Medical Marijuana
A CCM Research and Information Municipal Tool Kit

Introduction

This Medical Marijuana Municipal Tool Kit is provided as an exclusive service to CCM Members.

For more information regarding this or any questions please contact the CCM Research and Information Services Department at (203) 498-3000 or by email at research@ccm-ct.org.

All Rights Reserved. This publication may not be reproduced, stored or transmitted in any way for profit and is intended for the exclusive use of Connecticut Conference of Municipalities (CCM) Members and for the employees of its Members. This publication may not be shared, copied, or electronically stored for the use of any non-Member municipality, entity, or individual. The Connecticut Conference of Municipalities reserves the right to grant exceptions to these limitations and will do so exclusively by means of prior written consent. CCM is not responsible for any errors or omissions that may appear in this publication.

This publication is intended for general reference purposes only and is not intended to provide legal advice, opinions, or conclusions. If you have questions about particular legal issues, the application of the law to specific factual situations, or the interpretation of any statutes, ordinances, or case law referenced in this publication, CCM strongly recommends that you consult your attorney, certified public accountant, or other relevant party.

© August 2014, Connecticut Conference of Municipalities
Background: Medical Marijuana

Section 1: State Statutes and Regulations
Connecticut General Statutes (CGS) § 420f

Section 2: Sample Municipal Codes of Ordinance
West Hartford (pop.63,274)
   ➢ http://www.ecode360.com/28235090?highlight=marijuana#28235090
Ridgefield (pop.25,045)
   ➢ http://www.ridgefieldct.org/filestorage/46/78/179/Amend_8.6_MORATORIUM_MedMarijuana_FINAL.pdf

Section 3: Legal Medical Marijuana States
Arizona
California
Oregon
Other Legal States
   ➢ https://www.marijuanadoctors.com/medical-marijuana/index

Section 4: Additional Resources
Quinnipiac University Poll
Office of Legislative Research Report “Comparison of MMP’s”
DCP Information Session for Municipal Officials “State of CT MMP”
BACKGROUND

In 2012, Connecticut became the 17th state to legalize Medical Marijuana. On, May 31, 2012, Governor Dannel Malloy signed into law legislation that would enable people with debilitating medical conditions the ability to reap the palliative benefits provided by medical marijuana.

The program is available to Connecticut residents who are at least 18 years of age and have been diagnosed by a physician with cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn’s disease, or Posttraumatic Stress Disorder. An eight member Board of Physicians, established by the Department of Consumer Protection will recommend to the DCP additional medical conditions, treatments, or diseases to be added to the list of medical conditions that qualify for the palliative use of marijuana. Patients will be permitted to have a one month supply in their possession which is to be supplied by producers and dispensaries licensed by the state. Patients cannot ingest marijuana anywhere in public, in a workplace, in any moving vehicle, in the line of sight of a person under 18, or on any school or university grounds, including dorm rooms. Home cultivation is not provided for.

The State of Connecticut received 21 dispensary applications and 16 producer applications. The submission of a dispensary application required a $1,000 non-refundable fee and the submission of a producer application required a $25,000 non-refundable fee.

Connecticut recently approved four grow facilities located in the municipalities of Portland, Simsbury, Watertown, and West Haven. The state also approved six dispensaries which are to be located in the municipalities of Branford, Bridgeport, Bristol, Hartford, South Windsor, and Uncasville. A poll conducted by Quinnipiac University showed that over two-thirds of voters would support having a dispensary in their own town/city and that 90% of all voters support the medical marijuana program in Connecticut. Despite these findings, numerous dispensaries are facing challenges in implementing the final stages of the program. Zoning limitations, moratoriums on local business licenses, and the fact that dispensaries need to be managed by pharmacists have all been on-going difficulties. As of April 2014, Connecticut had 1,990 medical marijuana patients. This number is expected to increase significantly once the program is fully implemented and regular access is available to the qualifying residents of Connecticut.
Section 1

State Statutes and Regulations

- CGS CHAPTER 420
CHAPTER 420f
PALLIATIVE USE OF MARIJUANA

Table of Contents

Sec. 21a-408. Definitions.
Sec. 21a-408a. Qualifying patient not subject to arrest, prosecution or certain other penalties. Requirements. Exceptions.
Sec. 21a-408b. Primary caregiver not subject to arrest, prosecution or certain other penalties. Requirements. Exceptions.
Sec. 21a-408c. Physician not subject to arrest, prosecution or certain other penalties. Requirements. Written certifications. Exceptions.
Sec. 21a-408d. Qualifying patient and primary caregiver to register with Department of Consumer Protection. Change in information. Fee. Confidentiality of registry information.
Sec. 21a-408e. Person not subject to arrest or prosecution solely for being in presence or vicinity of palliative use of marijuana.
Sec. 21a-408f. Seizure and return of marijuana, paraphernalia or other property. Exception.
Sec. 21a-408g. Fraudulent representation to law enforcement official re palliative use of marijuana or written certification. Penalty.
Sec. 21a-408h. Dispensaries. Licensure. Regulations. Fees.
Sec. 21a-408i. Producers. Licensure. Regulations. Fees.
Sec. 21a-408j. Licensed dispensaries and employees not subject to arrest, prosecution or certain other penalties. Exceptions.
Sec. 21a-408k. Licensed producers and employees not subject to arrest, prosecution or certain other penalties. Exceptions.
Sec. 21a-408l. Board of Physicians re palliative use of marijuana. Duties. Confidentiality of information.
Sec. 21a-408m. Regulations re palliative use of marijuana. Fees. Additional debilitating conditions.
Sec. 21a-408n. Temporary registration certificates. Qualifying patients, primary caregivers and physicians not subject to arrest, prosecution or certain other penalties. Exceptions. Confidentiality of registry information.
Sec. 21a-408o. Health insurance coverage not affected.
Sec. 21a-408p. Treatment of student, tenant or employee due to status as qualifying patient or primary caregiver.
Sec. 21a-408q. Palliative marijuana administration account.
Secs. 21a-409 to 21a-429. Reserved

Sec. 21a-408. Definitions. As used in sections 21a-408 to 21a-408o, inclusive, unless the context otherwise requires:

(1) “Cultivation” includes planting, propagating, cultivating, growing and harvesting;

(2) “Debilitating medical condition” means (A) cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson’s disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn’s disease, posttraumatic stress disorder, or (B) any medical condition, medical treatment or disease approved by the Department of Consumer Protection pursuant to regulations adopted under section 21a-408m;

(3) “Licensed dispensary” or “dispensary” means a person licensed as a dispensary pursuant to section 21a-408h;
Sec. 21a-408a. Qualifying patient not subject to arrest, prosecution or certain other penalties. Requirements. Exceptions. (a) A qualifying patient shall register with the Department of Consumer Protection pursuant to section 21a-408d prior to engaging in the palliative use of marijuana. A qualifying patient who has a valid registration certificate from the Department of Consumer Protection pursuant to subsection (a) of section 21a-408d and complies with the requirements of sections 21a-408 to 21a-408n, inclusive, shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for the palliative use of marijuana if:

(1) The qualifying patient’s physician has issued a written certification to the qualifying patient for the palliative use of marijuana after the physician has prescribed, or determined it is not in the best interest of the patient to prescribe, prescription drugs to address the symptoms or effects for which the certification is being issued;
(2) The combined amount of marijuana possessed by the qualifying patient and the primary caregiver for palliative use does not exceed an amount of usable marijuana reasonably necessary to ensure uninterrupted availability for a period of one month, as determined by the Department of Consumer Protection pursuant to regulations adopted under section 21a-408m; and

(3) The qualifying patient has not more than one primary caregiver at any time.

(b) The provisions of subsection (a) of this section do not apply to:

(1) Any palliative use of marijuana that endangers the health or well-being of a person other than the qualifying patient or the primary caregiver; or

(2) The ingestion of marijuana (A) in a motor bus or a school bus or in any other moving vehicle, (B) in the workplace, (C) on any school grounds or any public or private school, dormitory, college or university property, (D) in any public place, or (E) in the presence of a person under the age of eighteen. For the purposes of this subdivision, (i) “presence” means within the direct line of sight of the palliative use of marijuana or exposure to second-hand marijuana smoke, or both; (ii) “public place” means any area that is used or held out for use by the public whether owned or operated by public or private interests; (iii) “vehicle” means a vehicle, as defined in section 14-1; (iv) “motor bus” means a motor bus, as defined in section 14-1; and (v) “school bus” means a school bus, as defined in section 14-1.

(P.A. 12-55, S. 2.)

Sec. 21a-408b. Primary caregiver not subject to arrest, prosecution or certain other penalties. Requirements. Exceptions. (a) No person may serve as a primary caregiver for a qualifying patient (1) unless such qualifying patient has a valid registration certificate from the Department of Consumer Protection pursuant to subsection (a) of section 21a-408d, and (2) if such person has been convicted of a violation of any law pertaining to the illegal manufacture, sale or distribution of a controlled substance. A primary caregiver may not be responsible for the care of more than one qualifying patient at any time, except that a primary caregiver may be responsible for the care of more than one qualifying patient if the primary caregiver and each qualifying patient have a parental, guardianship, conservatorship or sibling relationship.

(b) A primary caregiver who has a valid registration certificate from the Department of Consumer Protection pursuant to subsection (a) of section 21a-408d and complies with the requirements of sections 21a-408 to 21a-408n, inclusive, shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for the acquisition, distribution, possession or transportation of marijuana or paraphernalia related to marijuana on behalf of such primary caregiver’s qualifying patient, provided (1) the amount of any marijuana so acquired, distributed, possessed or transported, together with the combined amount of usable marijuana possessed by the qualifying patient and the primary caregiver, does not exceed an amount reasonably necessary to ensure uninterrupted availability for a period of one month, as determined by the Department of Consumer Protection pursuant to regulations adopted under section 21a-408m, and (2) such amount is obtained solely within this state from a licensed dispensary. For the purposes of this subsection, “distribution” or “distributed” means the transfer of marijuana and paraphernalia related to marijuana from the primary caregiver to the qualifying patient.

(P.A. 12-55, S. 3.)
Sec. 21a-408c. Physician not subject to arrest, prosecution or certain other penalties. Requirements. Written certifications. Exceptions. (a) A physician may issue a written certification to a qualifying patient that authorizes the palliative use of marijuana by the qualifying patient. Such written certification shall be in the form prescribed by the Department of Consumer Protection and shall include a statement signed and dated by the qualifying patient’s physician stating that, in such physician’s professional opinion, the qualifying patient has a debilitating medical condition and the potential benefits of the palliative use of marijuana would likely outweigh the health risks of such use to the qualifying patient.

(b) Any written certification for the palliative use of marijuana issued by a physician under subsection (a) of this section shall be valid for a period not to exceed one year from the date such written certification is signed and dated by the physician. Not later than ten calendar days after the expiration of such period, or at any time before the expiration of such period should the qualifying patient no longer wish to possess marijuana for palliative use, the qualifying patient or the primary caregiver shall destroy all usable marijuana possessed by the qualifying patient and the primary caregiver for palliative use.

(c) A physician shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by the Connecticut Medical Examining Board or other professional licensing board, for providing a written certification for the palliative use of marijuana under subdivision (1) of subsection (a) of section 21a-408a if:

(1) The physician has diagnosed the qualifying patient as having a debilitating medical condition;

(2) The physician has explained the potential risks and benefits of the palliative use of marijuana to the qualifying patient and, if the qualifying patient lacks legal capacity, to a parent, guardian or person having legal custody of the qualifying patient;

(3) The written certification issued by the physician is based upon the physician’s professional opinion after having completed a medically reasonable assessment of the qualifying patient’s medical history and current medical condition made in the course of a bona fide physician-patient relationship; and

(4) The physician has no financial interest in a dispensary licensed under section 21a-408h or a producer licensed under section 21a-408i.

(P.A. 12-55, S. 4.)

Sec. 21a-408d. Qualifying patient and primary caregiver to register with Department of Consumer Protection. Change in information. Fee. Confidentiality of registry information. (a) Each qualifying patient who is issued a written certification for the palliative use of marijuana under subdivision (1) of subsection (a) of section 21a-408a, and the primary caregiver of such qualifying patient, shall register with the Department of Consumer Protection. Such registration shall be effective from the date the Department of Consumer Protection issues a certificate of registration until the expiration of the written certification issued by the physician. The qualifying patient and the primary caregiver shall provide sufficient identifying information, as determined by the department, to establish the personal identity of the qualifying patient and the primary caregiver. The qualifying patient or the
primary caregiver shall report any change in such information to the department not later than five business days after such change. The department shall issue a registration certificate to the qualifying patient and to the primary caregiver and may charge a reasonable fee, not to exceed twenty-five dollars, for each registration certificate issued under this subsection. Any registration fees collected by the department under this subsection shall be paid to the State Treasurer and credited to the account established pursuant to section 21a-408q.

(b) Information obtained under this section shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, except that reasonable access to registry information obtained under this section and temporary registration information obtained under section 21a-408n shall be provided to: (1) State agencies, federal agencies and local law enforcement agencies for the purpose of investigating or prosecuting a violation of law; (2) physicians and pharmacists for the purpose of providing patient care and drug therapy management and monitoring controlled substances obtained by the qualifying patient; (3) public or private entities for research or educational purposes, provided no individually identifiable health information may be disclosed; (4) a licensed dispensary for the purpose of complying with sections 21a-408 to 21a-408n, inclusive; (5) a qualifying patient, but only with respect to information related to such qualifying patient or such qualifying patient’s primary caregiver; or (6) a primary caregiver, but only with respect to information related to such primary caregiver’s qualifying patient.

(P.A. 12-55, S. 5.)

Sec. 21a-408e. Person not subject to arrest or prosecution solely for being in presence or vicinity of palliative use of marijuana. No person shall be subject to arrest or prosecution solely for being in the presence or vicinity of the palliative use of marijuana as permitted under sections 21a-408 to 21a-408n, inclusive.

(P.A. 12-55, S. 6.)

Sec. 21a-408f. Seizure and return of marijuana, paraphernalia or other property. Exception. Any marijuana, paraphernalia relating to marijuana, or other property seized by law enforcement officials from a qualifying patient or a primary caregiver in connection with the claimed palliative use of marijuana under sections 21a-408 to 21a-408n, inclusive, shall be returned to the qualifying patient or the primary caregiver immediately upon the determination by a court that the qualifying patient or the primary caregiver is entitled to the palliative use of marijuana under sections 21a-408 to 21a-408n, inclusive, as evidenced by a decision not to prosecute, a dismissal of charges or an acquittal. The provisions of this section do not apply to any qualifying patient or primary caregiver who fails to comply with the requirements for the palliative use of marijuana under sections 21a-408 to 21a-408n, inclusive.

(P.A. 12-55, S. 7.)

Sec. 21a-408g. Fradulent representation to law enforcement official re palliative use of marijuana or written certification. Penalty. (a) Any person who makes a fraudulent representation to a law enforcement official of any...
fact or circumstance relating to the palliative use of marijuana in order to avoid arrest or prosecution under chapter 420b or any other provision of the general statutes shall be guilty of a class C misdemeanor.

(b) Any person who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the issuance, contents or validity of a written certification for the palliative use of marijuana, or a document purporting to be such a written certification, shall be guilty of a class A misdemeanor.

(P.A. 12-55, S. 8.)

Sec. 21a-408h. Dispensaries. Licensure. Regulations. Fees. (a) No person may act as a dispensary or represent that such person is a licensed dispensary unless such person has obtained a license from the Commissioner of Consumer Protection pursuant to this section.

(b) The Commissioner of Consumer Protection shall determine the number of dispensaries appropriate to meet the needs of qualifying patients in this state and shall adopt regulations, in accordance with chapter 54, to provide for the licensure and standards for dispensaries in this state and specify the maximum number of dispensaries that may be licensed in this state. On and after the effective date of such regulations, the commissioner may license any person who applies for a license in accordance with such regulations, provided (1) the commissioner deems such applicant qualified to acquire, possess, distribute and dispense marijuana pursuant to sections 21a-408 to 21a-408n, inclusive, (2) the applicant is a pharmacist licensed under chapter 400j, and (3) the number of dispensary licenses issued does not exceed the number appropriate to meet the needs of qualifying patients in this state, as determined by the commissioner pursuant to this subsection. At a minimum, such regulations shall:

(A) Indicate the maximum number of dispensaries that may be licensed in this state;

(B) Provide that only a pharmacist licensed under chapter 400j may apply for and receive a dispensary license;

(C) Provide that no marijuana may be dispensed from, obtained from or transferred to a location outside of this state;

(D) Establish a licensing fee and renewal fee for each licensed dispensary, provided such fees shall not be less than the amount necessary to cover the direct and indirect cost of licensing and regulating dispensaries pursuant to sections 21a-408 to 21a-408n, inclusive;

(E) Provide for renewal of such dispensary licenses at least every two years;

(F) Describe areas in this state where licensed dispensaries may not be located, after considering the criteria for the location of retail liquor permit premises set forth in subsection (a) of section 30-46;

(G) Establish health, safety and security requirements for licensed dispensaries, which may include, but need not be limited to: (i) The ability to maintain adequate control against the diversion, theft and loss of marijuana acquired or possessed by the licensed dispensary, and (ii) the ability to maintain the knowledge, understanding, judgment, procedures, security controls and ethics to ensure optimal safety and accuracy in the distributing, dispensing and use of palliative marijuana;

(H) Establish standards and procedures for revocation, suspension, summary suspension and nonrenewal of dispensary licenses, provided such standards and procedures are consistent with the provisions of subsection (c) of section 4-182; and
(I) Establish other licensing, renewal and operational standards deemed necessary by the commissioner.

(c) Any fees collected by the Department of Consumer Protection under this section shall be paid to the State Treasurer and credited to the account established pursuant to section 21a-408q.

(P.A. 12-55, S. 9.)


Sec. 21a-408i. Producers. Licensure. Regulations. Fees. (a) No person may act as a producer or represent that such person is a licensed producer unless such person has obtained a license from the Commissioner of Consumer Protection pursuant to this section.

(b) The Commissioner of Consumer Protection shall determine the number of producers appropriate to meet the needs of qualifying patients in this state and shall adopt regulations, in accordance with chapter 54, to provide for the licensure, standards and locations for producers in this state and specify the maximum number of producers that may be licensed in this state at any time. On and after the effective date of such regulations, the commissioner may license any person who applies for a license in accordance with such regulations, provided (1) such person is organized for the purpose of cultivating marijuana for palliative use in this state, (2) the commissioner finds that such applicant has appropriate expertise in agriculture and that such applicant is qualified to cultivate marijuana and sell, deliver, transport or distribute marijuana solely within this state pursuant to sections 21a-408 to 21a-408n, inclusive, and (3) the number of producer licenses issued does not exceed the number appropriate to meet the needs of qualifying patients in this state, as determined by the commissioner pursuant to this subsection. At a minimum, such regulations shall:

(A) Indicate the maximum number of producers that may be licensed in this state at any time, which number shall not be less than three nor more than ten producers;

(B) Provide that no marijuana may be sold, delivered, transported or distributed by a producer from or to a location outside of this state;

(C) Establish a nonrefundable application fee of not less than twenty-five thousand dollars for each application submitted for a producer license;

(D) Establish a license fee and renewal fee for each licensed producer, provided the aggregate amount of such license and renewal fees shall not be less than the amount necessary to cover the direct and indirect cost of licensing and regulating producers pursuant to sections 21a-408 to 21a-408n, inclusive;

(E) Provide for renewal of such producer licenses at least every five years;

(F) Provide that no producer may cultivate marijuana for palliative use outside of this state and designate permissible locations for licensed producers in this state;

(G) Establish financial requirements for producers, under which (i) each applicant demonstrates the financial capacity to build and operate a marijuana production facility, and (ii) each licensed producer may be required to maintain an escrow account in a financial institution in this state in an amount of two million dollars;

(H) Establish health, safety and security requirements for licensed producers, which shall include, but need not be limited to, a requirement that the applicant or licensed producer demonstrate: (i) The ability to maintain adequate
control against the diversion, theft and loss of marijuana cultivated by the producer, and (ii) the ability to cultivate pharmaceutical grade marijuana for palliative use in a secure indoor facility;

(I) Define “pharmaceutical grade marijuana for palliative use” for the purposes of this section;

(J) Establish standards and procedures for revocation, suspension, summary suspension and nonrenewal of producer licenses, provided such standards and procedures are consistent with the provisions of subsection (c) of section 4-182; and

(K) Establish other licensing, renewal and operational standards deemed necessary by the commissioner.

(c) Any fees collected by the Department of Consumer Protection under this section shall be paid to the State Treasurer and credited to the account established pursuant to section 21a-408q.

(P.A. 12-55, S. 10.)


Sec. 21a-408j. Licensed dispensaries and employees not subject to arrest, prosecution or certain other penalties. Exceptions. (a) No licensed dispensary or employee of the dispensary may: (1) Acquire marijuana from a person other than a licensed producer; (2) distribute or dispense marijuana to a person who is not (A) a qualifying patient registered under section 21a-408d or 21a-408n, or (B) a primary caregiver of such qualifying patient; or (3) obtain or transport marijuana outside of this state in violation of state or federal law.

(b) No licensed dispensary or employee of the dispensary acting within the scope of his or her employment shall be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for acquiring, possessing, distributing or dispensing marijuana pursuant to sections 21a-408 to 21a-408n, inclusive.

(P.A. 12-55, S. 11.)

Sec. 21a-408k. Licensed producers and employees not subject to arrest, prosecution or certain other penalties. Exceptions. (a) No licensed producer or employee of the producer may: (1) Sell, deliver, transport or distribute marijuana to a person who is not a licensed dispensary, or (2) obtain or transport marijuana outside of this state in violation of state or federal law.

(b) No licensed producer or employee of the producer acting within the scope of his or her employment shall be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for cultivating marijuana or selling, delivering, transporting or distributing marijuana to licensed dispensaries under sections 21a-408 to 21a-408n, inclusive.

(P.A. 12-55, S. 12.)
Sec. 21a-408. Board of Physicians re palliative use of marijuana. Duties. Confidentiality of information. (a) The Commissioner of Consumer Protection shall establish a Board of Physicians consisting of eight physicians or surgeons who are knowledgeable about the palliative use of marijuana and certified by the appropriate American board in one of the following specialties: Neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology. Four of the members of the board first appointed shall serve for a term of three years and four of the members of the board first appointed shall serve for a term of four years. Thereafter, members of the board shall serve for a term of four years and shall be eligible for reappointment. Any member of the board may serve until a successor is appointed. The Commissioner of Consumer Protection shall serve as an ex-officio member of the board, and shall select a chairperson from among the members of the board.

(b) A quorum of the Board of Physicians shall consist of three members.

(c) The Board of Physicians shall:

(1) Review and recommend to the Department of Consumer Protection for approval the debilitating medical conditions, medical treatments or diseases to be added to the list of debilitating medical conditions that qualify for the palliative use of marijuana;

(2) Accept and review petitions to add medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the palliative use of marijuana;

(3) Convene at least twice per year to conduct public hearings and to evaluate petitions, which shall be maintained as confidential pursuant to subsection (d) of this section, for the purpose of adding medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the palliative use of marijuana;

(4) Review and recommend to the Department of Consumer Protection protocols for determining the amounts of marijuana that may be reasonably necessary to ensure uninterrupted availability for a period of one month for qualifying patients, including amounts for topical treatments; and

(5) Perform other duties related to the palliative use of marijuana upon the request of the Commissioner of Consumer Protection.

(d) Any individually identifiable health information contained in a petition received under this section shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200.

(P.A. 12-55, S. 13.)


Sec. 21a-408m. Regulations re palliative use of marijuana. Fees. Additional debilitating conditions. (a) The Commissioner of Consumer Protection may adopt regulations, in accordance with chapter 54, to establish (1) a standard form for written certifications for the palliative use of marijuana issued by physicians under subdivision (1) of subsection (a) of section 21a-408a, and (2) procedures for registrations under section 21a-408d. Such regulations, if any, shall be adopted after consultation with the Board of Physicians established in section 21a-408/.
(b) The Commissioner of Consumer Protection shall adopt regulations, in accordance with chapter 54, to establish a reasonable fee to be collected from each qualifying patient to whom a written certification for the palliative use of marijuana is issued under subdivision (1) of subsection (a) of section 21a-408a, for the purpose of offsetting the direct and indirect costs of administering the provisions of sections 21a-408 to 21a-408n, inclusive. The commissioner shall collect such fee at the time the qualifying patient registers with the Department of Consumer Protection under subsection (a) of section 21a-408d. Such fee shall be in addition to any registration fee that may be charged under said subsection. The fees required to be collected by the commissioner from qualifying patients under this subsection shall be paid to the State Treasurer and credited to the account established pursuant to section 21a-408q.

(c) The Commissioner of Consumer Protection shall adopt regulations, in accordance with chapter 54, to implement the provisions of sections 21a-408 to 21a-408g, inclusive, and section 21a-408l. At a minimum, such regulations shall:

1. Govern the manner in which the department considers applications for the issuance and renewal of registration certificates for qualifying patients and primary caregivers, and establish any additional information to be contained in such registration certificates;

2. Define the protocols for determining the amount of usable marijuana that is necessary to constitute an adequate supply to ensure uninterrupted availability for a period of one month, including amounts for topical treatments;

3. Establish criteria for adding medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the palliative use of marijuana;

4. Establish a petition process under which members of the public may submit petitions, in such manner and in such form as prescribed in the regulations, regarding the addition of medical conditions, medical treatments or diseases to the list of debilitating medical conditions;

5. Establish a process for public comment and public hearings before the board regarding the addition of medical conditions, medical treatments or diseases to the list of debilitating medical conditions, medical treatments or diseases;

6. Add additional medical conditions, medical treatments or diseases to the list of debilitating medical conditions that qualify for the palliative use of marijuana as recommended by the board; and

7. Develop a distribution system for marijuana for palliative use that provides for:

   A. Marijuana production facilities within this state that are housed on secured grounds and operated by licensed producers; and

   B. Distribution of marijuana for palliative use to qualifying patients or their primary caregivers by licensed dispensaries.

(d) The commissioner shall submit regulations pursuant to subsections (b) and (c) of this section to the standing legislative regulation review committee not later than July 1, 2013.

(P.A. 12-55, S. 14.)

Sec. 21a-408n. Temporary registration certificates. Qualifying patients, primary caregivers and physicians not subject to arrest, prosecution or certain other penalties. Exceptions. Confidentiality of registry information. (a) During the period beginning on October 1, 2012, and ending thirty calendar days after the effective date of regulations adopted pursuant to section 21a-408m, a qualifying patient who would be determined to be eligible for a registration certificate pursuant to subsection (a) of section 21a-408d, except for the lack of effective regulations concerning licensed dispensaries, licensed producers, distribution systems and amounts of marijuana, may obtain a written certification from a physician and upon presenting the written certification to the Department of Consumer Protection, the department shall issue a temporary registration certificate for the palliative use of marijuana. The department shall indicate on such temporary registration certificate the amount of usable marijuana that constitutes a one month supply which may be possessed pursuant to such temporary registration certificate. The department shall maintain a list of all temporary registration certificates issued pursuant to this section and the information on such list shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, except that such information may be disclosed in the manner set forth in subsection (b) of section 21a-408d.

(b) A qualifying patient possessing a temporary registration certificate and the qualifying patient’s primary caregiver shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by a professional licensing board, for possessing marijuana if the amount of usable marijuana possessed by the qualifying patient and the primary caregiver is not more than the amount specified in the temporary registration certificate.

(c) A physician shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by the Connecticut Medical Examining Board or other professional licensing board, for providing a written certification for the palliative use of marijuana pursuant to this section.

(P.A. 12-55, S. 15.)

Sec. 21a-408o. Health insurance coverage not affected. Nothing in sections 21a-408 to 21a-408n, inclusive, or section 21a-243 shall be construed to require health insurance coverage for the palliative use of marijuana.

(P.A. 12-55, S. 16.)

Sec. 21a-408p. Treatment of student, tenant or employee due to status as qualifying patient or primary caregiver. (a) For the purposes of this section:

(1) “Action” has the meaning provided in section 47a-1;

(2) “Dwelling unit” has the meaning provided in section 47a-1;

(3) “Employer” means a person engaged in business who has one or more employees, including the state and any political subdivision of the state;
(4) “Landlord” has the meaning provided in section 47a-1;

(5) “Palliative use” has the meaning provided in section 21a-408;

(6) “Primary caregiver” has the meaning provided in section 21a-408;

(7) “Qualifying patient” has the meaning provided in section 21a-408;

(8) “School” means a public or private elementary or secondary school in this state or a public or private institution of higher education in this state; and

(9) “Tenant” has the meaning provided in section 47a-1.

(b) Unless required by federal law or required to obtain federal funding:

(1) No school may refuse to enroll any person or discriminate against any student solely on the basis of such person’s or student’s status as a qualifying patient or primary caregiver under sections 21a-408 to 21a-408n, inclusive;

(2) No landlord may refuse to rent a dwelling unit to a person or take action against a tenant solely on the basis of such person’s or tenant’s status as a qualifying patient or primary caregiver under sections 21a-408 to 21a-408n, inclusive; and

(3) No employer may refuse to hire a person or may discharge, penalize or threaten an employee solely on the basis of such person’s or employee’s status as a qualifying patient or primary caregiver under sections 21a-408 to 21a-408n, inclusive. Nothing in this subdivision shall restrict an employer’s ability to prohibit the use of intoxicating substances during work hours or restrict an employer’s ability to discipline an employee for being under the influence of intoxicating substances during work hours.

(c) Nothing in this section shall be construed to permit the palliative use of marijuana in violation of subsection (b) of section 21a-408a.

(P.A. 12-55, S. 17.)

Sec. 21a-408q. Palliative marijuana administration account. There is established a palliative marijuana administration account which shall be a separate, nonlapsing account within the General Fund. The account shall contain any fees collected pursuant to subsection (a) of section 21a-408d, any fees collected pursuant to sections 21a-408h and 21a-408i, any fees collected pursuant to subsection (b) of section 21a-408m, and any other moneys required by law to be deposited in the account, and shall be held in trust separate and apart from all other moneys, funds and accounts. Any balance remaining in the account at the end of any fiscal year shall be carried forward in the account for the fiscal year next succeeding. Investment earnings credited to the account shall become part of the account. Amounts in the account shall be expended only for the purpose of providing funds to the Department of Consumer Protection for administering the provisions of sections 21a-408 to 21a-408o, inclusive.

(P.A. 12-55, S. 19.)

Secs. 21a-409 to 21a-429. Reserved for future use.

Note: Chapters 420g to 420k are also reserved for future use.
Section 2

Municipal Ordinances

• Temporary Moratoriums from:
  ➢ Town of West Hartford
  ➢ Town of Ridgefield
Chapter 177: ZONING

Article X: Marijuana Dispensary, Production and Pharmaceutical Manufacturing Facilities

§ 177-76 Temporary moratorium on facilities.

For purposes of this section, the terms "dispensary facility," "marijuana" and "production facility" shall have the meanings ascribed to them in Sec. 21a-408-1 of the State of Connecticut Regulations of the Department of Consumer Protection, as that section may be amended from time to time.

Marijuana dispensary facilities, marijuana production facilities, and pharmaceutical manufacturing facilities shall not be a permitted use in any zone until the Town Council, acting as the Town's zoning authority, adopts revisions to the zoning ordinances regulating such dispensary facilities and production or for nine months following the effective date of this article, whichever is sooner.
PROPOSED AMENDMENT TO THE ZONING REGULATIONS

Section 8.6
Uses Subject to Moratorium

A Moratorium on the Acceptance of Applications for Medical Marijuana Dispensary and Production Facilities and new Definitions in Sec. 2.2 (to define these facilities)

Reasons: The Commission acknowledges the adoption by the State on August 23, 2013 of final regulations concerning the “Palliative Use of Marijuana”, codified in sections 21a-408-1 to 21a-408-70 in the Regulations of State Agencies for the Department of Consumer Protection. As printed from the DCP website, the regulations include 76 pages of regulations for the very tightly controlled administration of the State’s Medical Marijuana Program, including requirements for those who seek licenses for the growing and dispensing of medical marijuana.

In order for the Planning and Zoning Commission of the Town of Ridgefield to properly evaluate these State regulations and to consider the adoption of zoning regulations for local control of these uses, with a goal toward maintaining and protecting the public health, safety and welfare of the residents of the community, a moratorium on the acceptance of any application for facilities for dispensing or growing of medical marijuana is proposed.

The State has indicated that there will be a maximum of 10 licenses issued within the State for growers, and only 3-5 licenses issued for dispensaries in the initial stages of the program. In addition, the DCP regulations require that the Agency, when issuing licenses, consider “whether the proximity of the proposed dispensary facility will have a detrimental effect upon any place used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veteran's home or any camp or military establishment.” [Sec. 21a-408-14].

Clearly, the complexity of the DCP regulations and controls adopted to carefully regulate this use at the State level supports the premise that the use should also be carefully regulated at the local level. The proposed moratorium is therefore justified.

In Section 8.6 (SPECIAL PROVISIONS – “Uses Subject to Moratorium”), add the following BOLD, UNDERLINED language:

8.6 Uses Subject to Moratorium

A. INTENT AND PURPOSE
The Planning and Zoning Commission has determined that the following uses have the potential to impair the health, safety and welfare of its citizens, and that a temporary, limited moratorium is needed in order to properly develop restrictions and standards for the implementation of these uses.

B. IDENTIFIED USES SUBJECT TO MORATORIUM

1. Medical marijuana dispensary facility
2. Medical marijuana production facility

C. APPLICATION

1. No application for a medical marijuana dispensary or production facility and no installation or creation of a medical marijuana dispensary or production facility shall be permitted in any zone within the Town of Ridgefield during the effective dates specified in Sec. 8.6.D.1.

D. EFFECTIVE DATE and EXPIRATION

1. The effective date of the moratorium on the application or installation or creation of any medical marijuana dispensary or production facility is the date of adoption of this regulation by the Planning and Zoning Commission together with the filing of the amendment with the town clerk (beginning on ___), expiring in one calendar year (ending on ___).

E. EXCLUSIONS

1. [There are no exclusions proposed under this amendment.]

Under Sec. 2.2 (Defined Terms), add new definitions for “medical marijuana dispensary facility” and “medical marijuana production facility” (in conformance with State definitions taken from Sec. 21a-408-1 of the Regulations for State Agencies, CT Department of Consumer Protection, for Palliative Use of Marijuana), as follows:

“Medical marijuana dispensary facility” means a place of business where marijuana may be dispensed or sold at retail to qualifying patients and primary caregivers, and for which the CT Department of Consumer Protection has issued a dispensary facility permit to an applicant in accordance with Section 21a-408-14 of the Regulations of Connecticut State Agencies.

“Medical marijuana production facility” means a secure, indoor facility where the production of marijuana occurs, and that is operated by a person to whom the CT Department of Consumer Protection has issued a producer license in accordance with Section 21a-408-20 of the Regulations of Connecticut State Agencies.

Draft: 8/29/13
Revised:
Public Hearing:
Adopted:
Published:
Effective:
OTHER STATES THAT HAVE LEGALIZED MEDICAL MARIJUANA

• Arizona
• California
• Oregon
• Others
Arizona Medical Marijuana Facts

Arizona Medical Marijuana Statistics and Marijuana Facts

The Arizona Medical Marijuana Act was made into law when citizens of the state narrowly passed Proposition 203 in November of 2010. While Proposition 203 barely passed with just 50% of the vote, the facts about medical marijuana in Arizona tell us of a long history of support for medical cannabis. Arizona voters have actually passed medical marijuana laws twice in the past, in 1996 and 1998 but these laws failed to work due to technicalities. Another attempt in 2002 was rejected. Today, the latest Arizona statistics show a rapidly growing medical marijuana program with great potential to help patients, even despite constant legal setbacks.

ARIZONA MEDICAL MARIJUANA FACTS 2011

As of October 2011, a total of 14852 marijuana patients have received their Arizona medical marijuana card from the Arizona Department of Health.

To date, statistics show that only 7 people have been denied after applying for an Arizona marijuana card.

745 applications to be caregivers have been approved.

12,367 people, or 83% of total applicants, have also requested a permit to grow their own medical marijuana.

3 out of every 4 Arizona medical marijuana patients are male (74.50%)

Only 12 Arizona patients are minors under the age of 18.

There are however 38 patients over the age of 81.

The vast majority of marijuana patients in Arizona (more than 75%) are over the age of 30, in fact medical marijuana is most present in the 51-60 age group, or about 24% of the total.

86% of Arizona patients report chronic pain as a qualifying condition for medical marijuana.

Muscle spasms come in second with 15% and nausea is third with almost 13%.

The least common qualifying condition is sclerosis, with only 15 patients reporting it.

MARIJUANA STATISTICS AND FACTS: AGES OF MARIJUANA PATIENTS

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>12</td>
<td>0.08%</td>
</tr>
<tr>
<td>18-30</td>
<td>3458</td>
<td>23.1%</td>
</tr>
<tr>
<td>31-40</td>
<td>3096</td>
<td>20.7%</td>
</tr>
<tr>
<td>41-50</td>
<td>2875</td>
<td>19.3%</td>
</tr>
<tr>
<td>51-60</td>
<td>3554</td>
<td>23.8%</td>
</tr>
<tr>
<td>61-70</td>
<td>1690</td>
<td>11.3%</td>
</tr>
<tr>
<td>71-80</td>
<td>207</td>
<td>1.4%</td>
</tr>
<tr>
<td>81+</td>
<td>38</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

MARIJUANA STATISTICS AND FACTS: GENDER OF MARIJUANA PATIENTS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11115</td>
<td>74.5</td>
</tr>
<tr>
<td>Female</td>
<td>3810</td>
<td>25.5</td>
</tr>
<tr>
<td>Condition</td>
<td>Amount Reported</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Cancer</td>
<td>696</td>
<td>4.7%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>842</td>
<td>5.6%</td>
</tr>
<tr>
<td>Cachexia</td>
<td>265</td>
<td>1.8%</td>
</tr>
<tr>
<td>Seizures</td>
<td>256</td>
<td>2.4%</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>294</td>
<td>1.2%</td>
</tr>
<tr>
<td>Sclerosis</td>
<td>15</td>
<td>0.1%</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>12901</td>
<td>86.4%</td>
</tr>
<tr>
<td>Muscle Spasms</td>
<td>2226</td>
<td>14.9%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>245</td>
<td>1.6%</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
<td>215</td>
<td>1.4%</td>
</tr>
<tr>
<td>Nausea</td>
<td>1909</td>
<td>12.8%</td>
</tr>
</tbody>
</table>
California Medical Marijuana Facts

California became the first state with a medical marijuana program after voters passed proposition 215 in 1996. The original law removed penalties for possession of marijuana if the patients had a written or oral doctor's recommendation. In 2004, Senate Bill 420 set up an optional medical marijuana card registry for California patients and attempted to define how much cannabis patients could grow or possess. Although these guidelines state that there is a possession limit of 8 ounces per patient or caregiver, the California Supreme Court has affirmed that a patient may in fact possess marijuana up to whatever is "the amount needed for a patient's personal use" as determined by their doctor.

CALIFORNIA MARIJUANA FACTS 2011:

- At its peak, it was estimated that there were over 2000 dispensaries in the state, however, after recent crackdowns by federal officials, that number is said to be rapidly decreasing, with roughly 20% of dispensaries closing in just the last 3 months of 2011.
- The California Department of Public Health has issued 57,610 marijuana cards to date but, because of the optional nature of the program, this is only a small fraction of medical marijuana patients. The most recent estimates by NORML place the true number at over 750,000 patients.
- There are 5932 registered caregivers in California.
- San Francisco County has the highest number of registered patients at 17812, roughly 30% of the state's total. Marin County is the next highest, at 4841 patients, followed by Alameda (3918), Riverside (3775) and Los Angeles (3609).

MARIJUANA STATISTICS AND FACTS: MARIJUANA CARDS BY YEAR

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Marijuana Cards Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>85</td>
</tr>
<tr>
<td>2006</td>
<td>4150</td>
</tr>
<tr>
<td>2007</td>
<td>10274</td>
</tr>
<tr>
<td>2008</td>
<td>8355</td>
</tr>
<tr>
<td>2009</td>
<td>9219</td>
</tr>
<tr>
<td>2010</td>
<td>12659</td>
</tr>
<tr>
<td>2011</td>
<td>10309</td>
</tr>
</tbody>
</table>

MARIJUANA STATISTICS AND FACTS: REGISTERED PATIENTS (TOP 15)

<table>
<thead>
<tr>
<th>County</th>
<th>Marijuana Cards Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>17812</td>
</tr>
<tr>
<td>Marin</td>
<td>4841</td>
</tr>
<tr>
<td>Alameda</td>
<td>3918</td>
</tr>
<tr>
<td>Riverside</td>
<td>3775</td>
</tr>
</tbody>
</table>
...
<table>
<thead>
<tr>
<th>County</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>3609</td>
</tr>
<tr>
<td>Mendocino</td>
<td>2598</td>
</tr>
<tr>
<td>San Mateo</td>
<td>2348</td>
</tr>
<tr>
<td>Humbolt</td>
<td>1909</td>
</tr>
<tr>
<td>Sonoma</td>
<td>1667</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>1598</td>
</tr>
<tr>
<td>Orange</td>
<td>1514</td>
</tr>
<tr>
<td>San Diego</td>
<td>1446</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>1072</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>1032</td>
</tr>
<tr>
<td>San Bernadino</td>
<td>1021</td>
</tr>
</tbody>
</table>
Oregon Medical Marijuana Facts
OMMP - Marijuana Facts and Statistics
Oregon's medical marijuana law was established in 1998 when 54.6% of Oregonians voted to pass Ballot Measure 67. Since then, Oregon's latest official medical marijuana facts show that the program has issued an Oregon medical marijuana card to 55,322 patients, or roughly 1.5% of the state's population. Because Oregon's medical marijuana program does not authorize dispensaries, patients have to grow their own marijuana authorize designated caregivers or growers to help them.

OMMP - OREGON MEDICAL MARIJUANA FACTS 2011

More than half of Oregon marijuana patients have designated caregivers who hold marijuana cards for them. There are 28,411 such caregivers according to the cannabis statistics of the Oregon Department of Human Services.

There are 1,993 Oregon-licensed doctors with current medical marijuana patients, and more than twice as many, 4110, have signed marijuana recommendations over the program's lifetime.

Continued growth is expected in Oregon's use of medical marijuana, facts indicate that there were 21,722 new applications for marijuana cards in the past year alone (October 2010 - October 2011).

In the same period of time, there were 30,416 applications for renewal and just 2,362 denials. Oregon's medical marijuana statistics also show the program's efficiency, as only 2,915 applications were pending as of October 2011.

Patients in Oregon have sought treatment for all of the conditions authorized in the state's medical marijuana law. 50,696 patients, or 90% of the total, report using medical marijuana for severe pain. Muscle spasms are the second most reported illness at 13,949 patients, while Nausea comes in third with 7,532 patients. The marijuana data overlaps here because many individuals suffer from multiple conditions.

OMMP - OREGON MARIJUANA STATISTICS AND FACTS: MARIJUANA CONDITIONS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agitation related to Alzheimer's disease</td>
<td>&lt;50</td>
</tr>
<tr>
<td>Cachexia</td>
<td>1,106</td>
</tr>
<tr>
<td>Cancer</td>
<td>1,862</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>747</td>
</tr>
<tr>
<td>HIV+/AIDS</td>
<td>686</td>
</tr>
<tr>
<td>Nausea</td>
<td>7,532</td>
</tr>
<tr>
<td>Severe Pain</td>
<td>50,696</td>
</tr>
<tr>
<td>Seizures, including but not epilepsy</td>
<td>1,304</td>
</tr>
<tr>
<td>Persistent muscle spasms, including but not limited to multiple sclerosis</td>
<td>13,949</td>
</tr>
</tbody>
</table>

OMMP - OREGON MARIJUANA STATISTICS AND FACTS: PATIENTS BY COUNTY

<table>
<thead>
<tr>
<th>County</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker, Oregon</td>
<td>204</td>
</tr>
<tr>
<td>Benton, Oregon</td>
<td>745</td>
</tr>
<tr>
<td>County</td>
<td>Population</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Clackamas, Oregon</td>
<td>4,108</td>
</tr>
<tr>
<td>Clatsop, Oregon</td>
<td>573</td>
</tr>
<tr>
<td>Columbia, Oregon</td>
<td>964</td>
</tr>
<tr>
<td>Coos, Oregon</td>
<td>1,762</td>
</tr>
<tr>
<td>Crook, Oregon</td>
<td>292</td>
</tr>
<tr>
<td>Curry, Oregon</td>
<td>774</td>
</tr>
<tr>
<td>Deschutes, Oregon</td>
<td>2,709</td>
</tr>
<tr>
<td>Douglas, Oregon</td>
<td>2,403</td>
</tr>
<tr>
<td>Grant, Oregon</td>
<td>105</td>
</tr>
<tr>
<td>Harney, Oregon</td>
<td>77</td>
</tr>
<tr>
<td>Hood River, Oregon</td>
<td>334</td>
</tr>
<tr>
<td>Jackson, Oregon</td>
<td>7,467</td>
</tr>
<tr>
<td>Jefferson, Oregon</td>
<td>247</td>
</tr>
<tr>
<td>Josephine, Oregon</td>
<td>4,523</td>
</tr>
<tr>
<td>Klamath, Oregon</td>
<td>1,109</td>
</tr>
<tr>
<td>Lake, Oregon</td>
<td>130</td>
</tr>
<tr>
<td>Lane, Oregon</td>
<td>6,027</td>
</tr>
<tr>
<td>Lincoln, Oregon</td>
<td>889</td>
</tr>
<tr>
<td>Linn, Oregon</td>
<td>1,476</td>
</tr>
<tr>
<td>Malheur, Oregon</td>
<td>335</td>
</tr>
<tr>
<td>Marion, Oregon</td>
<td>2,695</td>
</tr>
<tr>
<td>Morrow, Oregon</td>
<td>72</td>
</tr>
<tr>
<td>Multnomah, Oregon</td>
<td>9,644</td>
</tr>
<tr>
<td>Polk, Oregon</td>
<td>722</td>
</tr>
<tr>
<td>Tillamook, Oregon</td>
<td>468</td>
</tr>
<tr>
<td>Umatilla, Oregon</td>
<td>534</td>
</tr>
<tr>
<td>Union, Oregon</td>
<td>302</td>
</tr>
<tr>
<td>Wallowa, Oregon</td>
<td>97</td>
</tr>
<tr>
<td>Wasco, Oregon</td>
<td>485</td>
</tr>
<tr>
<td>Washington, Oregon</td>
<td>4,116</td>
</tr>
<tr>
<td>Yamhill, Oregon</td>
<td>983</td>
</tr>
<tr>
<td>Gilliam, Sherman, and Wheeler Counties (combined)</td>
<td>83</td>
</tr>
</tbody>
</table>
LEGAL STATES

- Alaska
- Arizona
- California
- Colorado
- Connecticut
- Delaware
- DC
- Hawaii
- Illinois
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- Oregon
- Rhode Island
- Vermont
- Washington

Information regarding qualifications, laws, cards, and other facts for each state's Medical Marijuana Program may be found at the following link.

MARIJUANA DOCTORS

https://www.marijuanadoctors.com/medical-marijuana/index
Additional Resources

• Quinnipiac University Poll of CT Residents on Medical Marijuana

• Office of Legislative Research Report Comparing Different State Medical Marijuana Programs

• CT Department of Consumer Protection's Information Session for Municipal Officials on the Medical Marijuana Program
By a slight 52 – 45 percent majority, with a wide age gap, Connecticut voters support “allowing adults...to legally possess small amounts of marijuana for personal use,” according to a Quinnipiac University poll released today.

By a huge 90 – 9 percent margin, voters support the medical use of marijuana. Support ranges from 84 – 14 percent among voters over 65 years old to 99 – 1 percent among voters 18 to 29 years old. Voters also support 69 – 28 percent having a medical marijuana dispensary in their town or city, the independent Quinnipiac(KWIN-uh-pe-ack)Universitypoll finds.

Do you support or oppose allowing adults in Connecticut to legally use marijuana for medical purposes if their doctor prescribes it?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Support</th>
<th>Oppose</th>
<th>DK/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>90%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>30-49</td>
<td>84%</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>50-64</td>
<td>91%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>65+</td>
<td>92%</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

As you may know, the use of medical marijuana is legal in Connecticut. Would you support or oppose having a medical marijuana dispensary in the town or city you live in?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Support</th>
<th>Oppose</th>
<th>DK/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>69%</td>
<td>28%</td>
<td>3%</td>
</tr>
<tr>
<td>30-49</td>
<td>57%</td>
<td>40%</td>
<td>3%</td>
</tr>
<tr>
<td>50-64</td>
<td>75%</td>
<td>22%</td>
<td>2%</td>
</tr>
<tr>
<td>65+</td>
<td>72%</td>
<td>26%</td>
<td>2%</td>
</tr>
</tbody>
</table>
COMPARISON OF MEDICAL MARIJUANA PROGRAMS

By: James Orlando, Associate Analyst
Duke Chen, Associate Analyst

You asked for a comparison of the medical marijuana programs in Connecticut, California, Colorado, and Washington, including (1) their main features such as regulations on growing, distributing, and participating in the programs and (2) participation statistics. You also asked about the implications of the Connecticut Uniform Food, Drug and Cosmetic Act on Connecticut’s medical marijuana program.

SUMMARY

Connecticut, California, Colorado, and Washington are among the 18 states with laws allowing for medical marijuana use under specified conditions. Connecticut’s medical marijuana program was established by PA 12-55 and is administered by the Department of Consumer Protection (DCP). Patients are able to obtain temporary registration certificates until DCP regulations fully implementing the program are approved and enacted. DCP recently submitted revised proposed regulations to the Regulation Review Committee.

There are many similarities between these states’ medical marijuana programs. For example, each state:

1. allows patients to use marijuana if a physician documents that the patient suffers from a condition or symptoms that could be treated with marijuana (Washington allows certain other medical providers to also document the need for medical marijuana);

2. provides protection under state laws for patients, as well as their primary caregivers and physicians, for specified actions relating to authorized medical marijuana use;

3. specifically provides that insurers are not required to cover medical marijuana;
4. prohibits the use of medical marijuana in certain settings; and

5. specifies which medical conditions qualify for medical marijuana use.

There are also notable differences. For example:

1. Connecticut’s list of qualifying conditions is the most restrictive (e.g., it is the only one of the four states that does not include chronic or severe pain as a separate qualifying condition).

2. Unlike the other three states, Connecticut’s law does not (a) authorize a patient growing his or her own marijuana for medical use or (b) allow medical marijuana use by minors.

3. Colorado and Connecticut require dispensaries to be state-licensed (Connecticut’s licensing regulations have yet to be enacted). California and Washington do not license dispensaries.

4. California, Connecticut, and Colorado issue patient registry or identification cards (registration is not mandatory in California). In 2011, Washington’s governor vetoed a provision that would have created a patient registry.

5. The states also differ in the amount of marijuana that patients can possess.

Below, we compare significant features of these states’ medical marijuana programs. We also compare available patient statistics. The report does not discuss all aspects of the applicable laws. If you would like more details about particular features of any state’s program, please let us know.

The law creating Connecticut’s program does not explicitly mention the state Food, Drug, and Cosmetic Act. But while the proposed regulations have separate manufacturing, storing, dispensing, and labeling requirements, they do reference the Food, Drug, and Cosmetic Act. The proposed regulations specifically require act compliance (1) in any area within a production facility where marijuana will be manufactured into an edible form (Proposed Conn. Agencies Reg. § 21a-408-53(b)) and (2) for producer labeling and packaging (Proposed Conn. Agencies Reg. § 21a-408-56(c)(9)).

The proposed regulations also require anyone who removes any sample or record from a dispensary facility for an investigatory purpose or as evidence, under the proposed regulations or the Food, Drug, and Cosmetic Act, to provide a receipt, which must be kept for three years (Proposed Conn. Agencies Reg. § 21a-408-65(e)).

It is possible that other aspects of the Food, Drug, and Cosmetic Act may apply in situations where the proposed regulations are silent.
### COMPARISON OF MEDICAL MARIJUANA PROGRAMS

#### Overview

Table 1 compares several basic features of the medical marijuana programs in Connecticut, California, Colorado, and Washington.

<p>| Table 1: General Provisions of Medical Marijuana Programs in Four States |
|---|---|---|---|
| <strong>Connecticut</strong> | <strong>California</strong> | <strong>Colorado</strong> | <strong>Washington</strong> |
| When program took effect or significant amendments were adopted | 2012: PA 12-55 | 1996: voters approved Proposition 215 | 2000: voters approved Amendment 20 |
| | Regulations fully implementing the program have not yet been approved | 2003: legislation added voluntary identification card provisions, among other things | 2010: legislation added several updates to the program, including business licensing provisions |
| Allows patients to grow their own marijuana? | Not addressed | Yes; patients can also form collectives or cooperates (see below) | Yes | Yes; up to 10 patients can also create a collective garden (see below) |
| Maximum amount of marijuana or plants patients can possess | One-month supply | In 2010, the state Supreme Court struck down a general statutory limit of 8 ounces of dried marijuana and six mature or 12 immature plants. The court held that this limit unconstitutionally amended the medical marijuana law enacted by voters (People v. Kelly, 47 Cal.4th 1008 (2010)) | Two usable ounces and six plants (no more than three mature) (But patients can raise an affirmative defense to criminal prosecution that necessary medical use exceeds these limits) |
| | During temporary registration period (before regulations are finalized and take effect), the maximum monthly supply is 2.5 ounces unless a patient's physician indicates a lesser amount is appropriate | | 24 usable ounces and 15 plants (but patients can raise an affirmative defense to criminal prosecution that necessary medical use exceeds these limits) |
| | CGS § 21a-408a | | Rev. Code Wash. §§ 69.51A.040, 69.51A.045 |
| Are patients registered? | Yes; temporary registrations are being issued until regulations take effect | Yes, but participation is voluntary | Yes; registration must be renewed annually |
| | Medical marijuana identification cards are valid for one year. | | No (the governor vetoed provisions in a 2011 bill that would have created a registry) |</p>
<table>
<thead>
<tr>
<th>Registration fee</th>
<th>CGS §§ 21a-408d, - 408n</th>
<th>Applications are processed by county health departments. Cal. Health &amp; Safety Code §§ 11362.71, 11362.745</th>
<th>Colorado Const. Art. XVIII, § 3 5 Colo. Code Regs § 1006-2 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 (current fee until regulations take effect) Proposed regulations would set $100 fee for patient registration and annual renewal; with possible waiver of $75 for financial hardship Proposed Conn. Agencies Regs. § 21a-408-28</td>
<td>$66 $33 for Medi-Cal (Medicaid) patients Additional county-level fees apply</td>
<td>$35 (fee can be waived if income is not more than 185% of federal poverty level) n/a</td>
<td></td>
</tr>
</tbody>
</table>

| Limitation on medical marijuana use at work | Law's protections do not apply to patients ingesting marijuana in the workplace. Unless required by federal law or to obtain federal funding, employers (including the state or political subdivisions) are prohibited from refusing to hire someone or firing, penalizing, or threatening an employee, solely based on the person's status as a qualifying patient or primary caregiver. This provision does not restrict an employer's ability to prohibit the use of intoxicating substances during work hours | Law does not require accommodation of medical use of marijuana on the property or premises of any place of employment or during work hours Cal. Health & Safety Code § 11362.785(a) | Law does not require employers to accommodate the medical use of marijuana in the work place Colorado Const. Art. XVIII, § 10 Law does not require accommodation of any on-site medical use of marijuana in any place of employment The law (1) specifies that employers may establish drug-free work policies and (2) does not require accommodation for the medical use of marijuana if an employer has such a policy Rev. Code Wash. § 69.51A.060 |
work hours or to discipline an employee for being under the influence during work hours.

CGS §§ 21a-408a, -408p

Are minors eligible?
No
CGS § 21a-408

Yes: county health department must contact the parent, guardian, or other person with legal authority to make medical decisions, to verify the minor's application
Cal. Health & Safety Code § 11362.72

Yes: need parental consent, two physicians diagnosing an eligible condition, and parent must serve as primary caregiver, among other requirements
Colorado Const. Art. XVIII, § 6

Yes. The law does not address minors' eligibility, but according to the state Department of Health website, there is no specific age requirement; providers may recommend medical marijuana for any patient when medically appropriate under the law and the professional standard of care.

**Qualifying Medical Conditions**

All four states specify various conditions eligible for medical marijuana (e.g., cancer). In addition to the listed conditions, California, Colorado, and Washington also allow medical marijuana use for other conditions that meet certain criteria or produce specified symptoms. Those three states also include severe or intractable pain as a qualifying condition.

Connecticut, Colorado, and Washington have provisions for patients to petition to add conditions to the list.

Table 2 below describes which medical conditions are eligible for medical marijuana use in these four states.

**Table 2: Qualifying Medical Conditions Under Medical Marijuana Programs in Four States**

<table>
<thead>
<tr>
<th>Connecticut</th>
<th>California</th>
<th>Colorado</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>● AIDS or HIV</td>
<td>● AIDS</td>
<td>● AIDS or HIV</td>
<td>● AIDS or HIV</td>
</tr>
<tr>
<td>● cachexia or wasting syndrome</td>
<td>● anorexia</td>
<td>● cancer</td>
<td>● cancer</td>
</tr>
<tr>
<td>● cancer</td>
<td>● arthritis</td>
<td>● glaucoma</td>
<td>● Crohn's disease* with debilitating symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● a chronic or debilitating condition or associated</td>
<td></td>
</tr>
</tbody>
</table>
### Provisions on Growing and Dispensing Medical Marijuana

**Connecticut.** Connecticut's medical marijuana law does not authorize patients to grow their own marijuana.

The law requires the DCP commissioner to adopt regulations concerning the licensure and standards of marijuana dispensaries and producers (CGS §§ 21a-408h, -408i). The law prohibits anyone who is not licensed by DCP as a dispensary or producer from acting as one. Only licensed pharmacists are

<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crohn's disease</td>
<td>treatment that produces one or more of the following symptoms and which, in the physician's professional opinion, may be alleviated by the medical use of marijuana:</td>
</tr>
<tr>
<td>damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity</td>
<td>○ cachexia&lt;br&gt;○ persistent muscle spasms (including those characteristic of MS)&lt;br&gt;○ seizures (including those characteristic of epilepsy)&lt;br&gt;○ severe nausea&lt;br&gt;○ severe pain</td>
</tr>
<tr>
<td>epilepsy</td>
<td></td>
</tr>
<tr>
<td>glaucoma</td>
<td></td>
</tr>
<tr>
<td>multiple sclerosis (MS)</td>
<td></td>
</tr>
<tr>
<td>Parkinson's disease</td>
<td></td>
</tr>
<tr>
<td>posttraumatic stress disorder (PTSD)</td>
<td></td>
</tr>
<tr>
<td>DCP can add to this list, following recommendation by the Board of Physicians through regulations (board must hold hearings at least twice per year to consider petitions to add to the list)</td>
<td></td>
</tr>
<tr>
<td>CGS §§ 21a-408, -408i</td>
<td></td>
</tr>
<tr>
<td>chemotherapy (wasting syndrome)</td>
<td></td>
</tr>
<tr>
<td>cancer</td>
<td></td>
</tr>
<tr>
<td>chronic pain</td>
<td></td>
</tr>
<tr>
<td>glaucoma</td>
<td></td>
</tr>
<tr>
<td>migraine</td>
<td></td>
</tr>
<tr>
<td>persistent muscle spasms (i.e., those associated with MS)</td>
<td></td>
</tr>
<tr>
<td>seizures (i.e., epileptic seizures)</td>
<td></td>
</tr>
<tr>
<td>severe nausea</td>
<td></td>
</tr>
<tr>
<td>any other chronic or persistent medical symptom that either (1) substantially limits a person's ability to conduct a major life activity as defined in the federal Americans with Disabilities Act or (2) if not alleviated, may cause serious harm to the patient's safety or physical or mental health</td>
<td></td>
</tr>
<tr>
<td>Cal. Health &amp; Safety Code § 11362.7</td>
<td></td>
</tr>
<tr>
<td>epilepsy or other seizure disorder</td>
<td></td>
</tr>
<tr>
<td>glaucoma* (acute or chronic)</td>
<td></td>
</tr>
<tr>
<td>hepatitis C* with debilitating nausea or intractable pain</td>
<td></td>
</tr>
<tr>
<td>intractable pain*</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td></td>
</tr>
<tr>
<td>spasticity disorders</td>
<td></td>
</tr>
<tr>
<td>diseases* (including anorexia) resulting in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity</td>
<td></td>
</tr>
<tr>
<td>The state Department of Public Health and Environment can also approve additional conditions pursuant to rulemaking authority or approval of petitions (none approved so far)</td>
<td></td>
</tr>
<tr>
<td>Colorado Const. Art. XVIII</td>
<td></td>
</tr>
<tr>
<td>Rev. Code Wash. § 69.51A.010</td>
<td></td>
</tr>
</tbody>
</table>

* Washington specifies that these conditions qualify only if unrelieved by standard treatments or medications.
eligible for dispensary licenses. The commissioner cannot issues dispensary or producer licenses until the required regulations take effect (which has yet to occur).

Among other things, the regulations must (1) determine the number of dispensaries and producers appropriate to meet the needs of the state’s qualifying patients (the number of producer licenses must be at least three but no more than 10); (2) establish health, safety, and security requirements; and (3) establish licensure fees. For a detailed description of the law’s requirements, see the Public Act Summary for PA 12-55 (§§ 9-10).

The proposed regulations would set various requirements for dispensaries and producers. For example, the regulations would set criteria for evaluating dispensary facility permit and producer license applications, such as whether the (1) proposed location would have a detrimental effect on nearby schools, hospitals, or places of worship and (2) number of facilities or producers in the area would be detrimental to the public interest (Proposed Conn. Agencies Regs. §§ 21a-408-14, 21a-408-20).

The proposed regulations would also require applicants for dispensary facility permits and producer licenses to provide documentation sufficient to establish that they will comply with all state and local building, fire, and zoning requirements and local ordinances that are consistent with the law. With regard to zoning requirements for producer applications, it is sufficient for an applicant to establish that the proposed location is in a zone where a pharmaceutical manufacturing facility would be allowed (Id. §§ 21a-408-15, 21a-408-21).

The proposed regulations would require people acting as dispensaries (i.e., individual pharmacists who dispense medical marijuana) to be licensed and other dispensary or production facility employees to be registered with DCP (Id. §§ 21a-408-16, 21a-408-22).

The proposed regulations would set various non-refundable fees for dispensary facilities and producers. For example, it would set a $1,000 fee for a dispensary facility permit application, with an additional $5,000 fee for approved applications before the applicant receives the permit. The renewal fee would be $5,000.

The producer license application fee would be $25,000, with an additional $75,000 for approved applications before the applicant receives the license. The renewal fee would be $75,000.

The initial and renewal fees for individual employees would be $100 for dispensary licenses or production facility employee registration and $50 for other dispensary facility employee registration (Id. § 21a-408-28).
The proposed regulations would set several requirements and prohibitions for the operation of dispensary facilities. For example, the regulations would prohibit marijuana from being consumed on the facility’s premises. They would allow dispensaries to sell marijuana only to a qualifying patient or primary caregiver registered with DCP. The regulations would also require facilities to (1) maintain a visitor log and (2) provide DCP-approved information to patients and caregivers about the possession and use of marijuana (Id. §§ 21a-408-34, 21a-408-35).

The proposed regulations contain several other provisions concerning dispensary facilities and producers, such as (1) financial requirements, (2) grounds for license revocation, (3) security requirements, (4) product labeling, and (5) recordkeeping.

**California.** California’s medical marijuana law allows patients to cultivate their own marijuana upon a physician’s recommendation or approval (Cal. Health & Safety Code §§ 11362.5).

State law also exempts from various criminal sanctions qualified patients, people with valid identification cards, and their primary caregivers who associate within California to collectively or cooperatively cultivate marijuana for medical purposes (Cal. Health & Safety Code § 11362.775).

The law generally prohibits a medical marijuana cooperative, collective, dispensary, operator, establishment, or provider authorized by law to possess, cultivate, or distribute medical marijuana, and that has a storefront or mobile retail outlet which ordinarily requires a local business license, from being located within 600 feet of a school. This prohibition does not apply to licensed residential medical or elder care facilities. Local ordinances can further restrict the location or establishment of medical marijuana facilities (Cal. Health & Safety Code § 11362.768).

In California, the state does not license dispensaries, but local governments may require licensing. In May 2013, the state Supreme Court held that state law did not preempt local bans on medical marijuana dispensaries (*City of Riverside v. Inland Empire Patients Health and Wellness Center*, 56 Cal.4th 729 (2013)). Other provisions of the state medical marijuana act specify that the act does not:

1. authorize any individual or group to cultivate or distribute marijuana for profit (Cal. Health & Safety Code § 11362.765) or

2. prevent a city or other local governing body from adopting and enforcing local ordinances that regulate the location, operation, or establishment of a medical marijuana cooperative or collective (Cal. Health & Safety Code § 11362.83).
In 2008, the state attorney general issued non-mandatory *Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use*.

Among other things, the guidelines provide that medical marijuana cooperatives or collectives should (1) be nonprofit, (2) obtain a seller's permit for tax purposes, (3) only obtain marijuana from their constituent members, and (4) not distribute marijuana to non-members. The guidelines are available at [http://www.ag.ca.gov/cms_attachments/press/pdfs/n1601_medicalmarijuana_guidelines.pdf](http://www.ag.ca.gov/cms_attachments/press/pdfs/n1601_medicalmarijuana_guidelines.pdf).

**Colorado.** Colorado allows medical marijuana patients to grow their own marijuana, subject to the plant limitations set forth above in Table 1.

Colorado licenses three types of medical marijuana businesses:

1. medical marijuana centers (facilities for patients to purchase marijuana),

2. medical marijuana optional premises cultivation (OPC) (facilities that grow, harvest, and process marijuana for sale in centers or for use in infused products); and

3. medical marijuana infused product manufacturers (MMIP) (facilities which produce marijuana-containing products, such as food) (Col. Rev. Stat. Ann. § 12-43.3-401 to -404).

These businesses need both state and local approval for licensure. State licensure is through the Department of Revenue.

There are certain restrictions on where medical marijuana businesses can be located. For example, initial licenses generally cannot be granted to businesses to sell marijuana at locations within 1,000 feet of a school; alcohol or drug treatment facility; principal campus of a college, university, or seminary; or residential child care facility. If a license was denied during the previous two years due to the nature of use or other concerns about the location, an application for the same license class cannot be granted within 1,000 feet of that location. The law also specifically prohibits marijuana businesses at locations where the business activity is prohibited by local zoning (Col. Rev. Stat. Ann. § 12-43.3-308).

Among other requirements for centers, a center employee must verify that the buyer has a (1) valid registry card or (2) copy of a current and complete new application for the registry that was submitted within the preceding 35 days. If the buyer shows (2), the employee must contact the state Department of Public Health and Environment to determine if the application was denied (Col. Rev. Stat. Ann. §§ 12-43.3-402, 12-43.3-901).
For centers, application and licensure fees vary based on the number of patients served. Application fees range from $7,500 to $18,000, and license fees range from $3,750 to $14,000. For both OPCs and MMIPs, there is a $1,250 application fee and $2,750 license fee.

Individuals who work in the medical marijuana industry must also be licensed as key or support employees (Col. Rev. Stat. Ann. § 12-43.3-307).

Colorado law allowed localities, until July 1, 2011, to adopt and enforce resolutions or ordinances licensing, regulating, or prohibiting the cultivation or sale of medical marijuana (Col. Rev. Stat. Ann. § 12-43.3-103).

In 2012, Colorado voters approved Amendment 64 (Colorado Const. Art. 18, § 16), which made legal under state law marijuana possession or use by adults age 21 or older, including growing up to six plants (three mature). It generally regulates marijuana similar to alcohol, including requirements for marijuana businesses.

Amendment 64 specifies that it does not limit any privileges or rights of a medical marijuana patient, primary caregiver, or entity licensed under the medical marijuana law. It also does not allow a medical marijuana center to (1) distribute marijuana to someone who is not a medical marijuana patient or (2) operate on the same premises as a retail marijuana store. It also provides certain advantages for businesses operating under the medical marijuana law who seek to transition their business to a facility for all adults, such as lower application fees.

**Washington.** Washington law allows medical marijuana patients to grow their own marijuana, subject to the limitations on plants set forth above in Table 1.

It also allows up to ten patients to create and participate in collective gardens to produce marijuana for medical use, subject to certain conditions. For example, the garden can contain no more than (1) 15 plants per patient, up to 45 total plants or (2) 24 usable ounces per patient, up to 72 total ounces. The usable marijuana from the garden cannot be delivered to anyone other than a participating patient (Rev. Code Wash. § 69.51A.085).

Washington law does not provide for medical marijuana dispensaries or license medical marijuana producers. In 2011, Washington’s governor vetoed several provisions of a bill (SB 5073) affecting the state’s medical marijuana program, including provisions establishing licensing requirements for businesses that produce, process, or dispense marijuana.

Washington law specifies that cities and towns may enforce zoning, business licensing, health and safety, or taxing requirements pertaining to marijuana production, processing, or dispensing. But the zoning requirements or other
conditions on licensed dispensers cannot preclude the possibility of siting licensed dispensers within the jurisdiction (Rev. Code Wash. § 69.51A.140).

In 2012, Washington voters approved Initiative 502 (I-502), which generally removes state criminal penalties for the use of marijuana and allows the sale of marijuana by retailers licensed through the Liquor Control Board. The implementing rules must be completed by December 1, 2013. I-502 does not address medical marijuana. Thus, as explained on the state Department of Health website, medical marijuana patients can continue to grow their own marijuana and will not be required to purchase their marijuana from a retail store.


**Program Statistics**

**Connecticut.** According to DCP, as of July 5, 2013, there were 735 patients registered to use medical marijuana. Table 3 lists the primary qualifying conditions for these patients.

**Table 3: Primary Qualifying Conditions for Registered Patients**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>212</td>
</tr>
<tr>
<td>Spinal Cord Damage</td>
<td>192</td>
</tr>
<tr>
<td>MS</td>
<td>141</td>
</tr>
<tr>
<td>Cancer</td>
<td>62</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
<td>29</td>
</tr>
<tr>
<td>Wasting Syndrome</td>
<td>22</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>21</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>20</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>19</td>
</tr>
<tr>
<td>Cachexia</td>
<td>13</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>4</td>
</tr>
</tbody>
</table>

The average patient’s age is 42.8 with approximately a three to one male to female ratio. Currently there are 91 physicians that have registered with DCP to issue certifications for patient medical marijuana use.

**California.** According to the California Department of Public Health, 5,643 medical marijuana identification cards were issued in FY 2012-2013 as of June
11, 2013. This includes 5,283 for patients and 360 for primary caregivers. (As noted above, identification cards are voluntary in California, so these statistics do not capture the full population of medical marijuana patients in the state.)

The department states that 68,479 identification cards have been issued since FY 2004-2005: 62,147 for patients and 6,332 for primary caregivers.

More detail, including county-level statistics, is available on the department's website at http://www.cdph.ca.gov/programs/mmp/Pages/default.aspx (see “Data and Statistics”).

A study of over 1,700 patients from nine medical marijuana assessment clinics in California in 2006 found that 72.9% of patients were male. On average, patients in the sample were somewhat younger than the general state population, and Latinos and Asian Americans were underrepresented. Over 82% of patients reported receiving a therapeutic benefit from marijuana for pain; the next highest conditions or symptoms were muscle spasms (41.1%), headaches (40.7%), anxiety (37.8%), nausea/vomiting (27.7%), and depression (26.1%). 67% of patients reported using marijuana daily (Reinarman, Craig et al., “Who Are Medical Marijuana Patients? Population Characteristics from Nine California Assessment Clinics,” Journal of Psychoactive Drugs, 43 (2), 128- 135, 2011).

Colorado. According to the Colorado Department of Public Health and Environment, as of May 31, 2013, 105,886 patients possessed valid Registry ID cards. The program has received 220,637 applications since it began operating in June 2001.

Among other noteworthy statistics on Colorado's program:

1. 67% percent of approved applicants are male;
2. the average age of all patients is 42;
3. 94% of patients on the registry report severe pain as one of their qualifying conditions, the second most common reported condition is muscle spasms (15%), and the third is severe nausea (11%);
4. 57% of patients have designated a primary caregiver or a medical marijuana care center; and
5. more than 800 doctors have signed certifications for current patients.

**Washington.** Washington does not have a patient registry. We have contacted the state to see if they have statistics on medical marijuana use in Washington, and will update this report with any information we receive.

**Links**

The following websites provide links to these four states' medical marijuana laws and related information.


California Department of Public Health, Medical Marijuana Program: [http://www.cdph.ca.gov/programs/mmp/Pages/default.aspx](http://www.cdph.ca.gov/programs/mmp/Pages/default.aspx)


Washington Department of Health, Medical Marijuana (Cannabis): [http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis.aspx](http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis.aspx)

JO/DC:ro
STATE OF CONNECTICUT
MEDICAL MARIJUANA PROGRAM

Information Session for Municipal Officials
September 19, 2013
Medical Marijuana Program (MMP) Presentation Summary

- Understanding the Law
- Protections for Communities
- Application Process
- Questions
Medical Marijuana Program (MMP)
Understanding the Law

- An Act Concerning the Palliative Use of Marijuana, signed into law on May 31, 2012. Codified at C.G.S. Secs. 21a-408 to 21a-408q. Comprehensive regulations promulgated.

- Designed to enable seriously ill patients to engage in the palliative use of marijuana while preventing marijuana from being misused or diverted from its medical purpose.

- Provides immunity from state criminal and civil penalties for physicians, patients, caregivers, dispensaries and producers who act responsibly in accordance with the law.
Understanding the Law
Designed to Prevent Misuse and Diversion

- Limited Group of Debilitating Medical Conditions Qualify
- Physicians are the Gatekeepers
- Patients and Caregivers Must Meet Strict Requirements and Act Responsibly
- Marijuana Cannot be Used in a Place or Manner that Puts Others at Risk
- Producers and Dispensaries will be Tightly Controlled
Debilitating Medical Conditions Recognized by the Law

- Cancer
- Glaucoma
- Positive status for human immunodeficiency virus or acquired immune deficiency syndrome
- Parkinson’s disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Cachexia
- Wasting Syndrome
- Crohn’s disease
- Post-traumatic stress disorder
Physicians are the Gatekeepers

Physicians Who Certify Patients for Marijuana Must:

- **Have** a bona-fide physician-patient relationship; and

- **Complete** a medically reasonable assessment of the patient’s medical history and medical condition; and

- **Diagnose** the patient as having a debilitating medical condition; and

- **Determine** whether or not it is not in the patient’s best interest to prescribe prescription drugs instead to address the symptoms or effects for which the certification is being issued; and
Physicians are the Gatekeepers    Continued

• Physicians Who Certify Patients for Marijuana Must (continued):

  • **Decide** that in the physician’s professional opinion, the potential benefits of the palliative use of marijuana would likely outweigh the health risks; **and**

  • **Discuss** the benefits and detriments of use with the patient

The physician may also certify that a patient has a need for a caregiver.
Qualified Patient Must be an Adult With a Debilitating Medical Condition

• To qualify for a medical marijuana registration certificate, a patient must be:
  • Diagnosed by a physician as having one of the debilitating medical conditions set out in the law and certified by a physician as an appropriate candidate for the use of marijuana;

  • 18 years of age;

  • Connecticut resident; and

  • Not an inmate in a Department of Corrections institution or facility.
Not Everyone Can Be a Caregiver

- DCP Will Only Register a Caregiver if:
  - Physician has certified the need for a caregiver;
  - Caregiver is at least 18 years of age; and
  - Caregiver has not been convicted of a law pertaining to the illegal manufacture, sale or distribution of a controlled substance;
- Where an adult patient lacks legal capacity, caregiver must be a parent, guardian or legal custodian;
- A caregiver can ordinarily be responsible for only one patient.
  - There is an exception when a parental, guardianship, conservatorship or sibling relationship exists with multiple patients.
Patients and Caregivers Must Act Responsibly

- Possess no more than a one-month supply of marijuana between them.

- Not use marijuana in a way that endangers the health or well-being of others.

- Store marijuana in a secure location to prevent theft, loss or access by unauthorized persons.
Marijuana Cannot be Used in a Manner that Puts Others at Risk

- Marijuana use is prohibited in:
  - Motor bus, school bus, or other moving vehicle
  - Workplace
  - School grounds, any public or private school, dormitory, college or university property
  - Public place
  - Presence of anyone under 18
How Will Patients Get Medical Marijuana

• Producers
  • Cultivate marijuana and manufacture products containing marijuana
  • Wholesale only – may only sell to dispensary facilities

• Dispensary Facilities
  • Dispenses to patients or caregivers
  • May only sell pre-packaged products obtained from producers

Both Must be Licensed
Producers will be Limited and Tightly Regulated

• Initially, DCP expects to license only three producers. Statute does not permit more than ten.

• All cultivation and production must occur in a secure indoor facility

• All cultivation and production will occur at locations within the State that have approval from the town in which they are located.

• Producers must have the experience and financial capacity necessary to build and operate a secure, indoor production facility.
Marijuana Will be Dispensed Consistent with its Status as a Controlled Substance

- Licensed dispensary facilities will not exceed the number appropriate to meet patient needs
  - Currently, DCP expects to license only three to five dispensary facilities.
  - Dispensary facilities will be geographically dispersed.

- Marijuana will be dispensed by a licensed pharmacist
  - Pharmacists are trained on proper handling of controlled substances.
  - Pharmacists have experience counseling patients with regard to medication use and drug interactions.
Communities are Protected by Strict Regulations of Marijuana Businesses

- Regulations and Requests for Applications ("RFAs") require that dispensary facilities and production facilities:
  - Be located and designed in a manner that will not negatively impact their local community.
  - Have tight internal controls and robust security systems to prevent loss, theft or diversion.
  - Not advertise in a way that may encourage the use of marijuana recreationally or by those under 18.
  - License or register all employees with DCP so that the Department can conduct appropriate background checks.
DCP Will Carefully Consider an Applicant’s Likely Impact on their Community

- Applicants seeking a production facility or dispensary facility license must provide:
  - Evidence that State and local building, fire and zoning requirements and other local ordinances are met.
  - Text or other graphic material that will be on the exterior of their proposed facility.
  - Photographs of the surrounding neighborhood and businesses sufficient for DCP to evaluate the facility’s compatibility with commercial or residential structures in the area or under construction.
  - A map identifying places of worship and schools, among other things, that are within 1000 feet of the proposed facility.
Requirements for Tight Internal Controls Will Limit Access to Marijuana

- Marijuana must be stored in approved safes or vaults only accessible to authorized employees.
- Only registered patients and caregivers may enter a dispensary facility.
- Except for emergency situations, only visitors approved by the Department are permitted in production facilities or dispensary facilities.
- Marijuana products will be sold in child-resistant packaging.
Alarm Systems Must Meet Strict Requirements

- Production facilities and dispensary facilities must have professional alarm systems installed that, at a minimum, include:
  - A perimeter alarm;
  - Motion detector;
  - Video cameras in all areas containing marijuana and at all entry and exit points;
  - Duress, panic and holdup alarms;
  - A failure notification system; and
  - The ability to remain operational during a power outage.
Advertising Will Be Subdued

- The exterior of a dispensary facility may not:
  - Have more than one sign of a reasonable size;
  - Use graphics related to marijuana or paraphernalia;
  - Advertise marijuana brand names; or
  - Have marijuana products or paraphernalia that are within the facility be visible from the outside.

- Marijuana advertising cannot include a statement, design, or picture that:
  - Encourages or represents non-medical or recreational use;
  - Portrays or is suggestive of use by anyone under 18;
  - Is obscene or indecent; or
  - Is false or misleading.
Advertising continued

- Marijuana product names may not:
  - Be identical, or confusingly similar, to the names of non-marijuana products or of unlawful products or substances;
  - Be obscene or indecent;
  - Encourage the use of marijuana for non-medical or recreational purposes;
  - Include words or phrases customarily associated with persons under 18.

- All advertisements and product names will be submitted to DCP to ensure compliance.
Request For Application Process

• RFAs Issued on Friday, September 6th.
• Responses are due November 15th.
• The Department expects to award licenses around the first of the year, which means production and dispensing facilities could be operational by spring.

• Licenses will be awarded on a competitive basis with DCP giving careful consideration to:
  • The background of the applicant, its investors and its key employees;
  • The applicant’s business and security plans; and
  • The applicant’s efforts to be a positive addition to its community.
The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities. CCM is an inclusionary organization that celebrates the commonalities between, and champions the interests of, urban, suburban and rural communities. CCM represents municipalities at the General Assembly, before the state executive branch and regulatory agencies, and in the courts. CCM provides member towns and cities with a wide array of other services, including management assistance, individualized inquiry service, assistance in municipal labor relations, technical assistance and training, policy development, research and analysis, publications, information programs, and service programs such as workers' compensation, liability-automobile-property insurance, risk management, and energy cost-containment. Federal representation is provided by CCM in conjunction with the National League of Cities. CCM was founded in 1966.

CCM is governed by a Board of Directors, elected by the member municipalities, with due consideration given to geographical representation, municipalities of different sizes, and a balance of political parties. Numerous committees of municipal officials participate in the development of CCM policy and programs. CCM has offices in New Haven (the headquarters) and in Hartford.

900 Chapel Street, 9th Floor
New Haven, Connecticut 06510-2807
Telephone (203) 498-3000
Fax (203) 562-6314
E-mail: ccm@ccm-ct.org
Website: www.ccm-ct.org