



Minnesota Medical Marijuana Law Overview

In May 2014, the Minnesota Senate and House overwhelmingly passed different medical marijuana bills. The Senate bill included more patients, including those with PTSD, severe nausea, wasting, and intractable pain, and more dispensaries while costing significantly less to administer. The House bill reflected several unreasonable demands from law enforcement and then-Governor Mark Dayton, including prohibiting patients from using cannabis flowers or leaves in their natural form, having a monopoly manufacturer, and including an onerous observational study. On May 15, 2014, a committee agreed to a compromise, which the House and Senate signed off on the following day. Dayton signed the bill into law on May 29, 2014. The first dispensary opened a little more than a year later, on July 1, 2015.

Since then, the Department of Health has added additional qualifying conditions, which were excluded from the initial law, most notably intractable pain (which the law required the department to consider within a year), PTSD, chronic pain, and autism.

In 2021, the legislature finally approved allowing, whole-plant (flower) cannabis. It also expanded caregiver provisions. Due to the onerous and very limited nature of the program, state manufacturers have struggled to turn a profit.

Here is an overview of Minnesota's restrictive medical marijuana law:

Qualifying Conditions

- The qualifying conditions are chronic pain, cancer (if the patient has severe pain, nausea, or wasting), glaucoma, HIV/AIDS, Tourette's, ALS, seizures, severe and persistent spasms, inflammatory bowel disease — including Crohn's disease, terminal illness with less than one year to live (if the patient has severe pain, nausea, or wasting), intractable pain, PTSD, autism, obstructive sleep apnea, and Alzheimer's disease. Beginning in August 2021, sickle cell disease and chronic motor or vocal tic disorder will qualify.
- The health commissioner may add other conditions and was required to report on whether he recommended adding intractable pain by January 2016. Each recommended addition is submitted to the legislature before taking effect, and the legislature may overrule the recommendation. Several conditions, including chronic pain, intractable pain, and PTSD, were added through this process. The commissioner also recommended adding macular degeneration in 2019 but was overruled by the legislature.

Healthcare Practitioners

- Doctors, nurse practitioners, and physicians assistants may sign a patient's certification. To do so, the practitioner must have responsibility for treating the patient's qualifying condition.
- Practitioners must submit reports on patient health records, which are typically not covered by

insurance.

- The commissioner has established a registry program in order to evaluate data on patient demographics, effective treatment options, clinical outcomes, and quality of life outcomes.
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Patient Certification

- Patients may enroll in a health department-run medical cannabis patient registry if the practitioner treating their qualifying condition submits a certification and participates in the reporting requirements.
 - Patients must submit a new certification once per year.
 - Patients must pay \$200, or \$50 if the patient is a recipient of Social Security disability, Supplemental Security Insurance payments, or is enrolled in MinnesotaCare or medical assistance.
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Types of Cannabis Administration Allowed

- The initial law only allowed administration via liquids, oils, and pills that are made of cannabis, including whole-plant extracts and resins. A bill approved by the legislature in 2021 would allow raw cannabis for adults 21 and older beginning no later than March 1, 2022.
 - The commissioner may add additional types of administration methods.
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Manufacturers

- The commissioner of health licensed and regulates two in-state manufacturers.
 - Each manufacturer may have up to four satellite distribution locations.
 - Each applicant for a manufacturer license paid \$20,000 to apply, \$19,000 of which was refunded to unsuccessful applicants.
 - The commissioner will collect fees for regulating and inspecting the manufacturer each year.
 - Manufacturers were selected based on factors including their long-term financial viability and experience cultivating and preparing medical cannabis. They were required to implement security requirements, including a fully functional alarm and perimeter identification system.
 - Manufacturers are not to be located within 1,000 feet of a pre-existing school.
 - Manufacturers may not employ someone under 21 years old or someone who has a disqualifying felony conviction.
 - Only pharmacists are allowed to dispense cannabis.
 - Manufacturers must label cannabis, including with the patient's number and the chemical composition.
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Testing Laboratories

- Manufacturers must select and contract with a lab to test cannabis.

Caregivers

- Initially, patients could only have a caregiver assist them with administering their medicine or picking up cannabis if the patient's medical provider certified he or she is so physically or developmentally disabled that the person could not administer his or her own medication. In 2021, the legislature approved a bill that allows all patients to have caregivers.
 - Initially, caregivers were limited to one patient. In 2021, the legislature approved a bill that allows all caregivers to serve any number of patients from up to six households.
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Dosage and Possession Limits

- The commissioner must investigate and post information on chemical composition and ranges of doses, but this does not appear to be determinative. Patients may obtain a 30-day supply and a pharmacist working for the manufacturer appears to be responsible for ultimately determining dosage.
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Timeline

- The health commissioner selected the two manufacturers on December 1, 2014. The manufacturers were allowed to begin distributing cannabis on July 1, 2015.
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Patient Protections

- In addition to patient protections from criminal and civil penalties, there are protections from discrimination in employment, child custody disputes, organ transplants, and other medical care.
 - There are no provisions to protect patients from the other medical cannabis states or D.C. while they are traveling to Minnesota.
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Penalties

- There are several new crimes for violating the act, such as intentional diversion by patients or manufacturers and false statements on an application.
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Task Force

- A 23-member task force was **established**, composed of four legislators, four patients, four health care professionals, four members of law enforcement, four substance abuse treatment

providers, and three commissioners. The task force is directed to issue a biennial impact assessment, including of the program design and implementation, patients' access and quality of cannabis, impact on law enforcement, and the impact on substance abuse rates.
