adherence training.

MEDICAL PROFESSIONALS

Regulators create guidelines for medical professionals to enroll their patients into the program, including forms and number of visits required. Some require medical professionals to take specific training courses and have built-in audits.

CULTIVATION FACILITY

All staff have required legal compliance and product safety protocol adherence training. Companies must adhere to Good Agricultural Practices. Facilities may only use certain approved pesticides.

MANUFACTURING FACILITY

All staff have required legal compliance and product safety protocol adherence training. Companies must adhere to Good Manufacturing Practices. Products are packaged to prevent accidental ingestion by children.

DISPENSING/RETAIL FACILITY

Staff are trained to provide guidance to patients in making cannabis product selections. Regulations require the retail store to maintain certain hours and limit the scope of advertising to fit within community standards. Security cameras and increased foot traffic help deter crime. Under state laws, dispensaries can only serve verified patients and caregivers.

PATIENTS AND THEIR CAREGIVERS

Regulators create enrollment and renewal procedures for patients that usually include the issuance of an ID. Rules for patients also govern how much medicine a patient can possess, places where patients can legally use their medicine, and the transportation of cannabis.

MEDICAL CANNABIS PRODUCTS

Products are labeled in accordance with state guidelines to display cannabinoid profile and other useful information, including the expiration date if the item is perishable.

PRODUCT SAFETY

Each batch of raw plant material and cannabis-derived product must be quality assurance tested in order to ensure the integrity, purity, and proper labeling of medical cannabis products.

TRANSPORTATION

Regulations extend to transportation of cannabis products throughout the supply chain. Regulations require drivers to be registered with the state and require paperwork at pickup and drop-off locations, including weighing the product. Regulations also include special instructions for dealing with waste.

RECALL

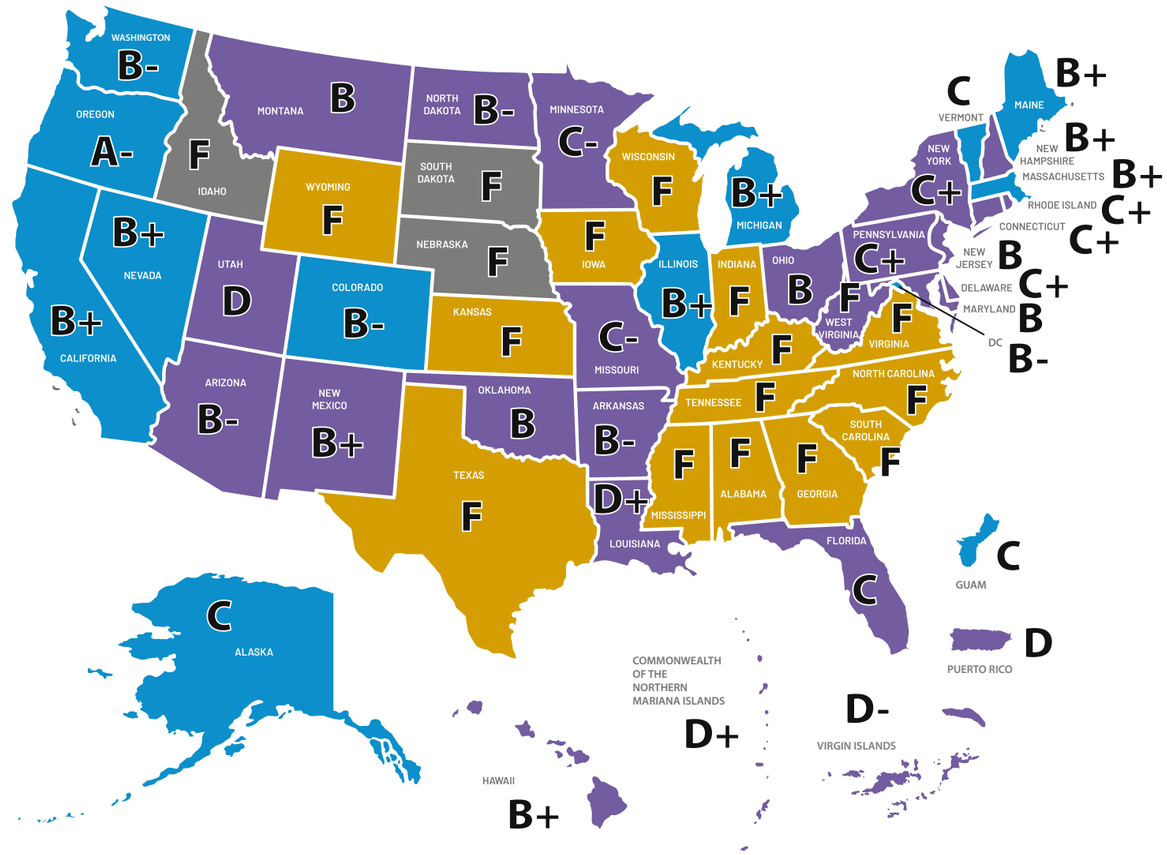
When a product containing contaminants, molds, or mildew – or an improperly labeled product – enters the supply chain, regulatory agencies trigger a product recall to prevent patient consumption. This includes alerting the manufactures, retail outlets, and the public. Recalled products are destroyed.

QUALIFICATION

ONCE THE AUTHORIZING STATUTE HAS BEEN ADOPTED, REGULATORS SET THE REQUIREMENTS FOR PATIENT AND MEDICAL PROVIDER PARTICIPATION IN THE MEDICAL CANNABIS PROGRAMS, CREATE RELEVANT GUIDELINES AND FORMS, AND SET RULES REGARDING TRANSPORTATION AND USE.

AmericansForSafeAccess.org

State Report Cards



MAP KEY

Purple: Full medical cannabis program

Yellow: CBD-specific program [includes low-THC]

Blue: Medical and adult use program

Gray: No medical or adult use program

KEY FOR STATE GRADES

A+:	96-100
A:	93-95
A-:	90-92
B+:	87-89
B:	83-86
B-:	80-82
C+:	77-79
C:	73-76
C-:	70-72
D+:	67-69
D:	63-66
D-:	60-62
F:	Below 60%

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

ALABAMA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2015	2016	2017	2018-19	2020
F	F	F	F	F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

After four public meetings and independent deliberations, the Alabama Medical Cannabis Study Commission released its report required by SB 236 in August of 2019. The report outlined key items that should be included in state legislation to authorize a comprehensive medical cannabis program, and senators moved quickly in 2020 to introduce and pass SB 165 containing the Commission's recommendations. Unfortunately, House lawmakers never took the bill up before the legislature adjourned for the year on June 17, opting to continue subjecting patients to the state's extremely limited evaluation and access system.[1] As lawmakers prepare for the 2021 legislative session ASA recommends discussing organization of a comprehensive medical cannabis policy regime, that includes legal protections for medical cannabis patients as well as safe legal access to lab-tested medical cannabis and related products that can be sold to patients at licensed retailers. ASA also recommends authorizing patients to cultivate cannabis at home to reduce costs to patients.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**23/100**
Arrest Protection	**0/40**
Affirmative Defense	**10/15**
Parental Rights Protections	**8/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**0/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**13/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**0/10**
Does Not Impose Bans or Limits on THC	**3/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**68/100**
Comprehensive Qualifying Conditions	**35/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**7/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**35/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**5/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**10/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**2/7**

Base Categories Points: 139
COVID Response Points: 0
Points Total: 139/500
Score Percentage: 27.80%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
Required Testing	**0/5**
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	**0/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	
Alabama had no formal response to COVID when it came to medical cannabis.	

Background

In 2014, the Alabama state legislature passed Carly's Law (SB 174), which required participation in a University of Alabama clinical trial to become a legal patient and offered an affirmative defense for the possession and use of CBD. However, Carly's Law ultimately proved too restrictive to extend functional access, as it only allowed patients to obtain legal CBD access after a medical practitioner at the University of Alabama Birmingham (UAB) made a diagnosis for a "debilitating epileptic condition". Only then could patients secure access to CBD with no more than 0.3% THC.

In 2016, Alabama enacted "Leni's Law" (HB 61). It extended the affirmative defense language to several conditions and removed the requirement that patients be enrolled in a UAB study program. Under Leni's Law, patients are eligible for the affirmative defense if they are simply diagnosed with a debilitating condition, regardless of the age of the patient. However, a "prescription" is still required in order for a minor's parents or legal guardian to be eligible for the affirmative defense. Because physicians cannot legally write prescriptions, only recommendations for medical cannabis due to its federal Schedule I designation, parents and guardians of minor patients may be ineligible for legal protections.

2016 also saw Alabama legislators approve The Alabama Industrial Hemp Research Act (SB 347), which integrated hemp into the state's controlled substances law and defined hemp as containing no more than 0.3% THC by dry weight. These efforts paved the way for the state to integrate into the federal USDA hemp production program authorized by the 2018 Farm Bill. In 2019, Alabama began accepting applications for hemp cultivators under the state research program, with state hemp cultivators getting to work on producing their first legal crops in compliance with state standards in 2020.

Patient Feedback

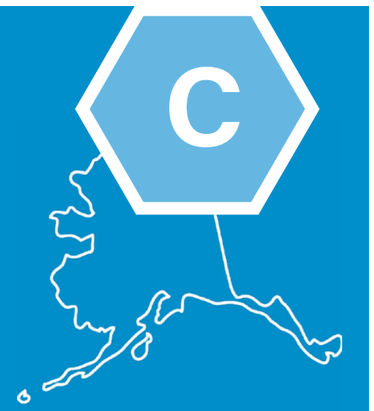
Surveyed patients report feeling frustrated that, again this year, the only access to medical cannabis is through the state's extremely limited CBD program or through the illicit market.

ALASKA

404	.06%	93	4:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

2019 saw Alaska become the first state to permit onsite consumption at cannabis retail facilities, and several retailers were authorized to conduct this new business activity in January of 2020. Beyond that important change not much changed for patients in Alaska since the publication of our last report. The State board expanded on their previous establishment of sampling and testing regulations from 2018 by assigning themselves an oversight role for testing facilities in March of 2020. Accountability for those testing cannabis products can be helpful to the reliability of medicine for patients, as there is a decreased risk of an individual lab falsifying results for financial compensation from a producer. Curbside pickup and telemedicine were made available as an option to patients as a response to COVID-19, and those were the Marijuana Control Board's only 2020 modifications. As lawmakers prepare for the 2021 legislative session ASA recommends making modifications to Alaska's medical cannabis program to provide employment protections for patients, expand the number of plants registered patients are permitted to grow at home, and implement measures incentivizing or requiring cannabis cultivators, manufacturers and retailers to produce and make available to patients specific medical cannabis and cannabis products designed for medical applications.



2015	2016	2017	2018-19	2020
D-	D-	C	C	C

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**65/100**
Arrest Protection	40/40
Affirmative Defense	13/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**67/100**
Allows Distribution Programs	24/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	1/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	0/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**80/100**
Comprehensive Qualifying Conditions	44/50
Adding New Conditions	7/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	7/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**74/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	40/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 359
COVID Response Points: 12
Points Total: 371/500
Score Percentage: 74.20%

FINAL GRADE C

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**73/100**
Dispensing	**15/25**
Staff Training	0/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**18/25**
Staff Training	0/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	3/2.5
– Pesticide Labeling	0/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**20/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**20/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**12/20**
Delivery Available?	0/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

Safe access to medical cannabis was first approved by 58 percent of Alaska voters through Measure 8 in 1998. In June of 1999, Alaska lawmakers approved SB 94, which modified the law created by Measure 8 to require medical cannabis patients to register with the state health department and limited the amount of cannabis that they and their caregivers could legally possess. Under the law, any patient with a valid registry card may legally use cannabis for medicinal purposes, and all patients and caregivers must enroll in the state registry and possess a valid identification card to be legally protected. Patients or their caregivers may possess up to one ounce of usable cannabis and cultivate up to six cannabis plants (three mature, three immature), and may also possess paraphernalia associated with growing or consuming cannabis for medical use.

In 2014, 53 percent of Alaska voters approved the creation of an adult-use commercial cannabis program via Measure 2, allowing for the first time the creation of a legal retail cannabis access system for patients and adult-use consumers. Final adult-use program regulations were issued in 2016 with the first legal Alaska cannabis retail facility opening in November of that year.

Enrollment in Alaska's program has been steadily declining since its peak in 2015 when the program had 1773 patients. As of the writing of this report, 404 patients remain registered as medical cannabis patients in Alaska. This representation is indicative in a steady drop since cannabis became legal for all adults in 2015 and the most severe case of that trend. While Alaska maintains laws permitting local governments to ban commercial cannabis activity over ASA's strong objections, many local governments in the state have authorized cannabis businesses to operate within their jurisdictions.

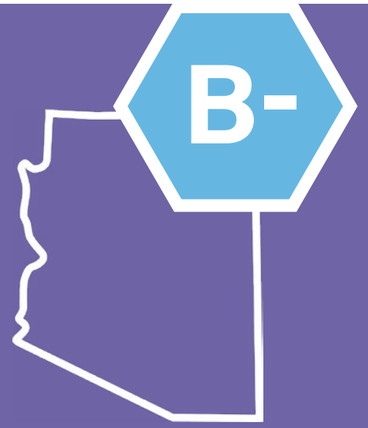
The most significant changes to Alaska's program during this period authorized consumers to consume cannabis on-site at the place of purchase in 2019, and the promulgation of new sampling and testing regulations issued in 2018. On-site consumption can be helpful for patients who live in subsidized housing or are otherwise prevented from consuming their medicine on the property where they reside, and robust sampling and testing requirements are critical to ensuring consumer safety and product quality. Alaska also certified some technical changes to ownership regulations in 2018. It should be noted that Alaska's onsite consumption program is subject to local government approval.

Patient Feedback

Surveyed patients in Alaska report that medical cannabis is too expensive. In addition, surveyed patients felt that dispensaries have been failing to promote medical products and provide only a limited number of cultivar of cannabis. They also expressed frustration that there are no protections from employment discrimination. Some surveyed patients would like to be able to cultivate more cannabis plants at home to defray the high cost of medical cannabis products, as health insurance plans do not extend coverage to cannabis as a treatment option.

ARIZONA

245,533	3.37%	131	1874:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Little has changed regarding policy improvements to the state's program in the past year. Arizona's legislative agenda was upended by the need to focus on coronavirus emergency measures, and no cannabis legislation cleared the legislature this year. However language was included in state emergency coronavirus legislation that declared medical cannabis dispensaries essential businesses, authorized delivery from legal storefronts as well as curbside pickup at these locations. Unlike some state partners, Arizona did not authorize patients to utilize telemedicine to determine eligibility or acquire a recommendation. In November of this year, improved medical cannabis testing standards authorized under SB 1494 in 2019 will go into effect, as well reduced patient fees.

While lawmakers may need to dedicate some of their time in 2021 on legislative cleanup related to the 2020 passage of adult-use initiative, ASA recommends that state elected leaders also revisit and repair many of the flaws existing in the state's medical program. Specifically ASA encourages consideration of legislation to improve product testing and labeling, as well as focusing on efforts to reduce the cost of medical cannabis and cannabis products to patients.

2015	2016	2017	2018-19	2020
C+	B-	C+	C-	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**97/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**8/10**
DUI Protections	**5/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**4/5**
Organ Transplants	**5/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**81/100**
Allows Distribution Programs	**33/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	1/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**10/20**
– Personal Cultivation	10/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**87/100**
Comprehensive Qualifying Conditions	**46/50**
Adding New Conditions	**9/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	4/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**10/10**
Allows Multiple-Year Registrations	**2/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**74/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**50/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**7/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 394.69
COVID Response Points: 14
Points Total: 408.69/500
Score Percentage: 81.74%

FINAL GRADE B-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**55.7/100**
Dispensing	**20/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**15.3/25**
Staff Training	**5/5**
Standard Operating Procedures	**2.84/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**2.5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	0/2.5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**5.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**3/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**1.67/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**1/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**14.66/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**3/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**1.66/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**4/7**
Telemedicine Available?	**0/5**

Background

50.13 percent of Arizona voters approved the Arizona Medical Marijuana Question (Prop 203) in 2010. The corresponding Arizona Medical Marijuana Act (AMMA) for the first time allowed patients with an Arizona registry ID card to use cannabis for medical purposes. Under the law patients may appoint a designated caregiver for assistance, patients and their caregivers may possess up to 2.5 ounces of usable cannabis and may cultivate up to 12 plants if they live at least 25 miles away from a registered dispensary. The law recognizes out-of-state medical cannabis IDs for the purposes of criminal protections but does not permit visiting patients to obtain cannabis from Arizona dispensaries. Due to a series of lawsuits, the Arizona Department of Health Services did not post rules for the Medical Marijuana Dispensary portion of the AMMA until 2012. The first medical cannabis dispensary opened in Arizona in December of 2012 with the requirement that at least one dispensary be located in each county, and if more are authorized they do not exceed a ratio greater than 1:10 to licensed and operating pharmacies in the state. Arizona opened its first drive-thru dispensary in 2017, and today over 100 medical cannabis dispensaries operate legally in the Grand Canyon State.

Since the passage of the AMMA, the legislature has passed several laws restricting the rights of patients which ASA recommends reversing to protect patients. HB 2541, which was passed in 2011, allows an employer to fire a patient for workplace impairment solely on the word of a "reliable" colleague or a positive drug test. HB 2585 added cannabis patient data to the prescription drug monitoring program that same year. In 2012 HB 2349 prohibited medical cannabis at schools, vocational schools, and college campuses, but the Arizona Supreme Court overturned this law as unconstitutional in State v. Maestas. In 2015 HB 2346 specified that the AMMA does not require workers' compensation benefits to include reimbursement for medical cannabis. In 2017 the legislature passed HB 2061, which requires dispensaries and doctors to warn of the potential risk of using cannabis while breastfeeding or pregnant. In 2019 an AZ court ruled that a recommendation letter from a California doctor is just as valid as an AZ-issued medical cannabis ID card, which has significant implications for patient reciprocity. In May 2019, the AZ Supreme Court ruled that medical cannabis extracts are legal, and a federal judge in Arizona ruled that Walmart improperly terminated an employee for state-legal medical cannabis use.

Patient Feedback

Some surveyed patients report that access to medical cannabis has gotten better, especially access to quality flower and improvement on the variety of products now sold. Other surveyed patients are concerned with the lack of testing and safety regulations in the state. Costs of products and taxes were also reported to remain exceptionally high, causing some surveyed patients to purchase cheaper products in the illicit market. Surveyed patients appreciate that their medical cannabis patient card renewal was extended to two years without a change in cost whereas prior patient cards had to be renewed every year. Patient cards are now available digitally and available within three days instead of 10 days via airmail. Some surveyed patients would like for the curbside pickup and dispensary cleanliness emergency provisions organized under COVID to be maintained after the pandemic has passed.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

ARKANSAS

71,163	2.35%	22	3,235:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Arkansas has issued licenses to 32 medical cannabis dispensaries, of which 22 have opened their doors to patients. 2020 also saw the state issue the eighth and final cultivation license authorized by the 2016 constitutional amendment. The program has a limited list of qualifying conditions, and while patients in Arkansas have the ability to submit a petition to the Medical Marijuana Administration asking for an expansion of qualifying conditions, none have been added at this time. Arkansas lawmakers did make a number of improvements to maintain patient access during the coronavirus pandemic, including authorizing delivery from licensed storefronts, permitting telehealth visits between physicians and patients for eligibility and recommendations and removing annual program eligibility renewals. As state lawmakers return for the 2021 legislative session ASA encourages consideration of legislation to further expand the number of licensed medical retailers and reduce costs to patients either through the creation of a collective model or specific efforts to drive down costs to commercial cannabis businesses that are being passed on to patients.

2015	2016	2017	2018-19	2020
NA	B-	B-	C+	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**91/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**3/5**
Explicit Privacy Standards	**5/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**5/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**69/100**
Allows Distribution Programs	**33/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**9/10**
Local Bans/Zoning	**7/10**

ISSUE	POINTS
EASE OF NAVIGATION	**79/100**
Comprehensive Qualifying Conditions	**40/50**
Adding New Conditions	**8/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**8/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**76/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**10/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**4/7**

Base Categories Points: 390
COVID Response Points: 18
Points Total: 408/500
Score Percentage: 81.6%

FINAL GRADE B-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**75/100**
Dispensing	**20/25**
Staff Training	**0/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**20/25**
Staff Training	**0/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**20/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**15/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**5/5**
Result Reporting	**5/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**18/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In November of 2016, Arkansas voters approved a constitutional amendment (Arkansas Medical Marijuana Amendment - AMMA) that provided for the creation of a medical cannabis program. In the 12 months that followed, the Arkansas Department of Health worked diligently to create rules and regulations implementing the voter-approved program. Arkansas still has areas for improvement, such as authorizing patient home cultivation, but The Natural State showed significant program improvements in just its first year. Following the passage of the constitutional amendment, the Arkansas legislature approved 16 bills that made technical and nuanced changes to the program that voters passed. In May of 2017, Arkansas implemented Rules and Regulations for the Registration, Testing and Labeling of Cannabis, which greatly strengthened their program. Arkansas also implemented rules governing the oversight of medical cannabis cultivation facilities and dispensaries.

Patient Feedback

Some surveyed patients are relieved that additional dispensaries opened in Arkansas and that they now have more access to medical cannabis than before. Other surveyed patients report that they would like to access a compassionate use program in Arkansas because they cannot afford medical cannabis with the heavy taxes placed on cannabis products.

CALIFORNIA

1,580,488	4%	650	2,432:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

The foundation of a well-functioning program is patient access. And while California law provides for medical access, the effectiveness of that law is hamstrung by local control laws maintained in the state constitution. Under the law local governments maintain sole control of zoning and land-use decisions, which two-thirds of the state's local governments are using to maintain bans on medical retail access. The sentiment against providing legal medical access is so strong among California local governments that, in 2019, 25 cities filed suit against the state to prevent legal cannabis delivery to patients from neighboring jurisdictions with legal access systems. A full five years after state lawmakers approved a comprehensive medical package (MCRSA) designed to extend safe and legal access to the state's large population of cannabis patients, California's medical access system continues to fail patients. The rate of patient enrollment in the state program has declined steadily since the 2009-2010 fiscal year, when over 12,000 new patients registered with the state to just over 3,300 in FY 2019-2020. As of August 2020, there are 111,387 patients enrolled in California's medical cannabis program.

While the state continues to receive low marks for functional access due to this phenomenon, efforts were made in 2019 to restore a version of the state's previously existing collective/caregiver model to benefit disadvantaged patients, reduce businesses tax burdens, and permit guardian possession and administration of cannabis medicine to minors at schoolsites. The state also maintained patient access by declaring cannabis businesses as essential during the COVID pandemic, provided for curbside pickup and home delivery subject to state and local authorization during the emergency and permitted telehealth visits with physicians for patient enrollment renewals.

As state lawmakers and regulators consider improvements for 2021, ASA encourages California lawmakers to identify strategies to overcome local resistance to extending legal medical access to patients. ASA also encourages a thorough review and update to California hemp-derived CBD laws, the absence of which are currently putting patient health at risk. CBD storefronts are proliferating in cities across the state selling hemp-derived CBD products that have undergone absolutely no government-mandated testing to ensure consumer safety. As of the writing of this report, California still has yet to submit its hemp production program to USDA for authorization to operate a state-run program, which was made possible by the 2018 federal Farm Bill.

2015	2016	2017	2018-19	2020
B+	B+	B+	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**79/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**3/5**
Organ Transplants	**5/5**
Reciprocity	**1/3**
ACCESS TO MEDICINE	**82/100**
Allows Distribution Programs	**34/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	1/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	2/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**15/20**
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**9/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**4/10**

ISSUE	POINTS
EASE OF NAVIGATION	**93/100**
Comprehensive Qualifying Conditions	**50/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	**10/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**7/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**82/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**12/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**10/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**7/7**

Base Categories Points: 440
COVID Response Points: 19
Points Total: 439/500
Score Percentage: 87.75%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**84/100**
Dispensing	**18.75/25**
Staff Training	**5/5**
Standard Operating Procedures	**3.75/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**20/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**25/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**20/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**19/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**1/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 1996, California became the first medical cannabis state when voters approved Prop 215, the Compassionate Use Act. That law allowed doctors to recommend cannabis for any serious or persistent medical condition and allows patients to legally use, possess, and grow cannabis and designate caregivers to assist them. In 2003, the California legislature passed the Medical Marijuana Program Act, establishing a voluntary ID card program, protections for transporting cannabis, and a legal framework to protect not-for-profit dispensing collectives and cooperatives. The voluntary registry issued ID cards that offered protection from arrest for patients and caregivers in possession of no more than eight ounces of cannabis or cultivating no more than six mature or 12 immature plants. Patients and designated caregivers without a state ID card, or those in possession of larger quantities, are afforded an affirmative defense. Qualified patients on probation or parole may legally use medical cannabis with the consent of their probation or parole officer.

In 2015, the state passed the Medical Cannabis Regulation and Safety Act (MCRSA), a trio of bills that created a state-regulated medical cannabis production and sale system, and protected medical cannabis patients in need of an organ transplant. Voters approved the Adult Use of Marijuana Act (Proposition 64) in 2016, which expanded rights for patients by adding parental rights protections, enhancing patient privacy rules, prohibiting cities from banning personal cultivation, and exempting card-holding patients from sales tax.

In July of 2017, Governor Brown signed the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), legislation combining 2015's MCRSA with 2016's voter-approved AUMA ballot initiative (Prop 64). In November of 2017, California published emergency rules and regulations that implemented the combined measure. These emergency regulations also impacted the state's medical program, particularly in regards to how businesses are licensed, purchasing limits for patients, and much-needed regulations for the manufacturing of cannabis products.

Despite the legacy of cannabis policy reform in California, local control responsibility provided for in the state's constitution remains the primary tool being utilized by two-thirds of California local governments to deny safe, legal patient access to medical cannabis. A lack of leadership and coordination among state and local lawmakers, the Governor's office, and medical cannabis reform organizations to overcome this issue also remains a key obstacle to addressing the state's legal access challenges.

California's 2018-2019 legislative session saw the state pass legislation designed to alleviate tax burdens on commercial cannabis businesses and introduce a statewide social equity program. AB 1863 allowed for the deduction of business expenses for a cannabis trade or business under the state's personal income tax law, and SB 1294 created a voluntary statewide social equity program that offers technical assistance and grant funding to local governments interested in organizing programs designed to benefit minority-owned/operated cannabis businesses. To date, only a handful of California local governments have developed social equity programs including San Francisco and Los Angeles, and none of the programs have been successful in extending the intended benefit advertised during program enactment.

Patient Feedback

Surveyed patients continue to report concern over the inconsistent quality of medicine, limited supply of popular cultivar, and the high costs of medical cannabis, especially after taxes. This is causing many to turn to the illegal market for medicine. Surveyed patients in urban and suburban areas appreciate that there are more dispensaries with a large variety of products available to them in the state and that delivery services are also available. However, surveyed patients in rural areas report that there are still not enough dispensaries and delivery services in their areas. In addition, some feel that the compassionate programs in California are too restrictive. Other surveyed patients wish their doctors were more knowledgeable about medical cannabis and could prescribe specific products rather than offer general recommendations. They also complain that there are no protections from employers demanding drug tests of patients, even though they have medical cards. Surveyed patients would like to see pre-ordering, delivery, and curbside pickup services maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

COLORADO

83,306	1.44%	449	186:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Many Colorado patients were eager to see what the return of the former U.S. House member and cannabis reform champion Jared Polis would mean for policy improvements in the Centennial State. In Governor Polis' first year in office, he did not disappoint, signing into law measures permitting cannabis delivery to medical and adult-use consumers from licensed retail storefronts, as well as approving legislation that authorizes cannabis hospitality spaces. Under the new law, medical and adult-use retail facilities may permit onsite consumption of cannabis products subject to local government approval. The law also allows retail food establishments to apply for cannabis hospitality licences also subject to local approval. Governor Polis also signed into law a bill that adds autism spectrum disorders to the list of medical conditions eligible for medical cannabis treatment. While this addition is critically important for autism spectrum disorder patients, ASA urges Colorado lawmakers to consider disbanding the list of eligible medical conditions entirely in favor of permitting physicians to determine whether or not cannabis treatment is appropriate for a patient's treatment.

In 2020, Colorado organized COVID emergency response measures that maintained and even improved previous access laws. These important program expansion features include authorization of telehealth visits for patient registration renewals, and permission for pre-ordering, curbside pickup, and delivery services. ASA encourages state lawmakers and regulators to make these provisions permanent to improve patient access going forward.

Not all of the state's 2019 reforms were positive, including a new law setting limits on the amount of medical cannabis products that a legal retailer may sell to an individual in one day. For flower, the limit is two ounces, for concentrate, the limit is 20 grams, though the law allows a physician to provide an exemption to the limits. The imposition of these limits and need for a physician exemption impose unnecessary burdens on patient access, and ASA recommends that these new rules be revisited to optimize convenience of access for the state's patients.

B-

2015	2016	2017	2018-19	2020
B	B-	B-	B	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**62/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	0/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**88/100**
Allows Distribution Programs	35/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**89/100**
Comprehensive Qualifying Conditions	47/50
Adding New Conditions	7/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**92/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	50/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	9/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	3/3
Covered by Insurance/State Health Aid	0/5
Financial Hardship (Fee Waivers/Discount Medicine)	6/7

Base Categories Points: 394.67
COVID Response Points: 14
Points Total: 408.67/500
Score Percentage: 81.7%

FINAL GRADE B-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**63.67/100**
Dispensing	**18.33/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	3.33/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**14/25**
Staff Training	0/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	4/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**11.33/25**
Staff Training	0/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	3.33/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	0/1.67
Required Testing	3/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**20/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	1/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	4/5

Background

Colorado's original medical cannabis initiative, Amendment 20, was a citizens' initiative that passed in 2000. It amended the state constitution to authorize patients to use and possess up to two ounces of medical cannabis, cultivate up to six plants (three mature, three immature), and be assisted by a caregiver. Colorado's second medical cannabis law, the Colorado Medical Marijuana Code (C.R.S. 12-43-101 et. seq.), was enacted by the legislature in the summer of 2012 to establish a dual licensing mechanism that regulates Colorado medical cannabis businesses at both the state and local level. Colorado allows local governments to adopt regulations regarding medical cannabis businesses and caregiver conduct, which has led to the uneven application of the law. In addition, the Colorado Medical Marijuana Code permits various state agencies to continuously enact new regulations for the medical cannabis community.

In 2016, the legislature passed two bills pertaining to the medical cannabis program. HB 1371 created protections for children and their parents by eliminating any government-directed punitive response for possessing and consuming medical cannabis on campus, and by prohibiting the use of a minor's patient status as a reason for denying that child admission into a school. SB 40 extended ownership rights of cannabis businesses to non-Colorado residents.

In 2017, SB 192 was passed, allowing for delivery of cannabis and single-instance transfers between adult-use dispensaries and medical dispensaries. The passage of SB 17-017 added PTSD and other stress-related conditions to the state's list of qualifying conditions.

In 2019, under the leadership of Governor Polis, the medical program saw many needed improvements related to qualifying conditions, testing, and product formulations. Thanks to further changes, minor patients can now receive cannabis in schools, and minors can have each of their parents be a caregiver. Separately, the program added autism and any condition for which an opioid could be prescribed as qualifying conditions and began to allow delivery.

Patient Feedback

Some surveyed patients report being concerned about employer drug testing of patients with medical cards. They would like to see the COVID emergency measures covering telehealth, pre-ordering, curbside pickup, and delivery services maintained in the future.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)

D+

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

The Cannabis Commission, which is the regulatory body directed to organize rules governing cannabis and hemp across the Northern Mariana Islands by March 2020, initiated work to craft regulations in September of 2019. Regulators issued emergency regulations on March 10, 2020 designed to jump-start industry organization and production. The new regulations provide rules covering cultivators, processors, testing laboratories and consumption lounges. The Cannabis Commission also issued rules in February of 2020 outlining a registration process for patients seeking authorization for home cultivation. Additional regulations are expected this year dealing with the production of edible cannabis products. While ASA applauds CNMI's authorization of home cultivation for patients and urges preservation of this authority, we also recommend that lawmakers and regulators spend time in 2021 fine tuning the Commonwealth's medical program, licensing qualified medical cannabis businesses and opening a functional medical cannabis market for patients to access.

2015	2016	2017	2018-19	2020
NA	F	F	D+	D+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**68/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	3/5
Organ Transplants	0/5
Reciprocity	3/3
ACCESS TO MEDICINE	**86/100**
Allows Distribution Programs	34/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**83/100**
Comprehensive Qualifying Conditions	40/50
Adding New Conditions	5/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**82/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	9/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	3/3
Covered by Insurance/State Health Aid	0/5
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 336.1
COVID Response Points: 5
Points Total: 341.1/500
Score Percentage: 68.2%

FINAL GRADE D+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**17.10/100**
Dispensing	**3.34/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**4/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	3.75/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**5/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**5/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**5/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	5/5

Background

In 2018, Governor Ralph Torress (R) signed HB 20-178, legislation authorizing the creation of both medical and adult-use commercial cannabis production and access systems. Due to the small population size (about 55,000 residents), lawmakers decided to legalize cannabis for medical and non-medical purposes to sustain the program. CNMI's medical program includes a number of important tenants for patients, such as a robust qualifying condition list, strong patient civil rights protections, and a tax exemption. As the territory implements regulations the Islands' grade will no doubt improve.

Patient Feedback

No feedback was received from patients in CNMI.

CONNECTICUT

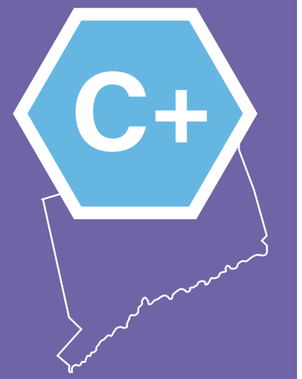
44,327	1.24%	17	4,925:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Connecticut's program began with only 11 qualifying conditions but has expanded its list to a total of 27 conditions; six of which were added in 2019-2020. This list now includes chronic pain, an essential inclusion to combat opioid abuse. State officials expect the addition to double patient enrollment in the program in the coming years. Meanwhile Connecticut patients maintain the ability to demand new qualifying conditions via a petition to the state's regulatory authority. While the need for expansion continues there are now 17 dispensaries serving patients across the Constitution State.

While much of the state's legislative efforts over the past two years have focused on adult-use legislation, ASA advises Connecticut state lawmakers and regulators to return focus to improving the state's medical program. Patient access remains challenging, and ASA recommends that state and local leaders collaborate to reduce local licensing barriers that are preventing expansion of medical cannabis retail and the functionality of medical access overall in the state. Medical cannabis is as important to the treatment of cannabis patients as traditional pharmaceutical products are to treating the conditions for which they are effective and appropriate. As such cannabis patients require the same ease of access to medical cannabis retail outlets that pharmaceutical patients do to pharmacies, and state and local elected leaders should work to facilitate access parity for both facility types.

One policy improvement worth considering to bolster patient access is the licensing of delivery from regulated storefronts and depots, which is also common among pharmacies. While the state declared cannabis businesses essential during the COVID pandemic, authorized telehealth visits for patient registration renewals, and allowed for curbside pickup during the pandemic, ASA encourages Connecticut to consider organizing a pilot program for delivery during this time that could be expanded in 2021 if successful. The state should also consider allowing home cultivation for patients as a means to expand access and reduce out-of-pocket costs for patients. Two other areas that ASA recommends focusing improvements on are consumer safety standards and staff training.



2015	2016	2017	2018-19	2020
C+	B-	B-	C+	C+

PATIENT RIGHTS AND CIVIL PROTECTIONS 74/100

ISSUE	POINTS
Arrest Protection	40/40
Affirmative Defense	13/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	5/5
Explicit Privacy Standards	7/7
Housing Protections	5/5
Does Not Create New Criminal Penalties for Patients	4/5
Organ Transplants	0/5
Reciprocity	0/3

ACCESS TO MEDICINE 68/100

ISSUE	POINTS
Allows Distribution Programs	28/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	4/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	10/10

EASE OF NAVIGATION 86/100

ISSUE	POINTS
Comprehensive Qualifying Conditions	46/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	8/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	7/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5

FUNCTIONALITY 77/100

ISSUE	POINTS
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	14/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	3/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 382
COVID Response Points: 14
Points Total: 396/500
Score Percentage: 79.23%

FINAL GRADE C+

CONSUMER SAFETY AND PROVIDER REQUIREMENTS 77/100

ISSUE	POINTS
Dispensing	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**19/25**
Staff Training	0/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	5/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**18/25**
Staff Training	0/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	4/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**17.49/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	2.49/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

COVID RESPONSE 14/20

ISSUE	POINTS
Delivery Available?	2/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

In 2012, Connecticut became the 17th medical cannabis state with the signing of HB 5389, An Act Concerning the Palliative Use of Marijuana. HB 5389 provides registered patients with protection from arrest when using or possessing up to a one-month supply of medical cannabis in accordance with the law and allows them to designate caregivers to assist them. Patients and caregivers registered with the Department of Consumer Protection may purchase medical cannabis from state-licensed dispensaries, but no personal cultivation is allowed. Final regulations were issued in 2013, and dispensaries began offering medicine to registered patients in September 2014, with six dispensaries opening throughout the state.

In 2016, three additional dispensaries were licensed and six new conditions were added to the program. That year the legislature also passed HB 5450, which allows minors to qualify for the medical cannabis program with some restrictions, creates protections for nurses to administer medical cannabis in health care facilities, and allows dispensaries to provide medical cannabis to medical facilities serving registered medical cannabis patients. A 2018 court case (Noffsinger v. SSC Niantic Operating Co., LLC) reaffirmed employee rights for medical cannabis patients by clarifying that federal law does not preclude enforcement of a Connecticut law that prohibits employers from firing or refusing to hire someone who uses cannabis for medical purposes.

Patient Feedback

Some surveyed patients report feeling irritated about inconsistent product availability at dispensaries. Others are frustrated that it is still too expensive to be a medical cannabis patient as taxes on medical cannabis are too high. Surveyed patients hope that telehealth and curbside pickup will be available to them in the future.

DELAWARE

11,173	1.43%	6	1,862:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Newly authorized Compassionate Use Cards (CUSs) will be issued to eligible applying patients and will specifically indicate the type of cardholder (e.g. physician, patient, caregiver, etc). Patients and their physicians must submit information to the Division of Public Health indicating that the patient has a severe and debilitating condition and that current standard care practices and treatments have been exhausted. In 2020, Delaware implemented emergency features to the state's medical access model, declaring cannabis businesses essential, allowing for telehealth visits for patient registrations, and authorizing both curbside pickup and delivery.

Delaware licensed only six retailers, which are owned by the same three ownership groups. Patient access is negatively impacted in a number of ways as a result of this oligopoly arrangement. Core issues include inadequate and inconsistent supply of critical medicine to treat patient conditions, lack of medical cannabis product consistency, excessive pricing and lack of product availability in larger quantities.

Delaware lawmakers should expand the number of retail access points, impose requirements on retail operators to maintain sufficient quantities and varieties of products, and provide for sufficient patient engagement accommodations (e.g. seating, pre-order capability for curbside pickup). ASA also encourages the state to make improvements to lab testing regulations, product safety protocols, and product labeling requirements. Lab testing should include an analysis of the volume of specific cannabis compounds in the product (e.g. THC, CBD, CBG) and related terpenes, and included on all product labels. ASA also encourages the state to maintain COVID emergency program additions.

2015	2016	2017	2018-19	2020
C+	C+	C+	C+	C+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**93/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**5/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**66/100**
Allows Distribution Programs	**33/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	4/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	1/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**5/10**
Does Not Impose Bans or Limits on THC	**9/10**
Does Not Impose Bans on CBD	**9/10**
Local Bans/Zoning	**10/10**

ISSUE	POINTS
EASE OF NAVIGATION	**85/100**
Comprehensive Qualifying Conditions	**46/50**
Adding New Conditions	**8/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**7/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**78/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**42/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 378.6
COVID Response Points: 13
Points Total: 391.6/500
Score Percentage: 78.25%

FINAL GRADE C+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**56.6/100**
Dispensing	**16.59/25**
Staff Training	**2/5**
Standard Operating Procedures	**3.25/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Product Labeling	**3.34/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**18.84/25**
Staff Training	**3/5**
Standard Operating Procedures	**2.84/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**4/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**4/5**
Manufacturing	**13.34/25**
Staff Training	**3/5**
Standard Operating Procedures	**4/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**3.34/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**3/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**7.83/25**
Staff Training	**2/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**0.83/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**13/20**
Delivery Available?	**4/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**4/7**
Telemedicine Available?	**3/5**

Background

In 2011, the Delaware General Assembly approved Senate Bill 17, the Delaware Medical Marijuana Act, making it legal for a patient with a registration identification card to use and possess cannabis for medical purposes and to designate a caregiver to assist them. Under the law registered patients and designated caregivers may possess up to six ounces of usable cannabis, but no personal cultivation is allowed. Qualifying patients and caregivers are protected from discrimination in employment, education, housing, parental rights, and medical care, including organ transplants. Delaware Division of Public Health drafted regulations governing the Medical Marijuana Program in 2012, however, the program was suspended before the regulations became active after Governor Jack Markell received a letter from the U.S. Attorney for Delaware threatening legal action against state employees if Delaware moved forward with the program. In August 2013, Governor Markell lifted the suspension, and the Department of Health and Social Services completed the process of implementing regulations. The state's first compassion center was opened in 2014.

In 2015, three legislative updates were made to the program. SB 7 made technical changes to the Oversight Committee and SB 138 authorizes research studies in the state. The most notable change was SB 90, which allows pediatric access to cannabis extract oils with less than 7 percent THC. In 2017, the legislature approved HB 219 and SB 24, with the former bill allowing minors access to the same petition process as adults to add qualifying conditions, and the latter removing the requirement that PTSD patients obtain their medical cannabis recommendations from licensed psychiatrists.

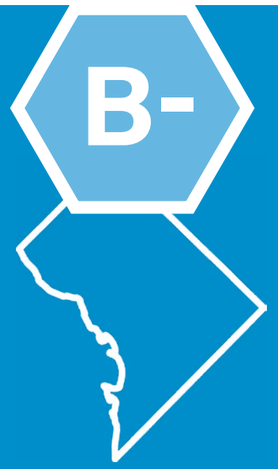
In 2018 and 2019, Delaware enacted legislation that added new health conditions to the patient eligibility list as well as cannabis criminal offense expungement legislation. Specifically the General Assembly approved HB 374, adding glaucoma, chronic debilitating migraines, pediatric autism spectrum disorder, and pediatric sensory processing disorder to the state's list of qualifying conditions. The Governor also signed into law SB 197, legislation that approved mandatory expungements for certain cannabis offenses, including possession of one ounce or less. The 2018 calendar year closed with a Delaware judge allowing a medical cannabis patient to move forward with a discrimination case against his employer. In 2019, Governor Carney signed SB 47 into law, which makes cannabis possession a civil rather than criminal violation for people under 21 years old.

Patient Feedback

Surveyed patients report frustration that dispensaries lack a consistent inventory of flower and concentrates, and believe that dispensaries are not able to keep up with demands from the increasing number of medical cannabis patients in the state. Surveyed patients are concerned that the cost of cannabis products are still very high and hope that deliveries will be made available to them in the future.

DISTRICT OF COLUMBIA

6,792	0.96%	8	849:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Reciprocity for patients from all states began in 2019 and has significantly increased medical retail traffic given the District's consistent appeal to tourists. The District's city council has been proactive in protecting workplace rights for patients, passing an emergency measure each year since 2018 to protect employees from being discriminated against for medical cannabis use. Councilmembers had organized a set of much-needed reforms for the District's medical cannabis program for consideration in 2020, however that work was derailed by the need to focus on COVID-19 emergency measures. Measures abandoned on the table include legislation authorizing same-day patient access to expedite patient's ability to secure medicine while the District's program application was pending, a bill to address subsidized housing issues for patients by permitting onsite consumption at licensed medical retail establishments, and legislation protecting government employees from discrimiation based on their status as a patient. ASA recommends that these bills receive consideration by the council in 2021.

In 2020, District council members organized several COVID emergency features related to cannabis that ASA encourages maintaining. These included declaration of cannabis businesses as essential, enabling curbside pickup and delivery, and allowing for telehealth for renewals.

ASA also recommends that the District organize comprehensive laboratory testing requirements to improve medical cannabis product safety and effectiveness, integrate lab testing requirements that analyze and report on the specific level of key cannabis plant compounds (e.g. CBD, CBG and THC) and terpenes, and develop product labeling requirements that share this important information with patients and physicians.

2015	2016	2017	2018-19	2020
C+	B-	B	B	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**79/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	4/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	5/5
Reciprocity	3/3
ACCESS TO MEDICINE	**78/100**
Allows Distribution Programs	29/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	11/20
– Personal Cultivation	10/15
– Collective Gardening	1/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**93/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	2/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**81/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	40/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	5/7

Base Categories Points: 397.2
COVID Response Points: 14
Points Total: 411.2/500
Score Percentage: 82.24%

FINAL GRADE B-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**66.2/100**
Dispensing	**16/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	2.67/5
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**17.5/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	2.5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	0/1.25
– Potency	1.25/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	2/5
Manufacturing	**12.67/25**
Staff Training	5/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1/1.67
– Potency and Compound Information	0/1.67
Required Testing	1/5
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**20/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	2/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

The voters of Washington, DC first approved medical cannabis in 1998 with the passage of Initiative 59 (I-59), but implementation of the law was blocked by Congress via a budget amendment that was attached to the District's federal spending bill every year until 2009. Once Congress dropped its opposition, the DC Council passed B18-0622: Legalization of Marijuana for Medical Treatment of 2010 Initiative, which replaced I-59. Under the initiative registered patients could purchase up to two ounces of usable cannabis or its equivalent in other forms (e.g., edibles, tinctures, topicals, etc.) in a 30-day period, and in 2016 the purchase limit was raised to four ounces.

The District's medical cannabis program permits patients whose income is less than 200 percent of the federal poverty level to purchase medicine at a reduced rate, and also allows patients to pay a lower application fee when obtaining and renewing their medical cannabis cards. In 2014, the D.C. Council passed emergency legislation to allow physicians to recommend cannabis for any condition for which treatment with medical cannabis would be beneficial, and to increase the registered cultivation center plant limit from 95 to 500 plants. In 2015, the Council increased the plant limit to 1,000 plants. Adult-use possession and use cannabis was approved by 64 percent of District voters in 2014, with the measure going into effect in 2015. The initiative permitted possession and use of cannabis for persons 21 years of age and authorized home cultivation of up to three mature and three immature plants. Congress opposed the legal sale of cannabis in the District, and today adults still may not purchase cannabis from licensed medical dispensaries in the city. In November 2016, the DC Council passed B21-210, which required the Department of Health to license independent laboratories for product testing, removed drug conviction restrictions on individuals allowed to work in dispensaries, and required the Department of Health to create the District-wide tracking system that enabled the above-mentioned improvements regarding reciprocity and dispensary access. 2016 also saw the council pass legislation to expand the number of authorized dispensaries from five to six and to mandate that the sixth dispensary be located in Ward 7 or Ward 8, which are areas of the District that had been underserved. The sixth dispensary opened in Ward 8 in January 2019.

Prior to April 6, 2018, D.C.'s medical cannabis patients had to pick one dispensary from which to obtain medication and this dispensary was identified on the patients' medical cannabis card. Patients now may go to any licensed dispensary in the District, increasing both patient access to cannabis and the variety of cannabis and cannabis-derived products available to each patient. Also in 2018, reciprocity was extended to patients from jurisdictions with medical cannabis programs functionally equivalent to the District's. As of the time of this writing patients from 19 states are able to obtain medical cannabis from one of DC's dispensaries.

Patient Feedback

Surveyed patients report the desire for medical cannabis products to be more affordable and for insurance companies to consider covering cannabis for medical patients. They appreciate that medical cards are easier to obtain this year and hope that medical cannabis deliveries are maintained in the future.

FLORIDA

348,658	1.62%	250	1,395:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

C

2019-20 IMPROVEMENTS & RECOMMENDATIONS

The Sunshine State's medical program saw a few notable improvements since the publication of last year's report. In 2019, the Florida 1st District Court of Appeals ruled that the forced-vertical integration language of 2016's Amendment 2 is unconstitutional, an action which could greatly expand the number of licensed medical retail locations. The Florida Supreme Court heard arguments on the case in May of 2020, and a decision is expected later this year. Florida's population of registered patients and medical retail locations continue to expand. Dispensaries grew from 88 at the beginning of 2019 to 250 as of the latest update.

The COVID emergency measures adopted during 2020, included declaring cannabis businesses essential, authorizing use of telehealth visits for program registration renewals, and both curbside pick-up and delivery. ASA encourages Florida to maintain beyond the COVID emergency and enable patients to renew enrollment via telehealth.

A statewide hemp production program was approved in 2019, and the Florida Department of Agriculture opened the licensing application portal for hemp cultivators in April of 2020. Once the program is operational, Florida patients will be able to enjoy the benefit of CBD manufactured by in-state producers, which should reduce prices and expand product availability.

While these are positive developments, Florida patients still struggle with other ease of access issues. Caps on cannabinoid content continue to limit product options, while a weak caregiver infrastructure makes accessing medicine difficult for patients with mobility issues. Additional improvements must also be made related to laboratory testing and consumer safety standards, as well as product labeling.

2015	2016	2017	2018-19	2020
F	C	C-	C	C

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**69/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**4/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**67/100**
Allows Distribution Programs	**35/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	2/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**2/20**
– Personal Cultivation	2/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**9/10**
Does Not Impose Bans or Limits on THC	**9/10**
Does Not Impose Bans on CBD	**4/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**75/100**
Comprehensive Qualifying Conditions	**45/50**
Adding New Conditions	**7/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**0/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**5/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**71/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**0/7**

Base Categories Points: 352.83
COVID Response Points: 18
Points Total: 370.83/500
Score Percentage: 74.17%

FINAL GRADE **C**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**70.83/100**
Dispensing	**21.34/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**3/5**
– Active Compound Identification	1/1.67
– Contaminants	1/1.67
– Potency	1/1.67
Grow/Cultivation	**21/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**4/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	**2/5**
– Active Ingredient Identification	1/1.25
– Contaminants	0/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**21/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2/5**
– Product Contents, Including Source Material Identification	1/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**4/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**7.49/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**2.49/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**18/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**3/5**

Background

In 2014, the Florida enacted SB 1030, which created a registry ID card system that would allow patients with cancer, seizure disorders, or severe or persistent muscle spasms to possess and use only cannabis products rich in CBD and low in THC. SB 1030 also established a state licensing system for dispensaries, where patients can obtain legal access. In 2016, the Florida legislature passed HB 307, which expanded the program to terminally ill patients and allowed dispensing organizations to produce products with higher levels of THC than were previously allowed. That same year Florida voters approved Amendment 2, which amended the state constitution to create a comprehensive medical cannabis program with significantly expanded qualifying conditions.

In a 2017, emergency session the legislature passed SB 8A, which provides a framework for patients to access cannabis more quickly. Rules for implementing SB 8A were promulgated by the The Florida Department of Health in July of 2017. Stripped from Amendment 2 was language permitting the inhalation of cannabis from the burning of cannabis flower, however a 2018 county court decision and subsequent 2019 state legislative activity culminated in the state authorized smoking of cannabis.

Patient Feedback

Surveyed patients report that the cost of medical cannabis is still a big issue. Some surveyed patients express concern that the quality and selection of medicine is lacking compared to other states. Other surveyed patients wish there were more dispensaries in the state and that they could pay for their medicine by credit card. They would also like access to edibles, to maintain deliveries to patients, and for telemedicine to be made available in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

GEORGIA

145,111	0.13%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2020, the USDA approved Georgia's hemp production program, allowing in-state cultivation of hemp that will increase the supply and ultimately reduce the price of CBD oil for Georgia patients. In the meantime, eligible Georgia patients remain without an in-state source to the low-THC and high-CBD cannabis products authorized by the state, making safe and legal access extremely difficult. In addition to getting the in-state production, distribution and retail of authorized medical products off of the ground, AS encourages Georgia to greatly improve its program by strengthening product safety standards, increasing the forms of medical cannabis and medical cannabis products available to patients, and removing arbitrary limits on products' THC percentage. Georgia organized no emergency COVID provisions to maintain or expand medical cannabis access.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**54/100**
Arrest Protection	30/40
Affirmative Defense	10/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	2/3
ACCESS TO MEDICINE	**16/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	5/10
Does Not Impose Bans on CBD	8/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**73/100**
Comprehensive Qualifying Conditions	40/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	8/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	1/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	2/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	2/5
FUNCTIONALITY	**55/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	30/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 198
COVID Response Points: 0
Points Total: 198/500
Score Percentage: 39.6%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2015, the Georgia legislature passed HB 1, which created a patient ID card registry and established a list of eight qualifying conditions for which patients could legally possess and use low-THC medical cannabis products. The law places a 5 percent cap on THC, requires products to have at least a 1:1 ratio of CBD to THC and only permits patients to possess up to 20 ounces. The law did not provide for in-state production or access, but it did create the Georgia Medical Cannabis Commission, which was tasked with investigating other state programs to organize comprehensive medical cannabis legislation for the 2016 session. In December 2015 the Commission voted against authorizing in-state production of cannabis.

In May of 2017, SB 16 added six more qualifying conditions to the program and allowed patients in hospice care to possess oil. In 2018, the state added PTSD and intractable pain to its list of qualifying conditions. In the spring of 2019 Georgia finally passed legislation (HB 324) that allows in-state cultivation and distribution of low-THC medical cannabis products.

Patient Feedback

Surveyed patients again report being frustrated with the current medical cannabis program in Georgia because the program is currently limited to low-THC oil only and that eligibility for the program is extremely limited.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

GUAM

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2015	2016	2017	2018-19	2020
NA	NA	C-	C	C

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Initial regulations governing Guam's adult-use cannabis program authorized in 2019 by the Guam Cannabis Industry Act were required to be released by April 2020, however the territory's Cannabis Control Board has requested additional time to develop these new rules and expects them to be released in the fall of 2020. In the meantime, regulators announced that cannabis consumption for persons 21 years of age or older is permitted, as is legal possession and gifting of up to one ounce of dried flower and home cultivation of up to three flowering and three non-flowering plants. All sales of adult-use cannabis and sales of manufactured cannabis products is not permitted until regulations are finalized. In the meantime the organization of a functioning medical access program continues to languish. In 2018 the head of Guam's Department of Public Health and Social Services resigned citing a lack of staff, budget or expertise necessary to develop or implement the program.

Guam deserves credit for allowing physicians to recommend medical cannabis for any qualifying condition, but it needs to open dispensaries and address administrative delays to effectively serve patients. The territory illustrates that a good program on paper does not necessarily translate to functioning safe and legal patient access. Guam also needs to improve its staff training in cannabis cultivation, dispensing, and manufacturing and increase civil rights protections in the areas of housing, organ transplants, and employment.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**78/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	9/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	4/5
Organ Transplants	0/5
Reciprocity	3/3
ACCESS TO MEDICINE	**78/100**
Allows Distribution Programs	27/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	6/10

ISSUE	POINTS
EASE OF NAVIGATION	**91/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	8/10
Reasonable Caregiver Background Checks	2/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	7/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**57/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	30/50
No Significant Administrative or Supply Problems	7/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	9/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 368.18
COVID Response Points: 0
Points Total: 368.18/500
Score Percentage: 73.64%

FINAL GRADE C

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**64.18/100**
Dispensing	**15/25**
Staff Training	0/5
Standard Operating Procedures	3.75/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	3.34/5
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1.67/1.67
Grow/Cultivation	**13/25**
Staff Training	0/5
Standard Operating Procedures	2.84/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	3.5/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	1/2.5
Required Testing	3.75/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	3/5
Manufacturing	**16/25**
Staff Training	0/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	4/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	3/5
Laboratory Operations	**20/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2013, Guam passed Public Law 33-220, known as the "Joaquin Concepcion, II Compassionate Use of Cannabis Act," which allowed for the medical use of cannabis. The Joaquin Concepcion Act has been amended twice since its enactment, once in 2016 and once again in 2017. The 2017 amendments related to the fees and taxation of medical cannabis cultivation, manufacturing, and laboratory facilities and created ownership restrictions for non-residents of Guam. Guam requires each of its dispensaries to be certified by Patient Focused Certification, a standards project of Americans for Safe Access. Patients or caregivers may possess up to 2.5 ounces of dried or prepared cannabis from a dispensary. However, administrative barriers and procedural delays have prevented the program from effectively serving patients. In 2018, rules defining qualified patients in Guam were expanded to include reciprocity for registered patients visiting Guam from other authorizing jurisdictions, such as a U.S. state.

Delays in the implementation of the medical program in Guam have frustrated patients. Due to a slow rollout, former Governor Calvo signed a bill that allows home cultivation for patients, though this will only apply until dispensaries on the island are operational. Calvo also signed a bill that provided for independent laboratory testing and allowed non-residents to participate in the territory's medical cannabis program. In 2019, Governor Lou Leon Guerrero signed a bill that legalized cannabis on the island for non-medical use. When signing the bill, the Governor indicated that she was establishing a Medical Cannabis Regulation Commission to ensure patients were protected.

COVID Score

Guam had no formal response to COVID when it came to medical cannabis.

Patient Feedback

Surveyed patients again report that the lack of medical providers who are willing to recommend medical cannabis in Guam is driving many patients to seek cannabis from the illicit market.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

HAWAII

30,811	2.17%	13	2,370:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

B+

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2019, Aloha state lawmakers worked but failed to reach agreement on a broad adult-use measure, though a bill did make it through the legislature that replaces jail time with a $130 fine for possession of three grams of cannabis or less. While this is an improvement over a previously-existing law that would have imposed a 30-day jail sentence and a fine of up to as much as $1,000, the three gram ceiling established by Hawaii is the smallest amount of any state that has passed decriminalization.

As noted in ASA's 2018-2019 report, Hawaii still needs to improve its product safety standards after an October 2018 study revealed that 20 percent of products failed laboratory testing. No legislative or regulatory changes were made to address this issue, which left unchecked imposes serious risks to patient health and raises serious questions about the integrity of the state's program.

2015	2016	2017	2018-19	2020
B	B	B+	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**94/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	10/10
DUI Protections	0/5
Employment Protections	5/5
Explicit Privacy Standards	7/7
Housing Protections	5/5
Does Not Create New Criminal Penalties for Patients	4/5
Organ Transplants	5/5
Reciprocity	3/3
ACCESS TO MEDICINE	**82/100**
Allows Distribution Programs	27/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	18/20
– Personal Cultivation	15/15
– Collective Gardening	3/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**94/100**
Comprehensive Qualifying Conditions	48/50
Adding New Conditions	9/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	4/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	9/10
Allows Multiple-Year Registrations	2/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**83/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	14/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 431.18
COVID Response Points: 10
Points Total: 441.18/500
Score Percentage: 88.24%

FINAL GRADE **B+**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**78.18/100**
Dispensing	**18.34/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**18.5/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3.5/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	1/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**17.34/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	4/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**24/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	4/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**10/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

In 2000, Hawaii passed SB 862/HD 1, making it the first state to legalize medical cannabis via the legislative (rather than the voter-initiated) process. The legislature amended the law in 2013 with two bills. HB 668 moved the medical cannabis program from the Department of Public Safety to the Department of Health and established a medical marijuana registry fund. SB 642 defined "adequate supply," "medical use," "primary caregiver," "usable marijuana," and "written certification," amended registration requirements, and created a mechanism for law enforcement to immediately verify registration status 24 hours a day, seven days a week. Prior to the effective date of SB 642, "adequate supply" was defined as up to seven plants (no more than three of which could be mature) and one ounce of usable cannabis per each mature plant. After the legislation took effect in January of 2015, registered medical cannabis patients and their registered caregivers could possess up to four ounces of usable cannabis and cultivate up to seven plants, whether mature or immature.

In 2015, the legislature passed two more bills that improved the medical cannabis program. HB 321 created a program allowing eight medical marijuana dispensaries with two cultivation licenses each and allowing more dispensaries to be licensed after October 1, 2017. SB 1291 clarified anti-discrimination protections for patients. In 2016, the legislature passed HB 2707, which created a legislative oversight group to monitor the state medical program and report back to the legislature before the 2018 session. The bill also expanded the allowed delivery methods and protections for medical cannabis paraphernalia.

2017 brought significant improvements for Hawaii's medical cannabis program, including legislation that expanded the number of plants an individual can grow (from seven to 10 at any stage of growth), amended laboratory certification standards, and added four new qualifying conditions. Hawaii also improved its petition process for adding qualifying conditions, provided clarifications about patient privacy, and developed a state-sanctioned cashless purchasing system for medical cannabis. The state also deserves credit for making technical changes to its program by replacing the word "marijuana" with "cannabis" in their statutes. In 2018, Hawaii passed legislation permitting registered out-of-state cannabis patients to legally purchase cannabis while visiting the state. In 2019, Hawaii announced that registrations could be valid for up to three years and that out-of-state patients could now obtain medicine in Hawaii.

Despite these advancements, safe and legal patient access in Hawaii remains extremely challenging with only eight licensed dispensaries operating, with the first of them opening a full 17 years after the state's medical program was enacted, and two years after Hawaii approved medical storefront access. Although Hawaii's program has been law for nearly 20 years, the state did not approve its first medical cannabis production and dispensary facilities until 2018. Hawaii's slow rollout has also experienced product and consumer safety challenges, as noted above.

Patient Feedback

Surveyed patients again reported frustration that there are only a handful of dispensaries in the state, and some islands do not have any dispensaries. The price of medical cannabis remains a barrier to access.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

IDAHO

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Activists working on gathering signatures for a petition to get medical cannabis on the 2020 ballot as an initiative were forced to suspend their campaign due to COVID, which made signature gathering in the Gem State impossible. ASA encourages state lawmakers to initiate work in 2021 focused on construction of a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law and develop an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**0/100**
Arrest Protection	**0/40**
Affirmative Defense	**0/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**0/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**0/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**0/10**
Does Not Impose Bans or Limits on THC	**0/10**
Does Not Impose Bans on CBD	**0/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**0/100**
Comprehensive Qualifying Conditions	**0/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**0/10**
Reasonable Caregiver Background Checks	**0/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**0/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**0/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**0/5**
FUNCTIONALITY	**0/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**0/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**0/10**
Reasonable Possession Limits	**0/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**0/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**0/7**

Base Categories Points: 0
COVID Response Points: 0
Points Total: 0/500
Score Percentage: 0%

FINAL GRADE **F**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	**0/5**
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	**0/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

Idaho is one of three remaining states without any type of medical cannabis program, leaving patients no safe or legal access to cannabis or cannabis products.

Patient Feedback

Again this year, surveyed patients report that it is unacceptable for medical cannabis to be illegal in Idaho. Surveyed patients would like to see medical cannabis flower, concentrates, oil, tinctures, lotions, edibles, and patches available in their state.

ILLINOIS

121,775	0.93%	55	2,214:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

B+

2019-20 IMPROVEMENTS & RECOMMENDATIONS

The most significant 2019 cannabis policy reforms were focused establishing an adult-use commercial cannabis marketplace that opened in January 2020. Some patient-focused reforms to the state's medical program were also adopted, including making the state's medical cannabis access program permanent, initially authorized as a pilot in 2014, as well as the addition of 11 new qualifying conditions, including chronic pain. The state also passed Ashley's Law, which allows students to use medical cannabis under the supervision of certain school personnel while on school property.

Included in legislation authorizing commercial adult-use cannabis business licensing are provisions requiring existing medically licensed stores to maintain an adequate supply of cannabis and cannabis products for patients. ASA was pleased to see this provision included, as too often states fail to ensure the functionality of existing medical access systems and patient access prior to shifting focus to adult-use.

Under COVID emergency rules Illinois declared medical cannabis dispensaries essential, authorized curbside pickup and permitted patients to utilize telehealth screenings for program eligibility determinations rather than in-person visits with physicians.

ASA applauds the state for mandating geographic distribution of the original 55 medical cannabis facilities and hopes to see patient access expanded through the licensing of additional retail storefront in 2020. ASA also recommends reforming requirements for retail storefronts to maintain an ongoing and adequate supply of specific products to respond to frustration raised by patients over the inconsistency of product availability.

2015	2016	2017	2018-19	2020
B+	B+	B+	A-	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**94/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**10/10**
DUI Protections	**5/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**4/5**
Organ Transplants	**5/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**85/100**
Allows Distribution Programs	**32/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	2/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**15/20**
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**92/100**
Comprehensive Qualifying Conditions	**48/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**7/10**
Allows Multiple-Year Registrations	**2/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**75/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 434.83
COVID Response Points: 12
Points Total: 446.3/500
Score Percentage: 89.37%

FINAL GRADE **B+**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**89/100**
Dispensing	**23/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**25/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**25/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**15.83/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**5/5**
Result Reporting	**0/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**0.83/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**12/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**3/5**

Background

In 2013, the Compassionate Use of Medical Cannabis Pilot Program Act (HB 1) was enacted to create a temporary statewide distribution program for qualifying patients. The measure specified 35 qualifying conditions to secure patient access, but excluded chronic pain, the leading indication for the use of medical cannabis. HB 1 allowed patients to purchase up to 2.5 ounces of cannabis every two weeks from a dispensing organization. Cultivation by patients or their caregivers is permitted for up to five plants only from seeds purchased from licensed cannabis retailers. Public safety officials, school bus and commercial drivers, police and correctional officers, firefighters, and those convicted of a drug-related felony are not eligible for the program.

The Joint Committee on Administrative Rules approved final rules for the pilot program on July 15, 2014 with input from the Departments of Agriculture, Financial and Professional Regulation, Public Health, and Revenue. The state's first dispensaries began serving patients in November 2015. In 2016, the legislature passed SB 10, which extended the sunset clause for the program to 2020, added PTSD and terminal illness as qualifying conditions, established a petition process for adding new conditions, amended the process by which physicians certify patients, and extended the registration identification card validity period from one year to three years.

In 2018, Illinois instituted significant reforms to the state's medical cannabis program improving patient access. Designed to respond to the state's opioid crisis, the reforms removed requirements for patients to be fingerprinted and undergo a criminal background check before qualifying for access. These modifications also addressed regulatory delays to patient access by allowing online patient applications accompanied by a doctor's recommendation to secure temporary legal access until regulators can formally review patient registry applications. As a result the number of registered patients in the state grew quickly from roughly 42,000 to over 100,000 patients since these regulations were adopted in late 2018. In 2018, the state also began to allow medical cannabis in schools and allowed for anyone with a prescription for opioids to trade in that prescription for medical cannabis.

In 2019, Illinois became the first state to legalize the non-medical use of cannabis through the legislature. This legislation allows patients to cultivate up to five plants at home and will exempt patients from taxes once Illinois' adult-use market is in place. The Illinois legislature also made the medical program permanent, added new qualifying conditions, and allowed nurse practitioners and physician assistants to issue recommendations. As of February 1, 2019, patients who submit Medical Cannabis Registry Card applications online receive provisional access to a licensed dispensary within 24 hours of completing the application process.

Patient Feedback

Surveyed patients report being frustrated that medical cannabis products are still expensive. Surveyed patients are struggling to find consistent product availability in dispensaries. They blame the recreational market for the decrease in supply and the increase in cost of cannabis products.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

INDIANA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Hoosier State lawmakers made no progress in helping Indiana patients secure safe or legal access to cannabis in 2020. ASA encourages Indiana state legislators to organize functional reforms to help patients, including expanding the list of qualifying conditions required for eligibility to participate in the state's CBD program, removing arbitrary caps on THC content in cannabis-related medications and organizing a fully functional medical cannabis production and sale system for patients to access.

2015	2016	2017	2018-19	2020
NA	NA	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**23/100**
Arrest Protection	**0/40**
Affirmative Defense	**12/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**2/5**
Explicit Privacy Standards	**4/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**9/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**3/10**
Does Not Impose Bans or Limits on THC	**1/10**
Does Not Impose Bans on CBD	**5/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**51/100**
Comprehensive Qualifying Conditions	**25/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**7/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**10/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**1/5**
FUNCTIONALITY	**23/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**0/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**7/7**

Base Categories Points: 116
COVID Response Points: 5
Points Total: 121/500
Score Percentage: 24.20%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**10/100**
Dispensing	**5/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	**0/5**
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**5/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**0/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

In 2017, Governor Holcomb enacted legislation (HB 1148) that allowed patients suffering from treatment resistant epilepsy to enroll in the state's medical cannabis program with approval from their neurologist. The Indiana program limits patients to cannabidiol preparations with 0.3 percent or less THC. In 2018 Governor Holcomb signed SEA 52 into law, which authorized the production of CBD from in-state industrial hemp cultivators.

Patient Feedback

Surveyed patients report frustration again this year that medical cannabis, except for very limited amounts of CBD products, are illegal in Indiana.

IOWA

4,770	0.15%	0	NA
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2020, Governor Reynolds signed HF 2589 into law, which expands the list of eligible medical conditions under the state's medical cannabis program to include chronic pain and PTSD. The legislation also permits physician assistants, advanced practice nurses and podiatrists to recommend cannabis for treatment, and increases the THC cap for authorized cannabis products from 3 percent to allow a total of 4.5 grams of THC every 90 days. While these are positive developments, the same bill also permits landlords and employers to ban medical cannabis use by registered patients. Iowa is making important strides in expanding its medical program, however removing patient protections works directly against these efforts.

ASA encourages Iowa lawmakers to organize a comprehensive medical cannabis program, that provides protections for patients who rent, as well as protections from employers that permit patients to use cannabis as a medicine without fear of losing employment. Such a program should remove arbitrary THC caps, and permit the cultivation, manufacturing, testing, distribution and retail of medical cannabis and cannabis products for patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**55/100**
Arrest Protection	20/40
Affirmative Defense	12/15
Parental Rights Protections	8/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	3/3
ACCESS TO MEDICINE	**24/100**
Allows Distribution Programs	8/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	3/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**82/100**
Comprehensive Qualifying Conditions	46/50
Adding New Conditions	5/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**71/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	35/50
No Significant Administrative or Supply Problems	12/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	5/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	7/7

Base Categories Points: 250.09
COVID Response Points: 0
Points Total: 250.09/500
Score Percentage: 50.02%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**18/100**
Dispensing	**8/25**
Staff Training	4.75/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**5/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**5/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2014, the Iowa legislature passed the "Medical Cannabidiol Act" which allows licensed neurologists and other health care practitioners to certify patients with intractable epilepsy to use CBD with 3 percent or less THC content. Qualifying patients must obtain a registry card to be eligible to receive legal protection, and patients may designate a caregiver to assist them. The law does not impose a minimum amount of CBD, but also does not extend legal protections to those with products that have more than 3 percent THC.

In 2017, Governor Brandstad enacted HF 524, which expanded legal access to patients with Parkinson's, cancer, multiple sclerosis, seizures, HIV/AIDS, Crohn's disease, ALS, most terminal illnesses with life expectancy less than one year and untreatable pain. Adding untreatable pain is a step in the right direction for those affected by the opioid crisis, but the definition of pain remains limited. The law also allows for the production of low-THC cannabis products in the state creating a framework for growing, manufacturing, and distribution companies to submit proposals to the state. Iowa could still vastly improve on developing robust product safety regulations and increasing accessibility to medicine.

In 2018, the state issued five licenses for CBD dispensaries, and sales of medical cannabis products (capped at 3 percent THC) began in December of 2018. In 2019, Iowa regulators added autism spectrum disorders and ulcerative colitis as qualifying conditions and moved to allow inhaled forms of cannabis for patients.

Patient Feedback

Many surveyed patients report being pleased that the list of qualifying conditions for medical cannabis has expanded. Other surveyed patients appreciate that higher THC content is allowed in the state, but wish that additional forms of cannabis products were available to them. Surveyed patients also report that the cost of medical cannabis is still very high in the state.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

KANSAS

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Kansas has been slow in providing safe and legal access to medical cannabis for Kansas patients. Though Governor Kelly continues to express support for medical cannabis, legislation to provide a functional system for patients has not yet reached the Governor's office. A bill that would create such a program (HB 2017) failed to gain traction in 2020. USDA approved Kansas' hemp production plan in 2020, providing a pathway for in-state production of hemp-derived CBD for Kansas medical cannabis patients. As Kansas looks to 2021 ASA encourages state lawmakers to initiate work focused on organization of a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law and develop an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
NA	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**20/100**
Arrest Protection	**8/40**
Affirmative Defense	**5/15**
Parental Rights Protections	**7/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**0/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**6/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**0/10**
Does Not Impose Bans or Limits on THC	**0/10**
Does Not Impose Bans on CBD	**6/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**40/100**
Comprehensive Qualifying Conditions	**30/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**5/10**
Reasonable Caregiver Background Checks	**0/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**0/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**2/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**3/5**
FUNCTIONALITY	**4/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**0/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**4/10**
Reasonable Possession Limits	**0/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**0/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**0/7**

Base Categories Points: 70
COVID Response Points: 0
Points Total: 70/500
Score Percentage: 14%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	**0/5**
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	**0/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

In 2018, the Sunflower State exempted cannabidiol from the Kansas Controlled Substances Act. A year later Governor Laura Kelley signed into law SB 28, which allows for an affirmative defense for the possession of CBD medical cannabis oils. This affirmative defense extends to both criminal proceedings, as well as those dealing with child custody.

Patient Feedback

Surveyed patients report that it is unacceptable for medical cannabis to be illegal in Kansas, as the state only provides CBD oil. Some surveyed patients would like to use medical cannabis products with THC to relieve their pain and treat addiction to opioids.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

KENTUCKY

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

2019 was the first year Kentucky's General Assembly put forward a bill to legalize medical cannabis. HB 136 was passed by Kentucky's House chamber in February but has stalled in the Senate since the outbreak of COVID. As Kentucky looks to 2021 ASA encourages state lawmakers to initiate work focused on construction of a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law. The program should also authorize an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**41/100**
Arrest Protection	20/40
Affirmative Defense	9/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**10/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	0/10
Does Not Impose Bans or Limits on THC	0/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**77/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	0/4
Number of Caregivers	0/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	2/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**28/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	10/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 156
COVID Response Points: 0
Points Total: 156/500
Score Percentage: 31.20%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2014, the Kentucky legislature revised the definition of marijuana under state law to create legal protections for patients who use CBD as part of an approved clinical trial or on the written order of "a physician practicing at a hospital or affiliated with a Kentucky public university having a college or a school of medicine." Although the law does not limit the use of CBD to one particular condition, Kentucky fails to provide authorization for a CBD production or retail system, making the program completely ineffective.

In September 2017, a Kentucky judge ruled that Kentucky has a good reason to "curtail citizens' possession of a narcotic, hallucinogenic drug." (Seum et. al, v. Bevin) On the other hand, Kentucky Secretary of State Alison Lundergan Grimes has called for a taskforce to look into possible medical cannabis legalization, though the task force itself has no legislative authority.

Patient Feedback

Surveyed patients report that they are frustrated that no progress has happened in their state.

LOUISIANA

4,350	0.09%	9	483:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Louisiana continued to organize improvements to its limited medical cannabis program in 2020, with Governor Edwards signing HB 819 into law. The bill eliminated the state's list of qualifying conditions, allowing doctors to recommend cannabis to patients as they see fit beginning on August 1, 2020. While the elimination of qualifying conditions is a huge stride for the Bayou State, significant work remains before the state's system is functional for patient use. One of the most important issues for lawmakers to tackle in 2021 is patient access, as authorized cannabis products did not begin to reach patients until August of 2019 at only nine approved pharmacies.

ASA recommends increasing the number of legal medical retailers from which patients can secure medicine, authorizing delivery of cannabis medicine to patients, as well as a caregiver system to support patient access. Improvements in patient protections are also called for, specifically related to employment, housing and parental rights, as are improvements in cultivation, testing laboratory and pharmacy operating procedures and staff training.

Responding to COVID Louisiana declared medical cannabis businesses essential, allowed for telehealth visits as a substitute for in-person patient evaluation and authorized licensed medical cannabis retailers to deliver to patients regardless of patient location.

2015	2016	2017	2018-19	2020
F	F	D-	D	D+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**62/100**
Arrest Protection	35/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**63/100**
Allows Distribution Programs	15/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	7/10
Does Not Impose Bans or Limits on THC	3/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	10/10

ISSUE	POINTS
EASE OF NAVIGATION	**85/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	0/4
Number of Caregivers	0/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	7/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**63/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	35/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	5/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 333
COVID Response Points: 12
Points Total: 345/500
Score Percentage: 69%

FINAL GRADE D+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**60/100**
Dispensing	**14.59/25**
Staff Training	0/5
Standard Operating Procedures	3.25/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	3/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	3.34/5
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1.67/1.67
Grow/Cultivation	**12.46/25**
Staff Training	0/5
Standard Operating Procedures	0.71/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	4/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	3.75/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	4/5
Manufacturing	**17/25**
Staff Training	3/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	0/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	3/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	3/5
Laboratory Operations	**16/25**
Staff Training	3/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	3/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**12/20**
Delivery Available?	2/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

The state first passed medical cannabis legislation in 1978, however the program has never functioned. Bayou State lawmakers began to revisit cannabis policy in 2015 with the passage of SB 149, which reduced criminal penalties for cannabis possession. That same year Governor Jindal signed HB 149 into law, which authorized licensed physicians to prescribe cannabis in a manner aligned with federal guidelines. With no such guidelines in place the state program could not operate to serve patients.

In 2016, the state passed and signed a pair of bills, SB 271 and SB 180 which fixed the "prescription" language issue from 2015's HB 149, established legal protections for registered patients, and expanded the list of qualifying conditions that patients must meet to obtain legal access to the state's medical program. In 2017, Governor Edwards signed SB 35 into law, which extended arrest protections to employees of the medical cannabis industry, including those who would be dispensing at pharmacies, research facilities and laboratories.

Louisiana's medical program authorizes only two state universities to cultivate medical cannabis, which registered patients can access at one of only nine pharmacies controlled by the state Board of Pharmacy. This narrow policy framework provides patients with extremely limited access, leaving many patients without the opportunity to obtain medicine. Following years of delay, the first legal cannabis products were made available to patients in the third quarter of 2019. While medical cannabis tinctures were the first legal products introduced, Louisiana law permits the development of oils, pills, liquids, topical applications and inhalers, though the smoking of cannabis is not an authorized treatment use.

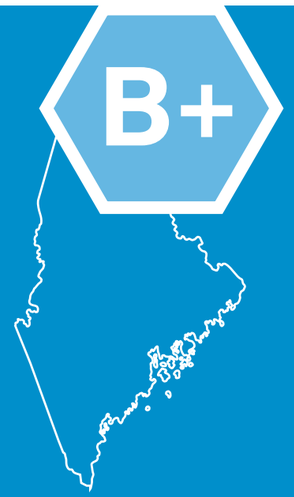
Patient Feedback

Surveyed patients are excited about new reforms instituted allowing physicians to rely on their training to assess patient program eligibility rather than rely on a prescribed list of conditions. However, surveyed patients continue to express frustration with the slow rollout of the state's program, lack of sufficient retail access locations, and insufficient supply issues.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

MAINE

65,368	4.86%	44	1,486:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Maine's medical cannabis program saw patient enrollment increase over the past year from 45,940 in 2019 to 65,368 in 2020. At 4.86%, Maine has the largest per capita representation of patients among the states which have legalized cannabis for adult-use. Maine's preservation and expansion of the medical cannabis program after the legalization of adult-use is noteworthy, as states who organize medical cannabis programs often fail to make those programs fully functional to appropriately serve patients before pivoting to address adult-use measures.

2020 saw Maine open its adult-use program, with the first licensed dispensary conducting sales operations in July. COVID is expected to slow the rollout of adult-use dispensary licensing, as are local control laws that prevent qualified cannabis businesses from securing a license without local approval. Currently fewer than 10% of the state's approximately 500 local governments have authorized cannabis retail licensing regimes.

Under COVID Maine declared cannabis businesses essential and is allowing for telehealth visits to determine patient program eligibility. ASA recommends that Maine extend cannabis-related COVID emergency measures to permit curbside pickup and delivery, and consider making these program enhancements permanent to expand medical access, reduce cost burdens, and keep patients safe.

As Maine lawmakers look to 2021, ASA also encourages a focus on improvements in product safety standards and operating procedures. Proposals to test for potency, mold, as well as screening for pesticides, residual solvents, and other harmful chemicals like lead or mercury have been proposed in Augusta, but the regulations have yet to be finalized.

2015	2016	2017	2018-19	2020
B-	B	B	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**88/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**4/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**4/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**90/100**
Allows Distribution Programs	**34/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**18/20**
– Personal Cultivation	15/15
– Collective Gardening	3/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**94/100**
Comprehensive Qualifying Conditions	**50/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**92/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**50/50**
No Significant Administrative or Supply Problems	**14/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**9/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**7/7**

Base Categories Points: 424.56
COVID Response Points: 20
Points Total: 444.56/500
Score Percentage: 88.91%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**60.56/100**
Dispensing	**14.42/25**
Staff Training	**4/5**
Standard Operating Procedures	**3.75/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**3.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**3/5**
– Active Compound Identification	1/1.67
– Contaminants	1/1.67
– Potency	1/1.67
Grow/Cultivation	**14.14/25**
Staff Training	**3/5**
Standard Operating Procedures	**2/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**3/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	**3/5**
– Active Ingredient Identification	1/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Manufacturing	**11/25**
Staff Training	**3/5**
Standard Operating Procedures	**3/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2/5**
– Product Contents, Including Source Material Identification	1/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**3/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**21/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**5/5**
Result Reporting	**1/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**20/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 1999, state voters enacted the Maine Medical Marijuana Act, which decriminalized use, possession and cultivation of cannabis at the state-level for patients who use medical cannabis on the advice of their physician for certain qualifying medical conditions. In 2002, Maine enacted SB 611, which increased the medical cannabis possession limit for eligible patients to 2.5 ounces. In 2009, the voters of Maine modified the 1999 Act with Question 5, which added several qualifying conditions and created a statewide distribution program and patient registry system. In 2012, the Maine legislature amended the law to provide better patient privacy by making registration with the state optional. In 2013, Maine enacted HP 755/LD 1062, which added PTSD to the list of qualifying conditions, and in 2016 Maine lawmakers approved LD 726, which authorized the operation of third party testing labs to ensure the safety of legal medical cannabis products sold in the state. Maine voters also approved an adult-use cannabis program in 2016 via statewide ballot initiative Question 1, but disagreements between then Governor LePage and the legislature delayed implementation. Maine has approved regulations that will allow physicians to diagnose conditions through telemedicine beginning in 2018.

In December of 2018, a medical cannabis omnibus bill (LD 1539) went into effect over Governor Lepage's veto. The legislation eliminated the limited qualifying condition list that previously set forth eligibility for patients to obtain legal cannabis, opting to instead leave decisions about patient access to qualified physicians. The legislative package also eliminated the requirement that a patient designate a caregiver or particular dispensary to patronize, added two more dispensaries to the existing population of eight and lifted the cap on the total state number of dispensaries entirely in 2021. Language in the bills also authorizes caregivers to open storefront businesses and cultivate up to 30 flowering and 60 vegetative plants. Finally the combined measures removed restrictions on transferring of cannabis plants from another patient, caregiver or dispensary for no compensation, and allowed patients to possess up to eight pounds of harvested cannabis.

Also overriding the Governor's veto in 2018 was legislation (LD 1719) outlining rules for the operation of a state-wide adult-use cannabis program. The legislation removed some components of the 2016 law approved by Maine voters, namely public consumption facilities and restrictions reducing the number of cannabis plants adults may own from six to three. Rules governing the operation of the adult-use system were promulgated in 2019, the same year that Governor Mills signed HP0395/LD 538, authorizing reciprocity for visiting out-of-state patients who are registered in their home state.

Patient Feedback

Surveyed patients report that medical cannabis products are still very expensive and keep many patients from being able to access the medicine.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

MARYLAND

108,455	1.79%	102	1,063:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2019, Governor Hogan signed HB 17 into law, legislation authorizing the manufacturing and medical sale of cannabis edible products. In 2020 Maryland saw HB 671/SB 604 become law. This important measure permits administration of medical cannabis to qualified minor patients to medicate on school grounds and on the school bus, and state regulators are expected to have guidelines in place for this new system feature before the end of the year. Legislation to expand Maryland decriminalization laws was tabled in 2020, and a state working group assembled to consider a state approach to adult-use cannabis opted against recommending any approach for 2020.

Maryland declared medical cannabis businesses essential as part of the state's COVID emergency response, which maintains patient access during this global health crisis. Additional features include permission for licensed retailers to deliver to patients and for patients to preorder and pick up their order curbside. Finally the state also is allowing patients to use telehealth for system reenrollment rather than in-person physician visits.

Maryland has been thoughtful in their adoption of consumer safety and provider requirements, earning them a perfect score in this category, but work remains to provide civil protections for patients including parental rights, employment protections, housing and organ transplants. While Maryland's affirmative defense provision has been used in limited instances to protect patients growing their own medicine, ASA recommends that the state explicitly provide for patients and caregivers to grow their own medicine.

2015	2016	2017	2018-19	2020
B	C	B	B	B

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**60/100**
Arrest Protection	40/40
Affirmative Defense	13/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	0/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**76/100**
Allows Distribution Programs	39/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	2/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**90/100**
Comprehensive Qualifying Conditions	44/50
Adding New Conditions	9/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	4/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	9/10
Allows Multiple-Year Registrations	2/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**81/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	12/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	9/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	3/7

Base Categories Points: 407
COVID Response Points: 18
Points Total: 425/500
Score Percentage: 85%

FINAL GRADE B

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**100/100**
Dispensing	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	5/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**25/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**16/20**
Delivery Available?	4/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

Maryland's first legal protections for patients were established in 2003 with the Darrell Putman Compassionate Use Act, which created an affirmative defense for patients possessing less than one ounce of cannabis that reduced convictions to a misdemeanor offense with a maximum $100 fine. Free State lawmakers expanded this work in 2011, when Maryland passed SB 308 to recognize specific medical conditions and remove the misdemeanor possession penalty but maintain the $100 fine. In 2013, Maryland lawmakers secured passage of HB 180 and HB 1101, which expanded the affirmative defense to caregivers, allowed "Academic Medical Centers" to conduct medical cannabis research studies and established the Natalie M. LaPrade Medical Marijuana Commission to create regulations.

In 2014, the Maryland legislature approved HB 881/SB 923, a comprehensive medical cannabis program that expanded and clarified legal protections for patients, caregivers, and physicians and created a distribution system. Under the law registered patients and their designated caregivers are allowed to obtain and possess a 30-day supply of cannabis, but personal cultivation is prohibited. There are no explicit qualifying conditions in Maryland under HB 881. Instead physicians must apply for permission to write recommendations for conditions they specify, though the Commission may add conditions through rulemaking.

In 2016, Maryland enacted HB 104, legislation expanding the type of healthcare practitioners authorized to recommend cannabis. Under the law dentists, podiatrists, nurse midwives and nurse practitioners may recommend cannabis for treatment in addition to physicians. After nearly four years since the state approved sweeping medical cannabis reforms, patients in Maryland finally had access to medicine through a total of 21 dispensaries in December of 2017.

Patient Feedback

Some surveyed patients report having to patronize the illegal market due to the high prices for legal products. In addition, some surveyed patients report frustration about having to wait in long lines, and raised issues with a consistent lack of specific medical products available at legal retailers. However, other surveyed patients are pleased by the increase in certified physicians, the variety of legal products available, and the current ability to use curbside pickup services, delivery, and telehealth services during COVID. Surveyed patients expressed support for making these program improvements permanent.

MASSACHUSETTS

88,053	1.27%	140	628:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

B+

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2019, the Massachusetts Cannabis Control Commission (CCC) approved regulations providing for operation of new public consumption facilities and for delivery operations of adult-use cannabis. Additional state legislation is required to enable the rollout of consumption facilities, which will also require approval from local governments where facility operators are looking to deploy these new business models. While 2019 and 2020 were primarily focused on modifications to the nascent state adult-use system, enrollment in Massachusetts' medical cannabis program continues to steadily grow.

2020 also saw the CCC consider removing vertical integration requirements for medical retail facilities to also serve as cultivators, along with more stringent rules for facilities that fail testing for pesticides and heavy metals. Both are welcomed improvements, and regulators are expected to issue new rules related to these items before the end of the year. Beyond these changes ASA recommends that Massachusetts lawmakers and regulators work to improve consumer protections and product testing and labeling standards.

Massachusetts maintained patient access to medical retail facilities as part of the Commonwealth's COVID emergency response, and authorized curbside pickup and certification of new patients via telehealth. Delivery of medical cannabis to patients was also maintained under these measures.

2015	2016	2017	2018-19	2020
B	B-	B	B	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**80/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**5/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**86/100**
Allows Distribution Programs	**36/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	1/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**10/20**
– Personal Cultivation	10/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**10/10**

ISSUE	POINTS
EASE OF NAVIGATION	**90/100**
Comprehensive Qualifying Conditions	**50/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**8/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**4/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**83/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**6/7**

Base Categories Points: 418
COVID Response Points: 20
Points Total: 438/500
Score Percentage: 87.66%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**79/100**
Dispensing	**25/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**3/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**3/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**8.32/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**3.32/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**20/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 2012, 63 percent of Massachusetts voters approved Question 3, a state-wide medical cannabis initiative which authorized patients with qualifying medical conditions to access medical cannabis and cannabis products. The initiative also provided for a licensing regime for registered cultivators, manufacturers, testing laboratories, distribution and retail to supply patients with medical cannabis.The voter-approved measure eliminated state criminal and civil penalties for registered patients using medical cannabis, permitted home cultivation for patients of up to six plants, and authorized registered patients and their designated caregivers to possess up to a 60-day supply of usable cannabis, defined as 10 ounces.

Some protections for patients began January 1, 2013, including limited rights to cultivate their own medicine, and the Department of Health (DOH) began issuing ID cards for patients and granting licenses for medical dispensaries in 2014. The first medical cannabis dispensary opened in Salem, Massachusetts in the summer of 2015. Under the law registered medical cannabis dispensaries must cultivate and process medical cannabis in addition to retailing what they have produced for eligible patients, and provide medicine at discounted rates for eligible low income residents. The Commonwealth's Department of Public Health issues hardship cultivation licenses to patients who qualify.

In 2016, Bay State voters approved Question 4, an adult-use initiative which added parental and organ transplant legal protections for patients. The initiative set January 1, 2018 as the date for state licensing of adult-use cannabis dispensaries, however state legislators pushed that date back to July of that year. The first adult-use licenses were not issued until October of 2018. In 2017, Massachusetts enacted H 3818, which established the tax regime for the Commonwealth's adult-use model and organized specific local control features related to dispensary licensing. Specifically the measure required municipalities in which the majority of voters approved Question 4 to hold a referendum proposing to ban cannabis retail sales as a precursor to prohibiting such activity. Conversely jurisdictions with a majority of voters opposing Question 4 are under no such obligation and can ban legal retail access without seeking voter approval. In 2018, the state Attorney General said that municipalities cannot ban medical dispensaries.

Regulations for the initiative were released in 2018, which extended authorization to recommend medical cannabis to certified nurse practitioners, and allowed employees of nursing homes, hospice centers, and other medical facilities to administer medical cannabis. And while the law did not provide for patient protections related to employment or housing, a 2017 Massachusetts Supreme Judicial Court decision ruled that employees may pursue disability discrimination claims against employers in the Commonwealth for employment-related discrimination related to the patient's legal use of medical cannabis. Massachusetts still does not provide patient protections in the area of housing.

In 2019, patients and caregivers were authorized to secure same day access to medical cannabis after seeing a clinician, allowing them to obtain up to 2.5 ounces per 14-day period. Patients still must complete the remaining registration process to obtain their official state medical program card, and patients presenting their cards to medical cannabis retailers are exempt from taxes levied on medical cannabis.

Patient Feedback

Surveyed patients report concern over the high prices of medical cannabis products and would like to see discounts for low income patients. Other surveyed patients would like to see more product testing. Some surveyed patients are not able to access the cultivar that their doctors recommended, so product availability remains an issue. Surveyed patients express strong support for permanently maintaining curbside pickup and telehealth services provided for under COVID.

MEDICAL CANNAPIS ACCESS STATE REPORT CARD **2020**

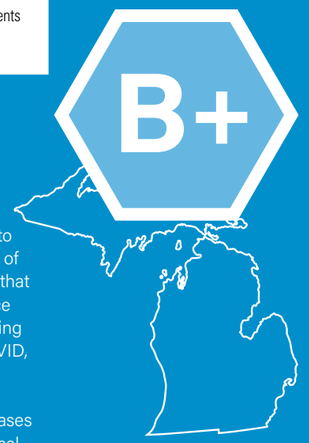
MICHIGAN

246,039	2.62%	264	932:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Most of Michigan's legislative and regulatory activity around cannabis in 2019-2020 has focused on adult-use due to the 2018 voter approval of a statewide ballot initiative Proposal 1. One significant deviation from this trend that patients should be aware of was the Marijuana Regulatory Agency's March statement announcing the October 2020 phase-out of the current practice of caregivers growing and selling cannabis to licensed medical retailers. This is significant, as caregiver-grown cannabis still accounts for a sizable portion of the products sold to cannabis consumers across the Great Lake State. In its announcement MRA indicated that it will slowly phase out the sale of flower from caregivers to licensed retailers until October, when this practice will no longer be permitted. Patients should be prepared for potential product shortages and associated pricing increases. Michigan declared medical cannabis dispensaries essential as part of the state's response to COVID, and authorized curbside pickup and delivery to keep patients safe.

As lawmakers look to 2021 ASA recommends addressing medical cannabis shortage and related price increases to ensure patients have consistent access to affordable medicine. ASA also urges lawmakers to work with local governments to license more medical cannabis retailers to improve patient access and reduce travel burdens on patients. Finally, ASA asks that Michigan lawmakers and regulators permanently maintain the medical cannabis-related COVID emergency measures implemented this year.



2015	2016	2017	2018-19	2020
C+	B+	B+	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**82/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	8/10
DUI Protections	4/5
Employment Protections	2/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	3/5
Organ Transplants	0/5
Reciprocity	3/3
ACCESS TO MEDICINE	**87/100**
Allows Distribution Programs	35/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	7/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	10/10

ISSUE	POINTS
EASE OF NAVIGATION	**90/100**
Comprehensive Qualifying Conditions	48/50
Adding New Conditions	9/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	4/5
Reasonable Access for Minors	8/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	2/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**78/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	7/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	10/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 421
COVID Response Points: 20
Points Total: 441/500
Score Percentage: 88.14%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**84/100**
Dispensing	**22/25**
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	1/2.5
– Pesticide Labeling	2/2.5
Manufacturing	**22.34/25**
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	3.34/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**16/25**
Staff Training	3/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	3/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**20/20**
Delivery Available?	6/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	5/5

Background

In 2008, Michigan voters passed the Michigan Medical Marihuana Act, which allows qualifying patients or their designated caregivers to cultivate up to 12 cannabis plants and possess up to 2.5 ounces of usable cannabis. Patients certified by their doctor and registered with the Department of Licensing and Regulatory Affairs (LARA) are not subject to arrest or prosecution and are protected from civil penalty or disciplinary action by a business, occupational, or professional licensing board or bureau. Although dispensaries were not expressly permitted by law, several local jurisdictions allowed them to provide access to patients.

In September 2016, Governor Snyder signed three bills to improve the medical cannabis program. The first (HB 4210) went into effect immediately, and clarified that patients may possess cannabis extracts and infused products. The second, the Medical Marihuana Facilities Licensing Act (HB 4209), created a program to license and regulate the cultivation, processing, transport, and distribution of medical cannabis. The Medical Marihuana Licensing Board and LARA issued emergency rules related to the measures in December 2017, which were in place for six months until final rules were approved in 2018.

In 2018, Michigan awarded its first set of medical cannabis business licences, which included licenses for medical retail facilities. In July of 2018, the Michigan Court of Appeals ruled that local governments may not restrict where medical cannabis growers can operate. That same year Michigan regulators added chronic pain, autism, arthritis, colitis and IBS, obsessive compulsive disorder, Parkinson's, spinal cord injury and Tourette's syndrome to the list of eligible conditions for enrollment in the state medical program. Cerebral palsy was added in 2019. In November 2018, the state issued new regulations that set maximum THC concentrations for edibles (50 mg per dose for edible products, 200 mg max per container) and authorized delivery from medical dispensaries to patients. Voters also approved the adult-use of cannabis in November of 2018 via Proposal 1.

In 2019, Michigan regulators issued updated detailed guidance about sampling and testing, as well as guidance about reciprocity for patients, reduced patient fees from $60 to $40 for program enrollment, and issued a number of recalls for unsafe products. That same year Governor Whitmer signed an executive order eliminating the existing medical cannabis licensing board (LARA) in favor of creating a new cannabis regulatory agency (Marijuana Regulatory Agency). Beyond administering cannabis business licensing and conducting regulatory oversight, MRA will direct social equity programs and develop regulations for new cannabis business types. Finally, in 2019 regulators approved waste and processing rules for cannabis and updated procedures to allow patients to immediately participate in the state's program by registering on-line to receive a registry card.

Patient Feedback

Surveyed patients report that the quantity and variety of medical products offered at dispensaries have reduced since the adult-use program began. However, surveyed patients are pleased that more people are able to home cultivate and believe that this legal right helps reduce the cost burden on patients.

MINNESOTA

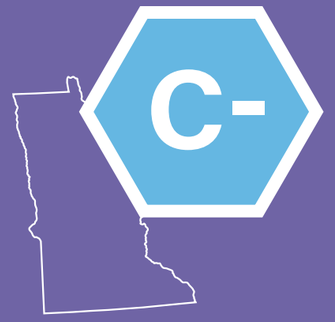
36,962	0.65%	8	4,620:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

2019 saw the Land of 10,000 Lakes make several much-needed improvements to one of the most restrictive medical cannabis programs in the nation. Reacting to patient feedback painting the state program as unaffordable and inaccessible, the state expanded the number of legal medical retail facilities from 8 to 16. The Minnesota Department of Health also added chronic pain and macular degeneration to the list of conditions eligible for medical cannabis treatment. Despite these positive changes, Minnesota still has much to do to sufficiently meet patient needs.

Under the state's COVID emergency plans, Minnesota authorized medical cannabis businesses to continue operating, extended patient access through curbside pickup and home delivery, permitted telemedicine for physician evaluations, and extended existing enrollments. ASA recommends permanently extending these features to facilitate greater patient access, ease of access, and reduce cost and physical burdens on patients.

ASA encourages state lawmakers to authorize medical use of cannabis flower for patients, as flower is often the most affordable form of medical cannabis. Whole-plant cannabis also provides patients with a delivery method for cannabis' complex system of cannabinoids and terpenes, which can provide a more comprehensive treatment than isolating a single plant compound for a manufactured product. ASA also encourages Minnesota to authorize patients to cultivate cannabis at home, which will help drive down the cost of obtaining medicine, improve access and reduce travel burdens.



2015	2016	2017	2018-19	2020
C	C-	C-	C	C-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**84/100**
Arrest Protection	**40/40**
Affirmative Defense	**12/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**5/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**48/100**
Allows Distribution Programs	**13/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**7/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**85/100**
Comprehensive Qualifying Conditions	**47/50**
Adding New Conditions	**8/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**7/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**72/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**35/50**
No Significant Administrative or Supply Problems	**12/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 349
COVID Response Points: 15
Points Total: 364/500
Score Percentage: 72.78%

FINAL GRADE C-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**60/100**
Dispensing	**21/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**12.25/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**3/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	**1.25/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**18.67/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**3/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**8.32/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**3.32/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**16/20**
Delivery Available?	**2/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 2014, Minnesota Governor Dayton signed the Minnesota Medical Marijuana Act (SF 2470) into law, which provides legal protections for patients with certain debilitating medical conditions who obtain a physician's recommendation for the use of medical cannabis products. The law authorizes a regulatory program to oversee the distribution and manufacturing of permitted cannabis products, which may use liquid, pill or vaporized delivery methods, however the smoking of cannabis is prohibited. SF 2470 imposes no concentration limits on THC or CBD for these products, which offers maximum flexibility in designing medical cannabis treatments that can be tailored to treat a wide range of patient health conditions. Patient protections are strong in the 2014 law, though it does permit state collection of patient medical data for those patients who are recommended medical cannabis. With respect to patient access, the Minnesota Medical Marijuana Act allowed for eight dispensaries to be operated by private companies. Two companies are currently licensed to operate cultivation, manufacturing, distribution and retail facilities under the law.

In 2016, the state added intractable pain and PTSD to the list of qualifying conditions eligible for patient enrollment in the state system via HF 3142. This legislation also improved transportation laws for testing and disposal, and allowed pharmacists to video-conference with patients. In 2018, the Department of Health added sleep apnea, autism and Alzheimer's to the list of qualifying conditions. The Minnesota Department of Corrections also moved to allow people on supervised release to use medical cannabis.

Patient Feedback

Surveyed patients report concern over the high cost of medical cannabis products and inadequate number of dispensaries in their state. Some surveyed patients would like to extend or permanently maintain provisions allowing caregivers to serve an unlimited number of patients, especially for curbside pick-up.

MISSISSIPPI

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Thanks to the hard work of Mississippians for Compassionate Care Initiative 65 qualified to appear on the November 2020 ballot, giving Hospitality State voters an opportunity to authorize the creation of a statewide medical cannabis access program. Under the initiative individuals with debilitating medical conditions, including chronic pain and pain refractory to appropriate opioid management, could possess up to 2.5 ounces of medical cannabis with a doctor's certification. This is exciting news for Mississippi patients, who currently have no safe or legal access to medical cannabis, or associated legal protections for possession and use. While the state has considerable work to do to deliver a comprehensive medical access model to patients, Initiative 65 could be the jump-start lawmakers need to build out from the state's existing limited program.

As Mississippi looks to 2021 ASA encourages state lawmakers to initiate work focused on building a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law. The system should also authorize an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**62/100**
Arrest Protection	40/40
Affirmative Defense	9/15
Parental Rights Protections	8/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	0/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**7/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	1/10
Does Not Impose Bans on CBD	3/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**31/100**
Comprehensive Qualifying Conditions	5/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	1/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	2/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**29/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	1/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	2/7

Base Categories Points: 129
COVID Response Points: 0
Points Total: 129/500
Score Percentage: 28.80%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

Despite being the home of the National Institute on Drug Abuse's only facility where cannabis is grown by the federal government, patients in Mississippi still face tremendous access problems. In 2014, Mississippi enacted HB 1231, which creates an affirmative defense for the possession and use of CBD oil solely for patients who suffer from debilitating epilepsy. Known as "Harper Grace's Law," the bill only provides legal protections to this extremely limited patient population only if the CBD oil was either obtained from or tested by the National Center for Natural Products Research at the University of Mississippi, and dispensed by the Department of Pharmacy Services at the University of Mississippi Medical Center. The law requires that CBD oil must have at least 15 percent CBD and no more than 0.5 percent THC. In 2017, the legislature passed SB 2610, which clarifies the use of CBD in research for the treatment of seizures. The Hospitality State decriminalized possession of small amounts of cannabis in 1979, penalizing first-offenders of 30 grams or less with a $250 fine rather than imprisonment.

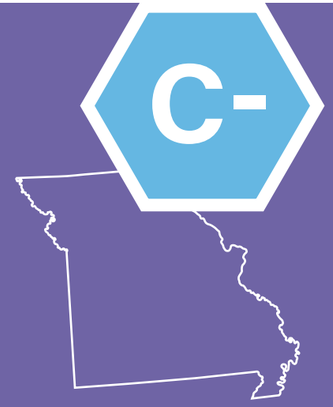
Patient Feedback

Surveyed patients report that it is unacceptable for medical cannabis other than CBD oil to be illegal in Mississippi. Some surveyed patients report having to patronize the illegal market to obtain medical cannabis, even at the risk of incarceration.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

MISSOURI

22,706	0.36%	0	NA
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Since approving rules in 2019 governing the state's medical cannabis program approved by voters in 2018, Missouri has been successful at licensing a population of cultivators, processors and dispensaries that are expected to begin serving patients as soon as this fall. By the end of 2020 the state hoped to have 192 dispensaries open to serve patients, with 60 cultivators and 86 processors licenced to provide a sufficient supply of medical cannabis products. However state attention to COVID may disrupt facility licensing, inspection and opening. The state currently maintains a population of 22,706 registered patients, who are permitted to apply for home cultivation licences in order to grow their own medical cannabis. Responding to COVID, Missouri authorized patients to utilize telemedicine for physician evaluations.

ASA is excited for the initiation of the state's medical program this fall, and encourages lawmakers to focus in 2021 on improving patient protections covering civil, parental and employment rights, as well as protections for renters and those in subsidized housing.

2015	2016	2017	2018-19	2020
F	F	F	C	C-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**67/100**
Arrest Protection	35/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	5/5
Reciprocity	0/3
ACCESS TO MEDICINE	**82/100**
Allows Distribution Programs	30/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**90/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	8/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**32/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	8/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 357
COVID Response Points: 7
Points Total: 364/500
Score Percentage: 72.8%

FINAL GRADE C-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**86/100**
Dispensing	**22/25**
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	3/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**21/25**
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.7/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	0/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**21/25**
Staff Training	4/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	3/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**21/25**
Staff Training	4/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	3/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	4.2/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**8/20**
Delivery Available?	3/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	5/5

Background

In 2014, Missouri passed HB 2238, which created a legal right for eligible patients to obtain, possess, and use hemp extracts in limited circumstances. The law defines a hemp extract as a preparation of cannabis that contains at least 5 percent CBD and no more than 0.3 percent THC, and only allows access to these extracts for patients with severe seizure disorders who have a recommendation from a neurologist and state hemp registration card. Patients are allowed to purchase hemp extracts from two state-regulated "cannabidiol oil care centers", which were licensed by the Department of Agriculture in 2015 and began serving patients in 2016.

In 2018, Show-Me State voters did just that, approving Amendment 2 and authorizing the creation of a comprehensive medical cannabis framework. The measure allows for home cultivation and personal possession limits of up to four ounces for a 30 day period (no more is allowed without demonstrating a medical necessity). Though the program created by Amendment 2 contains a patient condition list to obtain eligibility, it also allows doctors to use their professional judgement as to whether or not medical cannabis may assist a patient. This flexibility is notable and something for other states with limited condition lists to consider. Rules governing program operation were released in May of 2019, and state regulators began accepting applications for medical cannabis dispensaries in August of that year. Initial Missouri medical cannabis sales are expected in 2020.

Patient Feedback

Even though a medical cannabis law was passed, surveyed patients express frustration that they do not currently have access to medical cannabis, as there are still no dispensaries open at this time.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

MONTANA

B

36,422	3.41%	355	103:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

The 2020 focus on cannabis in Big Sky Country has been squarely set on authorizing adult-use via ballot initiative. In November voters are being offered two complimentary ballot initiatives that would permit possession, use and sale of adult-use cannabis. However Montana patients were extended important access improvements under the state's COVID emergency response plan, which permitted medical cannabis businesses to remain open. Other program enhancements included authorization of curbside pickup to reduce patient exposure to close contact, and permission for patients to utilize telehealth for physician evaluations. ASA recommends that Montana maintain these new program elements, which improve ease of access and reduce costs for patients. ASA also encourages state lawmakers to improve civil, parental and employment rights for patients, as well as housing protections for renting patients and those in subsidized housing.

2015	2016	2017	2018-19	2020
C-	D-	B-	B	B

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**65/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**3/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**82/100**
Allows Distribution Programs	**30/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**15/20**
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**7/10**

ISSUE	POINTS
EASE OF NAVIGATION	**84/100**
Comprehensive Qualifying Conditions	**47/50**
Adding New Conditions	**6/10**
– Law/Regulations Allow for New Conditions	3/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**8/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**85/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**13/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**10/10**
Reasonable Possession Limits	**3/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**5/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**4/7**

Base Categories Points: 403
COVID Response Points: 16
Points Total: 419/500
Score Percentage: 83.74%

FINAL GRADE **B**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**87/100**
Dispensing	**22/25**
Staff Training	**4/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**3.34/5**
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1.67/1.67
Grow/Cultivation	**24/25**
Staff Training	**4/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**20.34/25**
Staff Training	**4/5**
Standard Operating Procedures	**4/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**3.34/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**4/5**
Laboratory Operations	**20/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**17/20**
Delivery Available?	**3/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 2004, 62 percent of Montana voters approved the Montana Medical Marijuana Allowance (I-148), allowing registered patients with a qualified condition to use, possess, and cultivate medical cannabis and designate a caregiver to assist them. In 2011, the Montana legislature passed legislation (SB 423) repealing many of the provisions of I-148. SB 423 became the subject of a lengthy court challenge, with the Montana Supreme Court ruling in 2016 to uphold most of the provisions of the law. That same year Big Sky Country voters approved I-182, which not only restored many of the rights granted to patients in I-148, but also added PTSD and removed restrictions on chronic pain for qualifying conditions.

Governor Bullock signed SB 333 into law in 2017, authorizing mandatory testing of medical cannabis products to improve patient safety, seed-to-sale tracking of all licensed cannabis plants in the supply chain, and imposing a 4 percent tax on medical cannabis that was reduced to 2 percent in 2018. The tax was later increased to 4 percent to assist with program funding. In 2019, Montana enacted SB 265, which made improvements to laboratory testing, telemedicine and removed the requirement that patients must only obtain medicine from a single dispensing facility. This is a noteworthy program improvement, offering patients much greater access flexibility and consumer choice.

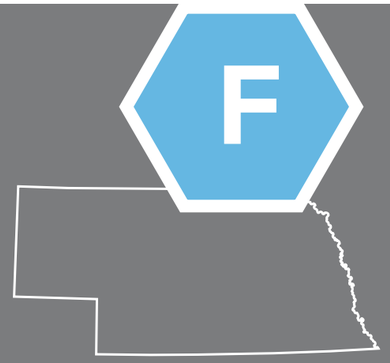
Patient Feedback

Surveyed patients report that there are not enough dispensaries in the state. Surveyed patients would like to see approvals for more permits to grow and sell medical cannabis.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEBRASKA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Frustrated by a lack of access, Nebraskans for Medical Marijuana organized a 2020 medical access ballot initiative that is expected to go before voters in November. While Governor Ricketts is opposing the initiative, ASA encourages Nebraska lawmakers to engage with patients and medical cannabis advocacy organizations to build a safe and legal access model for patients in 2021. Cannabis patients require the same level of sufficient access to cannabis medicine as patients of pharmaceutical products do to pharmacies, and Nebraska patients need their state lawmakers to act to organize such a system.

Beyond authorizing the creation of a production, manufacturing, testing and medical retail system for patients to access, Nebraska should also consider organizing legal safeguards for patients to preserve employment, housing and parental rights for qualified patients. Finally Nebraska should weigh allowing patients to cultivate medical cannabis at home to help reduce patient costs and improve ease of access.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**0/100**
Arrest Protection	**0/40**
Affirmative Defense	**0/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**0/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**0/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**0/10**
Does Not Impose Bans or Limits on THC	**0/10**
Does Not Impose Bans on CBD	**0/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**0/100**
Comprehensive Qualifying Conditions	**0/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**0/10**
Reasonable Caregiver Background Checks	**0/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**0/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**0/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**0/5**
FUNCTIONALITY	**0/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**0/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**0/10**
Reasonable Possession Limits	**0/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**0/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**0/7**

Base Categories Points: 0
COVID Response Points: 0
Points Total: 0/500
Score Percentage: 0%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	**0/5**
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**0/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**0/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	**0/5**
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

Cannabis was decriminalized for first-time offenders in Nebraska in 1979, with possession of one ounce or less punishable by a $300 fine. However increased fines and levels of criminal offense classifications as well as jail time can result for subsequent possession of larger volumes of cannabis. Beyond these laws Nebraska has organized no cannabis policy reform improvements to provide patients with safe and legal access, or organize associated affirmative defense laws to protect patients.

In 2014, Nebraska and Oklahoma filed suit against Colorado, arguing that Colorado's authorization of adult-use cannabis access in 2012 was leading to cross-border business practices occurring affecting surrounding states. The suit's aim to strike down key provisions of the 2012 Colorado law was unsuccessful, with the U.S. Supreme Court in 2016 declining to hear Nebraska and Oklahoma's case by a 6-2 margin. Several legislative attempts to organize a fully functional legal medical cannabis access and licensing regime have been introduced in the Cornhusker state, however these measures have failed to secure sufficient support to get to the Governor's desk.

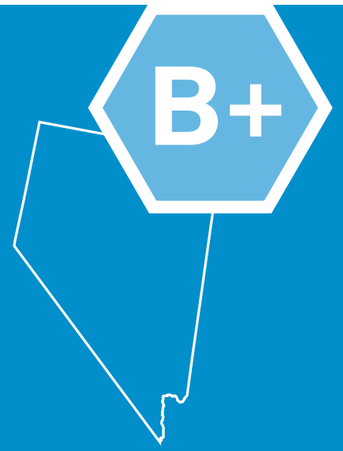
Patient Feedback

Surveyed patients report frustration that medical cannabis is still illegal in Nebraska.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEVADA

14,633	0.48%	66	222:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Attention to emergency measures related to COVID left little room for consideration of new medical cannabis legislation in 2020. However several expanded access features were authorized in Nevada's response to COVID, including continuing delivery of medical cannabis as well as allowing for curbside pickup, and allowing for patients to secure eligibility via telehealth visits with their physicians rather than in-person visits.[1] Following the trend of many states that began with a medical model and later layered on adult-use access, Nevada's patient population has declined since our last report. In other state cannabis policy reform news, Nevada's State Board of Pardons Commissioners, chaired by Governor Sisolak, voted to pardon more than 15,000 individuals convicted of possession of one ounce or less between 1986 and 2017.[2]

In 2021, ASA encourages Nevada lawmakers to review existing legal protections the state extends to medical cannabis patients and expand these provisions to cover parental and housing protections. ASA also encourages Nevada to add chronic pain to its list of qualifying conditions, as the Centers for Disease Control estimates that at least 20 percent of adults in the U.S. experience chronic pain.[3]

2015	2016	2017	2018-19	2020
B+	B	B+	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**76/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**0/10**
DUI Protections	**2/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**4/5**
Organ Transplants	**0/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**89/100**
Allows Distribution Programs	**36/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	4/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**15/20**
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**89/100**
Comprehensive Qualifying Conditions	**46/50**
Adding New Conditions	**7/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**1/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**1/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**84/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**15/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**4/7**

Base Categories Points: 427
COVID Response Points: 17
Points Total: 444/500
Score Percentage: 88.8%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**89/100**
Dispensing	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**2.5/2.5**
– Pesticide Labeling	2.5/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Manufacturing	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**3/5**
Laboratory Operations	**20/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**18/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**5/7**
Telemedicine Available?	**5/5**

Background

In 2000, 65 percent of Nevada voters approved Question 9, a state constitutional amendment authorizing use, possession and cultivation of cannabis by qualifying patients. To qualify patients must be evaluated by a physician for eligibility and participate in a confidential state-operated registry that issues identification cards. Under Question 9 patients may possess up to 2.5 ounces of cannabis in a single 14 day period, cultivate up to 12 plants, and present a medical necessity defense in court if they possess cannabis in amounts above the legal limit. Unfortunately the measure did not establish a regulated system licensing cultivators, manufacturers, testing laboratories, distributors or retailers, leaving patients without safe or legal access until such a system was authorized by SB 374 in 2014.

SB 374 established a statewide medical cannabis distribution system, allowing for the creation of up to 66 medical cannabis dispensaries and 200 production facilities as regulated by the Department of Health and Human Services (DHHS). The law also authorized reciprocity for out-of-state patients visiting Nevada, and removed authorization for patients to cultivate their own cannabis. Patients may qualify for an exemption from this provision if the nearest licensed medical cannabis dispensary is greater than 25 miles away from the patient's residence. Regulations governing the operation of Nevada's medical system were organized in 2014 and 2015, with the first medical cannabis sale occurring in July of 2015.

In 2016, Nevada Department of Health and Human Services put patient applications online and began issuing temporary cards allowing patients to enroll and access medicine more quickly. That same year Nevada voters approved Question 2, authorizing the creation of an adult-use cannabis licensing regime and retail model in the Battle Born State. As Nevada adopted regulations on Question 2 in 2017, the state also increased employment protections and removed the state-imposed sales tax on medical cannabis. In 2018, Nevada promulgated permanent rules for their adult-use of cannabis model. The regulations allowed adult-use and medical cannabis establishments to be co-located and operate under the same license, and strengthened testing protocols for medical cannabis.

2019 saw Governor Sisolak signed into law AB 132 and AB 192, ending the practice of denying employment predicated on a positive cannabis screening in Nevada. The bills also allow persons convicted of a cannabis offense prior to state decriminalization efforts to have their records sealed. The Governor also signed SB 533 into law in 2019, which created two new regulatory advisory commissions, whose role will be to coordinate and provide recommendations to the Governor and legislature on improvements to the state's cannabis access programs. SB 533 also authorized licensing public consumption facilities subject to local approval, but failed to specifically allow consumption of cannabis at these establishments. The Nevada Cannabis Compliance Board was tasked with organizing a study on the viability of consumption lounges, with recommendations expected ahead of the 2021 legislative session.

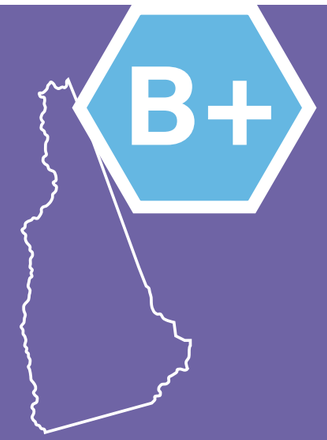
Patient Feedback

Surveyed patients report feeling frustrated about the high cost of medical cannabis. However, surveyed patients also report appreciation that it is easier to get medical cannabis cards than before. They would like to see pre-ordering and delivery services maintained in the state.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEW HAMPSHIRE

8,302	0.61%	4	2,075:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



B+

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Much as they did in 2019, efforts to secure passage of a measure authorizing patients to cultivate cannabis at home failed in New Hampshire this year, as did legislative efforts to authorize adult-use access. However New Hampshire lawmakers did organize COVID emergency measures that maintained operation of legal medical cannabis businesses, allowed patients to extend existing state program registrations before renewal is required, and authorized curbside pickup to reduce patient exposure to close contact.

As lawmakers look to 2021, ASA encourages consideration of legislation to expand patient legal protections to cover employment discrimination, delivery of medical cannabis to patients and authorization of patients to cultivate medicl cannabis at home to reduce costs to patients. Allowing patients to obtain multi-year registrations to participate in the state's medical access program would also help reduce patient costs and reduce travel that can be burdensome on patient health.

2015	2016	2017	2018-19	2020
C+	B-	B	B	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**86/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	10/10
DUI Protections	0/5
Employment Protections	2/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	4/5
Organ Transplants	5/5
Reciprocity	3/3
ACCESS TO MEDICINE	**66/100**
Allows Distribution Programs	29/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	1/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**87/100**
Comprehensive Qualifying Conditions	45/50
Adding New Conditions	8/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**88/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	50/50
No Significant Administrative or Supply Problems	13/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	5/7

Base Categories Points: 420
COVID Response Points: 17
Points Total: 437/500
Score Percentage: 87.40%

FINAL GRADE **B+**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**93/100**
Dispensing	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**20/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**13/20**
Delivery Available?	0/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	4/5

Background

In 2013, New Hampshire enacted HB 573, legislation authorizing a medical cannabis access model for Granite State patients. Under the law patients with qualifying conditions and caregivers registered with the New Hampshire Department of Health and Human Services' medical cannabis program, in possession of a registry ID card, who possess no more than two ounces of cannabis, are protected from arrest or prosecution. If charged, registration provides an affirmative defense for patients or caregivers in compliance with the law, and patients and caregivers may not be denied any right or privilege based on their status. HB 573 allows medical cannabis to be obtained by the patient, a registered caregiver, or in some cases a "support person" from one of the state's Alternative Treatment Centers, and allows for up to two ounces to be purchased by patients every 10 days. New Hampshire patients may only designate one caregiver, but a caregiver may assist up to five patients.

In 2015, DHHS began issuing ID cards to eligible patients and licensing commercial cannabis businesses to participate in the state's medical cannabis program. In 2016 dispensaries began serving patients. New Hampshire's program saw several small but significant changes to its program in 2017. A change in regulations allowed a "support person" who is not necessarily a caregiver to enter a dispensary and obtain medicine for a qualifying patient. New Hampshire's program also added chronic pain, PTSD, Ehlers-Danlos Syndrome, and Hepatitis C, and created a more effective petition process for adding new qualifying conditions. During 2018, the number of dispensaries in the state doubled and Governor Sununu created a medical cannabis oversight board. In 2019, the state removed the requirement that patients must have an existing three-month relationship with a medical provider prior to obtaining a recommendation for medical use of cannabis.

Patient Feedback

Surveyed patients report that prices are very high and dispensaries are too few and far between compared to other states. Other reported concerns include false product labeling of THC levels and inconsistent quality of products. Some surveyed patients would like to see the annual application fee for caregivers being waived, especially since caregivers report that they cannot charge for their services. They would also like to see online ordering and curbside pickup maintained in the future and delivery services added to the list of services offered.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEW JERSEY

8,302	0.61%	4	2,075:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

New Jersey lawmakers spent much of the 2019 legislative session negotiating details of legislation to create a new adult-use commercial cannabis marketplace, though political disputes sidelined those efforts until 2020. However Governor Murphy was successful in ushering in sweeping reforms to the state's medical program under the Jake Honig Compassionate Use Medical Cannabis Act. The new law increases the monthly limit to 3 oz over an 18-month period, and exempts terminally ill patients from the monthly limit. It also increases from 90 days to one year the amount of cannabis that patients can secure in an effort to reduce the number of visits required by patients to obtain a sufficient supply of medicine and decrease costs to patients.

Additional features of the new law include permission of adult patients to consume edibles (previously only available to minors), a 3-year phase out of government taxes imposed on medical cannabis, and expansion of health practitioner classifications authorized to recommend cannabis beyond physicians to include physician assistants and advanced practice nurses. The measure includes other cost-saving and flexibility provisions, such as allowing patients to have up to two caregivers, authorizing delivery, and increasing the number of licensed dispensaries from six to twelve. Additional provisions cover employment protections for registered patients, storefronts to list product pricing information online consistent with in-store pricing, and reciprocity.

In addition, NJ organized expanded access features for patients under COVID, permitting pre-ordering, curbside pickup, delivery, and telehealth for physician evaluations. For 2021 ASA encourages NJ to expand civil discrimination protections in the areas of housing, parental rights and organ transplants.

2015	2016	2017	2018-19	2020
C	C	C	C	B

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**77/100**
Arrest Protection	40/40
Affirmative Defense	13/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	5/5
Explicit Privacy Standards	7/7
Housing Protections	4/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	3/3
ACCESS TO MEDICINE	**65/100**
Allows Distribution Programs	30/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	2/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	7/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**98/100**
Comprehensive Qualifying Conditions	48/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	10/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	2/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**88/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	14/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	1/3
Financial Hardship (Fee Waivers/Discount Medicine)	7/7

Base Categories Points: 404.43
COVID Response Points: 16
Points Total: 420.43/500
Score Percentage: 84%

FINAL GRADE B

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**76.43/100**
Dispensing	**19.67/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	2/5
– Active Compound Identification	1/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**20/25**
Staff Training	5/5
Standard Operating Procedures	2.84/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	4/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	3.25/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**19.67/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	2/5
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**17/25**
Staff Training	3/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	4/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	3/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	2/5

Background

On January 18, 2010, Governor Jon Corzine signed the New Jersey Compassionate Use Marijuana Act, SB 119, into law on his last day in office. Governor Christie subsequently made several attempts to delay the program. After a series of legislative and bureaucratic battles, the New Jersey Department of Health adopted rules for the program in 2011. These rules included changes to the licensing process for cultivators and distributors, prohibited home delivery, and required a recommending physician to certify that a patient's qualifying condition is "resistant to conventional medical therapy" and must be recertified every 90 days. Patients must obtain medicine from one of six Alternative Treatment Centers. The certifying physician must indicate the quantity a registered patient can obtain, not to exceed two ounces in a 30-day period.

The first patient registrations were accepted in August 2012, and the first Alternative Treatment Center (ATC) opened in December 2012. In August 2013, SB 2842 lifted the limits on the number of cannabis cultivars that may be cultivated and allowed for the manufacture and distribution of edible cannabis solely to minors. In 2016 the legislature passed AB 457 adding PTSD as a qualifying condition, and the Department of Health finally appointed a panel of physicians and health professionals with the authority to add more conditions.

In 2018, New Jersey added five new categories of qualifying conditions, including chronic pain and opioid use disorder, and reduced patient and caregiver fees from $200 to $100. The state also added an additional $20 dollar discount for seniors and veterans. New 2018 regulations also removed the cap of one caregiver per patient and allowed for Alternative Treatment Centers to open up satellite locations. Governor Murphy also announced in 2018 the state's plan to license up to 108 new medical cannabis businesses.

New 2018 regulations also expanded the forms of available cannabis to include oil based formulations like vape cartridges, streamlined the process to add new qualifying conditions, and removed the requirement of a psychiatric evaluation for minor patients. These regulations also removed the requirement that physicians had to list their information online to participate in the program. Also in 2018, a state workers compensation judge ordered a town to cover the cost of a town employee's medical cannabis, setting a precedent for potential future coverage in other workers' compensation cases.

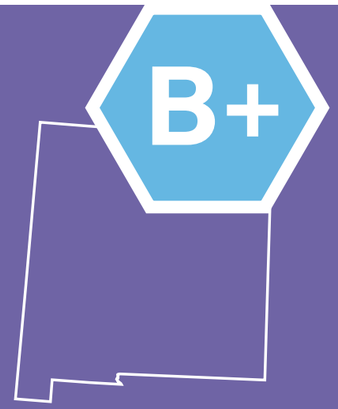
Patient Feedback

Surveyed patients report that medical cannabis prices are still very high and there is a lack of qualifying conditions for becoming a medical cannabis patient. Surveyed patients would like to see telehealth, online ordering, curbside pickup, and delivery services maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEW MEXICO

82,147	3.92%	109	754:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

New Mexico lawmakers held a brief legislative session in 2020, in which they implemented a number of emergency measures in response to the COVID pandemic. Several of these measures pertained to legal medical cannabis access, including the decision to deem medical cannabis businesses as essential to maintain ongoing operations and patient access. New Mexico also permitted delivery to patients, curbside pickup and telemedicine appointments for patients re-enrolling in the state's medical access program. 2020 also saw New Mexico inch closer to opening public consumption spaces, which is an important access feature to enable patients who rent or who are in subsidized housing to have a designated location to safely and legally consume cannabis without fear of eviction.

Beyond permanently maintaining the state's cannabis-related COVID emergency measures, ASA recommends working to reduce product prices and increase the variety and availability of medical cannabis products designed specifically for patients.

2015	2016	2017	2018-19	2020
B+	B	B	B+	B+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**82/100**
Arrest Protection	**40/40**
Affirmative Defense	**13/15**
Parental Rights Protections	**8/10**
DUI Protections	**0/5**
Employment Protections	**4/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**5/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**90/100**
Allows Distribution Programs	**34/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**18/20**
– Personal Cultivation	15/15
– Collective Gardening	3/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**9/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**9/10**

ISSUE	POINTS
EASE OF NAVIGATION	**88/100**
Comprehensive Qualifying Conditions	**46/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**2/2**
Reasonable Physician Requirements	**4/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**3/5**
FUNCTIONALITY	**78/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**11/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**2/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**4/7**

Base Categories Points: 426.34
COVID Response Points: 18
Points Total: 444.34/500
Score Percentage: 88.87%

FINAL GRADE B+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**88.34/100**
Dispensing	**22.67/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**3/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**22.67/25**
Staff Training	**5/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	1/1.67
– Potency and Compound Information	1/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**20/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**18/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**3/5**

Background

In March 2007, the New Mexico legislature passed the "Lynn and Erin Compassionate Use Act" (SB 523). The law allowed patients and their caregivers to collectively possess up to six ounces of usable cannabis and, after obtaining a separate permit, cultivate up to four mature plants and 12 seedlings. The Department of Health oversees the rules and regulations for patient and caregiver IDs and Personal Production Licenses for patients or caregivers to grow medical cannabis for personal use. NMDOH issued rules on SB 523 in 2008 and revised rules in 2010 before issuing the state's first medical dispensary license that year. A Medical Advisory Board within NMDOH approves new qualifying conditions for patients to gain program eligibility, and was the first to approve PTSD. The Board also later removed restrictions on chronic pain patients from qualifying for the program.

In 2018, regulators responded to concerns raised by patients and medical cannabis industry providers related to supply shortages, and increased the 450-plant grow limit for medical cannabis cultivators to 2,500. New Mexico also shortened the application process for patients in 2018, making it easier for patients to apply.

New Mexico made several medical cannabis program improvements in 2019 via SB 406, particularly with regard to expansion of patient rights. The legislation authorized medical cannabis use for student patients in school settings, and provided exemptions from criminal and civil liability for all patients, caregivers, and employees. SB 406 also established civil rights protections in the area of child custody and medical care to include organ transplant, created employment protections preventing employers from taking adverse actions against registered patients, and required NMDOH to create product safety and quality rules by the end of 2019. The new law also requires NMDOH to publish an annual report on the affordability and accessibility to medical cannabis, which will include discussion on access for those patients in rural areas and living in subsidized housing. SB 406 also authorized reciprocity for out-of-state patients, the creation of a three-year patient registration card for in-state patients, which will reduce financial and travel burdens on Land of Enchantment patients, and permitted NMDOH to organize rules providing for on-site consumption of cannabis at authorized facilities.

2019 also saw New Mexico add opioid use disorder, sleep apnea, Alzhiemer's disease, autism spectrum disorder, and three degenerative neurological disorders as medical cannabis qualifying conditions. Governor Grisham also signed SB 323 into law in 2019, which decriminalized up to a half ounce of cannabis, which is now punishable with a $50 fine instead of imprisonment.

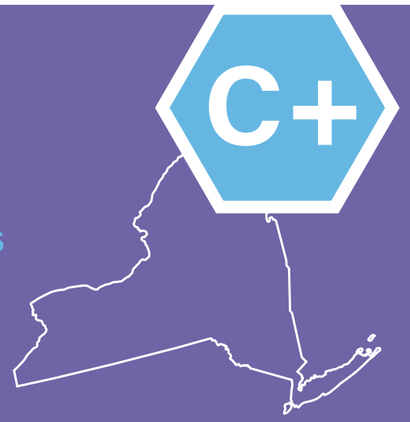
Patient Feedback

Surveyed patients report that prices are very high and there are concerns about a lack of product variety in dispensaries. Some surveyed patients report that access has gotten worse because of an increase in the number of patients, but no increase in plant production, causing product shortages in the state. Some surveyed patients mention turning to the illegal market to obtain medicine for this reason. Many surveyed patients would also like to see online ordering and curbside pickup maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NEW YORK

121,203	0.62%	38	3,190:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Lawmakers failing to reach a deal on a full-scale adult-use legislative package acknowledged the shortcomings of the state's medical system and pledged to work on system improvements in 2020, leaving the state's system largely as is. The state did approve legislation in 2020 that makes possession of marijuana a violation punishable by a fine of no more than $50. The bill also eliminates a provision for a repeat offender that previously would have subjected possession law violators to a fine of up to $250 and 15 days in jail. Finally, the measure requires that past arrest records for possession of cannabis be expunged or destroyed, and prohibits those records from use to deny employment.

The Empire State organized specific medical cannabis provisions in the state's response to COVID, which included maintaining operations of licensed medical cannabis businesses, provision of pre ordering and curbside pickup and delivery, and permission for patients to utilize telehealth for physician evaluations related to state program enrollment.

2015	2016	2017	2018-19	2020
C	C	C+	B-	C+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**72/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**60/100**
Allows Distribution Programs	**25/40**
– Allows Access to Dried Flowers	8/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	4/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	2/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**7/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**91/100**
Comprehensive Qualifying Conditions	**48/50**
Adding New Conditions	**10/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**75/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**40/50**
No Significant Administrative or Supply Problems	**12/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**3/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 327.67
COVID Response Points: 20
Points Total: 392.67/500
Score Percentage: 78.53%

FINAL GRADE C+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**74.67/100**
Dispensing	**20.67/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**21/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**2/2.5**
– Pesticide Labeling	1/2.5
Required Testing	**5/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**23/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**5/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**10/25**
Staff Training	**5/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**20/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 2014, the New York Assembly passed S7923, which created legal protections for patients and caregivers and authorized the Department of Health to license and regulate "registered organizations" to cultivate and sell medical cannabis to patients. Upon receiving written certification from their physician under the law, patients must obtain a registration identification card. The law also requires physicians to complete educational requirements and state the "dosage" patients should use, which then is used to determine the amount that constitutes a 30-day supply of medicine that the patient may possess. The law forbids the smoking of cannabis but does not explicitly ban patients from access to cannabis in its dried flower form.

The Department of Health granted five storefront medical retail licenses in July 2015, and began issuing patient ID cards in December 2015. In January 2016, dispensaries began serving medical cannabis patients. Also in 2016, the Department added chronic pain as a qualifying condition and updated the regulations to allow nurse practitioners to recommend medical cannabis, home delivery, and registered organizations to sell "wholesale" products to other registered organizations to prevent shortages. The program was improved again in 2017 with the addition of PTSD and chronic pain as eligible medical cannabis conditions, and authorization of more registered organizations, while the diversity of cannabis products available to patients for treatment also increased.

In 2019, New York authorized medical cannabis access for patients with any condition for which an opioid would have been prescribed, including acute pain management, and specifically authorized medical cannabis access for opioid use disorder. Most of the 2019 legislative session on cannabis was dedicated to the consideration of adult-use legislation, though a lack of consensus on the package of reforms forced lawmakers to abandon the effort until 2020. Lawmakers settled on a bill that decriminalized cannabis use and allowed for expungements of many previous cannabis offenses.

As lawmakers look to 2021 ASA recommends focusing efforts on fixing major challenges to its medical cannabis program. Specifically ASA encourages authorizing patients to have access to cannabis flower, as well as grow medical cannabis, and work with authorized cultivators, manufacturers and retailers to produce and sell a greater variety of cannabis products specifically designed for treatment of patients. The state also needs to improve medical cannabis product testing and labeling standards to keep patients safe, and convey important information about plant compounds and terpenes contained in medical cannabis products. Finally ASA recommends permanently maintaining the state's cannabis-related emergency measures.

Patient Feedback

Surveyed patients report that there is better selection of processed products this year in their dispensaries. However, there is still no flower available and prices are very high. Some low-income, surveyed patients report being unable to pay for doctor recommendations or renew their medical cards. For this reason, they hope that self cultivation will be an option in the future. Surveyed patients would also like to see pre-ordering, curbside pickup, delivery, and use of telemedicine for patient evaluations maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

NORTH CAROLINA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2019, North Carolina state lawmakers introduced comprehensive medical cannabis legislation, however the bill was not provided a hearing before the legislature adjourned in 2020. Lawmakers also introduced legislation in 2019 to add autism, Crohn's disease, multiple sclerosis, mitochondrial disease and other conditions to the state's list of eligible conditions required to participate in the state's limited CBD-only access model. ASA recommends that North Carolina lawmakers approve comprehensive medical cannabis legislation in 2021. Such a system should authorize robust patient access, organize patient legal protections from housing and education to parental and employment rights, and organize an in-state licensing regime for commercial cannabis cultivators, manufacturers, testing laboratories, distributors and medical retailers.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**37/100**
Arrest Protection	**20/40**
Affirmative Defense	**7/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**5/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**11/100**
Allows Distribution Programs	**0/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**3/10**
Does Not Impose Bans or Limits on THC	**1/10**
Does Not Impose Bans on CBD	**7/10**
Local Bans/Zoning	**0/10**

ISSUE	POINTS
EASE OF NAVIGATION	**46/100**
Comprehensive Qualifying Conditions	**20/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**6/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**3/5**
FUNCTIONALITY	**25/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**8/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**7/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**0/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**2/7**

Base Categories Points: 143.34
COVID Response Points: 0
Points Total: 143.34/500
Score Percentage: 28.67%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**24.34/100**
Dispensing	**5.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**3/5**
– Active Compound Identification	1/1.67
– Contaminants	1/1.67
– Potency	1/1.67
Grow/Cultivation	**8/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Manufacturing	**10.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**0/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**3/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**0/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

In July 2014, North Carolina enacted the North Carolina Epilepsy Alternative Treatment Act (HB 1220), creating a pilot program that allows medical use of CBD-rich oil only for registered patients diagnosed by a neurologist at one of four universities as having intractable epilepsy. The CBD-rich oil authorized by the law for patients to access must contain at least 10 percent CBD, no more than 0.3 percent THC, and must have no other psychoactive components. Patients admitted to the state's extremely limited program must demonstrate that at least three other treatment options have not been successful in addressing the underlying health condition. The law stipulates that access is only through a registered caregiver who must be a parent, guardian, or legal custodian, and who must obtain the CBD oil in a state with reciprocity to purchase medical cannabis products. Most medical cannabis jurisdictions that honor reciprocity for other state registration cards do not allow patients/caregivers from out of state to purchase any medical cannabis products.

In 2015, Governor McCory signed HB 766 into law, legislation amending 2014's HB 1220 to expand the types of qualified physicians who may recommend state-authorized medical cannabis products to patients to include any board certified physician certified in neurology and affiliated with any state-licensed hospital. The bill also changed the required THC/CBD percentages for medical cannabis from greater than 10 percent CBD and less than 0.3 percent THC to greater than 5 percent CBD and less than 0.9 percent THC. Finally the law enhanced patient privacy, but also included a sunset clause ending the state's medical cannabis program in 2021 if studies fail to show therapeutic relief from CBD.

Patient Feedback

Surveyed patients report being frustrated that medical cannabis is still illegal in North Carolina, except for the limited population of patients with seizure disorders, and that the state only has a limited CBD program.

NORTH DAKOTA

3,380	0.44%	8	423:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2020, North Dakota patients began enjoying some of the reforms instituted to the state's medical cannabis program in 2019. Some of these include simplifying the patient application process by no longer requiring patients to pay associated fees with a cashier's check or having to provide their social security numbers when applying. The state also continues to license medical dispensaries to serve patients, with eight facilities now open to serve patients. Following the addition of 12 new qualifying conditions in 2019, North Dakota's patient population has grown four times since our last report. North Dakota included medical cannabis in the state's emergency response to COVID, enabling licensed businesses to remain open to serve patients, and allowing patients to use telehealth visits for program enrollment.

As lawmakers eye the 2021 legislative session, ASA recommends focusing on improving patient civil protections, specifically related to housing, employment and parental rights. State lawmakers are also encouraged to develop improvements in product testing, labeling and safety standards.

2015	2016	2017	2018-19	2020
NA	D+	C	C+	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**54/100**
Arrest Protection	32/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	0/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**81/100**
Allows Distribution Programs	34/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	1/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	10/20
– Personal Cultivation	10/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**88/100**
Comprehensive Qualifying Conditions	45/50
Adding New Conditions	8/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	1/2
Reasonable Fees (Patients and Caregivers)	9/10
Allows Multiple-Year Registrations	1/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**78/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	45/50
No Significant Administrative or Supply Problems	12/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 387
COVID Response Points: 15
Points Total: 402/500
Score Percentage: 80.42%

FINAL GRADE B-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**86.11/100**
Dispensing	**19.25/25**
Staff Training	5/5
Standard Operating Procedures	3.25/5
– Facility Sanitary Conditions	1/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	3/5
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	5/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	5/5
– Pesticide Guidance	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**24/25**
Staff Training	5/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**20/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**13/20**
Delivery Available?	6/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	2/7
Telemedicine Available?	5/5

Background

In 2016, 64 percent of North Dakotans voted in favor of the North Dakota Compassionate Care Act (Measure 5), creating a comprehensive cannabis program for patients of the state. The program allowed access for patients at retail dispensaries, but also allowed patients to grow up to eight plants if they live 40 or more miles away from the nearest dispensary. The program is one of the strictest in the nation, as it allows the state's Department of Health to conduct in person interviews in order to determine eligibility. Implementation legislation for this program became effective in April of 2017, and the state began accepting patient applications to the program in October of 2018. It should be noted that the state made modifications to the underlying ballot initiative in 2017 via SB 2344, which removed provisions allowing for patients to cultivate their own medical cannabis at home, and required that authorized medical professionals specifically must recommend that a patient should smoke cannabis as a treatment option in order for the patient to obtain legal access to cannabis flower.

Medical cannabis sales did not begin in the Flickertail State until March of 2019, almost three years after voters approved Question 5. In April of 2019, the state made significant changes to the state's medical program through a series of bills (HB 1119, HB 1283, HB 1417, HB 1519, SB 2200, SB 2210), which collectively eased the burden on minor patient registrations, allowed caregivers to live out-of-state, furthered privacy protections for patients, and added physician assistants to the list of eligible health care professionals authorized to recommend medical cannabis.

These bills also allowed a process for veterans to submit medical records and discharge documentation instead of a certification, removed the requirement for patients to indicate whether or not they possessed a firearm by including a disclosure about further violations of federal law, and removed the requirement that healthcare providers had to state on patient certifications that the patient was likely to receive a benefit form medical cannabis. Finally this package of legislation allowed for an increased possession limit of up to 7.5 ounces in a 30-day period (up from 2.5 ounces) for patients with certain qualifying conditions, increased the maximum amount of THC that may be included in a medical cannabis product from 2,000 to 4,000 mg, and removed the requirement that a healthcare provider must authorize use of dried flower. However, minors (under 19) are not eligible to obtain dried flower. Twelve new qualifying conditions were also added to the list of eligible conditions required to obtain safe and legal access.

North Dakota enacted HB 1050 in 2019, replacing imprisonment and criminal penalties for adults possessing up to one half ounce of cannabis with a maximum fine of $1,000.

Patient Feedback

No feedback was received from patients in North Dakota.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

OHIO

125,087	0.81%	51	2,452:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Ohio continues efforts to organize a functional medical cannabis system since first opening licensed medical cannabis businesses to serve patients in 2019. Of the 57 dispensaries licenced to serve the state, 51 are now open.[1] Of the 32 authorized cultivators, twenty are operational. Meanwhile only 14 of 43 authorized medical cannabis processors have been licensed. 2019 also saw state regulators review petitions to include 27 new conditions eligible for participation in the state's medical [2]access program, and reject all but one for Cachexia/Wasting Syndrome.[3]

ASA applauds the state's efforts to deem medical cannabis businesses essential during the COVID pandemic, and organize other access features to assist patients such as permitting curbside pickup and allowing patients to reenroll in the state's program via telehealth appointments. Beyond these improvements Ohio regulators should also consider authorizing delivery from medical cannabis storefronts to patients to ease patient travel burdens and reduce the risk of patient social engagement in retail settings.

As Buckeye State lawmakers return for the 2021 legislative session, ASA also recommends expanding the list of qualifying conditions to include chronic pain and anxiety, as well as authorizing patients to cultivate medical cannabis at home. These recommendations will ensure that a larger population of eligible patients who would benefit from a safe access program organized by the state can participate, and provide ambulatory patients with a more cost-effective treatment option.

2015	2016	2017	2018-19	2020
NA	B	B+	B	B

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**84/100**
Arrest Protection	40/40
Affirmative Defense	10/15
Parental Rights Protections	10/10
DUI Protections	5/5
Employment Protections	0/5
Explicit Privacy Standards	4/7
Housing Protections	4/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	5/5
Reciprocity	1/3
ACCESS TO MEDICINE	**63/100**
Allows Distribution Programs	30/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	9/10
Does Not Impose Bans or Limits on THC	9/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	5/10

ISSUE	POINTS
EASE OF NAVIGATION	**84/100**
Comprehensive Qualifying Conditions	44/50
Adding New Conditions	8/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	7/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	3/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**84/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	40/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	5/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	7/7

Base Categories Points: 410
COVID Response Points: 14
Points Total: 424/500
Score Percentage: 84.80%

FINAL GRADE B

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**95/100**
Dispensing	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	3/5
– Active Compound Identification	1/1.67
– Contaminants	1/1.67
– Potency	1/1.67
Grow/Cultivation	**22/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	4/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	2/2.5
Required Testing	3/5
– Active Ingredient Identification	1/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	1/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**25/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**25/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**13/20**
Delivery Available?	0/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	4/5

Background

Ohio's medical cannabis program was created in 2016 by HB 523, which allows eligible in-state patients to obtain legal protections to possess and use medical cannabis. Under the law patients who meet certain requirements are eligible for an affirmative defense for possession and use of medical cannabis. Ohio promulgated governing the licensing and oversight of cultivators, manufacturers, testing laboratories and retailers in 2017, though the program was not operational until 2019 when the first sales of medical cannabis occurred, which is the same year the state licensed its first testing lab to ensure patient safety. Under the law, Ohio patients can expect to be served by a population of 56 medical cannabis dispensaries, 19 of which were licensed and operating in 2019.

Patient Feedback

Surveyed patients report that they would like anxiety and depression added to the qualifying conditions list, the option for home cultivation to reduce costs, and more dispensaries in the state to expand access. They are frustrated that the cost of medical cannabis is so high that they are traveling out of state to Michigan to purchase their medicine. Some surveyed patients report that they are pleased with the selection of products available to them, however, other surveyed patients express concerns with consistent product availability and quality. They would also like to see that telehealth, pre-ordering, and curbside pickup services be maintained in the future.

OKLAHOMA

125,087	8.33%	2,073	159:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Oklahoma has quickly organized an operational medical access program since the 2018 voter approval of Question 788, the state ballot initiative authorizing the creation of a state-operated medical cannabis policy framework. By May of 2020, Oklahoma had issued 2,428 dispensary licenses, 6346 grower licences, and 1,611 processor licences, which have been instrumental in forming the medical cannabis industry backbone required to provide functional patient access. Though not all of these licenses are currently operational, the ratio of one licensed dispensary for every 116 patients produced by this configuration is an excellent monitor for overall patient accessibility which patients in other states are left to envy. Patients in Oklahoma now represent 8.33 percent of Oklahoma's population, the most significant representation of registered cannabis patients of any state.

Beyond making significant progress on medical cannabis industry buildout and patient enrollment, Oklahoma has also improved laboratory testing requirements. As of April of 2020, all cannabis products cultivated or processed must be tested by a state-licensed laboratory per legislation approved in 2019 and 2020 Oklahoma Medical Marijuana Authority guidance. OMMA also demonstrated a commitment to ensuring product safety when the regulatory body began recalling products deemed unsafe for patient use.

Oklahoma also moved quickly to maintain and improve access for medical cannabis patients and keep them safe during the COVID pandemic. Key measures organized in 2020 included a declaration of medical cannabis dispensaries as essential, authorization of curbside pickup and delivery of cannabis medicine to patients and allowing patients to utilize telehealth for physician evaluations required for patient re-enrollment. As state lawmakers and regulators look to 2021, ASA recommends permanently maintaining these measures.

2015	2016	2017	2018-19	2020
F	F	F	B	B

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**86/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	10/10
DUI Protections	0/5
Employment Protections	4/5
Explicit Privacy Standards	4/7
Housing Protections	4/5
Does Not Create New Criminal Penalties for Patients	4/5
Organ Transplants	5/5
Reciprocity	0/3
ACCESS TO MEDICINE	**77/100**
Allows Distribution Programs	26/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	1/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	8/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**95/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	7/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**90/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	50/50
No Significant Administrative or Supply Problems	14/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	1/3
Financial Hardship (Fee Waivers/Discount Medicine)	5/7

Base Categories Points: 403
COVID Response Points: 14
Points Total: 417/500
Score Percentage: 83.31%

FINAL GRADE B

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**55/100**
Dispensing	**17/25**
Staff Training	1/5
Standard Operating Procedures	2.5/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**14/25**
Staff Training	1/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0.71/0.7
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	2.5/2.5
– Pesticide Labeling	0/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Manufacturing	**16/25**
Staff Training	1/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	4/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	3/5
Laboratory Operations	**8/25**
Staff Training	1/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	2/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	0/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	5/5

Background

In 2015, Governor Fallin signed HB 2154, Katie and Cayman's Law, which allows physicians in Oklahoma to recommend a high-CBD cannabis oil (less than 0.3 percent THC) to minors suffering from a severe epilepsy disorder such as Lennox-Gastaut or Dravet Syndrome. In 2016, the state adopted HB 2835, which expanded legal protections to patients of all ages and added several new qualifying conditions including spasticity due to Multiple Sclerosis or paraplegia, intractable nausea and vomiting, and appetite stimulation with chronic wasting diseases. In March of 2017, a lawsuit was resolved allowing Question 788 - the Medical Marijuana Legalization Initiative to appear on the June 2018 Ballot, where voters approved the initiative by 57 percent.

Under Question 788 registered patients may possess up to three ounces of medical cannabis flower and one ounce of concentrated medical cannabis, and may also cultivate up to six mature plants with another six vegetative plants. Regulations governing the operation of the new law were approved quickly in 2018, which also removed the ban on smoking cannabis as a treatment method, the requirement that all dispensaries have a pharmacist on staff and the patient eligibility condition list. That same year the Oklahoma Court of Civil Appeals ruled that the presence of an intoxicating substance in the blood does not automatically mean impairment, which is a victory for those patients who may be drug tested in the workplace. The Oklahoma Medical Program grew rapidly in 2019, as no licensing caps were imposed on medical retail facilities. By the beginning of the fourth quarter of 2019, state regulators had issued almost 7,000 licenses to cannabis businesses and registered over 200,000 patients.

2019 saw Oklahoma implement a number of new reforms to the state's medical access program. Included in these reforms were reduced application fees for low income patients, an expansion of the type of licensed physicians who may recommend medical cannabis and organization of guidelines for inventory testing, tracking, advertising, packaging and labeling. Lawmakers also approved HB 2612, which establishes a Medical Marijuana Authority within the state Department of Health, outlines the rights of patients who are firearm owners, allows patients to have 2-year registrations, permits veterans to participate in the program and creates a medical cannabis research licensing category.

Patient Feedback

Surveyed patients report that there is an adequate number of dispensaries in the state, creating a very competitive market for the benefit of patients in the state that helps reduce costs to patients and provides for ease of access. Surveyed patients would like to see Oklahoma's pre ordering, curbside pickup, and telehealth program enhancements organized under COVID maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

OREGON

24,015	0.57%	290	83:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

A-

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Grappling with an oversupply problem Oregon enacted SB 218, which authorizes the state to suspend issuing new cultivation licenses when supply exceeds demand. The state also approved SB 582, legislation authorizing interstate sales of cannabis should federal action occur removing cannabis from Schedule I of the Controlled Substances Act. The state also approved SB 420, establishing a procedure for criminal record expungement related to low-level cannabis convictions prior to 2014. Unfortunately the legislature was not able to secure passage of legislation introducing legal public consumption spaces during its short 35-day work period, or a bill that would have provided patient employment protections for off-work use. However Oregon did implement cannabis-related emergency measures under COVID, which included authorization for medical cannabis businesses to remain open during the health crisis, permission for patients to pre order medical cannabis and pick it up curbside to reduce exposure, and allowance for physicians to conduct patient evaluations via telehealth.

While the momentum for functional cannabis policy change in the Beaver State may have ebbed in recent sessions, ASA recommends that Oregon state and local lawmakers initiate new efforts to collaborate with patient advocacy groups to permanently maintain new program features organized under COVID, enact legislation to implement patient employment legal safeguards and provide authorized spaces for patients to consume cannabis to help patients in subsidized housing.

2015	2016	2017	2018-19	2020
B	B	B+	A-	A-

PATIENT RIGHTS AND CIVIL PROTECTIONS 78/100

ISSUE	POINTS
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	5/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	5/5
Reciprocity	1/3

ACCESS TO MEDICINE 90/100

ISSUE	POINTS
Allows Distribution Programs	37/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	2/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	17/20
– Personal Cultivation	15/15
– Collective Gardening	2/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	9/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

EASE OF NAVIGATION 85/100

ISSUE	POINTS
Comprehensive Qualifying Conditions	47/50
Adding New Conditions	7/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	2/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	4/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5

FUNCTIONALITY 89/100

ISSUE	POINTS
Patients Able to Access Medicine at Dispensaries or by Cultivation	50/50
No Significant Administrative or Supply Problems	12/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	3/5
Allows Patients to Medicate Where They Choose	5/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	6/7

Base Categories Points: 433.43
COVID Response Points: 18
Points Total: 451.43/500
Score Percentage: 90.29%

FINAL GRADE A-

CONSUMER SAFETY AND PROVIDER REQUIREMENTS 91.43/100

ISSUE	POINTS
Dispensing	23/25
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	22.26/25
Staff Training	5/5
Standard Operating Procedures	4.26/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Manufacturing	22/25
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	3/5
Laboratory Operations	24/25
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	4.15/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

COVID RESPONSE 18/20

ISSUE	POINTS
Delivery Available?	6/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

In 1998, Oregon voters approved the Oregon Medical Marijuana Act (OMMA), allowing a patient with a valid ID to use, possess, and cultivate cannabis for medical purposes. The initiative also allows patients to designate a primary caregiver to assist them. Qualifying patients may possess up to twenty-four ounces of usable cannabis, and individuals may cultivate up to six mature plants and twelve immature plants or four plants if they belong to a non-OMMP cardholder. To be protected from arrest, patients must enroll in the Oregon Health Authority patient registry and possess a valid Oregon Medical Marijuana Program (OMMP) identification card. Non-registered patients with a valid recommendation who are within the possession or cultivation limits set by the OMMA are entitled to an affirmative defense.

In 2013, Oregon enacted HB 3460, which authorized the creation of state-licensed medical cannabis facilities. A year later, state lawmakers passed legislation (SB 1531) granting cities and counties the right to pass moratoriums on the opening of medical marijuana facilities until May 1, 2015. In 2016, the state legislature passed SB 1524, which reduced paperwork requirements for veterans to participate in the state medical program. 2017 saw Oregon legislators pass a package of bills (SB 56, SB 1057 and HB 2198) that allow patients to cultivate up to 12 mature plants at home or registered grow sites, require new testing procedures and introduce new environmental and zoning rules, and allow caregivers to assist patients with the production of cannabis or processing of concentrates.

Patient Feedback

Some surveyed patients report that they cannot afford the high prices of medical cards and medical cannabis products. Many surveyed patients would like to see home cultivation allowed to reduce the cost of medical cannabis and improve access. Others wish there were more qualifying conditions available for obtaining a medical card. Surveyed patients express support for permanently maintaining program enhancements organized under COVID, including pre-ordering, curbside pickup, delivery, and telehealth.

PENNSYLVANIA

297,317	2.32%	80	3,716:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Pennsylvania's medical cannabis system shows some improvements since our last report. In 2019, the Commonwealth's Department of Health approved anxiety and Tourette's syndrome to the list of qualifying conditions, and modified previously existing language to extend the program to patients with chronic pain. In 2020, under the state's COVID response plan, PA permitted medical cannabis businesses to operate during COVID, allowed patients to take advantage of new preordering, curbside pickup and home delivery, and telemedicine visits for physician evaluations. While these are important system improvements, the state still has considerable work to do before its medical program is functional and effective.

ASA recommend that the state focus their 2021 legislative efforts on expanding patient access, ensuring sufficient medical cannabis products are available, and working to reduce product costs. One strategy Pennsylvania should consider is to allow home cultivation of medical cannabis for able-bodied patients, which can dramatically reduce costs and ensure ongoing availability of medicine.

The state should also consider expanding the volume of licensed cultivators, manufacturers, testing laboratories and medical retail facilities to safeguard against supply shortages and improve patient access, as well as authorize delivery. Other program modifications to consider include organizing patient legal protections related to housing, as well as improve training requirements for facility staff. Finally ASA recommends permanently maintaining the new access and telehealth enhancements under COVID, which greatly improve patient access and reduce patient cost burdens.

2015	2016	2017	2018-19	2020
NA	C-	C	C+	C+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**71/100**
Arrest Protection	**40/40**
Affirmative Defense	**7/15**
Parental Rights Protections	**10/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**2/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**67/100**
Allows Distribution Programs	**31/40**
– Allows Access to Dried Flowers	12/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**9/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**7/10**

ISSUE	POINTS
EASE OF NAVIGATION	**84/100**
Comprehensive Qualifying Conditions	**46/50**
Adding New Conditions	**9/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	4/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**2/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**9/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**3/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**84/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**14/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**7/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**5/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points:	375.32
COVID Response Points:	15
Points Total:	390.32/500
Score Percentage:	78.06%

FINAL GRADE C+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**69.32/100**
Dispensing	**15.67/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**1.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**1/5**
– Active Compound Identification	1/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**18/25**
Staff Training	**0/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**3/5**
– Active Ingredient Identification	1/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**15.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**4/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	0/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**4/5**
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**19.98/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**5/5**
Result Reporting	**5/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**4.98/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**15/20**
Delivery Available?	**1/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

The Pennsylvania Medical Marijuana Act (Act 16), enacted in 2016, created the state's medical cannabis program, which for the first time authorized the legal possession, use and sale of medical cannabis in the Keystone State. Regulations governing the program's operation were developed in 2016 and 2017, with the Commonwealth's Department of Health announcing the award of the first 12 medical cannabis cultivators and 27 medical cannabis dispensaries authorized to serve patients at the end of 2017. Under the law eligible patients must be in-state residents, meet state qualifying condition standards from a list of 17 conditions and be registered with the Pennsylvania Department of Health. Patient eligibility is determined by a patient consultation with a licensed physician who is registered with the Commonwealth to recommend medical cannabis to patients. The law did not authorize patients to cultivate medical cannabis at home or permit patients to smoke cannabis as a treatment delivery method.

Medical cannabis sales began in Pennsylvania in February of 2018, the same year the Department of Health issued new regulations authorizing patient access to medical cannabis flower and expanding the list of eligible qualifying conditions to include cancer remission therapy, opioid-addiction therapy, neurodegenerative disorders and spastic movement disorders. The Department of Health also announced in 2018 that it will not share patient registry information with law enforcement agencies, a move designed to maintain legal firearm ownership rights for medical cannabis patients. Other states do not provide this layer of protection, leaving those patients who own firearms vulnerable to second amendment rights infringements due to the conflict of federal and state cannabis laws. Late in 2018, Pennsylvania certified eight medical schools as official research centers and approved several more dispensary facilities. The state also streamlined the process to add new qualifying conditions.

Patient Feedback

Surveyed patients are pleased that there are now more product choices available. While many surveyed patients appreciate that the list of qualifying conditions has been expanded, some believe that the qualifying conditions list should be expanded even further, as it still leaves many patients out of qualifying for medicine. In addition, though the number of dispensaries have increased, surveyed patients would like to see more dispensaries opened to improve access. Surveyed patients also report that prices are still very high and unaffordable for many and that there are often shortages for dry flower. They would like to see telemedicine, online ordering, delivery, and curbside pick up maintained in the future.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

PUERTO RICO

112,363	3.51%	101	1,113:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

D

2019-20 IMPROVEMENTS & RECOMMENDATIONS

2019 saw Puerto Rico Department of Agriculture regulators working to develop a package of reforms to organize a hemp production program in a manner consistent with requirements of the 2018 Farm Bill. Temporary licenses were issued to hemp producers for 10-acre grows in the fall of 2019 as well as part of the territory's initiation of its hemp production plan.

As Puerto Rico looks to 2021 ASA encourages state lawmakers and regulators to reduce medical program enrollment costs, and authorize patients to cultivate cannabis at home to reduce cost burdens. ASA also recommends that elected leaders and regulators organize legal protections for patients related to employment, housing, education and family law, and permit patient access to medical cannabis flower. Finally ASA asks that regulators work to improve the number of medical cannabis literate physicians and health professionals permitted to recommend cannabis as a treatment option.

2015	2016	2017	2018-19	2020
NA	NA	C-	C-	D

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**61/100**
Arrest Protection	**40/40**
Affirmative Defense	**8/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**3/5**
Organ Transplants	**0/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**51/100**
Allows Distribution Programs	**14/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	1/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**7/10**

ISSUE	POINTS
EASE OF NAVIGATION	**79/100**
Comprehensive Qualifying Conditions	**40/50**
Adding New Conditions	**5/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**7/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**2/2**
Reasonable Fees (Patients and Caregivers)	**10/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**71/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**3/5**
Reasonable Purchase Limits	**2/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**0/7**

Base Categories Points: 330
COVID Response Points: 0
Points Total: 330/500
Score Percentage: 65.97%

FINAL GRADE **D**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**68/100**
Dispensing	**17/25**
Staff Training	**3/5**
Standard Operating Procedures	**3/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	**1/5**
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	**5/5**
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**16.84/25**
Staff Training	**3/5**
Standard Operating Procedures	**2.84/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**3/5**
– Active Ingredient Identification	1/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Manufacturing	**18/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**5/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	**2/5**
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**3/5**
Laboratory Operations	**16/25**
Staff Training	**3/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**3/5**
Independent or Third Party	**5/5**
Standard Operating Procedures and Protocols	**5/5**
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

Puerto Rico's program was first enacted via executive order in 2015 under Governor Padilla, however legislative activity was required to officially create such a program. The Legislative Assembly approved Reglamento 8766 in 2016 in response to the Governor's order, which established the length of one year as the term of enrollment for cannabis patients and authorized physicians to evaluate patients, organized a list of eligible conditions patients must demonstrate before securing legal access, and limited the treatment delivery methods solely to manufactured products (e.g. whole plant cannabis/access to cannabis flower and the smoking of cannabis is prohibited).

The legislation also provides for the creation of a licensing system for the commercial operation of medical cultivation, manufacturing, testing, and retail facilities to serve patients. Reglamento 8766 also removed restrictions on individuals with prior convictions from serving as medical cannabis employees, and authorized reciprocity for patients who do not permanently reside on the island. The measure prohibits patients from cultivating medical cannabis at home.

In 2017, the Governor of Puerto Rico signed into law the Act to Manage the Study, Development and Investigation of Cannabis for Innovation, and Applicable Norms and Limitations (Act 42). This new legislation made further medical cannabis program improvements and enabled the state system to open, with the first medical cannabis dispensary serving patients later that year. In July 2018, the Governor signed Reglamento 9038 which focuses on the study, development and investigation of cannabis for research purposes.

Patient Feedback

No feedback was received from patients in Puerto Rico.

RHODE ISLAND

17,994	1.69%	3	5,998:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In 2019, RI issued guidance and began accepting applications from licensed medical cannabis dispensaries to begin delivery services, of which 17,994 are currently enrolled in the state's program. The state also authorized a lottery system for awarding licenses to new medical cannabis dispensaries, a strategy that runs the risk of licensing operators who may not be capable of running a functional operation. In 2020, the state expanded its number of licensed retailers, adding six new licenses to improve patient access. The state also introduced proposals for state-run cannabis retail facilities in 2020, an effort proposed by a few other states in previous years that were unsuccessful due to the conflict of federal and state cannabis laws.

Rhode Island was thorough in the state's expansion of cannabis provisions responding to COVID-19. The state's emergency plans maintained operations of medical cannabis businesses, authorized curbside pickup and delivery, and is permitting current and prospective patients to utilize telehealth for physician evaluations related to enrollment.

For 2021, ASA encourages lawmakers to focus on many of the reforms outlined in H 7621, program improvement legislation introduced in 2020. Specifically legislators should work to pass provisions of the measure addressing the high cost of cannabis products, discrimination against patients who are state employees, and state discrimination against persons seeking employment in the cannabis industry with prior drug convictions. Lawmakers are also encouraged to approve legislation extending patient protections to parents and veterans, and improve laboratory testing and labeling standards. ASA recommends that Rhode Island permanently maintain the enhancements added to the state's medical program under COVID.

2015	2016	2017	2018-19	2020
C-	C+	C	C-	C+

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**84/100**
Arrest Protection	**40/40**
Affirmative Defense	**15/15**
Parental Rights Protections	**5/10**
DUI Protections	**0/5**
Employment Protections	**4/5**
Explicit Privacy Standards	**7/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**5/5**
Organ Transplants	**0/5**
Reciprocity	**3/3**
ACCESS TO MEDICINE	**81/100**
Allows Distribution Programs	**28/40**
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	**16/20**
– Personal Cultivation	15/15
– Collective Gardening	1/5
Explicit Right to Edibles/Concentrates/Other Forms	**9/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**85/100**
Comprehensive Qualifying Conditions	**45/50**
Adding New Conditions	**6/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	1/5
Reasonable Access for Minors	**9/10**
Reasonable Caregiver Background Checks	**3/4**
Number of Caregivers	**2/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**8/10**
Allows Multiple-Year Registrations	**2/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**5/5**
FUNCTIONALITY	**83/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**45/50**
No Significant Administrative or Supply Problems	**11/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**9/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**6/7**

Base Categories Points: 368
COVID Response Points: 20
Points Total: 388.13/500
Score Percentage: 77.63%

FINAL GRADE C+

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**35.13/100**
Dispensing	**10/25**
Staff Training	**5/5**
Standard Operating Procedures	**3/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	**1/5**
Product Labeling	**1/5**
– Product Contents, Including Source Material Identification	1/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	**0/5**
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**9.13/25**
Staff Training	**5/5**
Standard Operating Procedures	**2.13/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**0/5**
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	**2/5**
– Active Ingredient Identification	1/1.25
– Contaminants	0/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**0/5**
Manufacturing	**12/25**
Staff Training	**5/5**
Standard Operating Procedures	**3/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2/5**
– Product Contents, Including Source Material Identification	1/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**2/5**
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**0/5**
Laboratory Operations	**4/25**
Staff Training	**2/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**2/5**
Standard Operating Procedures and Protocols	**0/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**20/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**2/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**5/5**

Background

In 2006, Rhode Island enacted the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, allowing in-state patients with a Rhode Island registry ID card to use, possess and cultivate cannabis. Under the law registered patients may possess up to 2.5 ounces of usable cannabis and may cultivate up to 12 plants. Patients may appoint up to two primary caregivers for assistance or designate a compassion center as one of the caregivers, and qualified patients and caregivers are entitled to an affirmative defense at trial or dismissal of charges. Authorized patient eligibility is determined by physician certification that the patient suffers from one or more of eight qualified conditions provided for by the state, and language in the law provides access for patients with chronic pain.

Legal patient access became a little more realistic in 2009 when the Rhode Island Department of Health was authorized to license not-for-profit compassion centers to retail medical cannabis. However the state failed to provide licensed medical retail access for nearly seven years from the date it enacted authorizing legislation. In 2011, Governor Chafee suspended licensing of compassion centers in response to threats from federal prosecutors, though licensing resumed in January 2012 after background checks and additional plant limits were added to the licensing requirements. By 2013 compassion centers were serving patients.

In 2014, the General Assembly approved legislation removing caps on cultivation for compassion centers, and allowing patients and caregivers to sell excess medical cannabis to compassion centers. Product shortage issues were addressed again in 2016 when the state created a new cultivation licensing category, the same year the state added PTSD as a qualifying condition to its list of eligible conditions. Rhode Island also deserves credit for protecting patient employee rights through the courts in Callaghan v. Darlington Fabrics Co. et. al., (R.I. Super. Ct. 2017).

In 2016, Rhode Island approved a number of changes to its medical access program, which include requirements for patients to affix a tracking tag to each medical cannabis plant grown and pay $25/tag unless financial hardship can be demonstrated. The location of registered patient and caregiver cultivation sites must also be disclosed. Additional reforms were organized for dispensing facilities, including more stringent product testing and safety standards, inventory tracking and the removal of a requirement that patients designate a single dispensary as their source of cannabis medicine. Cultivators were finally provided a separate licensing category as well, offering patients improved product volume to mitigate shortages and potentially driving down the high cost of medical cannabis. Finally, the changes sunsetted in 2019 a patient and caregiver's authority to cultivate cannabis collectively, requiring patients to either choose to grow their own medical cannabis or defer the responsibility to a designated caregiver.

In 2018, Rhode Island approved several program improvements, including reciprocity access for out-of-state patients, criminal records expungement legislation, and adding autism spectrum disorder as a qualifying condition.

Patient Feedback

Surveyed patients report frustration that there are not enough dispensaries in the state, causing many to have to drive long distances for access. In addition, some surveyed patients would like to do away with the qualifying conditions list in the state, preferring instead to empowering doctors rather than lawmakers or regulators to decide if and when medical cannabis should be recommended. Surveyed patients would like to see the curbside pickup, delivery services and telehealth COVID response measures maintained in the future.

SOUTH CAROLINA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2015	2016	2017	2018-19	2020
F	F	F	F	F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

South Carolina lawmakers introduced legislation in 2019 for 2020 consideration that would have authorized the creation of a comprehensive medical cannabis access system, however the legislation was tabled for 2020 and not considered as legislators concentrated on COVID emergency response measures. As Palmetto State legislators prepare for 2021 ASA encourages a return to consideration of a comprehensive medical access program to serve state patients. When adopting such a program, the state should include a system for in-state production and distribution, as well as civil discrimination protections for patients. The state should also seek to expand the list of qualifying conditions and develop strict product safety standards.

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**47/100**
Arrest Protection	30/40
Affirmative Defense	12/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	0/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**10/100**
Allows Distribution Programs	3/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	1/10
Does Not Impose Bans on CBD	3/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**52/100**
Comprehensive Qualifying Conditions	20/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	1/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	3/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**35/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	10/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	0/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	2/7

Base Categories Points: 144
COVID Response Points: 0
Points Total: 144/500
Score Percentage: 28.80%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2014, South Carolina enacted Julian's Law (S 1035), legislation permitting children with severe epilepsy to access CBD oil that is at least 15 percent CBD and no more than 0.9 percent THC. The law creates an exemption for the possession and use of CBD from the criminal definition of marijuana for patients who obtain a recommendation for CBD oil from a physician. The law also creates the ability for physicians to apply to take part in a statewide medical study of CBD oil for other conditions, though the CBD oil utilized for these studies must be at least 98 percent CBD and must come from a USDA-approved source.

Patient Feedback

Surveyed patients report being frustrated that medical cannabis is still illegal in South Carolina, except for the limited CBD program that is run through state universities.

SOUTH DAKOTA

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Following the federal enactment of the 2018 Farm Bill and 2020 state enactment of HB 1008, South Dakota developed a draft regulatory approach to in-state hemp production that it submitted to FDA in June of 2020. Once USDA approves the plan HB 1008 authorizes in-state production of industrial hemp and CBD oil, finally allowing legal access to patients using CBD for treatment. Meanwhile constituents continue to organize and drive policy reforms in South Dakota. In November, voters will decide via Measure 26 on whether to authorize the creation of a comprehensive medical and adult-use legal access system.

Should the ballot measure prove unsuccessful, ASA recommends that South Dakota lawmakers initiate work in 2021 focused on building a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law. The system should also authorize an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

PATIENT RIGHTS AND CIVIL PROTECTIONS 0/100

ISSUE	POINTS
Arrest Protection	0/40
Affirmative Defense	0/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	0/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	0/5
Organ Transplants	0/5
Reciprocity	0/3

ACCESS TO MEDICINE 0/100

ISSUE	POINTS
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	0/10
Does Not Impose Bans or Limits on THC	0/10
Does Not Impose Bans on CBD	0/10
Local Bans/Zoning	0/10

EASE OF NAVIGATION 0/100

ISSUE	POINTS
Comprehensive Qualifying Conditions	0/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	0/10
Reasonable Caregiver Background Checks	0/4
Number of Caregivers	0/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	0/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	0/5
Does Not Classify Cannabis as a Medicine of Last Resort	0/5

FUNCTIONALITY 0/100

ISSUE	POINTS
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	0/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	0/10
Reasonable Possession Limits	0/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	0/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	0/7

Base Categories Points: 0
COVID Response Points: 0
Points Total: 0/500
Score Percentage: 0%

FINAL GRADE F

CONSUMER SAFETY AND PROVIDER REQUIREMENTS 0/100

Dispensing 0/25

ISSUE	POINTS
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67

Grow/Cultivation 0/25

ISSUE	POINTS
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5

Manufacturing 0/25

ISSUE	POINTS
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5

Laboratory Operations 0/25

ISSUE	POINTS
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

COVID RESPONSE 0/20

ISSUE	POINTS
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

South Dakota is one of three states that has no form of medical cannabis access. In 2017, Mount Rushmore State lawmakers did secure enactment of legislation (SB 95) that excluded CBD from the state's definition of marijuana, and downgraded CBD from Schedule I to Schedule IV on the state's list of controlled substances. However, the new law did not authorize South Dakota hemp processors or CBD manufacturers to initiate production, provide for a licensing regime for these business activities, or establish a regulated patient access and registry regime. Instead, South Dakota only permitted the sale of CBD that has been authorized for use by the U.S. Food and Drug Administration (FDA).

Patient Feedback

No feedback was received from patients in North Dakota.

TENNESSEE

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

While public support in Tennessee for access to medical cannabis grows, Volunteer State lawmakers continue to struggle to pass legislation authorizing legal access. 2019 saw the State Senate debate medical cannabis legislation before the measure was tabled for 2020. This year, comprehensive medical legislation was introduced and later amended to delay legal medical access for Tennesseeans until the federal government reschedules cannabis from Schedule I to Schedule II of the Controlled Substances Act. This work was ultimately abandoned as lawmakers turned to COVID-related emergency measures.

As lawmakers look to 2021 ASA recommends a focus on building out from the state's limited CBD access program to establish a comprehensive medical cannabis program. Such a program should provide legal protections to patients related to employment, housing, education and family law. The system should also authorize an in-state production system for lab-tested medical cannabis and cannabis products that can be made available to patients at legal retailers. ASA also recommends that lawmakers authorize patients to cultivate cannabis at home to reduce costs to patients.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**34/100**
Arrest Protection	20/40
Affirmative Defense	9/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	0/7
Housing Protections	5/5
Does Not Create New Criminal Penalties for Patients	0/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**9/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	1/10
Does Not Impose Bans on CBD	5/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**40/100**
Comprehensive Qualifying Conditions	20/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	0/4
Number of Caregivers	0/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	6/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	3/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**33/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	10/50
No Significant Administrative or Supply Problems	5/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	2/7

Base Categories Points: 116
COVID Response Points: 0
Points Total: 116/500
Score Percentage: 23.20%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2014, Tennessee legislators passed SB 2531, which changed the definition of marijuana to create a legal exception for the possession and use of low-THC, CBD-rich cannabis oil solely by patients with intractable seizures. The law authorizes a state university to grow and manufacture the oil, which can have no more than 0.9 percent THC. Revisions were made to the law in 2016 clarifying that only patients with a legal recommendation may possess CBD oils with no more than 0.9 percent THC.

In 2017, House Speaker Beth Harwell and Lt. Governor Randy McNally ordered the formation of the legislature's Joint Ad Hoc Committee on Medical Cannabis to review the impact of medical cannabis in Tennessee. The committee met three times in 2017 before several lawmakers assigned to it organized comprehensive medical access legislation to be introduced in the 2018 legislative session. Unfortunately, that legislative effort was not successful.

Despite minor changes in 2016, Tennessee has failed to make any significant changes to its program, and still lacks a system for in-state production and dispensing, civil protections for patients, and product safety guidelines. Additionally, in 2016, Tennessee had 1,631 individuals die from opioid overdose which could have been mitigated by the state offering a comprehensive medical cannabis program that included chronic pain. Tennessee could also improve its medical cannabis program by avoiding arbitrary limits on THC.

Patient Feedback

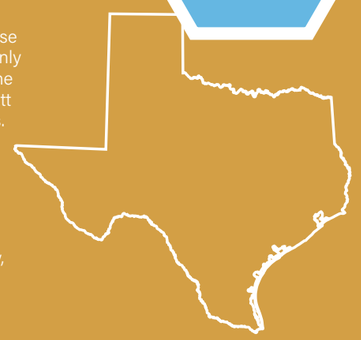
Surveyed patients report feeling frustrated that medical cannabis is illegal in Tennessee, except low THC cannabis for patients with seizures. CBD oil is available, but they question the quality of CBD to which they have access.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

TEXAS

2,405	0.01%	0	NA
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F



2019-20 IMPROVEMENTS & RECOMMENDATIONS

In May of 2019, Governor Abbott signed legislation adding several new conditions to the list of eligible health conditions required for patients to secure low-THC medical cannabis products. These conditions include epilepsy, multiple sclerosis, terminal cancer, autism and spasticity. Previously, only patients experiencing intractable epilepsy were permitted access. Following the 2018 passage of the federal Farm Bill authorizing a nationwide hemp production program under USDA, Governor Abbott signed legislation in 2019 allowing in-state production of hemp for industrial and medical purposes. This will allow Texas to license a greater volume of CBD producers and deliver greater product quantity and diversity for qualifying Texas patients.

Like many states in 2020, Texas was forced to turn away from legislative cannabis policy reform improving patient access to turn to emergency measures related to the global pandemic. Unlike many other states, Texas did not deem its limited, low-THC medical program, and associated commercial businesses, essential. However, patients were still able to maintain access via delivery, as Texas maintains the same standards as USDA for hemp-derived CBD products.

Texas still has significant work to do to organize functional patient access to cannabis products containing THC and other plant compounds. ASA encourages lawmakers to approve comprehensive medical cannabis policy legislation in 2021, that includes authorization of commercial cannabis businesses cultivating, manufacturing, testing, distributing and retailing medical cannabis. Other key components should provide patient legal protections for possession and use as well as for employment, remove arbitrary limits on THC and either expand the list of qualifying conditions to include chronic pain, or remove the list in favor of a system that permits patients to secure access based on a physician's evaluation.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**38/100**
Arrest Protection	**20/40**
Affirmative Defense	**9/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**0/5**
Explicit Privacy Standards	**4/7**
Housing Protections	**5/5**
Does Not Create New Criminal Penalties for Patients	**0/5**
Organ Transplants	**0/5**
Reciprocity	**0/3**
ACCESS TO MEDICINE	**29/100**
Allows Distribution Programs	**9/40**
– Allows Access to Dried Flowers	0/15
– Allows Delivery	3/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	4/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**6/10**
Does Not Impose Bans or Limits on THC	**2/10**
Does Not Impose Bans on CBD	**5/10**
Local Bans/Zoning	**7/10**

ISSUE	POINTS
EASE OF NAVIGATION	**66/100**
Comprehensive Qualifying Conditions	**37/50**
Adding New Conditions	**0/10**
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**4/4**
Number of Caregivers	**1/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**0/2**
Reasonable Fees (Patients and Caregivers)	**10/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**2/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**4/5**
FUNCTIONALITY	**55/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**30/50**
No Significant Administrative or Supply Problems	**10/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**0/10**
Reasonable Possession Limits	**5/5**
Reasonable Purchase Limits	**5/5**
Allows Patients to Medicate Where They Choose	**3/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**2/7**

Base Categories Points: 223.21
COVID Response Points: 13
Points Total: 241.21/500
Score Percentage: 48.24%

FINAL GRADE **F**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**40.21/100**
Dispensing	**12.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**3/5**
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**2/5**
– Active Compound Identification	1/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**13.38/25**
Staff Training	**0/5**
Standard Operating Procedures	**2.13/5**
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**3/5**
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	**3.25/5**
– Active Ingredient Identification	1.25/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**5/5**
Manufacturing	**11.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**2/5**
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	1/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**2/5**
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**5/5**
Laboratory Operations	**2.49/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**0/5**
Independent or Third Party	**0/5**
Standard Operating Procedures and Protocols	**2.49/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**13/20**
Delivery Available?	**6/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**7/7**
Telemedicine Available?	**0/5**

Background

In June of 2015, Governor Abbott signed SB 399, the Texas Compassionate Use Act. This law provided access to patients with severe epilepsy to cannabis with no more than 0.5 percent THC, and authorized dispensing organizations to cultivate, process, and distribute this medical cannabis. SB 399 also established a registered physician recommendation system, through which physicians not only assess a patient's need for access but also provide recommended dosages that patients take to a dispensing organization to be filled. Oddly the language used in the law refers to these recommendations as prescriptions, which is a significant deviation from other state medical cannabis programs. Doctors may recommend that a patient use cannabis for treatment, but prescribing cannabis is averse to federal law which holds cannabis on Schedule I of the Controlled Substances Act.

Texas did not license its first cultivation facility until the fall of 2017, nearly two full years since the Governor signed SB 399 into law, and low THC product sales for patients did not begin until the spring of 2018 when the state licensed its first medical retail sales facility.

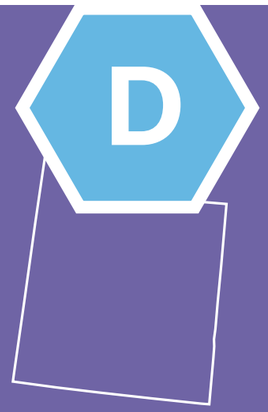
Patient Feedback

Surveyed patients remain disappointed that access to medical cannabis is very limited to specific medical conditions, and that the only product they have access to has a capped TCH level that does not meet the needs of all qualified patients.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

UTAH

2,814	0.09%	3	938:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

Utah made considerable strides in 2019 and 2020 to improve access and protections for cannabis patients. State lawmakers approved legislation (SB 1002) in 2019, which increased the number of medical cannabis businesses authorized to dispense cannabis from 7 to 14. In March of 2020, the first medical cannabis dispensary opened its doors.

Before turning to COVID emergency response legislation, Utah enacted SB 161 SB 121, and HB 425. This package of legislation prohibits discrimiation against cannabis patients in family court proceedings, protects patients who are state employees, allows physicians to maintain a higher caseload of cannabis patients and authorizes reciprocity for out-of-state patients visiting Utah. The measures also provide for expungement of cannabis-related criminal records before the 2018 passage of Proposition 2, modify dosing parameters to give doctors greater flexibility in determining the best treatment options for patients, and extend the active period of state medical patient cards.

State COVID emergency response measures included authorizing medical cannabis businesses to continue operating and permitted patients to obtain a recommendation letter from a physician rather than apply and wait for a state-issued program ID card.

Beyond permanently maintaining COVID program features, ASA recommends that Utah work to address product supply shortages that have plagued the state's medical cannabis program since it launched earlier this year. The state should also work to fix technology issues that have led to repeated crashes of the software that regulates the program. ASA encourages Utah to expand laboratory licensing and increase the number of licensed medical cannabis retailers to ensure patients have sufficient access.

2015	2016	2017	2018-19	2020
F	F	F	D-	D

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**70/100**
Arrest Protection	30/40
Affirmative Defense	10/15
Parental Rights Protections	9/10
DUI Protections	0/5
Employment Protections	4/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	3/5
Organ Transplants	5/5
Reciprocity	2/3
ACCESS TO MEDICINE	**51/100**
Allows Distribution Programs	19/40
– Allows Access to Dried Flowers	7/15
– Allows Delivery	2/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	1/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	5/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**61/100**
Comprehensive Qualifying Conditions	35/50
Adding New Conditions	5/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	1/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	5/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	3/5
Does Not Classify Cannabis as a Medicine of Last Resort	1/5
FUNCTIONALITY	**44/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	15/50
No Significant Administrative or Supply Problems	7/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	3/7

Base Categories Points: 313
COVID Response Points: 12
Points Total: 325/500
Score Percentage: 64.99%

FINAL GRADE D

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**87/100**
Dispensing	**24/25**
Staff Training	4/5
Standard Operating Procedures	5/5
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	4/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	5/5
Manufacturing	**22/25**
Staff Training	4/5
Standard Operating Procedures	4/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	4/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	5/5
Laboratory Operations	**18/25**
Staff Training	3/5
Method Validation in Accordance with AHP Guidelines	3/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	2/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**14/20**
Delivery Available?	4/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

In 2014, Utah passed HB 105, which created a legal right to possess and use CBD-rich extracts of the cannabis plant for patients diagnosed by a neurologist with intractable epilepsy and are registered with the state. The law requires that extracts must contain at least 15 percent CBD, have no more than 0.3 percent THC, and be free of other psychoactive substances. Unfortunately the legislation did not provide a legal mechanism for patients to obtain CBD the state authorized them to access. Utah lawmakers organized an unworkable access system for patients in 2017, approving HB 130 that aimed to provide patients with access to CBD. Under the law only a person who obtains U.S. Department of Health and Human Services approval for an Institutional Review Board study may import and distribute authorized cannabis and cannabis products.

Frustrated Utah patients organized Proposition 2 in 2018, which was approved by voters in November of that year. However the initiative language was quickly replaced by the legislature through HB 3001, which authorized seven commercial medical cannabis retail operators for patients to access, a state-operated filling center that county health departments could access to distribute authorized products to these facilities. Under the legislation medical cannabis cards could be issued to qualifying patients as early as March of 2020.

Patient Feedback

Surveyed patients report that the price of medical cards and cannabis are too high, causing many patients to continue using the illegal market to access their medicine. Some surveyed patients report that the quality of medicine to which they have access to is very poor.

MEDICAL CANNAPIS ACCESS STATE REPORT CARD **2020**

VERMONT

5,209	0.83%	5	1,042:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Vermont state lawmakers spent time in the 2019 legislative session considering legislation to regulate and tax cannabis in the Green Mountain State, however, that legislation was tabled for action in 2020. Prior to turning to COVID emergency measures, state legislators were advancing bills (S 54) that would regulate and tax cannabis and provide for criminal record expungement of cannabis possession convictions (S 294). These measures are expected to receive new consideration in the 2021 legislative session.

Vermont also expanded some features of its medical program as part of the state's response to COVID. These enhancements included maintaining operations of medical cannabis businesses, and authorization of curbside pickup and delivery to reduce patient exposure to close contact. Vermont also extended expiring patient identification cards for 90 days, allowing patients to maintain safe access without having to visit a doctor to determine ongoing eligibility. ASA recommends permanently maintaining these new program features.

In addition to these recommendations ASA also encourages state lawmakers to address serious flaws with the state medical program that is on the brink of collapse. Lack of legal medical cannabis product supplies, poor medical product quality and diversity and a limited population of licensed medical cannabis retailers has created an environment in which patients cannot secure access to safe, legal, third-party laboratory tested medical cannabis. As a result patients are abandoning the state's medical program in favor of seeking access in neighboring states with more advanced medical systems. ASA asks that state lawmakers and regulators spend time in 2021 fixing these issues that are critical to ensuring patient safety, as well as remove requirements that patients may only access a single legal medical retailer.

2015	2016	2017	2018-19	2020
D+	C-	C	C	C

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**55/100**
Arrest Protection	30/40
Affirmative Defense	13/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**86/100**
Allows Distribution Programs	34/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	1/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	10/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	7/10

ISSUE	POINTS
EASE OF NAVIGATION	**87/100**
Comprehensive Qualifying Conditions	48/50
Adding New Conditions	8/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	3/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	4/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**88/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	50/50
No Significant Administrative or Supply Problems	13/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	5/7

Base Categories Points: 359
COVID Response Points: 15
Points Total: 374/500
Score Percentage: 74.89%

FINAL GRADE C

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**43/100**
Dispensing	**12.67/25**
Staff Training	5/5
Standard Operating Procedures	3/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	2/5
– Active Compound Identification	1/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**13.13/25**
Staff Training	5/5
Standard Operating Procedures	2.13/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	3/5
– Pesticide Labeling	1/2.5
Required Testing	3/5
– Active Ingredient Identification	1/1.25
– Contaminants	1/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**12.67/25**
Staff Training	5/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	2/5
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**5/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**15/20**
Delivery Available?	6/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	4/7
Telemedicine Available?	3/5

Background

Vermont enacted S 76 in 2004, which established a patient registry that provided legal protections for qualifying patients and their primary caregivers who possess or cultivate small amounts of medical cannabis. Under the law patients and their designated caregivers may possess up to two ounces of usable cannabis, and patients only included those with cancer, HIV/AIDS and/or multiple sclerosis. In 2007, S 7 was enacted to increase the authorized patient cultivation limits to two mature and seven immature plants, and allowed licensed physicians in neighboring states to recommend cannabis for Vermont residents. S 7 also expanded the qualifying conditions to include any chronic, debilitating condition or its treatment that produces cachexia or wasting syndrome, severe pain, severe nausea, or seizures.

In June 2011, Vermont enacted S 17, which authorized up to four state-licensed medical cannabis retail facilities and allowed physician assistants and advanced practice registered nurses to write recommendations. Dispensaries opened in the spring of 2013 to extend legal access to patients. The state medical program was expanded again in 2014 via S 247, which added delivery programs to existing dispensaries and granted naturopathic physicians the right to recommend medical cannabis. In 2016, Green Mountain State lawmakers passed S 14, which changed the definition of the qualifying condition of severe pain to the less restrictive condition of chronic pain.

In 2017, Governor Scott signed S 16, legislation improving the state's medical program by allowing patients to have access to a designated dispensary and to cultivate at home. Prior to this bill, patients had to choose between the two. Under the law dispensaries are also able to open second locations based on patient needs. The law also expanded the patient condition eligibility list by adding Crohn's disease, Parkinson's disease, and PTSD.

In 2018, Vermont enacted H 511, which authorized home cultivation of up to two plants and personal possession of up to one ounce of cannabis for Vermont adults, unrelated to the state's medical program. Also in 2018, regulators reported that the number of medical cannabis patients in the program has dropped significantly since the legalization of non-medical cannabis possession.

Patient Feedback

Surveyed patients again report that prices are very high, leading some to turn to the illegal market for affordable access.

MEDICAL CANNABIS ACCESS STATE REPORT CARD **2020**

VIRGINIA

5,209	0%	0	NA
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

F

2019-20 IMPROVEMENTS & RECOMMENDATIONS

As of May 2020, Virginia maintains a registry of 5,209 patients, and a new suite of cannabis policy improvements designed to expand patient access and improve system function. Prior to pivoting to COVID emergency response measures, Old Dominion state lawmakers approved decriminalizing legislation reducing penalties for possession of up to one ounce of cannabis to a fine of $25 and no criminal record. The law also seals past cannabis possession criminal records from employers and school administrators, and removes the list of qualifying conditions for patient eligibility in favor of a physician determination.

In 2020, Virginia also passed legislation requiring the Joint Legislative Audit and Review Commission to issue a report outlining a regulatory structure to oversee a comprehensive medical and adult-use cannabis program. The report is expected to be issued before the next legislative session. Another report expected this year from the Virginia Secretary of Health and Human Resources will provide recommendations for medical cannabis system improvements, including the use of cannabis flower as a treatment option. Beyond these reforms the Virginia legislature approved a measure that permits reciprocity for out-of-state patients, and increased the number of authorized medical cannabis retail storefronts from five to 30.

While these reforms are important Virginia still has significant work to do before its medical cannabis program is functional for state patients. As the state looks to 2021 ASA recommends that lawmakers focus efforts on authorizing legal retail sale of medical cannabis flower, and authorize registered patients to cultivate cannabis at home to reduce cost and travel burdens on patients. ASA also encourages state lawmakers to remove vertical integration requirements for medical cannabis businesses. While vertical integration can allow larger cannabis businesses to maximize efficiency and cost effectiveness, it can also lead to supply problems and increased costs for patients if vertically integrated businesses become the primary or only business arrangement authorized by states or territories

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**47/100**
Arrest Protection	20/40
Affirmative Defense	15/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**44/100**
Allows Distribution Programs	13/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	5/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	1/2
– Ownership/Employment Restrictions	2/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	5/10
Does Not Impose Bans or Limits on THC	7/10
Does Not Impose Bans on CBD	9/10
Local Bans/Zoning	10/10

ISSUE	POINTS
EASE OF NAVIGATION	**87/100**
Comprehensive Qualifying Conditions	50/50
Adding New Conditions	10/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	5/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	2/4
Number of Caregivers	1/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**59/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	20/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	10/10
Reasonable Possession Limits	3/5
Reasonable Purchase Limits	3/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	5/7

Base Categories Points: 284.59
COVID Response Points: 0
Points Total: 284.59/500
Score Percentage: 56.92%

FINAL GRADE **F**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**47.59/100**
Dispensing	**13.34/25**
Staff Training	4/5
Standard Operating Procedures	3/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	1/5
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	2.67/5
– Active Compound Identification	1.67/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**9.09/25**
Staff Training	0/5
Standard Operating Procedures	2.84/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	3/5
– Pesticide Guidance	2/2.5
– Pesticide Labeling	1/2.5
Required Testing	2.25/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	0/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	1/5
Manufacturing	**12.67/25**
Staff Training	4/5
Standard Operating Procedures	3/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	0/1
Product Labeling	2.67/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	2/5
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	1/5
Laboratory Operations	**12.49/25**
Staff Training	2/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	3/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	2.49/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

February of 2015 marked the signing of HB 1445 and SB 1235, legislation extending some legal protections to epilepsy patients using CBD or THCA extracts. This law protects epilepsy patients using those specific medicines from prosecution but not arrest, and the legislation did not authorize the creation of a medical commercial cannabis system that would license cultivators, manufacturers, distributors or legal retail facilities. However, the law only extended access to a single patient population, neglecting a large number of Virginia residents who could benefit from medical cannabis treatment, to include those suffering from chronic pain.

In 2017, Virginia enacted SB 1027, which for the first time authorizes the state Board of Pharmacy-licensed "pharmaceutical processors" to produce low-THC cannabis oils for patients suffering from intractable epilepsy. This extremely narrow law formally introduced the concept of a legal in-state cultivation, manufacturing, testing and retail of authorized CBD and THCA products for registered Virginia patients. The Virginia Board of Pharmacy adopted regulations establishing health and safety oversight in August 2017.

Old Dominion state lawmakers made significant improvements to the state's medical program in 2018 and 2019. In March of 2018, lawmakers removed the state's qualifying condition list to allow THCA and CBD products for any condition that a physician deemed appropriate. In the fall of 2018, Virginia authorized CBD processors to begin operating in the state, and the Board of Pharmacies approved the first five licensed pharmaceutical processors in January of 2019.

In March 2019, Virginia enacted SB 1557, which allowed for production, use and sale of full therapeutic (15 percent CBD or THCA, 5 percent THC) strength creams and lozenges for registered patients. The law also allows for the use of CBD/THCA in schools for registered patients, permits registered agents to procure CBD or THCA products for patients and authorizes licensing of five medical cannabis retail facilities. 2019 also saw Virginia expand the scope of eligible medical professionals who may certify patient eligibility to include licensed physician assistants and nurse practitioners. The year concluded with Virginia's Attorney General calling for a special session to discuss cannabis decriminalization, social equity, CBD and hemp regulation, and pathways to establishing a comprehensive commercial cannabis policy regime.

Patient Feedback

Surveyed patients again report disappointment by the lack of dried flower and the caps on THCA and CBD.

UNITED STATES VIRGIN ISLANDS

D-

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

Since the Governor's signing of the Medicinal Cannabis Care Act in 2019, the USVI has been slow to develop regulations that will govern the operation of the territory's new medical cannabis marketplace under the law. One year after signing the Medicinal Cannabis Care Act, Governor Bryan still has yet to fill out the Cannabis Advisory Board's (VICAB) nine member roster. To date, only seven of the nine regulators have been named and one has already withdrawn. No regulatory activity can commence until these board members are assigned.

2015	2016	2017	2018-19	2020
F	F	F	D	D-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**91/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	8/10
DUI Protections	0/5
Employment Protections	5/5
Explicit Privacy Standards	7/7
Housing Protections	5/5
Does Not Create New Criminal Penalties for Patients	3/5
Organ Transplants	3/5
Reciprocity	3/3
ACCESS TO MEDICINE	**75/100**
Allows Distribution Programs	26/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	3/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	15/20
– Personal Cultivation	15/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	10/10
Does Not Impose Bans or Limits on THC	7/10
Does Not Impose Bans on CBD	9/10
Local Bans/Zoning	8/10

ISSUE	POINTS
EASE OF NAVIGATION	**83/100**
Comprehensive Qualifying Conditions	45/50
Adding New Conditions	5/10
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	3/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	2/2
Reasonable Fees (Patients and Caregivers)	10/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**41/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	15/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	5/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 312
COVID Response Points: 0
Points Total: 312/500
Score Percentage: 62.4%

FINAL GRADE D-

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**22/100**
Dispensing	**3/25**
Staff Training	3/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**3/25**
Staff Training	3/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	2.5/2.5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**8/25**
Staff Training	3/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	0/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**8/25**
Staff Training	3/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

USVI did not have a medical cannabis program before 2019, although voters did approve a non-binding referendum supporting medical cannabis in 2014. In early 2019, the Governor of the U.S. Virgin Islands signed the Virgin Islands Medicinal Cannabis Care Act to allow qualifying patients to possess and obtain cannabis for medical purposes. The program includes chronic pain and home cultivation (up to 12 plants with an ID card), and allows registered patients to possess up to four ounces at a time with a certification from a healthcare practitioner. The program offers strong civil rights protections for patients.

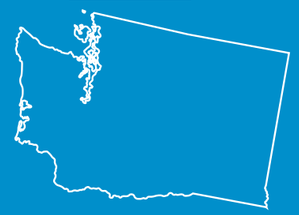
Patient Feedback

No feedback was received from patients in USVI.

WASHINGTON

46,573	0.58%	163	286:1
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

B-



2019-20 IMPROVEMENTS & RECOMMENDATIONS

The 2019 legislative session saw a suite of new medical cannabis laws designed to benefit the state's registered patient population. Included in these measures was legislation exempting qualifying cannabis patients from in-person physical examinations in order to renew their annual registration, as well as a measure allowing patients to consume cannabis products on school grounds, school buses and at school events.

The state also passed legislation to align Washington's hemp program with the 2018 Farm Bill, which transitioned the national hemp pilot production program into a permanent program under the USDA. Comprehensive regulations for a state-governed commercial hemp program will benefit patients by improving the diversity of hemp-derived CBD products and associated product testing regime to ensure product quality and patient safety standards are met.

Washington maintained patient access during COVID by authorizing medical cannabis businesses to continue operating, and permitted preordering and curbside pickup. The state already had provisions in place allowing patient evaluations to be conducted via telehealth. ASA recommends permanently maintaining COVID temporary rules.

ASA urges Washington lawmakers to take up legislation proposed by the Liquor and Cannabis Control Board that would redistribute unused or retired medical retail licences to increase the number of locations for patients to access. Another bill ASA hopes lawmakers can take up in 2021 would allow tier-one cultivators to sell medical-grade cannabis directly to registered state patients. Such a measure could expand medical cannabis availability for patients.

2015	2016	2017	2018-19	2020
B	C-	C+	B-	B-

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**87/100**
Arrest Protection	40/40
Affirmative Defense	15/15
Parental Rights Protections	10/10
DUI Protections	0/5
Employment Protections	2/5
Explicit Privacy Standards	7/7
Housing Protections	3/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	5/5
Reciprocity	0/3
ACCESS TO MEDICINE	**72/100**
Allows Distribution Programs	29/40
– Allows Access to Dried Flowers	15/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	1/5
– Allows for a Reasonable Number of Dispensaries	3/5
– Does Not Require Vertical Integration	2/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	12/20
– Personal Cultivation	10/15
– Collective Gardening	2/5
Explicit Right to Edibles/Concentrates/Other Forms	8/10
Does Not Impose Bans or Limits on THC	8/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	5/10

ISSUE	POINTS
EASE OF NAVIGATION	**73/100**
Comprehensive Qualifying Conditions	40/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	9/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	2/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	8/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	5/5
FUNCTIONALITY	**66/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	35/50
No Significant Administrative or Supply Problems	7/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	8/10
Reasonable Possession Limits	4/5
Reasonable Purchase Limits	4/5
Allows Patients to Medicate Where They Choose	4/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	4/7

Base Categories Points: 391
COVID Response Points: 12
Points Total: 403/500
Score Percentage: 80.60%

FINAL GRADE **B-**

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**93/100**
Dispensing	**22/25**
Staff Training	5/5
Standard Operating Procedures	4/5
– Facility Sanitary Conditions	1/1.25
– Storage Protocols	1/1.25
– Reasonable Security Protocols	1/1.25
– Inventory Control	1/1.25
Recall Protocol and Adverse Event Reporting	3/5
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency/Compound Identification	1.67/1.67
Required Testing	5/5
– Active Compound Identification	1.67/1.67
– Contaminants	1.67/1.67
– Potency	1.67/1.67
Grow/Cultivation	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0.71/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0.71/0.71
– Water Management	0.71/0.71
Pesticide Guidance	5/5
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	5/5
– Active Ingredient Identification	1.25/1.25
– Contaminants	1.25/1.25
– Potency	1.25/1.25
– Sample Retention	1.25/1.25
Recall Protocol and Adverse Event Reporting	3/5
Manufacturing	**23/25**
Staff Training	5/5
Standard Operating Procedures	5/5
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	1/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	5/5
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	1.67/1.67
– Potency and Compound Information	1.67/1.67
Required Testing	5/5
– Active Ingredient Identification	1/1
– Contaminants	1/1
– Potency	1/1
– Shelf Life Testing	1/1
– Sample Retention	1/1
Recall Protocol and Adverse Event Reporting	3/5
Laboratory Operations	**25/25**
Staff Training	5/5
Method Validation in Accordance with AHP Guidelines	5/5
Result Reporting	5/5
Independent or Third Party	5/5
Standard Operating Procedures and Protocols	5/5
– Equipment and Instrument Calibration	0.83/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0.83/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0.83/0.83

ISSUE	POINTS
COVID RESPONSE	**12/20**
Delivery Available?	0/6
Curbside Pickup Available?	2/2
Essential Business or Appropriate Patient Protections?	7/7
Telemedicine Available?	3/5

Background

In 1998, Washington voters approved state Initiative Measure No. 692, allowing a qualifying patient or designated provider to have a 60-day supply of medical cannabis, later defined as 24 ounces and 15 plants. Under the measure qualifying patients and caregivers within those limits are protected from arrest and prosecution, and a patient who exceeds those limits is entitled to a medical defense of medical necessity. Designated providers must be 18 years of age or older.

Legal retail access for patients at dispensaries was not permitted under Washington law until voters approved I-502 authorizing an adult-use commercial cannabis program in 2012. However Washington did allow patients participating in cooperatives to grow cannabis, and these provisions of the state's medical cannabis laws remain in place today. Acknowledging the lack of insurance options available to subsidize the costs of medical cannabis, the state shields cannabis patients from state and local taxes applied to legal cannabis at retail establishments.

In 2017, Washington passed SB 5131, which provided a slight improvement to Washington's medical access market. The bill allows qualifying medical card holders in the state database to purchase immature plants, clones, and seeds directly from licensed cultivators authorized by the state to conduct these activities. SB 5131 also implemented a few technical changes, including provisions related to consulting agreements, advertising restrictions, research, and qualifications for organic cannabis.

In 2018, regulators released new packaging and labeling requirements, as well as the state's first research license. In 2019, the state temporarily suspended the requirement that cannabis products be tested for heavy metal because there were no labs certified to do so. A lack of laboratory testing creates an enormous safety problem for patients. While there was only a temporary period where heavy metal testing was suspended, any time where legal products are untested and made available to patients is too long.

Patient Feedback

Surveyed patients report wanting more dispensaries available to improve access. Some would like to see better quality standards for medical cannabis enacted into law. Other surveyed patients would like to see the temporary COVID pre-ordering and curbside pickup regulations maintained in the future.

WEST VIRGINIA

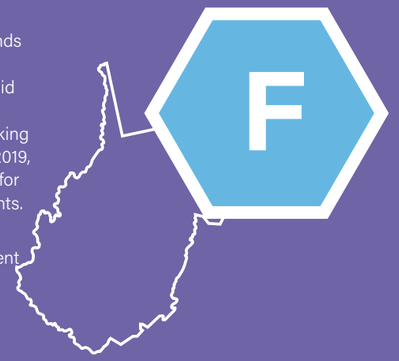
NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

In March of 2019, Governor Jim Justice signed a medical cannabis banking bill into law, which extends state legal protections to any official prosecuted by the federal government for handling cannabis proceeds. Medical cannabis was projected to be available in the state by July 2019, but regulators did not begin collecting applications to extend licenses under the program until December of last year. Adding to the delay of the program's launch is a desire by state regulators to have a dedicated banking system in place to support the medical cannabis industry before issuing any business licenses. In 2019, the West Virginia Office of Medical Cannabis indicated their desire to have a state banking system for the industry in place for two years prior to the opening of the program to extend treatment to patients.

While program launch setbacks continue, Mountain State lawmakers remain engaged in system reforms. In 2020, Governor Justice signed SB 339 into law, which authorized dry flower as a treatment option for patients and made modifications to improve the capability of cannabis regulators while program organization continues.

ASA recommends that West Virginia borrow policy from other states that have organized and are operating successful medical cannabis programs, despite the conflict of laws between the federal government and states that is currently dissuading most financial institutions from servicing the cannabis industry. Continued delays to program launch is directly impacting patients' lives by denying them access to medicine they need for treatment. Further, state delays are placing patients at risk of arrest and prosecution for obtaining and using a medicine that the state has failed to deliver legal access to, despite having authorized the creation of a medical cannabis program over three years ago.



2015	2016	2017	2018-19	2020
NA	NA	D-	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**62/100**
Arrest Protection	**40/40**
Affirmative Defense	**10/15**
Parental Rights Protections	**0/10**
DUI Protections	**0/5**
Employment Protections	**5/5**
Explicit Privacy Standards	**5/7**
Housing Protections	**0/5**
Does Not Create New Criminal Penalties for Patients	**1/5**
Organ Transplants	**0/5**
Reciprocity	**1/3**
ACCESS TO MEDICINE	**65/100**
Allows Distribution Programs	**27/40**
– Allows Access to Dried Flowers	10/15
– Allows Delivery	5/5
– No Sales Tax or Reasonable Sales Tax	4/5
– Allows for a Reasonable Number of Dispensaries	5/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	1/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	2/2
Noncommercial Cultivation	**0/20**
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	**10/10**
Does Not Impose Bans or Limits on THC	**10/10**
Does Not Impose Bans on CBD	**10/10**
Local Bans/Zoning	**8/10**

ISSUE	POINTS
EASE OF NAVIGATION	**72/100**
Comprehensive Qualifying Conditions	**40/50**
Adding New Conditions	**5/10**
– Law/Regulations Allow for New Conditions	5/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	**8/10**
Reasonable Caregiver Background Checks	**2/4**
Number of Caregivers	**0/2**
Patient/Practitioner-Focused Task Force or Advisory Board	**1/2**
Reasonable Fees (Patients and Caregivers)	**8/10**
Allows Multiple-Year Registrations	**0/2**
Reasonable Physician Requirements	**5/5**
Does Not Classify Cannabis as a Medicine of Last Resort	**3/5**
FUNCTIONALITY	**32/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	**0/50**
No Significant Administrative or Supply Problems	**7/15**
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	**8/10**
Reasonable Possession Limits	**4/5**
Reasonable Purchase Limits	**4/5**
Allows Patients to Medicate Where They Choose	**4/5**
Covered by Insurance/State Health Aid	**0/3**
Financial Hardship (Fee Waivers/Discount Medicine)	**5/7**

Base Categories Points: 282.16
COVID Response Points: 0
Points Total: 282.16/500
Score Percentage: 56.43%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**51.16/100**
Dispensing	**15/25**
Staff Training	**3/5**
Standard Operating Procedures	**5/5**
– Facility Sanitary Conditions	1.25/1.25
– Storage Protocols	1.25/1.25
– Reasonable Security Protocols	1.25/1.25
– Inventory Control	1.25/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Product Labeling	**2/5**
– Product Contents, Including Source Material Identification	1/1.67
– Allergens	0/1.67
– Potency/Compound Identification	1/1.67
Required Testing	**2/5**
– Active Compound Identification	1/1.67
– Contaminants	0/1.67
– Potency	1/1.67
Grow/Cultivation	**14/25**
Staff Training	**0/5**
Standard Operating Procedures	**4/5**
– Facility and Equipment Sanitary Conditions	0.71/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0.71/0.71
– Reasonable Security Protocols	0.71/0.71
– Batch and Lot Tracking	0.71/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	**5/5**
– Pesticide Guidance	2.5/2.5
– Pesticide Labeling	2.5/2.5
Required Testing	**2/5**
– Active Ingredient Identification	1/1.25
– Contaminants	0/1.25
– Potency	1/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	**3/5**
Manufacturing	**11.67/25**
Staff Training	**0/5**
Standard Operating Procedures	**4/5**
– Facility and Equipment Sanitary Conditions	1/1
– Workforce Safety Protocols	0/1
– Storage Protocols	1/1
– Reasonable Security Protocols	1/1
– Batch and Lot Tracking	1/1
Product Labeling	**2.67/5**
– Product Contents, Including Source Material Identification	1.67/1.67
– Allergens	0/1.67
– Potency and Compound Information	1/1.67
Required Testing	**2/5**
– Active Ingredient Identification	1/1
– Contaminants	0/1
– Potency	1/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	**3/5**
Laboratory Operations	**10.49/25**
Staff Training	**0/5**
Method Validation in Accordance with AHP Guidelines	**0/5**
Result Reporting	**5/5**
Independent or Third Party	**3/5**
Standard Operating Procedures and Protocols	**2.49/5**
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0.83/0.83
– Facility and Equipment Sanitary Conditions	0.83/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0.83/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	**0/6**
Curbside Pickup Available?	**0/2**
Essential Business or Appropriate Patient Protections?	**0/7**
Telemedicine Available?	**0/5**

Background

On April 19, 2017, Governor Justice signed SB 386, the West Virginia Medical Cannabis Act, which called for the creation of a Medical Cannabis Commission to be established to oversee and operate a state medical cannabis program. Under the program patients would be able to secure legal access to authorized cannabis products after a physician review determines eligibility. Mountain State patients in hospice, those with chronic and debilitating medical conditions and those experiencing severe chronic pain would be eligible to participate in the new program. With respect to treatment products, SB 386 only provided for the use of cannabis in the form of oils, pills, topicals, vaporization (but not of dry flower), tinctures, liquids and dermal patches.

Following enactment of the law the West Virginia Department of Health issued their report and recommendations to the Governor and Legislature in February of 2018, which advised that dry flower be included in the authorized list of cannabis treatment methods, and modified language related to physician evaluations to expand patient eligibility. The recommendations also called for a focus on affordable patient access and the removal of caps on medical retail storefront licenses to be issued by the state.

Patient Feedback

Surveyed patients are concerned that the state still does not have an active program and will likely have to wait several more years before receiving access.

WISCONSIN

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location

2019-20 IMPROVEMENTS & RECOMMENDATIONS

While the rise of safe, legal and functional access to medical cannabis and cannabis products has been slow in America's Dairyland, an appetite for reform is growing in the legislature and the executive branch. In his first state budget proposal after taking office Governor Tony Evers included language to improve the state's medical program, provide for cannabis-related criminal record expungements and expand patient protections. Unfortunately, this proposal, along with other cannabis reform legislation introduced by Badger State lawmakers, failed to secure enough support to pass the legislature in 2019. Before all legislative activity in the state capitol shifted to COVID emergency response, lawmakers on both sides of the aisle introduced proposals ranging from expanding the state's existing medical program to authorizing an adult-use program.

As Wisconsin lawmakers look to 2021, ASA encourages collaborating with patients to organize a comprehensive medical cannabis program that extends access to patients and provides legal protections related to employment, housing and parental rights. Until such a model is organized, patients who have no legal alternative treatment option will be left to patronize the illegal market for access, where their safety and health is not protected.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**34/100**
Arrest Protection	20/40
Affirmative Defense	9/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	0/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**13/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	0/10
Does Not Impose Bans on CBD	10/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**40/100**
Comprehensive Qualifying Conditions	20/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	0/4
Number of Caregivers	0/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	6/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	3/5
FUNCTIONALITY	**20/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	0/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	10/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	2/7

Base Categories Points: 107
COVID Response Points: 0
Points Total: 107/500
Score Percentage: 21.40%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2014, Wisconsin enacted what was known as Lydia's Law (AB 726), which created a legal right for access, possession and use for patients with seizure disorders. However, the law only provided for legal access to CBD oil approved by the FDA, and the FDA had not approved any such products at that time. AB 726 was revised in 2017 under Act 4 to expand legal access beyond patients with severe epilepsy to include patients with any medical condition with a written physician recommendation. However, state law still prevented the application of cannabis medicine to patients by forbidding access to any products not approved by the FDA. The law allows medical practitioners to dispense CBD, but provides no guidance on how to obtain it, nor does the law address production or distribution. The law also only removes criminal penalties for CBD and does not authorize the possession or use of THC, even though nearly all CBD-rich products have at least trace amounts of THC, making the production of qualifying medicine practically unrealistic in Wisconsin.

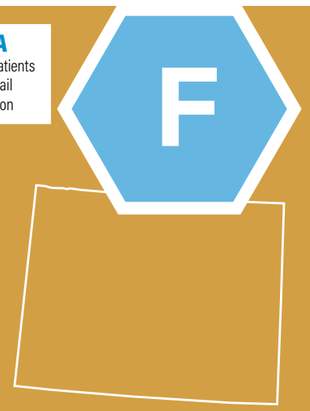
Confusion over the state's CBD laws culminated in the State Attorney General issuing a clarification in 2018, the same year that Congress replaced the previous national hemp production pilot program with a full-scale and permanent national program. The clarification reminds state and local law enforcement that hemp products are legal in the state, and as such enforcement personnel must recognize state protections for producers and patients. Also in 2018, voters in 11 Wisconsin counties sent a signal to state lawmakers by approving non-binding measures supporting medical cannabis policy reforms, and another six approved similar resolutions supporting adult-use reforms.

Patient Feedback

Surveyed patients again report feeling frustrated that medical cannabis is illegal in Wisconsin, except for CBD oil.

WYOMING

NO	0%	0	N/A
Registered Patient Population	of Total Population Represented by Patients	Total Medical Retail Locations Currently in Operation	Ratio of Patients to Retail Location



2019-20 IMPROVEMENTS & RECOMMENDATIONS

While no functional changes were made to the state's extremely limited low-THC CBD law since last year's edition of this report, Wyoming did approve HB 171 in 2019. This legislation follows congressional approval of the 2018 Farm Bill, which authorized a national hemp production program to replace the previously existing national pilot program. Specifically, the bill yields oversight and rulemaking authority of Wyoming's hemp production and regulation program to the U.S. Department of Food and Drug Administration. Wyoming's hemp production plan was approved by USDA in the spring of 2020, allowing for in-state production of hemp-derived CBD as well as other hemp products to go forward. The Wyoming Department of Agriculture approved its first processing and production license in March of 2020.

As Wyoming lawmakers look to 2021, ASA recommends organizing legislation to remove arbitrary caps on THC levels in authorized cannabis products to allow for more effective treatment, and entertain treatment of a larger population of patients with a diversity of health conditions. ASA also encourages immediately implementing state protections for patients related to housing, employment, education and parental rights, significant expansion of the state's list of eligible conditions acceptable for cannabis treatment, and a focus on improving product safety regulations. Finally, ASA recommends authorizing a licensing system to support cultivation and sale of in-state medical cannabis and related products to patients, as well as permitting patients to cultivate cannabis at home for medical use. Such a system would offer patients a greater variety of options to treat their condition, and address cost challenges cannabis patients face due to the lack of insurance coverage of cannabis products.

2015	2016	2017	2018-19	2020
F	F	F	F	F

ISSUE	POINTS
PATIENT RIGHTS AND CIVIL PROTECTIONS	**45/100**
Arrest Protection	24/40
Affirmative Defense	9/15
Parental Rights Protections	0/10
DUI Protections	0/5
Employment Protections	0/5
Explicit Privacy Standards	7/7
Housing Protections	0/5
Does Not Create New Criminal Penalties for Patients	5/5
Organ Transplants	0/5
Reciprocity	0/3
ACCESS TO MEDICINE	**13/100**
Allows Distribution Programs	0/40
– Allows Access to Dried Flowers	0/15
– Allows Delivery	0/5
– No Sales Tax or Reasonable Sales Tax	0/5
– Allows for a Reasonable Number of Dispensaries	0/5
– Does Not Require Vertical Integration	0/2
– Ownership/Employment Restrictions	0/2
– Provisions for Labor Standards	0/2
– Environmental Impact Regulations	0/2
– Choice of Dispensary Without Restrictions	0/2
Noncommercial Cultivation	0/20
– Personal Cultivation	0/15
– Collective Gardening	0/5
Explicit Right to Edibles/Concentrates/Other Forms	3/10
Does Not Impose Bans or Limits on THC	2/10
Does Not Impose Bans on CBD	8/10
Local Bans/Zoning	0/10

ISSUE	POINTS
EASE OF NAVIGATION	**44/100**
Comprehensive Qualifying Conditions	20/50
Adding New Conditions	0/10
– Law/Regulations Allow for New Conditions	0/5
– System Works for Adding New Conditions	0/5
Reasonable Access for Minors	6/10
Reasonable Caregiver Background Checks	4/4
Number of Caregivers	1/2
Patient/Practitioner-Focused Task Force or Advisory Board	0/2
Reasonable Fees (Patients and Caregivers)	6/10
Allows Multiple-Year Registrations	0/2
Reasonable Physician Requirements	5/5
Does Not Classify Cannabis as a Medicine of Last Resort	2/5
FUNCTIONALITY	**27/100**
Patients Able to Access Medicine at Dispensaries or by Cultivation	0/50
No Significant Administrative or Supply Problems	10/15
Patients Can Receive Legal Protections Within Reasonable Time Frame of Doctor's Recommendation	7/10
Reasonable Possession Limits	5/5
Reasonable Purchase Limits	0/5
Allows Patients to Medicate Where They Choose	3/5
Covered by Insurance/State Health Aid	0/3
Financial Hardship (Fee Waivers/Discount Medicine)	2/7

Base Categories Points: 129
COVID Response Points: 0
Points Total: 129/500
Score Percentage: 25.80%

FINAL GRADE F

ISSUE	POINTS
CONSUMER SAFETY AND PROVIDER REQUIREMENTS	**0/100**
Dispensing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility Sanitary Conditions	0/1.25
– Storage Protocols	0/1.25
– Reasonable Security Protocols	0/1.25
– Inventory Control	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency/Compound Identification	0/1.67
Required Testing	0/5
– Active Compound Identification	0/1.67
– Contaminants	0/1.67
– Potency	0/1.67
Grow/Cultivation	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/0.71
– Workforce Safety Protocols	0/0.71
– Storage Protocols (Short-Term and Long-Term Storage)	0/0.71
– Reasonable Security Protocols	0/0.71
– Batch and Lot Tracking	0/0.71
– Disposal/Waste	0/0.71
– Water Management	0/0.71
Pesticide Guidance	0/5
– Pesticide Guidance	0/2.5
– Pesticide Labeling	0/2.5
Required Testing	0/5
– Active Ingredient Identification	0/1.25
– Contaminants	0/1.25
– Potency	0/1.25
– Sample Retention	0/1.25
Recall Protocol and Adverse Event Reporting	0/5
Manufacturing	**0/25**
Staff Training	0/5
Standard Operating Procedures	0/5
– Facility and Equipment Sanitary Conditions	0/1
– Workforce Safety Protocols	0/1
– Storage Protocols	0/1
– Reasonable Security Protocols	0/1
– Batch and Lot Tracking	0/1
Product Labeling	0/5
– Product Contents, Including Source Material Identification	0/1.67
– Allergens	0/1.67
– Potency and Compound Information	0/1.67
Required Testing	0/5
– Active Ingredient Identification	0/1
– Contaminants	0/1
– Potency	0/1
– Shelf Life Testing	0/1
– Sample Retention	0/1
Recall Protocol and Adverse Event Reporting	0/5
Laboratory Operations	**0/25**
Staff Training	0/5
Method Validation in Accordance with AHP Guidelines	0/5
Result Reporting	0/5
Independent or Third Party	0/5
Standard Operating Procedures and Protocols	0/5
– Equipment and Instrument Calibration	0/0.83
– Sample Tracking	0/0.83
– Facility and Equipment Sanitary Conditions	0/0.83
– Disposal/Waste	0/0.83
– Storage Protocols	0/0.83
– Workforce Safety Protocols	0/0.83

ISSUE	POINTS
COVID RESPONSE	**0/20**
Delivery Available?	0/6
Curbside Pickup Available?	0/2
Essential Business or Appropriate Patient Protections?	0/7
Telemedicine Available?	0/5

Background

In 2015, Wyoming enacted HB 32, which created a legal right for patients with intractable epilepsy to obtain registry ID cards and possess and use low-THC extracts. The law does not allow for the in-state production or dispensing of medical cannabis. The Wyoming Department of Health currently issues patient ID cards to those who qualify.

Wyoming does allow patients to obtain certain low-THC products from other jurisdictions, but does not have any method for production or distribution within the state. Wyoming also places arbitrary caps on levels of THC and fails to protect patients from civil discrimination including housing, employment, organ transplants, and parental rights. The state should also expand the number of eligible conditions and include product safety regulations.

Patient Feedback

Surveyed patients report feeling frustrated that, again this year, medical cannabis is illegal in Wyoming, except for low-THC extracts.

Conclusion

Since 1996, states have developed medical cannabis programs through citizen initiatives, comprehensive and piecemeal legislation, regulations and executive action. Somewhat surprisingly, while the majority of medical cannabis programs continue to adapt to the needs of patients, there is not one in the country that perfectly meets the needs of patients. While 2019-2020 brought many changes for more than four million patients across the country, unfortunately, we have seen a plateau in overall improvements program to program.

States are recognizing the value of developing robust medical cannabis programs that serve a variety of patient health conditions, improve ease of patient access and offer patients legal protections related to employment, housing, education and family law. However, many states with limited and even comprehensive medical cannabis programs have dedicated much if not all of their appetite for cannabis reforms to adult-use access during the 2019-2020 year, while failing to make much-needed improvements to their medical programs. This year's report illustrates this phenomenon, with most states that maintain medical programs debating only adult-use options before pivoting to address COVID-related emergency measures.

While organizing adult-use models can expand access to a larger population of people, and may even increase the number of legal cannabis retailers, these systems and associated businesses are often not held to the same standards as authorized medical cannabis businesses. For example, laboratory testing of adult-use products may not have to undergo screening for the full array of heavy metals and contaminants that medical products require. It is also uncommon that states ask adult-use retailers to maintain staff competent about medical cannabis products, or their applications to ensure patients have a trained advisor to consult with when they purchase medicine. It is critical to patient health that states maintain focus on addressing medical cannabis program challenges and patient needs before, during and after developing adult-use programs.

This report summarizes not only the great work that many states demonstrated in maintaining access and keeping patients safe during COVID, but also summarizes many of the issues raised by patients about the performance of state medical cannabis programs. These issues include:

Poor Access: Most states who have organized medical cannabis access systems have not deployed a sufficient number of medical cannabis retail facilities to serve patients. Many patients responding to ASA's 2020 patient survey reported needing to travel long distances to reach the limited population of such facilities that do exist. A variety of factors can produce this outcome, to include state laws that permit local governments to completely prohibit a patient's legal access to medicine by banning licensed medical retail providers.

While it is appropriate for local governments to make decisions about the configuration of their communities, it is completely inappropriate and discriminatory to use these powers to deny patients access to medicine that they need to treat their health conditions. Medical cannabis is as important to the treatment of patient conditions as pharmaceutical products are to treating the conditions for which they are effective. As such patients utilizing medical cannabis require the same ease of access to medical retail that pharmaceutical patients do to pharmacies. ASA encourages state and local elected leaders and health regulators to cut through stigma and negative propaganda about cannabis and address the access needs of all patients.

Insufficient Legal Protections: Simply granting state-regulated access to medical cannabis is insufficient to protect patients, who require legal protections pertaining to employment, housing, education and family legal matters in order to purchase, possess and use medical cannabis without fear of monetary fines, arrest, prosecution and imprisonment. Many states with medical cannabis programs have developed only a limited framework of these protections, and ASA encourages all states to arrange comprehensive protections to ensure that patients are not punished, jailed or discriminated against for legally using medical cannabis.

Medical Program Challenges: Patients responding to ASA's 2020 patient survey expressed concerns with enrolling in state medical programs for reasons ranging from high enrollment costs and limited program eligibility criteria to difficulty and delays related to navigating state enrollment processes and identifying qualified physicians to provide recommendations. This report illustrates work that some states have done to improve outcomes in this arena, but for most states there remains

considerable work to be done to address concerns raised by patients about their experience with state medical cannabis systems.

Product Availability and Cost: Patients continue to report limited medical product availability and high product costs. A variety of factors can contribute to these outcomes, and common ones include insufficient regulations for licensed cultivators and manufactures to provide specific medical products, as well as absent requirements for retailers to carry ample supplies of these products to serve their local patient populations. Another contributing factor is inadequate licensing of medical cannabis business across the supply chain, to include cultivation, manufacturing, testing, distribution and retail.

For example, models that force vertical integration of cannabis businesses limit legal participation of all potential cannabis business operators, which can produce a limited population of large, well-financed cannabis businesses that impose oligopoly practices on the supply of medical products and the availability of only a limited number of retailers. Patients are often the victims of these policy regimes, and are forced to face high product costs, limited product availability and limited retail access. Insufficient laboratory licensing can also contribute to limited product availability and high product costs by creating a bottleneck in the supply chain. ASA encourages states to work to address these challenges in their medical programs in the 2021 legislative session.

Product Testing and Labeling: Requiring licensed laboratories to screen for harmful molds, pesticides, heavy metals and contaminants is important to keep patients safe, however equally as important are requirements that labs identify the full spectrum of plant compounds and terpenes present in medical products being sold to patients. After testing to ensure product safety, states should also require that adequate labeling standards capturing this information are put in place to convey testing results to patients and medical cannabis retail staff.

While failures to address these core program issues are resulting in declining patient enrollments in state medical cannabis programs, patients have been encouraged by state COVID emergency measures that maintain patient access and offer important albeit temporary system improvements. To date 33 states have included medical cannabis in their COVID emergency response plans, covering program improvements that range from use of telemedicine for state program enrollment evaluations to curbside pickup and delivery to keep patients safe and improve access. These new features have been effective in keeping patients away from close contact during an international health emergency, and have also done a great deal to improve the function of the medical programs to better serve patients. Core program enhancements include the following:

Declaring Medical Cannabis Businesses Essential: The decision to keep medical cannabis businesses open means that patients can maintain safe and legal access during the pandemic, which has been encouraging since no states required pharmacies to close during this global health crisis.

Offering Telemedicine and Extending Program Enrollment Periods: A primary concern shared with ASA by patients year over year since this report began publication has been the cost of participating in state medical programs. Under COVID many states offered patients options to utilize telehealth rather than in-person visits for physician evaluations, which are required to determine patient program edibility. Not only do such measures maintain patient safety during the pandemic, but they also reduce costs and travel burdens on patients associated with in-person visits.

Another enrollment improvement provided by some states during COVID is the extension of existing patient enrollments, which also reduces patient costs. For several years ASA and patients have appealed for longer enrollment periods for this reason, and because annual or semi-annual enrollments impose completely unnecessary costs on patients with chronic or terminal health conditions.

Curbside Pickup and Delivery: ASA's 2020 patient survey yielded an overwhelming response from patients supportive of new curbside pickup and delivery options made available under COVID. These new program features decrease patient contact with people who may be infected with COVID, and reduce cost and travel burdens for patients utilizing delivery.

While uncertainty remains over how long all state COVID emergency measures will be necessary, there is considerable support from patients to permanently maintain the temporary provisions related to medical cannabis. Cannabis patients have long advocated for improvements to state medical programs that increase access and ease of access, and reduce costs and travel burdens, and these new program features have been welcome advancements.

Permanently maintaining these improvements can provide cannabis patients with a health system access and ease of use experience that is currently only enjoyed by patients buying prescription and over-the-counter medications sold at pharmacies. Achieving such parity should be a goal of state lawmakers and regulators working on medical cannabis policy, and these temporary program enhancements provide an opportunity to test their viability, adjust them if necessary and maintain them.

Grading Summary

ASA's evaluations of state grades are based on an analysis of the individual laws and policies which govern each state's medical cannabis program. We look at state programs both in isolation as well as in comparison to other state models to determine scoring standards that can be reasonably applied across the board. This report is designed to show that even the states with high scores can and should make improvements, and to highlight the specific advancements that states and territories should pursue to improve medical program function and cost to patients.

Only 7 states – Arizona, Arkansas, Louisiana, New Hampshire, North Dakota, Rhode Island, and Utah - earned enough new points since this report was issued last year to increase their grade. All other states either showed no improvement or received a lower grade. Illinois for example, which had achieved a rare A- in last year's report, was reduced to a B+. This trend demonstrates that even after initial medical programs open there is still a considerable need for lawmaker and regulator engagement with patients and stakeholders to identify challenges and make improvements that result in better outcomes for patients.

Continuing the trend in earlier reports, none of the states which have put into place CBD-only programs have received passing grades. West Virginia remains the only state with a full medical cannabis program to receive a failing grade while Louisiana's, Missouri's, and Utah's ongoing struggles with program implementation have kept these programs in D-grading territory.

2020 MEDICAL CANNABIS GRADE DISTRIBUTION CHART

A-	1
B+	9
B	5
B-	6
C+	5
C	4
C-	2
D+	2
D	3
D-	1
F	14
NA	3

Jurisdiction	2020 Grade	2019 Grade	2018 Grade	2017 Grade	2016 Grade	2015 Grade
Alabama	F	F	F	F	F	F
Alaska	C	C	C	C	D-	D-
Arizona	B-	C-	C+	C+	B-	C+
Arkansas	B-	C+	B	B-	B-	N/A
California	B+	B+	B+	B+	B+	B+
Colorado	B-	B	B-	B-	B-	B
Northern Mariana Islands	D+	D+	N/A	N/A	N/A	N/A
Connecticut	C+	C+	B-	B-	B-	C+
Delaware	C+	C+	C+	C+	C+	C+
District of Columbia	B-	B	B	B	B-	C+
Florida	C	C	C-	C-	C	F
Georgia	F	F	F	F	F	F
Guam	C	C	C-	C-	N/A	N/A
Hawaii	B+	B+	B+	B+	B	B
Idaho	F	F	F	F	F	F
Illinois	B+	A-	B+	B+	B+	B+
Indiana	F	F	F	F	N/A	N/A
Iowa	F	F	F	F	F	F
Kansas	F	F	N/A	N/A	N/A	N/A
Kentucky	F	F	F	F	F	F
Louisiana	D+	D	D-	D-	F	F
Maine	B+	B+	B	B	B	B-
Maryland	B	B	B-	B	C	B
Massachusetts	B+	B+	B	B	B-	B
Michigan	B+	B+	B+	B+	B+	C+
Minnesota	C-	C-	C-	C-	C-	C
Mississippi	F	F	F	F	F	F
Missouri	C-	C	F	F	F	F
Montana	B	B	B-	B-	D+	C-
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	B+	B+	B+	B+	B	B+
New Hampshire	B+	B	B	B	B-	C+
New Jersey	B	B	C	C	C	C
New Mexico	B+	B+	B	B	B	B+
New York	C+	B-	C+	C+	C	C
North Carolina	F	F	F	F	F	F
North Dakota	B-	C+	C	C	D+	N/A
Ohio	B	B	B+	B+	B	N/A
Oklahoma	B	B	F	F	F	F
Oregon	A-	A-	B	B+	B	B
Pennsylvania	C+	C+	C	C	C-	N/A
Puerto Rico	D	C-	C-	C-	N/A	N/A
Rhode Island	C+	C-	C	C	C+	C-
South Carolina	F	F	F	F	F	F
South Dakota	N/A	N/A	N/A	N/A	N/A	N/A
Tennessee	F	F	F	F	F	F
Texas	F	F	F	F	F	F
Utah	D	D-	F	F	F	F
Vermont	C	C	C-	C	C-	D+
Virginia	F	F	F	F	F	F
US Virgin Islands	D-	D	N/A	N/A	N/A	N/A
Washington	B-	B-	C	C+	C-	B
West Virginia	F	F	D	D-	N/A	N/A
Wisconsin	F	F	F	F	F	F

ASA's Role in Shaping State COVID Response

Since its founding in 2002, ASA has been instrumental in shaping state medical cannabis policy. We know that lawmakers trust and rely on this report as they are crafting policy, and we are grateful for the states that use this report as a blueprint to improve their approach to meeting patient needs. Beyond traditional legislation, ASA was also a partner in working to maintain safe access for the nation's roughly four million patients during the COVID pandemic. In March 2020 ASA convened a working group to engage governors and directors of state medical cannabis programs to ensure that patients continue to have access to medical cannabis during the crisis, and that the supply chain that patients rely on for medicine is not interrupted while Governors were developing COVID emergency plans.

ASA and its stakeholders recommended that all governors and/or medical cannabis directors put the following measures into place to ensure that patients, many of whom represent our nation's most vulnerable population, are protected:

- Ensure that cannabis businesses that serve patients are considered "essential" businesses.
- Instruct medical cannabis businesses on how they can make legal temporary changes to their business plans, including delivery and purchase limits to accommodate patients and staff during the crisis.
- Give tax relief to patients and businesses.
- Allow cultivation and processing centers to stay open to ensure medicine in the future.
- Extend the expiration date of state-issued cannabis identification cards so that doctors and other health care providers can focus on COVID-19.
- Permit authorized caregivers to serve additional patients during the crisis period.
- Allow telehealth visits for new and renewing medical cannabis patients.
- Allow dispensaries to provide curbside pickup and home delivery options for qualifying patients and caregivers.

ASA also created a page to help keep patients updated on the status of medical cannabis-related state emergency response measures, which can be found at www.safeaccessnow.org/COVID-19. As the conclusion above indicates, 33 states have implemented temporary measures responding to ASA, patients, and coalition partner calls for these new program features.

Gold Standards

New to this report this year is the Gold Standards section, which highlights states that represent the best of each category: Patient Rights and Civil Protection, Access to Medicine, Ease of Navigation, Functionality, and Consumer Safety and Provider Requirements.

Patient Rights and Civil Protections: Illinois

Since Illinois has passed full legalization, some of the scores this category covers are at their maximum: arrest protection, affirmative defense.

Two categories which are vital to patients that Illinois has accelerated in are employment protections and DUI protections. Many states have failed to protect patients in these areas. Concerned about the possibility of cannabis-influenced impaired driving, legislators across the country have failed to give law enforcement guidelines on acceptable levels of THC, leaving the decision up to the officer in the field. Illinois is one state which has installed a specific threshold of 5 nanograms. While any law measuring impairment from cannabis is not based on any scientific recommendation, Illinois has set a threshold for officers to watch for rather than asking them to find any evidence of cannabis use. The 5 nanogram threshold is notable, as a 2019 Canadian study found that motorists with blood THC levels of 5 nanograms or less do not pose an increased risk of traffic accidents.

Ensuring patients are not penalized by employers for legally participating in a state health program is an essential component of state medical cannabis programs. However this critical feature is absent by many states with more sophisticated programs like Massachusetts, and those with longer histories of cannabis reforms like Oregon and California. Illinois has set a new standard for these protections, mandating that employers may only discipline employees for cannabis use in the workplace, and only if their written workplace drug policy expressly forbids that behavior.

Access to Medicine: Oregon

Price is among the most restrictive factors limiting patient access and participation in state medical cannabis programs, and a variety of factors converge to establish legal market prices faced by patients. Among them are licensed businesses, of which Oregon maintains over 2,300, many of whom are authorized to produce for

medical patients alongside adult-use operations. While the volume of cultivation licences issued has led to overproduction, it has also decreased medical cannabis prices for patients. An ounce of flower can be found for as low as $14 in Oregon, and low product pricing extends to manufactured medical products as well. It is uncommon for patients to have access to lab-tested, quality medical cannabis that is also affordable, with registered patients in most other states paying hundreds of dollars for an ounce of medical cannabis, as well as high prices for manufactured cannabis products. Oregon also addresses patient cost concerns by shielding patients from taxes imposed at retail, and permitting patients to cultivate at home, one of only 17 states that permit this important cost-saving measure. With respect to access, Oregon authorized delivery to patients in 2018, even in areas where commercial cannabis businesses are prohibited. The 675 licenced dispensaries in the state are plentiful for Oregon's 24,015 patients, averaging 35.5 patients for each dispensary.

Ease of Navigation: Maine

Maine is an interesting case study in medical cannabis policy, as the state's program has only evolved slowly since initial authorization in 1998. And while the system's organization and improvements have been gradual, the program is finally reaching its potential and demonstrating functionality to registered patients. Among Maine's medical cannabis program's many attributes is ease of enrollment. Maine does not require patients to meet eligibility requirements related to specific medical conditions, but instead permits health care professionals to issue recommendations based on physician determination of need related to a patient's health issue. Maine also makes it easy for minors to participate in the program and extends authorization for registered minors to use medical cannabis on school grounds in accordance with state regulations. As a result Maine has seen patient enrollment increase from 45,940 in 2019 to 65,368 in 2020.

Maine patients also maintain safe and legal access to a large system of caregivers who are the primary source of medical cannabis sales to patients in the state via retail storefronts and delivery services. Medical cannabis was recently reported to be the third largest source of revenue for the state of Maine.

Functionality: Colorado

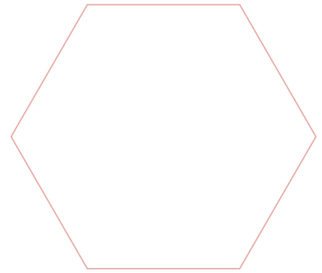
A common challenge patients experience is the suspension of legislative and regulatory improvements to medical cannabis programs while states pivot to organize adult-use models. Colorado provides an example for states to follow in balancing these two policy areas. Colorado was not plagued by medical product supply shortages that occured in other states like Michigan when rolling out its adult-use system, and the state maintained product affordability by extending a 25 percent tax break to registered patients versus non-registered patients and adult-use consumers.

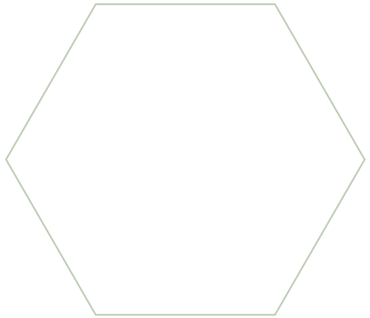
In states where retailers must choose between operating a medical or adult-use business, many opt to open adult-use facilities anticipating sales to a larger market of consumers. By allowing for the co-location of medical and adult-use dispensaries, Colorado allows retailers to serve both markets equally, while maintaining specific medical priorities such as medical-grade products and staff capable of advising patients on appropriate products for treatment. Today 449 medical cannabis dispensaries are open to patients across the state, and Colorado has one of the best patient to dispensary ratios in the country.

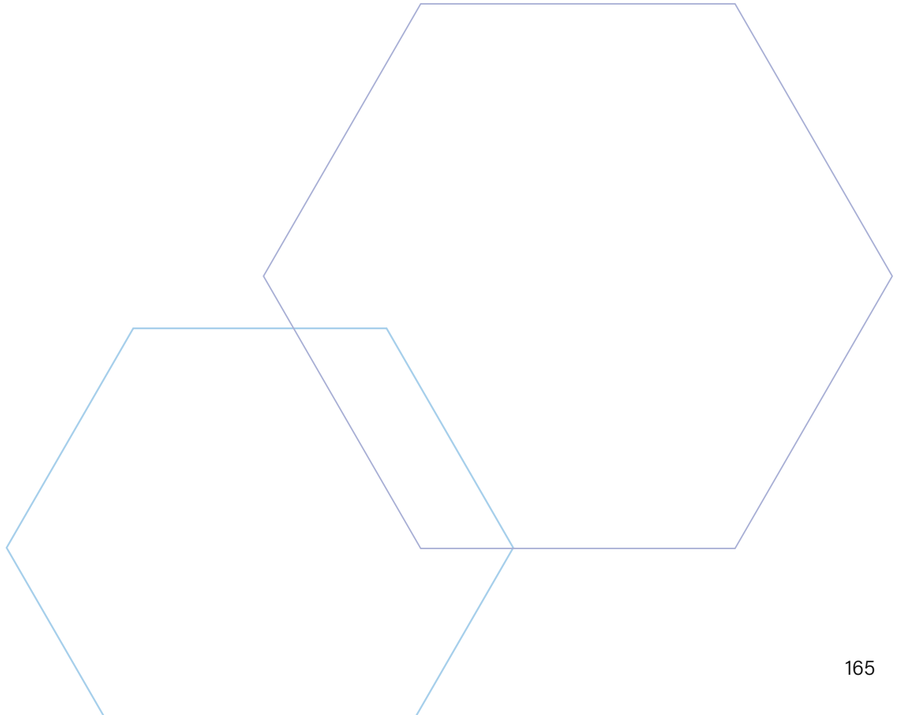
Consumer Safety and Provider Requirements: Maryland

This 100/100 is the only perfect score in a traditional category throughout our entire report, and Maryland's product safety regulations have earned them this distinction. Maryland's regulators have mandated extensive product testing covering 48 pesticides, 8 residual solvents, 9 microbiological impurities, and 8 heavy metals. Regulators also impose strict product labeling requirements to convey the distribution of cannabinoids and terpenes contained in products sold to patients. The testing results and associated plant compound information is provided to patients on product labels signifying approval from the nation's most stringent process for product safety. Regulators have also been quick to ban elements potentially dangerous to patients. Many of the metals and solvents that regulators now require labs to screen for emerged in response to the controversy over vaping deaths and related health concerns in 2018 and 2019, as well as vitamin E.

Regulators have also carved out strict safety standards and practices for licensed cannabis businesses to ensure product safety is maintained from cultivation and manufacturing through distribution and retail. Cultivators and processors must submit and update detailed plans on waste disposal alongside quality and inventory control to the state regulators. With strict testing, comprehensive labeling, and stringent safety protocols, Maryland's regulators have created an environment where patients can rely on the safety of the medicine regulators authorize for legal sale.







Appendix 1

UNIVERSAL IMPROVEMENTS & MODEL LEGISLATION

Universal Improvements & Model Legislation

While each medical cannabis program is currently different due to a lack of federal uniform oversight, there are some universal steps that every state can take to improve their respective programs.

Insurance Coverage

When looking at the 2020 state data in the aggregate, one of the clearest issues in every single state is the affordability of medical cannabis. One of the most consistent critiques of these state-based programs is affordability. ASA conducted a survey in 2019 revealing that over 70% of medical cannabis patients believe that their medicine is not affordable, with almost a quarter of patients surveyed indicating that their medicine is often so cost prohibitive that they must go without treatment.

Some states have worked to clarify the role of insurance and insurance companies when it comes to medical cannabis. New York has indicated that insurance coverage must apply for visits to physicians' offices relating to medical cannabis as long as obtaining a recommendation is not the sole reason for the visit. Denial of coverage of visits where medical cannabis is discussed is unlawful under New York State law. However, insurers are currently under no obligation to pay for actual medical cannabis or medical cannabis products. Other states have approved Workers' compensation to cover medical cannabis. ASA urges all policymakers to work to make medical cannabis affordable in their state by adopting legislation with the following language:

> *A carrier offering a health plan in this State shall provide coverage for cannabis for medical use for an enrollee who has received certification for the medical use of cannabis from a medical provider under [State Law]*

Let Healthcare Practitioners Decide

Too many states limit which patients can qualify for medical cannabis by arbitrarily listing conditions while excluding others. Recommending cannabis for medical purposes should be left to the discretion of physicians or other healthcare providers. Healthcare providers are in the best position to review a patient's medical history, symptoms, and physiological responses to medicine. A patient does not need to have failed other medications before being recommended cannabis, but rather a healthcare practitioner should be able to recommend medical cannabis simply if they believe their patient will benefit. ASA urges all policymakers to work to make medical cannabis accessible in their state by adopting legislation with the following language:

"Debilitating medical condition" means:

- *A. Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail-patella syndrome or the treatment of these conditions;*
- *B. A chronic or debilitating disease or medical condition or its treatment that produces acute, chronic or intractable pain;*
- *C. 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;*
- *E. Post-traumatic stress disorder;*
- *F. Opioid use disorder or pharmaceutical drug addiction and recovery; or*
- *G. Any other medical condition or its treatment as determined by a physician.*

Delivery

Nothing has highlighted the universal need for delivery more than the COVID-19 pandemic. However, even before the pandemic, many medical cannabis patients could not travel to legal medical cannabis retail facilities to purchase medical cannabis due to physical, economic, or time constraints. This is especially problematic for legal patients who are in the hospital, are bedridden or have mobility issues, or live far from a licensed retail facility. Allowing for delivery of medicine is a compassionate and common-sense solution for these patients, and is necessary to achieve parity with existing delivery services for patients utilizing prescription or over the counter medicine from local pharmacies. Just as with pharmacy delivery models, common-sense regulations and protocols can be organized to ensure safety and discretion.

Many states chose to prohibit medical cannabis facilities in her certain cities. Several problems exist in California where local bans on medical cannabis facilities have created areas where it is extremely difficult for patients to access. While under many state laws it is the prerogative of local jurisdictions to put these bans in place under the existing medical cannabis laws and regulations, a lack of local participation makes access even more challenging for medical cannabis patients, and highlights the need for well crafted regulations when it comes to delivery. Having a functioning delivery system is critically important to providing patients with medicine, particularly those with medical conditions that impact mobility. ASA urges all policymakers to work to make medical cannabis accessible in their state by adopting legislation with the following language (note: dispensary is used as a placeholder for how the state defines cannabis businesses):

Definitions

"Delivery" means the transportation of usable marijuana and related supplies to a consumer. "Delivery" also includes the use by a [dispensary] of any third party technology platform to receive, process, and fulfill orders by legal consumers, provided that any physical acts in connection with filling the order and delivery shall be accomplished by an employee of the [dispensary].

"Delivery employee" means an individual employed by a [dispensary] who delivers marijuana and related supplies from the dispensary premises to a legal consumer at a physical address.

"Transport" means the transportation of marijuana from a cultivation, processing, manufacturing or distribution site to a dispensing site approved, and the transportation of marijuana among and between sites, but does not include delivery of marijuana to consumers

Statutory Language

(1) Deliveries may only be made by a licensed [dispensary].

(2) Deliveries shall be made only to a legal consumer by an employee of the [dispensary].

(3) A [dispensary] shall not deliver to an address located on land owned by the federal government or any address on land or in a building leased by the federal government.

(4) A [dispensary] shall staff each delivery vehicle with an employee who shall be at least 21 years of age.

(5) Each delivery employee shall carry a copy of the [dispensary] employee identification card. The employee shall present the [dispensary] employee identification card upon request to state and local law enforcement, employees of regulatory authorities, and other state and local agencies enforcing these rules.

(6) Each delivery employee shall have access to a secure form of communication with the dispensary [dispensary], such as a cellular telephone, at all times that the vehicle contains medicinal marijuana.

(7) A delivery employee, during a delivery, shall maintain a physical or electronic copy of the delivery request and shall make it available upon request of the licensing authority and law enforcement officers.

(8) A delivery vehicle must be equipped with a secure lockbox, container, or cage in a secured cargo area, which shall be used for the sanitary and secure transport of marijuana.

(9) A delivery employee shall not leave cannabis goods in an unattended motor vehicle unless the motor vehicle is locked and equipped with an active vehicle alarm system.

(10) A delivery vehicle shall contain a Global Positioning System (GPS) device for identifying the geographic location of the delivery vehicle. The device shall be either permanently or temporarily affixed to the delivery vehicle while the delivery vehicle is in operation, and the device shall remain active and in the possession of the delivery employee at all times during delivery. At all times, the [dispensary] shall be able to identify the geographic location of all delivery vehicles that are making deliveries for the [dispensary] and shall provide that information to the Division upon request.

(11) A [dispensary]shall, upon request provide the regulatory authority with information regarding any motor vehicles used for delivery, including the vehicle's make, model, color, Vehicle Identification Number, license plate number and Department of Motor Vehicles' registration.

(12) A [dispensary] shall ensure that vehicles used to deliver cannabis bear no markings that would either identify or indicate that the vehicle is used to deliver marijuana.

(13) A [dispensary] shall ensure that deliveries are completed in a timely and efficient manner.

(14) A [dispensary] delivery employee, while making deliveries, shall not carry cannabis goods valued in excess of $10,000 at any time. This value shall be determined using the current retail price of all cannabis goods carried by the delivery employee.

(15) A delivery employee, while making deliveries, shall only travel from the [dispensary] licensed premises to the delivery address; from one delivery address to another delivery address; or from a delivery address back to the [dispensary]'s licensed premises. A delivery employee shall not deviate from the delivery path described in this section, except in the event of emergency or as necessary for rest, fuel, or vehicle repair stops, or because road conditions make continued use of the route or operation of the vehicle unsafe, impossible, or impracticable.

(16) A [dispensary] shall maintain a record of each delivery of cannabis in a delivery log, which may be written or electronic.

(17) A [dispensary] shall report any vehicle accidents, diversions, losses, or other reportable events that occur during delivery to the appropriate authorities.

(18) A [dispensary] employee shall not consume cannabis goods while delivering cannabis goods to customers.

Civil Rights Protections

While a state may have a functioning medical cannabis program that protects patients from criminal penalties, people may be hesitant to participate in a medical cannabis program if they could lose their housing, jobs, family or other rights. Every state with a medical cannabis program would be benefited by adopting the below language that relates to the protection of civil rights, as these provisions relieve some of the concerns that patients face when dealing with the implied costs of being a medical cannabis patient

(A) Unless a failure to do so would cause the employer to lose a monetary or licensing-related benefit under federal law or federal regulations, an employer may not discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, based upon either of the following:

1. The person's status as a qualifying patient, caregiver, cardholder, or employee at a cannabis business; or

2. A qualifying patient, caregiver, or cardholder tests positive for cannabis components or metabolites, unless the individual was impaired by cannabis on the premises of the place of employment or during the hours of employment.

(B) Unless required by federal law or required to obtain federal funding, no landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of an individual's status of a qualifying patient or cardholder under this act.

(C) For the purposes of medical care, including organ transplants, a qualifying patient's medical use of cannabis does not constitute the use of an illicit substance or otherwise disqualify a qualifying patient from medical care.

(D) Neither the presence of cannabinoid components or metabolites in a person's bodily fluids, nor conduct related to the medical use of cannabis by a custodial or noncustodial parent, grandparent, pregnant woman, legal guardian, or other person charged with the well-being of a child, shall form the sole or primary basis for any action or proceeding by a child welfare agency or a family or juvenile court. This subsection shall apply only to conduct in compliance with this chapter.

(E) Health care practitioners shall not disqualify or refuse to provide care for a patient due to positive urinary or blood test results indicating the presence of cannabis or cannabis metabolites including tetrahydrocannabinol, nor shall the presence of compounds of cannabis or cannabis metabolites be a reason for the cessation of care.

(F) A medical cannabis patient or caregiver licensee shall not be denied the right to own, purchase or possess a firearm, ammunition, or firearm accessories based solely on his or her status as a medical cannabis patient or caregiver licensee.

Increasing Cannabis Education

Education for healthcare providers as well as staff at medical cannabis businesses is not required in every state. Having strong training programs mandated or accessible improves the overall understanding of cannabis as a medicine. ASA urges lawmakers to adopt education standards through partnering with ASA's Patient Focused Certification (PFC) and Cannabis Care Certification (CCC) programs.

The PFC program prepares individuals to understand state and local regulations and to learn required safety and operational protocols, while teaching them the basics of cannabis as medicine and common therapeutic uses of cannabis. PFC trainings are available to anyone interested in learning more about medical cannabis. Training is available from single discipline certification to multi-discipline certification in 4 disciplines: Cultivation, Manufacturing, Distribution, and Laboratory. Trainings are available in-person or online.

The CCC program offers patient and caregiver education as well as continuing medical education (CME) credits for medical professionals through our partnership with The Answer Page, Inc. (TAP). The medical professional course offering created for medical professionals was approved under the latest rules for dealing with controversial subjects in CME programs and provides physicians, pharmacists, nurse practitioners, nurses, and psychologists with the highest quality peer-reviewed and accredited educational content focused on medical marijuana and the endocannabinoid system. The content provides Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), and American Psychological Association (APA) credits.

For more information on PFC and CCC, visit www.PatientFocusedCertification.org and www.CannabisCareCertification.org.

ASA PFC Patient Focused Certification
PATIENT FOCUSED CERTIFICATION
a project of Americans for Safe Access Foundation

ASAF CCC TheAnswerPage
CANNABIS CARE CERTIFICATION
- a project of Americans for Safe Access Foundation and TheAnswerPage

Appendix 2

RECOMMENDATION TO REGULATORS

Recommendations for Regulators

Since the release of the American Herbal Products Association (AHPA) and American Herbal Pharmacopoeia (AHP) guidelines, more than 16 states have used them as legislative and regulatory tools to create comprehensive product safety rules and regulations. However, these new regulations will only be effective with proper oversight and enforcement. To aid government agencies in these efforts, Americans for Safe Access (ASA) created the Patient Focused Certification (PFC) program. PFC is a non-profit, third party certification program for the cannabis industry and the nation's only certification program for the AHPA and AHP standards. PFC is available to companies cultivating, manufacturing, or distributing cannabis and hemp products, as well as to laboratories providing cannabis analytic services.

As with other industries, oversight of cannabis and cannabis products are constantly evolving. PFC verifies compliance with state and local laws as well as the AHPA and AHP standards. PFC is similar to other nationally recognized certification programs including United States Pharmacopeia (USP), Good Housekeeping, NSF International, and the International Organization for Standardization (ISO). PFC has a partnership with the leading ISO accreditation body in the United States, the American Association for Laboratory Accreditation (A2LA), to conduct dual PFC and ISO/IEC 17025 accreditations.

ASA PFC Patient Focused Certification

PATIENT FOCUSED CERTIFICATION

a project of Americans for Safe Access Foundation

Appendix 3

THE FEDERAL GOVERNMENT'S ROLE

The Federal Government's Role

When looking at state data in the aggregate, it is clear that nationwide medical cannabis programs need to be stronger. Programs ranged from 0% (South Dakota) to 90.29% (Oregon), however, when the fifty-four programs were averaged, medical cannabis access in the United States only received 64.1%, or a "D" on ASA's grading scale. Even this grade does not paint the true picture as many still struggle to access medical cannabis. This shows the challenging nature of having a patchwork approach to state laws. On the state level ASA urges states to adopt the policies outlined in the above universal improvements section.

While states continue to develop policy one critical piece of the legislative puzzle is missing: the role of the Federal Government. Over the last few years interest in federal reform has grown exponentially, with dozens of lawmakers introducing solutions to resolve the federal-state conflict of cannabis laws. However, while many of these bills focus on important topics like criminal justice reform and descheduling cannabis, few envision any regulatory or oversight role for the federal government. As federal lawmakers grapple with cannabis proposals, it is critical that state governments ask for federal oversight that is effective and provides for safe cannabis, without being overly burdensome on existing state regulatory frameworks. State lawmakers can introduce the following resolution calling on the Federal Government to develop clear standards for safe medicine in a post-descheduling or rescheduling world.

Expressing the sense of the people of [State] that a new federal agency, the Office of Medical Cannabis Control, would be beneficial to public and individual health.

WHEREAS *there are over three million medical cannabis patients and over 20,000 cannabis businesses in the United States.*

WHEREAS *thirty-three states, the District of Columbia, and four of five U.S. territories have comprehensive medical cannabis legislation, with an additional fourteen states having cannabidiol legislation.*

WHEREAS *oversight authority of medical cannabis has been handled on the state and local level, rather than through the federal government, putting the United States at odds with the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, which requires a singular medical cannabis oversight body under Article 28.*

WHEREAS *the United States and its territories have created a patchwork of licensing, regulation, and enforcement laws that lack uniformity.*

WHEREAS *local level oversight of medical cannabis has led to greatly differing regulations on product safety, laboratory operations, taxation, pesticide use, civil rights and other areas where federal guidance exists in other industries.*

WHEREAS *current federal oversight from the Drug Enforcement Administration (DEA) and the National Institute on Drug Abuse focuses on punitive measures and the harms of cannabis, rather than the expansion of therapeutic outcomes, which is inconsistent with the WHO's recommendations.*

WHEREAS *due to resource constraints and political ideations, the DEA has failed to act on over two dozen legitimate requests for research licenses.*

WHEREAS *Schedule I researchers in our State who do obtain the proper license may be forced to import cannabis from other countries or obtain cannabis that does not mirror what is otherwise available in [State's] markets to patients.*

WHEREAS *administrators of the Food and Drug Administration and other agencies have called on Congress to resolve the conflict between state and federal laws and [State] is ready to work with all relevant Federal agencies.*

WHEREAS *research in the Journal of the American Medical Association has shown cannabis can play a critical role in reducing opioid overdose deaths, up to 25%, when compared to states without medical cannabis programs, and cannabis is widely used for alleviating the symptoms of numerous other medical conditions.*

Now, therefore, be it Resolved by the people of [state] that it is the sense of [State] that a new federal oversight agency for medical cannabis or federal input on medical cannabis regulations would be beneficial to public and individual health.

Be it further resolved that as the Federal Government develops regulations for medical cannabis it should work with the various states with robust programs to develop federal product safety standards which shall act as the minimum allowing states to set more stringent standards.

For further information on our proposed Federal regulatory framework, please visit ASA's report: Ending the Federal Conflict: Changing The Paradigm on Medical Cannabis at www.safeaccessnow.org/model_federal_legislation.

With the 2020 presidential election upon us, the future of medical cannabis legalization depends on you and your vote! At the state level and at the federal level, it is imperative to vote for legislators that are in favor of moving cannabis policies forward. The upcoming 117th congress will have our **best opportunity yet to enact federal medical cannabis laws.** Your votes can help keep existing allies in office and bring new supporters in, but to pass those laws we will not only need champions in the House and the Senate but also support in the White House. With the 2020 presidential election upon us, the future of medical cannabis legalization depends on you and your vote!

Go to www.SafeAccessNow.org/Vote to learn more. Make your voices heard and cast your vote this election season, because **every vote is a medical cannabis vote!**

ACTION. EDUCATION. POLICY. CONSUMERS SAFETY. RESEARCH.

The mission of Americans for Safe Access (ASA) is to ensure safe and legal access to cannabis (marijuana) for therapeutic use and research.

ASA was founded in 2002, by medical cannabis patient Steph Sherer, as a vehicle for patients to advocate for the acceptance of cannabis as medicine. With over 100,000 active members in all 50 states, ASA is the largest national member-based organization of patients, medical professionals, scientists and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research. ASA works to overcome political, social and legal barriers by creating policies that improve access to medical cannabis for patients and researchers through legislation, education, litigation, research, grassroots empowerment, advocacy and services for patients, governments, medical professionals, and medical cannabis providers.

ASA and our members have moved public policy forward by light years by incorporating strategies across many disciplines. ASA has brought together policy experts, public health experts, attorneys, lobbyists, scientists, industry associations and medical professionals to create the campaigns, projects and programs that have broken down political, social, academic, and legal barriers across the US.

Ensuring safe and legal access to cannabis means:

• International, federal and state laws and regulations recognized cannabis as a legal medicine.
Medical professionals recommend medical cannabis options as a frontline treatment option or an adjunct therapy.

• Patients and their caregivers have the information they need to make educated choices about medical cannabis therapies.

• Patients and medical professionals can incorporate a diverse group of products and delivery methods to create required personalized treatment regimen.

• Patients can trust labels on products and that medicines are free of pesticides and contaminants.

• Medical cannabis treatments are covered by insurance.

Become a part of History! Join us today @ AmericansForSafeAccess.org/Join

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