

## **Model Medical Marijuana Legislation**

The Marijuana Policy Project's model medical marijuana legislation would create a limited exception to a state's criminal laws to permit the doctor-advised medical use of marijuana by patients with serious medical conditions.

A patient would only be protected from arrest if his or her physician certifies, in writing, that the patient has a specified debilitating medical condition and that the patient would receive therapeutic benefit from medical marijuana. The patient would send a copy of the written certification to the state department of health and the department would issue an ID card after verifying the information. Police officers could verify an ID card's validity with the department. As long as the patient is in compliance with the law, there would be no arrest.

Patients would be allowed to possess up to 6 ounces and to cultivate up to 12 plants for their medical use. Six ounces is less than the federal government has determined is a one-month supply for patients in the Compassionate Investigational New Drug Program.<sup>1</sup> Twelve plants mirrors the limits of the most recent medical marijuana laws in Rhode Island and Michigan, which are designed to ensure that the patient has an adequate supply of dried usable marijuana. Both limits are conservative, and are significantly less than the 24 ounces and 15 plants that the Washington State Department of Health recently determined constituted an adequate 60-day supply. All cultivation would have to occur in an enclosed, locked facility. Many patients are unable to cultivate their own supply, so the legislation allows them to designate a caregiver or two who would also receive an ID card. Each caregiver may assist no more than five qualifying patients.

The legislation would also allow for the state-regulated, non-profit distribution of medical marijuana. The department of health would issue registration certificates to qualified applicants, who would have to abide by the rules on security, recordkeeping, and oversight provided for by the model medical marijuana legislation, in addition to any additional rules that the department may develop. All dispensaries would be subject to random inspection and all of their staff would have to register with the department of health. It is important that the law provide for both caregivers and dispensaries, since patients in rural areas are unlikely to have access to dispensaries, and because many low-income patients will not be able to afford medical marijuana at dispensaries. In addition, very ill patients would need a caregiver to pick up their medicine for them.

The bill would also provide a medical necessity affirmative defense that patients who needed more marijuana than was provided for by rule or who did not possess their ID cards can raise in court. This is an important provision, as some legitimate patients will not register because their doctors will not sign a written certification due to an unwarranted fear of federal repercussions.

The bill maintains commonsense restrictions on the medical use of marijuana, including prohibitions on public use of marijuana and driving under the influence of marijuana. Employers are not required to allow patients to be impaired at work or to allow the possession of marijuana at a workplace. Insurance providers would not have to cover medical marijuana.

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<sup>1</sup> Ethan Russo, et. al, "Chronic Cannabis Use in the Compassionate Investigational New Drug Program: An Examination of Benefits and Adverse Effects of Legal Clinical Marijuana," *Journal of Cannabis Therapeutics* 2:1 (2002).