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“We change laws.”

Regulatory Authorities and Medical Cannabis

Although the health department is the most common regulatory agency, and is often the best choice, in some states, another regulatory authority may be preferable. In addition, in some cases it may be best to divide regulatory role, such as by having one department regulate dispensing and another regulate testing laboratories.

Here are some considerations when selecting a regulatory agency:

- **The regulatory authority should not be philosophically opposed to cannabis.**
 - Law enforcement agencies and drug abuse agencies are almost always inappropriate entities to regulate medical cannabis.
- **The regulatory authority should be willing, ready, and able to carry out its duties.**
 - If possible, the regulatory agency should already responsibilities that would make it well-suited to regulating medical cannabis establishments.
 - Appointing a separate board can slow down implementation, so doing so is typically not in the best interests of patients.
 - If an agency has limited funding, it needs to at least be able to make available enough staff to work on regulations until funding from applicants comes in. It should be an agency that is capable of quickly implementing regulatory programs.

In addition, the regulatory authority should have the authority to add serious medical conditions and means of administration (if they are limited, which they should not be) without requiring legislative changes. This is the case in most states.

- If an agency is in charge, rather than a board, there should probably be an unpaid advisory board that includes medical professionals who are knowledgeable about medical cannabis, patients/loved ones, and similar experts. This board could make recommendations and hear input from the public. The topics the advisory board considers could include:
 - Recommending whether to add qualifying conditions;
 - Reporting on patient satisfaction with licensed businesses' prices and products available; and
 - Any recommended changes to the program.

Who Regulates Medical Cannabis?

Departments of Health

- In 16 states, the health or public health department regulates medical cannabis patients and providers. In four more states, they regulate only the patient registries.
- Several of these states — such as New Mexico, Oregon, and Pennsylvania — also have advisory boards, at least for adding conditions.

Connecticut's Department of Consumer Protection

- Connecticut's Department of Consumer Protection regulates medical cannabis.

Colorado's Department of Revenue

- In Colorado, the Department of Revenue, which also regulates gaming and liquor, regulates medical cannabis (and adult use cannabis) businesses. However, the state's health department maintains the patient registry.

Michigan's Department of Licensing and Regulatory Affairs

- Michigan's program was initially housed in the health department but was transferred to licensing and regulatory affairs.

Vermont's Department of Public Safety

- Vermont's Department of Public Safety regulates medical cannabis. Although we would not recommend having law enforcement in charge of regulating medicine, in this case, patients seem satisfied.
- In Hawaii, the Department of Public Safety was in charge of medical cannabis regulation until a bill passed in 2014 to transfer it to the health department.

Multiple Agencies

- In Illinois, three agencies share regulatory authority. The Department of Agriculture regulates growers, the Department of Financial and Professional Licensing regulates dispensaries, and the Department of Public Health handles the patient registry.
- In California, the health department handles a voluntary patient registry and will regulate labs and edibles. The lead agency for business regulation will be the Bureau of Medical Marijuana Regulation, under the Department of Consumer Affairs, and the Department of Food and Agriculture will regulate cultivators.
- In Ohio, the Department of Commerce oversees cultivators and testing labs, the Board of Pharmacy oversees the patient registry and dispensaries, and the State Medical Board oversees physicians.

A Medical Cannabis Board or Commission

- In Maryland, a volunteer commission was appointed to oversee regulation. It operates in conjunction with a paid executive director. An unworkably flawed law passed in 2013, and a workable one was signed into law in May 2014. Licenses for marijuana cultivators are not expected to be issued until late summer 2016, making it one of the slowest rollouts of a state medical marijuana program.