

Comparison of: Current Medical Marijuana Laws & SB 5887 (As passed Senate floor on 3/8/14)

	Current Law on Medical Marijuana	3SSB 5887 (Striking Amendment)
Age requirements	There are no age requirements for medical marijuana patients. Designated providers must be at least 18 years of age or older.	Designated providers must be 21 or older. Qualified patients may enter retail outlets if they are 18 years of age or older. Qualified patients under the age of 18 may enter a retail outlet that is solely medical if they are accompanied by a parent or guardian.
Possession amounts	24 ounces of useable marijuana or as much product as can be made with 24 ounces of useable marijuana; 15 plants; Patients who grow for themselves and act as a designated provider may possess twice these amounts.	3 ounces of useable marijuana; 48 ounces of marijuana-infused product in solid form; 216 ounces of marijuana-infused product in liquid form; 21 grams of marijuana concentrates; 6 plants; A health care professional may authorize an additional amount if necessary for the patient, but not more than 8 ounces of useable marijuana and 15 plants.
Registration with DOH registry	Not required.	Required. Registry takes effect July 1, 2015. Establishes a medical marijuana registry and issues authorization cards to qualified patients and designated providers. Patients and providers must be registered to receive the statutory benefits relating to arrest protection, higher possession limits, tax exemptions, and the ability to grow in their homes. Patients will be registered by their authorizing health care professional. Patients are provided a receipt of registration for a patient to use until the authorization card is received by DOH. Authorization cards are valid for one year. If the patient is authorized for a specific amount by their health care professional, that amount must be on the authorization card. DOH must keep records for five years to verify tax exemptions. Use of valid documentation to identify patients and providers is eliminated as of April 1, 2016.
Health care professionals - Authorization of the medical use of marijuana	Health care professionals are regulated in statute. They are not required to report to DOH on authorizations. Authorizations do not have an expiration date. DOH may investigate providers but only upon receiving a complaint.	DOH must convene a work group consisting of the disciplining boards of the health care professionals who may authorize the medical use of marijuana. The work group must develop practice guidelines to assist health care professionals in the authorization of medical marijuana and to provide to retail employees of medical marijuana endorsed locations. Authorizing professionals may be the principle health care provider of the qualifying patient or a specialist. Authorizing professional may not have a practice that consists primarily of authorizing medical marijuana and the practice must have a permanent physical location. Examinations must be in person and performed annually or more frequently as medically indicated. Authorizing professionals must enter patients into the DOH registry. Disciplining authorities for the health care professions must be able to access the registry to monitor licensee compliance.
Qualifying terminal or debilitating medical conditions	Cancer, HIV, multiple sclerosis, glaucoma, Crohn's disease, Hepatitis C. Epilepsy or other seizure or spasticity disorders. Intractable pain, limited to pain unrelieved by standard medical treatments or medications. Diseases that result in nausea, vomiting, wasting, appetite loss, cramping, when unrelieved by standard treatments or medications.	Puts the definition of debilitating and intractable pain in statute.
Authorization of new qualifying terminal or debilitating medical conditions	MQAC, in consultation with the Board of Osteopathic Medicine and Surgery may authorize additional medical conditions based on patient petitions. They must hold a hearing and approve or deny the petition within 180 days of submission.	Allows provision for petitions to add qualifying conditions. MQAC may make a preliminary finding of good cause before holding a hearing and expand the time frame for the hearing to be completed.

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Who may grow	Patients may grow for themselves or may designate a provider to grow on their behalf or act as the designated provider for another patient.	Patients may grow for themselves or designate a provider to grow on their behalf. Patients who grow for themselves may also act as a designated provider for another patient. Patients and providers may form cooperative grows of no more than 4 participants to grow up to the amount of plants for which each patient is authorized. Group grows must be registered with the LCB and must be located in the domicile of a participant. No money may be contributed; each participant must contribute labor.
Who may sell	Sales are not specifically authorized in the medical cannabis statutes. Some "dispensaries" are operating under the collective garden statutes and appear to be selling to patients.	Licensed retail stores with a medical marijuana endorsement. Medical marijuana endorsed retailers may check registry to confirm validity of card. Medical marijuana endorsed retailers may sell or donate products with a THC concentration of less than .3 percent to qualifying patients and designated providers. Health care professionals may sell topical products with a THC concentration of less than .3 percent to qualifying patients and designated providers. Medical marijuana endorsed retailers may sell products with the CBD level identified by the LCB as appropriate for medical patients.
Collective gardens	Up to ten patients and designated providers may combine their resources and grow for the medical needs of the collective garden.	Eliminates collective gardens effective September 1, 2015.
Regulating agency	No agency has regulatory authority over medical cannabis patients and providers.	The Liquor Control Board regulates licensing of recreational retailers with medical marijuana endorsements. Renames Liquor Control Board to Liquor and Cannabis Board. The Department of Health administers the registry, issues authorization cards and regulates participating health care professionals.
Taxes	Patients are required to pay sales tax. Other levels of production are not taxed.	Patients with an authorization card are not required to pay sales and use tax at point of sale at a retail store. Current sales of marijuana are exempt from sale tax, with this to expire to coincide with the expiration date of the collective gardens. Retailers are provided a use tax exemption for products that are donated to patients with authorization cards.
Licenses	No licensing requirements.	Producers, processors, and retailers must be licensed under the system created for the recreational market and have a medical marijuana endorsement in order to sell to medical patients. Requires the LCB to reassess the current number of licenses made available to applicants in light of the medical needs of the community. Requires the LCB to consider the medical needs of patients in determining the number of retail licenses to be issued. The LCB may give a preference to those stores that indicate in their license application that they intend to be solely medical. The LCB must open the canopy limit for marijuana producers if the producers use the additional space allocated to them to produce products for sale at medical marijuana endorsed stores.
Affirmative defense/Arrest protection	Patients in compliance with the law on medical marijuana are provided with the ability to assert an affirmative defense to marijuana-related charges. Patients may assert affirmative defense if the amount of marijuana they possess exceeds the statutory limits if they demonstrate that the greater amount is medically necessary.	Patients and designated providers in compliance with statutory amounts related to medical marijuana will not be arrested. Patients may assert an affirmative defense if they possess an amount of marijuana greater than the statutory amounts.