

Alaska

Ballot Measure #8 November 3, 1998, took effect on March 4, 1999.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician advising that they "might benefit from the medical use of marijuana."

Patients diagnosed with the following illnesses are afforded legal protection under this act: *cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.*

Other conditions are subject to approval by the Alaska Department of Health and Social Services.

Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and

may cultivate no more than six marijuana plants,

of which no more than three may be mature.

The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. To date, approximately 200 cards have been issued to registered patients.

----- ~ -----

California

Proposition 215 on November 5, 1996, took effect the following day.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a "written or oral recommendation" from their physician that he or she "would benefit from medical marijuana."

Patients diagnosed with any debilitating illness where the medical use of marijuana has been "deemed appropriate and has been recommended by a physician" are afforded legal protection under this act.

Conditions typically covered by the law include but are not limited to: *arthritis; cachexia; cancer; chronic pain; HIV or AIDS; epilepsy; migraine; and multiple sclerosis.*

No set limits regarding the amount of marijuana patients may possess and/or cultivate were provided by this act, though the California Legislature adopted guidelines in 2003.

Senate Bill 420, October 2003 took effect on January 1, 2004,

qualified patients and/or their primary caregivers may possess no more than eight ounces of dried marijuana and/or

six mature (or 12 immature) marijuana plants.

S.B. 420 allows patients to possess larger amounts of marijuana when such quantities are recommended by a physician.

The legislation also allows counties and municipalities to approve and/or maintain local ordinances permitting patients to possess larger quantities of medicinal pot than allowed under the new state guidelines.

Senate Bill 420 also mandates the California Department of State Health Services **to establish a voluntary medicinal marijuana patient registry, and issue identification cards to qualified patients.** To date, however, no such registry has been established.

Senate Bill 420 also grants implied legal protection to the state's medicinal marijuana dispensaries, stating, "Qualified patients, persons with valid identification cards, and the designated primary caregivers of qualified patients ... who associate within the state of California in order collectively or cooperatively to cultivate marijuana for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions."

----- ~ -----

Colorado

Amendment 20 took effect on June 1, 2001.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physician affirming that he or she suffers from a debilitating condition and advising that they "might benefit from the medical use of marijuana."

(Patients must possess this documentation prior to an arrest.)

Patients diagnosed with the following illnesses are afforded legal protection under this act: *cachexia; cancer; chronic pain; chronic nervous system disorders; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.*

Other conditions are subject to approval by the Colorado Board of Health.

Patients (or their primary caregivers) may legally possess no more than two ounces of usable marijuana, and

may cultivate no more than six marijuana plants.

The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges. To date, approximately 700 cards have been issues to registered patients.

----- ~ -----

Hawaii

Senate Bill 862 into law on June 14, 2000. The law took effect on December 28, 2000.

The law removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed statement from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of medical use of marijuana would likely outweigh the health risks."

Patients diagnosed with the following illnesses are afforded legal protection under this act: *cachexia; cancer; chronic pain; Crohn's disease; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.*

Other conditions are subject to approval by the Hawaii Department of Health.

Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and

may cultivate no more than seven marijuana plants, of which no more than three may be mature.

The law establishes a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients. To date, approximately 2,600 cards have been issued to registered patients.

AMENDMENTS: No, although Hawaii has a separate statute allowing patients arrested on marijuana charges to present a "choice of evils" defense arguing that their use of

----- ~ -----

Maine

Question 2 on November 2, 1999. The law took effect on December 22, 1999.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess an oral or written "professional opinion" from their physician that he or she "might benefit from the medical use of marijuana."

Patients diagnosed with the following illnesses are afforded legal protection under this act: *epilepsy and other disorders characterized by seizures; glaucoma; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea or vomiting as a result of AIDS or cancer chemotherapy.*

Patients (or their primary caregivers) may legally possess no more than one and one-quarter ounces of usable marijuana, and

may cultivate no more than six marijuana plants, of which no more than three may be mature.

Senate Bill 611, on April 2, 2002, increases the amount of useable marijuana a person may possess from one and one-quarter ounces to two and one-half ounces.

----- ~ -----

Maryland

medical marijuana affirmative defense law in 2003. This law requires the court to consider a defendant's use of medical marijuana to be a mitigating factor in marijuana-related state prosecution. If the patient, post-arrest, successfully makes the case at trial that his or her use of marijuana is one of medical necessity, then the maximum penalty allowed by law would be a \$100 fine.

----- ~ -----

Montana

Initiative 148 on November 2, 2004. took effect that same day.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physicians authorizing the medical use of marijuana.

Patients diagnosed with the following illnesses are afforded legal protection under this act: *cachexia or wasting syndrome; severe or chronic pain; severe nausea; seizures, including but not limited to seizures caused by epilepsy; or severe or persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis or Crohn's disease.*

Patients (or their primary caregivers) may possess no more than six marijuana plants.

The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. To date, approximately 120 cards have been issued to registered patients.

----- ~ -----

Nevada

Question 9 on November 7, 2000, which amends the states' constitution to recognize the medical use of marijuana. took effect on October 1, 2001.

The law removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who have "written documentation" from their physician that marijuana may alleviate his or her condition.

Patients diagnosed with the following illnesses are afforded legal protection under this act: *AIDS; cancer; glaucoma; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain.*

Other conditions are subject to approval by the health division of the state Department of Human Resources.

Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and

may cultivate no more than seven marijuana plants, of which no more than three may be mature.

The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients.

----- ~ -----

Oregon

Measure 67 on November 3, 1998. took effect on December 3, 1998.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed recommendation from their physician stating that marijuana "may mitigate" his or her debilitating symptoms.

Patients diagnosed with the following illnesses are afforded legal protection under this act: cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.

Other conditions are subject to approval by the Health Division of the Oregon Department of Human Resources.

Patients (or their primary caregivers) may legally possess no more than three ounces of usable marijuana, and

may cultivate no more than seven marijuana plants, of which no more than three may be mature.

The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges. To date, approximately 10,500 cards have been issued to registered patients.

AMENDMENTS: Yes.

House Bill 3052 took effect on July 21, 1999

mandates that patients (or their caregivers) may only cultivate marijuana in one location

, and requires that patients must be diagnosed by their physicians at least 12 months prior to an arrest in order to present an "affirmative defense."

This bill also states that law enforcement officials who seize marijuana from a patient pending trial do not have to keep those plants alive.

Last year the Oregon Board of Health approved agitation due to Alzheimer's disease to the list of debilitating conditions qualifying for legal protection.

In August 2001, program administrators filed established temporary procedures further defining the relationship between physicians and patients. The new rule defines attending physician as "a

physician who has established a physician/patient relationship with the patient; ... is primarily responsible for the care and treatment of the patients; ... has reviewed a patient's medical records at the patient's request, has conducted a thorough physical examination of the patient, has provided a treatment plan and/or follow-up care, and has documented these activities in a patient file."

[Senate Bill 1085](#), took effect on January 1, 2006, raises the quantity of cannabis that authorized patients may possess from seven plants (with no more than three mature) and three ounces of cannabis to six mature cannabis plants, 18 immature seedlings, and 24 ounces of usable cannabis. However, those state-qualified patients who possess cannabis in amounts exceeding the new state guidelines will no longer retain the ability to argue an "affirmative defense" of medical necessity at trial.

Other amendments to Oregon's medical marijuana law redefine "mature plants" to include only those cannabis plants that are more than 12 inches in height and diameter, and establish a state-registry for those authorized to produce medical cannabis to qualified

----- ~ -----

Rhode Island

[The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act](#) took effect immediately on January 3, 2006.

The law removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess "written certification" from their physician stating, "In the practitioner's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient."

Patients diagnosed with the following illnesses are afforded legal protection under this act: *cachexia; cancer; glaucoma; Hepatitis C; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's Disease; or agitation of Alzheimer's Disease.*

Other conditions are subject to approval by the Rhode Island Department of Health.

Patients (and/or their primary caregivers) may legally possess 2.5 ounces of cannabis and/or 12 plants, and

their cannabis must be stored in an indoor facility.

The law establishes a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients.

----- ~ -----

Vermont

[Senate Bill 76](#) on May 26, 2004. takes effect on July 1, 2004.

The law removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients diagnosed with a "debilitating medical condition."

Patients diagnosed with the following illnesses are afforded legal protection under this act: HIV or AIDS, cancer, and Multiple Sclerosis.

Patients (or their primary caregiver) may legally possess no more than two ounces of usable marijuana, and

may cultivate no more than three marijuana plants, of which no more than one may be mature.

The law establishes a mandatory, confidential state-run registry that issues identification cards to qualifying patients. To date, approximately 20 cards have been issued to registered patients.

----- ~ -----

Washington

Measure 692 on November 3, 1998. took effect on that day.

It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess "valid documentation" from their physician affirming that he or she suffers from a debilitating condition and that the "potential benefits of the medical use of marijuana would likely outweigh the health risks."

Patients diagnosed with the following illnesses are afforded legal protection under this act: cachexia; cancer; HIV or AIDS; epilepsy; glaucoma; intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis.

Other conditions are subject to approval by the Washington Board of Health.

Patients (or their primary caregivers) may legally possess or cultivate no more than a 60-day supply of marijuana.

The law does not establish a state-run patient registry.

AMENDMENTS: Yes. Last year, the Washington's Medical Quality Assurance Commission approved Crohn's disease, Hepatitis C, and "any disease, including anorexia, which results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, and/or spasticity, when these symptoms are unrelieved by standard treatments."