



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. However, whole-plant cannabis is still not allowed. Due to the onerous and very limited nature of the program, state manufacturers have struggled to turn a profit. Leafline suffered significant losses in its first three years before finally turning a profit in 2019. MinnMed turned a slight profit in 2017, but posted far greater losses every other year. As of late 2018, the two had suffered a combined total of \$18 million in losses.

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.
- 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. Intractable pain, PTSD, obstructive sleep apnea, autism, Alzheimer's disease, and chronic pain 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 law only allows administration via liquids, oils, and pills that are made of cannabis, including whole plant extracts and resins.
 - Patients may vaporize, but only using oils or liquids, which make it much harder to control dosage and are more intoxicating.
 - The commissioner may add additional types of administration methods.
 - Smoking is not allowed.
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Manufacturers

- The commissioner of health has selected and will continue to regulate 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.
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Caregivers

- Patients may only have a caregiver assist them with administering their medicine or picking up cannabis if the patient's medical provider certifies he or she is so physically or developmentally disabled that the person cannot administer his or her own medication. If a patient is too ill to travel or drive, but not so disabled that he or she cannot administer their medical cannabis, he or she cannot have someone pick up their medicine for them.
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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.
