



CANNABIS STATE-BY-STATE REGULATIONS

By: Barry Weisz and Michael Rosenblum



The Tracking Cannabis blog is proud to announce our latest state-by-state ranking of state cannabis regulations based on how favorable they are to cannabis businesses. California leads the pack, but you might be surprised by which states make the top – and bottom – of the list.

Our guide provides a holistic review of the current cannabis laws in every state and the District of Columbia, from most favorable to cannabis businesses to most restrictive. In addition, you can find each state in alphabetical order below. Jurisdictions are ranked on the following factors:

1. Cannabidiol (CBD) derived from marijuana plants (THC concentration equal to or greater than 0.3 percent on a dry weight basis) – legality and required qualifications;
2. Medical cannabis – legality and required qualifications;
3. Recreational cannabis – legality and issuance of commercial cannabis licenses;
4. Non-profit cannabis entities – permissibility and requirements;
5. Commercial cannabis licenses – availability, caps and restrictions;
6. Cannabis regulatory agencies – authority and qualifications;
7. Developments and trends – support for ongoing cannabis legalization measures; and
8. Business opportunities – number of operators, consumers and untapped industry potential.

Note that this ranking is subjective, and different factors weigh more heavily in different states. All of the information regarding each state is current as of August 2019. However, laws are constantly changing and with each election the statutes in any particular state may also change. In addition, this list does not consider federal laws, which may be consistent on a national level but can be applied selectively on a state level. To find any particular state, just click on the respective link below.

State	Ranking
Alabama	42
Alaska	9
Arizona	30
Arkansas	28
California	1
Colorado	3
Connecticut	19
Delaware	31
District of Columbia	14
Florida	24
Georgia	38
Hawaii	18
Idaho	50
Illinois	6
Indiana	45
Iowa	40
Kansas	44

State	Ranking
Kentucky	37
Louisiana	21
Maine	8
Maryland	13
Massachusetts	4
Michigan	7
Minnesota	25
Mississippi	39
Missouri	33
Montana	23
Nebraska	51
Nevada	2
New Hampshire	22
New Jersey	16
New Mexico	12
New York	17
North Carolina	48

State	Ranking
North Dakota	24
Ohio	26
Oklahoma	27
Oregon	5
Pennsylvania	22
Rhode Island	20
South Carolina	46
South Dakota	49
Tennessee	47
Texas	35
Utah	34
Vermont	11
Virginia	41
Washington	10
West Virginia	32
Wisconsin	43
Wyoming	36

#1: CALIFORNIA

California has legalized both adult use and medical marijuana, making it one of the most relaxed states in the nation with regard to cannabis use. The Compassionate Use Act of 1996 (Proposition 215) was the first legislation in the United States legalizing medical marijuana use under state law. It has subsequently been superseded by the Medical and Adult-Use Cannabis Regulation and Safety Act. California's cannabis market recorded \$2.5 billion in sales in FY2018.

CUA allowed patients and their primary caregivers to obtain marijuana for medical use by the patient without subjecting either to criminal prosecution. The Act authorized medical use for patients with one of 11 specific conditions and included a general purpose clause that also allowed use for any condition that substantially limited the ability of a person to conduct a major life activity as defined in the ADA.

Proposition 64, also called the Adult-Use Marijuana Act, took effect on November 9, 2016. It allows adults twenty-one and older to cultivate up to six plants and possess 28.5 grams of marijuana or 8 grams of concentrated cannabis. Adults can also give away up to one ounce of cannabis to other adults. It restricts the possession or use of cannabis in certain areas like public places, non-smoking areas, daycares, schools, and vehicles.

The Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), enacted in June 2017, combined the regulatory framework for medicinal and adult-use cannabis. MAUCRSA designated three agencies to oversee cannabis activity: (1) the Bureau of Cannabis Control, which is the lead regulatory agency and authorizes licenses; (2) the California Department of Public Health – Manufactured Cannabis Safety Branch; and (3) the California Department of Food and Agriculture – CalCannabis Cultivation Licensing. The licensing system created by MAUCRSA is complex, with a minimum of twenty license classifications and an elaborate set of regulatory requirements established under the emergency regulations adopted by each agency.

License types include, but are not limited to, adult use, medical use, types of cultivation and manufacture, retailer or distributor, testing, and microbusiness. Once a license is granted, it is non-transferable. There are no caps on the number of licenses, but the requirements are rigorous. MAUCRSA also grants municipalities the power to further regulate commercial cannabis or to prohibit it altogether.

To be granted a state license, applicants must be residents of California, pass a background check, provide proof of a legal right to use the proposed location, apply for and obtain a valid seller's permit, provide proof of bond, and describe the applicant's operating procedures in detail. As the largest cannabis regulatory regime in the world, the Bureau of Cannabis Control has struggled to fill positions and conduct investigations.

In such a large market, regulatory issues are inevitable. Los Angeles' Department of Cannabis Regulation has been slow to roll out its social equity program, causing eligible businesses to bear the costs of rent on storage and retail locations without any idea of when they can begin sales.

Controversy has also emerged over the definition of "financial interest holders" involved with cannabis companies, and what being listed as a financial interest holder may mean under federal law. Additionally, the majority of municipalities currently prohibit commercial cannabis activities, a state of affairs that Democratic Assemblyman Phil Ting attempted to address through a bill forcing municipalities where a majority of the community approved Proposition 64 to license pot retailers. The proposed bill required such municipalities to approve one on-site cannabis retail license for every six liquor licenses, or distribute one license for every 10,000 residents, whichever is smaller. Ting has withdrawn the bill for now, with plans to reintroduce it in 2020.

With regard to criminal punishment, California has very forgiving policies compared to most states. Underage use or possession often results in a small fine or counseling, with use on the grounds of a grade school having harsher punishments. Illegal cultivation and possession with intent to sell are both misdemeanors, though the latter can be enhanced to a felony depending on certain conditions. It remains a felony to employ a minor in cannabis sales or to provide cannabis to a minor.

Overall, California's attitude toward cannabis legalization and regulation is welcoming when compared to other states. It was the first state to legalize medical marijuana and one of the first to legalize adult use. While some municipalities impose further restrictions or prohibit adult use, there are many that see legalization as an economic opportunity to be capitalized on. With a robust supply chain for both medical and adult use emerging throughout the state, California leads the nation in its regulation of commercial cannabis activity and cannabis use.

#2: NEVADA

Nevada legalized medical marijuana in 2001 and adult-use marijuana in 2017. Medical marijuana legislation is codified under Chapter 453A. Medical Use of Marijuana in Nev. Rev. Stat. §§ 453A.010 to 453A.810. Adult use marijuana is permitted under the Regulation and Taxation of Marijuana Act, which is codified in Nev. Rev. Stat. §§ 453D.010 to 453D.600. The Nevada Department of Health and Human Services (the "Department") is tasked with regulating commercial cannabis activity. To qualify for a medical prescription, a patient must be diagnosed with a "chronic or debilitating medical condition," which includes conditions ranging from cancer to severe nausea.

Adult use marijuana restrictions are similar to restrictions on alcohol: users must be 21 years of age or older; marijuana may only be purchased from a business licensed in Nevada; selling or giving marijuana to individuals under 21 years of age is illegal; and driving under the influence of marijuana is illegal.

Medical marijuana establishment certificates are available for independent testing laboratories, cultivation facilities, production facilities for edibles and other products, or dispensaries. To obtain a certificate, an applicant must complete an application and pay the requisite fee.

The application requires evidence that the applicant controls not less than \$250,000 in liquid assets to cover initial expenses and evidence that the applicant owns property on which the proposed medical marijuana establishment will be located or permission from the owner of the property. There is a cap on the number of certificates that may be issued, and the cap is based on county population.

Nevada's medical marijuana businesses must follow certain rules, as set out in the statute. One such rule is that each medical marijuana establishment must have "an appearance, both as to the interior and exterior, that is professional, orderly, dignified and consistent with the traditional style of pharmacies and medical office, and have discreet and professional signage that is consistent with the traditional style of signage for pharmacies and medical offices." Other requirements, such as installing a video monitoring system, must also be followed. Additionally, if the city or county where the medical marijuana dispensary is located has enacted zoning restrictions, the establishment must be in compliance.

Licenses are issued for adult-use dispensaries if an applicant completes an application and pays the requisite fee. For 18 months after the Department began to receive applications for marijuana establishments in early 2018, the Department will only accept applications for licenses for retail marijuana stores, marijuana product manufacturing facilities, and marijuana cultivation facilities.

Currently, licenses will be issued to marijuana distributors only if the person holds a wholesale dealer license, unless an insufficient number of distributors results from that limitation. Moreover, the application is only accepted if the proposed establishment is not in violation of any zoning or land use rules adopted by the locality where the establishment would be located. There is also a cap on the number of licenses that may be issued based on county population.

Adult-use dispensaries must also follow certain rules regarding production, manufacturing, distribution, and/or sales of cannabis products. For example, cultivation, processing, and manufacture of marijuana must not be visible from a public place by unaided vision.

A key case in which 2018 applicants for dispensary licenses sued the state for an injunction when they did not receive licenses had yet to be decided in August 2019. State officials defended the process as impartial. Vegas hotels and casinos have not embraced adult-use legalization as much as the rest of the state has. Gaming is a \$13 billion industry in Nevada, and casino licenses require following federal law. Vegas casinos and hotels may have too much at stake to allow marijuana smoking in their hotels, at least while marijuana use remains illegal at the federal level.

#3: COLORADO

Currently, both medical and adult use of cannabis is legal within the State of Colorado. Colorado's constitution was amended on December 28, 2000 to legalize cannabis for medical purposes, and amended again on December 10, 2012 to legalize adult use. In 2018, Colorado cannabis sales across medical and adult-use sectors were over \$1.5 billion, totalling \$6 billion since adult-use was legalized in January 2014.

As other states slowly move towards comprehensive cannabis legalization, Colorado's overall attitude regarding legalization has consistently been ahead of the rest of the nation. Since the legalization of adult use marijuana in 2012, Colorado has focused on establishing a robust regulatory framework and increasing the effectiveness of these regulations through subsequent legislation.

For medical and adult use cannabis businesses wishing to operate in Colorado, the state issues licenses that vary depending upon the entity's actual business interest. Required qualifications that must be met for every commercial cannabis license include: a background check, filing of a complete application, and payment of a licensing fee.

While Colorado does require many different qualifications to obtain a license, state law permits the transfer of commercial cannabis licenses. In some instances, local licenses might also be required which may have other restrictions on transferability. At the state level Colorado does not cap the number of licenses issued, but some counties and municipalities do restrict the number of licenses that may be issued and active within that particular county.

State cannabis regulations impose various restrictions on licensees. For example, a cultivator is only authorized to cultivate a maximum of 1,800 plants at any given time. According to the Colorado Department of Revenue, the intent of this rule is to encourage responsible production to meet demand for retail marijuana, while also avoiding overproduction or underproduction.

Additionally, the state limits the amount of cannabis that can be sold by retailers. A dispensary and its employees are prohibited from transferring more than one ounce of flower or its equivalent in a single transaction to a consumer.

One such legislative initiative proposed an increase in the punishment for a person not licensed to sell medical or adult-use marijuana advertising the sale of marijuana. Other legislative actions have been more permissive, increasing opportunities for cannabis investment in the state.

For example, HB 18-1011, signed into law on June 5, 2018, repealed a law that required limited passive investors to go through an initial background check when investing in a cannabis related company. HB 18-1011 also allows certain publicly traded companies to hold an interest in medical marijuana businesses and offer securities for investment in medical marijuana businesses.

On May 29, 2019 Gov. Jared Polis signed legislation authorizing marijuana hospitality spaces where cannabis can be consumed on the premises of dispensaries.

#4: MASSACHUSETTS

Massachusetts legalized the adult use of marijuana in November 2016. Any person 21 and over is no longer be penalized for possessing, using, purchasing, or giving away one ounce or less of marijuana. Individuals can also possess up to 10 ounces of marijuana from plants cultivated within their primary residence. The definition of marijuana is very broad, and unlike states like Arizona, encompasses cannabidiol.

Medical marijuana is governed by a separate act known as the Humanitarian Medical Use of Marijuana. It was enacted in 2012 and allows for the acquisition, cultivation, possession, processing, transfer, transportation, sale and distribution for the benefit of qualifying patients. The list of qualifying conditions is fairly broad and includes cancer, glaucoma, HIV, hepatitis C and Crohn's disease. Other conditions not specified in the statute may also qualify if so determined in writing by the patient's treating physician.

Under Massachusetts' adult-use regulations, marijuana establishments must obtain appropriate licenses to operate legally within the state. Massachusetts offers eight types of business licenses: marijuana cultivator, craft marijuana cooperative, marijuana product manufacturer, marijuana retailer, marijuana research facility, independent testing laboratory, marijuana transport, and marijuana microbusinesses.

Commercial cannabis activity is regulated by the Cannabis Control Commission, but local municipalities can also regulate some activities. Although there is a cap on the number of licenses a licensee can obtain, cannabis businesses can operate as for-profit entities. As of July 2019, Massachusetts has issued 22 retail licenses, and Boston's first retail store will open in fall 2019. The favorable regulatory climate and sizable market make Massachusetts a lucrative state for commercial cannabis operators.

#5: OREGON

Oregon legalized the use of medical marijuana in 1998 with the passage of Measure 67, known as the Medical Marijuana Act (OMMA). OMMA modified state law to allow the cultivation, possession, and use of marijuana by patients with certain medical conditions upon recommendation by a doctor and compliance with OMMA. The rulemaking authority pursuant to OMMA is vested in the Oregon Health Authority.

Under OMMA, in order to legally use marijuana for medical purposes a person must first obtain a registry identification card under 47B.797. To do so, a person must have a "debilitating medical condition" as defined in ORS 475B.791(6) and provide written documentation from an attending physician certifying the patient has "a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the applicant's debilitating medical condition."

Patients with medical condition that are not listed in 791(6), may petition the Oregon Health Authority, pursuant to ORS 475B.946, to have their condition included among the diseases and conditions that qualify as debilitating medical conditions. Employers are not required to accommodate the medical use of marijuana in the workplace.

Oregon legalized adult use of marijuana in 2014 with the passage of the Adult and Medical Use of Cannabis Act. The Act became operative on July 1, 2015. The Act expressly does not amend nor affect the Medical Marijuana Act. The rulemaking authority pursuant to the Act is vested in the Oregon Liquor Control Commission.

The Adult and Medical Use of Cannabis Act legalizes the possession, use, and cultivation of marijuana by adults age 21 or older. Pursuant to ORS 475B.301, persons aged 21 or older may grow up to four marijuana plants in their household, may possess up to eight ounces of useable marijuana, may produce and/or possess up to 16 ounces of cannabinoid products in solid form, produce and/or possess up to 72 ounces of cannabinoid products in liquid form, and may produce and/or possess up to 16 ounces of cannabinoid concentrates. A variety of licenses are available for activities such as production, processing, wholesaling and retailing.

Since legalizing cannabis, Oregon has increased its efforts to curtail illegal production and transportation of marijuana as black market activity has continued to grow. In a May 2018 memorandum written by U.S. Attorney for Oregon Billy J. Williams in which he stated “there can be no doubt that there is significant overproduction of marijuana in Oregon. As a result, a thriving black market is exporting marijuana across the country, including to states that have not legalized marijuana under their state laws.”

As of August 2019, Oregon licensed 1,136 recreational growers. Some growers have recently gone out of business, and prices have stabilized for the moment.

Due to overproduction, on May 30, 2018 the OLCC announced it would temporarily “pause” accepting new applications for licenses under the Adult and Medical Use of Cannabis Act. In addition, in June 2019 Gov. Kate Brown signed a state law intended to allow Oregon to negotiate with other states to sell a portion of the marijuana surplus.

#6: ILLINOIS

Illinois legalized cannabis for medical purposes in 2014. Users of medical cannabis must have been diagnosed with a “debilitating medical condition” by a licensed physician. Users may only possess a maximum of 2.5 oz of usable cannabis during a 14-day period.

In July 2016, Public Act 99-0697 reduced penalties associated with the adult use of cannabis. In August 2018 the state legislature passed a law allowing medical cannabis to be used as an alternative to opioids for some medical conditions. The law allows state residents who are given an opioid prescription to ask their physicians for medical cannabis instead.

On June 25, 2019, Gov. J.B. Pritzker signed HB 1438, the Illinois Cannabis Regulation and Tax Act, into law. The bill legalized the adult use and purchase of cannabis. For recreational purposes, Illinois residents over 21 can possess 30 grams of cannabis flower, 5 grams of concentrate and 500 milligrams of THC in products such as edibles. Illinois visitors are able to possess half those amounts. Unlike medical marijuana patients, adult users are not permitted to grow marijuana at home.

HB 1438 also created a \$30 million dollar loan program to help social equity applicants with cannabis industry start-up costs. Applicants qualify based on being in a disproportionately impacted area and having a cannabis charge expunged as a result of the new law.

HB 1438 does not affect medical marijuana users, except to the extent the bill mandates that any medical dispensary can apply within sixty days of the passage of HB 1438 for an Early Approval Adult Use Dispensing Organization License. In a shortage, such dispensaries must prioritize medical patients before recreational purchasers.

Illinois’ Department of Revenue projects the industry to generate over \$57 million in tax revenue and fees in FY2020. An excise tax of 10% is imposed on products with less than 35% THC, and a tax of 25% is imposed on products with higher doses. The new law is in effect beginning January 1, 2020. Initially, medical marijuana dispensaries will be the only licensed retailers, but by mid-2020 new licenses will be granted to dispensaries, processors, cultivators and transporters.

#7: MICHIGAN

On November 6, 2018, Michigan voters legalized adult-use cannabis with the passage of Proposal 18-1, also known as the Michigan Regulation and Taxation of Marijuana Act (“MRTMA”). At the time of its enactment, Michigan became the 10th state to legalize recreational cannabis and the first to do so in the Midwest.

MRTMA authorizes and legalizes the possession, use and cultivation of cannabis products by individuals at least 21 years of age. The new law tasks the Department of Licensing and Regulatory Affairs with promulgating rules and procedures

for issuing cannabis licensing in the state. The state will not cap the number of licenses at the state level, although municipalities are authorized to do so. Non-Michigan residents are permitted to invest in cannabis businesses in the state.

Previously, in 2018, the Michigan Medical Marijuana Act ("MMMA") legalized the use and possession of cannabis by any Michigan resident diagnosed with a debilitating medical condition. Presently, a debilitating medical condition includes cancer, glaucoma, Hepatitis C, Crohn's disease, Alzheimer's, and any other medical condition approved by the Michigan Department of Licensing and Regulatory Affairs.

The general regulatory framework established under the new law is particularly business-friendly, as it establishes tax rates (6% sales tax and 10 percent excise tax) lower than most states that allow adult use, and the state permits for-profit licensees. For medical-use cannabis-related businesses wishing to operate within the state, Michigan issues licenses that vary depending upon the company's actual activities. Each license is subject to different statutory qualifications. In 2016, Michigan enacted the Medical Marijuana Facilities Licensing Act, which provided for the licensure of growers, processors, secure transporters, provisioning centers, and safety compliance facilities. Once obtained, all of the aforementioned licenses may be transferred after state approval.

Statutory limitations restrict the production of medical-use cannabis. The limitation depends on the company's class of license. For example, a "Class A" production license allows a company to produce 500 cannabis plants, while a "Class B" license permits a company to produce 1,000 cannabis plants.

Recreational sales are on hold until 2020, but the Marijuana Regulatory Agency accepts applications for business licenses starting November 1, 2019. Regulators have issued a set of emergency rules that anticipate more thorough guidance. Barriers of entry for business licenses are substantially lower than those for medical licenses; a business license does not require proving a daunting amount of assets, fees are lower, and the license itself is a third of a medical license's cost. Other emergency rules allow businesses to permit use at social events while banning drive-through, mobile marijuana shops and online sales.

Also in 2016, House Bill 4210 amended the Michigan Medical Marijuana Act to prevent a person from being penalized for manufacturing a marijuana-infused product if the person was a qualified registered patient or a registered primary caregiver. On the municipal level, cannabis activity is regulated by local governmental authorities. In towns such as Ann Arbor, where an annual "Hash Bash" event has been celebrated by residents and University of Michigan students for almost 50 years, local ordinances regulate and license cannabis dispensaries.

As evidenced by the recent passage of MRTMA, Michigan's overall attitude regarding legalization has consistently been ahead of most states in the nation.

#8: MAINE

On May 2, 2018, the Maine Legislature overturned a veto by then-Gov. Paul LePage in order to pass adult-use legalization. The Legislature voted heavily in favor of passing the bill, as the House votes tallied 109-39 in favor and the Senate votes tallied 28-6 in favor. The Marijuana Legalization Act legalizes adult use throughout the state without restrictions on tetrahydrocannabinol (THC) limits.

The Act allows a person to both use or possess up to five grams of marijuana or marijuana concentrate without legal ramifications. The Act restricts the amounts of marijuana plants adults can use and transfer and imposes many requirements on companies seeking a license to cultivate, test, manufacture, or sell marijuana or marijuana concentrate.

A bill signed by Gov. Janet Mills in June 2019 will launch Maine recreational sales in March of 2020. It maintains the strictest barrier to entry in the retail market by requiring business to be run by individuals who have been residents of Maine for four years. Edibles will be permitted in retail stores, but edibles in the shape of animals, people or characters are not permitted.

#9: ALASKA

Alaska legalized the adult use of marijuana in 2014 with a successful ballot measure, making it the third state in the nation at the time (behind Colorado and Washington) to legalize adult use. Any person 21 and over is not subject to criminal or civil penalties under state law for possessing, growing, purchasing, or transferring to another adult one ounce or less of marijuana. The state also permits businesses to possess, grow, process, transport, or transfer to another person 21 and over up to 6 marijuana plants. The statutory definition of marijuana is broad, and likely encompasses products like cannabidiol.

Commercial businesses must obtain appropriate licenses to operate legally within the state. Alaska offers four (4) licenses: retail marijuana stores, marijuana cultivation facilities, marijuana product manufacturing facilities, and marijuana testing facilities. The licensing framework in Alaska is favorable to cannabis businesses. These licenses can be transferred with approval from the state's Marijuana Control Board, the state agency charged with regulating commercial business within the state. A business can operate as non-profit or for-profit, but they must be run by Alaska residents. Beginning on April 11, 2019, dispensaries in freestanding buildings can set up separate designated smoking areas for patrons. The city of Anchorage only permits consumption of edibles at dispensaries, and other local regulations may vary.

Patients with certain debilitating medical conditions can apply to register and receive a medical marijuana identification card. The law provides an affirmative defense against state-law prosecution for the manufacture, delivery, or possession of marijuana if the patient is properly registered with the state. The list of eligible conditions is broad and includes, for example, cancer, glaucoma, chronic conditions resulting in severe pain, nausea, or seizures. Other conditions may also be approved by the state's Department of Health and Social Services.

Although the Act legalized marijuana use on private property, the use of marijuana in bars or restaurants is still entirely illegal.

#10: WASHINGTON

Washington has a history of being ahead of the curve on marijuana legislation. The state legalized medical use in 1998 via ballot measure (Wash. Initiative 692), just two years after California became the first state to legalize medical marijuana. On November 6, 2012, Washington became one of the first two states to legalize adult use (along with Colorado on the same day) by passing Washington Initiative 502. This legalized adult-use marijuana for those 21 years and older. Sales began in July 2014, and while the first years of adult-use legalization led to double digit YOY increases, as of 2019 sales have slowed to single digit increases for the first time in the state's short history. Wholesale cannabis prices have suffered a commensurate decline.

Given the longer duration of Washington's medical and adult-use marijuana programs, the laws and regulations are more comprehensive than other states. The medical program is run through the Washington State Health Department, while the adult-use program is run by the Washington State Liquor and Cannabis Board. Chapter 69.51A of the Revised Code of Washington offers full details on the medical program and its restrictions, while Washington Admin. Code Title 314-55 provides all regulations relevant to the adult-use program.

The adult-use program is heavily licensed, and heavily restricted. Residency requirements, financing regulations, and limits on the number of licenses per entity are all found in the Washington Administrative Code.

#11: VERMONT

Marijuana is legal for both medical and adult use in the State of Vermont, although the sale of adult-use marijuana is not expressly permitted. The Act establishing the medical use of marijuana became law without the Governor's signature on May 26, 2004. The statutes regulating medical use are 18 V.S.A. § 4471 et seq., and the Department of Health and the

Commissioner of Health regulate medical cannabis and establish regulations, which are found in Vermont Administrative Code 17-2-3:3 et seq. House Bill 503 legalizes drugs containing cannabidiol and was signed into law on June 7, 2017. However, the language in the Act states that the use of prescription drugs containing cannabidiol is conditioned upon the approval by the U.S. FDA.

To obtain a medical prescription, an individual must be diagnosed with a debilitating medical condition by a health care professional in the course of a bonafide health care professional-patient relationship. Patients must submit applications with the Department of Public Safety and obtain a card permitting medical use. More details for obtaining a prescription card can be found in Vermont Administrative Code 17-2-3:3 et seq.

Licenses are available for prospective medical cannabis dispensaries. Among other criteria, the State considers the applicant's business plan and facility information; expected financial development plan; convenience of the facility for residents that need medical cannabis; and cultivation plan to ensure that the dispensary can meet the needs of patients. Principal board members and officers must be residents of Vermont.

The Vermont Administrative Code limits the number of medical dispensary licenses that can be issued. Currently, there are five dispensaries registered with the Vermont Department of Public Safety Marijuana Registry.

Vermont's cannabis regulations limit the number of marijuana plants and amount of usable marijuana that medical dispensaries may cultivate and possess at any one time. For example, if the dispensary is designated by more than 14 registered patients, it may cultivate and possess at any one time two mature marijuana plants, seven immature plants, and four ounces of usable marijuana for every registered patient for which the dispensary serves as the designated dispensary. Vermont Regulations 17-2-3:6 states that dispensaries "[s]hall operate on a nonprofit basis for the mutual benefit of [their] patients."

Cannabis for adult use became legal on July 1, 2018, pursuant to House Bill 511, which was signed into law on January 22, 2018. The bill, codified as 18 V.S.A. § 4230, became the first time adult-use cannabis legalization occurred via legislature, not voter initiative. The law eliminated any penalties for individuals 21 years of age or older possessing one ounce or less of marijuana, and for possessing up to two mature and four immature marijuana plants. Any personal cultivation can occur only in an enclosure screened from public view and secure from unauthorized access. Marijuana still may not legally be consumed in a public place, nor may it be consumed in a vehicle. Vermont has yet to move towards a tax-and-regulate system, but is expected to do so in the near future.

Industrial hemp is also legal in Vermont. Legislation recently passed by the Vermont legislature will permit the Secretary of Agriculture, Food and Markets to establish a pilot program to research the growth, cultivation, and marketing of industrial hemp. The bill was approved by the Governor on May 21, 2018 and became effective on July 1, 2018. The laws governing the regulation of hemp are codified in 6 V.S.A. § 561 et seq.

Growers of hemp must register with the Secretary of Agriculture. They are subject to the federal Controlled Substances Act and may purchase or import hemp genetics from any state complying with federal industrial hemp growing requirements. The Secretary of Agriculture, Food and Markets is charged with developing the pilot program, establishing how the program will conduct research, and establishing registration and testing requirements. Hemp crops or products confirmed to meet the definition of hemp under state or federal law may be sold or transferred in interstate commerce.

#12: NEW MEXICO

In 2007, New Mexico approved the use of medical marijuana under the Lynn and Erin Compassionate Use Act, in honor of Lynn Pierson and Erin Armstrong. Pierson and Armstrong were cancer patients and strong advocates of medical cannabis. The Act allows use of medical marijuana for individuals suffering from debilitating medical conditions including cancer,

glaucoma, multiple sclerosis, spinal damage, epilepsy, positive status for HIV or AIDS, or those admitted into hospice care. In 2015, the New Mexico Administrative Code added to the list of debilitating medical conditions “any other medical condition, medical treatment, or disease as approved by the department which results in pain, suffering, or debility for which there is credible evidence that medical use [of] cannabis could be of benefit.”

Currently, New Mexico has two licenses for the production of cannabis for medical use. The first is a personal production license for qualified patients who suffer from a debilitating medical condition and hold a valid registry card. These individuals are authorized to possess no more than four mature female plants and a combined total of twelve seedlings and male plants. The other is for licensed non-profit producers, or LNPPs, which authorizes a combined total of no greater than 450 mature female plants, seedlings, and male plants. New Mexico also allows manufacturers to produce “cannabis-derived” products, but not cannabis itself, for LNPPs. As of January 2018, thirteen manufactures for cannabis-derived products were approved in New Mexico.

In June 2019 Democratic Gov. Michelle Lujan Grisham created a task force to study the legalization of adult use and lawmakers seem motivated to act on the gubernatorial mandate. “I want New Mexico’s introduction and management to be the envy of the country,” Lujan Grisham said in a statement. “We can and will incorporate lessons learned from other states so that New Mexico provides for a well-regulated industry that, crucially, does not infringe on or harm our expanding medical cannabis program, upon which so many New Mexicans rely.”

#13: MARYLAND

Although marijuana is not legal for adult use in Maryland, it is legal for medical use. The Natalie M. Laprade Medical Cannabis Commission is responsible for developing policies, procedures, guidelines, and regulations to implement programs to make medical cannabis available for qualifying patients. The Commission was established in 2013 by H.B. 1101, which took effect on October 1, 2013.

The Commission’s responsibilities are codified in § 13-3302 et seq. Maryland residents – or non-residents located in Maryland for the purpose of receiving medical treatment – need to be recommended for treatment by a physician and must have a qualifying medical condition. Qualifying conditions currently include cachexia, anorexia, wasting syndrome, severe pain, severe nausea, seizures, severe or persistent muscle spasms, glaucoma, PTSD, and chronic pain.

Maryland’s robust medical marijuana program permits growers, processors, and dispensaries to obtain licenses to operate within the state. Applications for medical cannabis cultivation licenses must include a detailed business plan and potential investments; description of the proposed premises; security plan; details of applicant’s experience in horticultural or agronomic production; medical cannabis varieties proposed to be grown; plan for quality control; and more. Applicants must also pass a criminal background check. These requirements are similar for anybody interested in processing cannabis or operating a dispensary.

The Natalie M. Laprade Medical Cannabis Commission is responsible for regulating medical cannabis production distribution. Currently by statute the Cannabis Commission may license no more than 22 medical cannabis growers and no more than 28 processors. There is no statutory cap on dispensary licenses, and Code Section 13-3307(a)(2)(i) states that the Cannabis Commission may report to the General Assembly on the number of licenses necessary to meet the demand for medical cannabis.

The Maryland legislature recently passed an Act establishing a hemp harvesting pilot program in the state, which was approved by the governor in May 2018. The Department of Agriculture is in charge of the pilot program, and the Department approves applications from institutions of higher education that are interested in cultivating hemp. Currently, only the Department of Agriculture or institutions of higher education are able to grow, cultivate, harvest, process, manufacture, transport, market or sell industrial hemp.

The Act also limits the program to hemp used for research purposes, stating that “the Department or an institution of higher education may grow or cultivate industrial hemp if the industrial hemp is grown or cultivated for agricultural research or academic research purposes.” H.B. 698 (2018 reg. session). The Department of Agriculture has not yet promulgated regulations pertaining to application requirements for cultivating commercial hemp.

A bill introduced in the Senate in the 2018 regular session would have allowed individuals aged 21 and older to possess up to one ounce of marijuana and to cultivate it in their homes, subject to certain exceptions. The bill failed to come to a vote. Some survey evidence suggests that the legalization of adult-use marijuana does have popular support throughout the state. In a Washington Post survey, 61% of Maryland residents responded that they support legalization for adult use. During a debate in June 2018, all six Democratic candidates for Maryland governor expressed that they support legalizing the adult use of marijuana. Republican Gov. Larry Hogan has also expressed an open mind on legalization of recreational use marijuana, a Maryland General Assembly task force formed in June 2019 to examine the issue in preparation for legislation in 2020.

#14: DISTRICT OF COLUMBIA

The District of Columbia legalized medical marijuana use in 2010. Codified at D.C. Code Ann. § 7-1671, D.C. residents with a qualifying medical or dental condition are permitted to use marijuana. A qualifying medical or dental condition means any condition for which treatment with medical marijuana would be beneficial, as determined by the patient’s authorized practitioner.

D.C. issues licenses to medical dispensaries and cultivation centers. In 2018, D.C. also began allowing physician’s assistants, nurse practitioners, and dentists to issue cannabis recommendations. As of 2019, five dispensaries are currently serving patients.

In order to qualify for a license, an organization or business needs to register with the Mayor pursuant to § 7-1671.05. The business can qualify for a license whether it is for-profit or not-for-profit. There cannot be more than six cultivation centers within an election ward, and a cultivation center cannot have more than 1,000 living marijuana plants at any time. In addition, a dispensary cannot dispense more than two ounces of medical marijuana in a 30-day period to a qualifying patient.

D.C. legalized adult use cannabis in 2014 through a ballot initiative, but the sale of cannabis is still prohibited. Under the initiative, adults may possess two ounces of marijuana and grow limited amounts in the home.

D.C. also decriminalized marijuana possession in 2014 through a ballot referendum, although marijuana is still prohibited on all federal lands (29% of D.C.) and marijuana distribution still faces prohibition. D.C. residents currently tiptoe around the law, with marijuana often distributed as a “gift” to get around the law’s requirements. Many entrepreneurs are exploiting the gray area that currently exists between permissible possession and transfer of up to one ounce of marijuana and the illegal sale of marijuana.

The future of cannabis law in D.C. is dependent on the U.S. Congress. Even though D.C. voters approved the taxation and regulation of marijuana transactions for adult use in 2014, Congress shot down the effort.

#15: PENNSYLVANIA

Pennsylvania legalized medical marijuana use in 2016 with the Pennsylvania Medical Marijuana Act (the “Act”), which is codified in 35 Pa. Cons. Stat. §§ 10231.101 to 10231.2110. The Department of Health of the Commonwealth (the “Department”) is responsible for regulating commercial cannabis activity under the Act. Patients with a “serious medical condition” who have met the requirements for certification under the Act and who are residents of Pennsylvania qualify for a medical marijuana prescription. The list of qualifying serious medical conditions is long, with seventeen conditions specifically named, including Parkinson’s disease, post-traumatic stress disorder, and autism.

Medical cannabis organizations must first obtain a permit from the Department before operating in Pennsylvania. Permits to operate as an organization are available to grower/processors and dispensaries. To obtain a permit, an organization must first fill out an application and pay the requisite application fee. Organizations that are relocating to Pennsylvania may also apply for permits.

Once a permit is obtained, the grower/processor or dispensary faces more regulations that relate to the production, manufacturing, and/or sales of medical marijuana products. For example, a grower or processor may only grow, store, harvest, or process medical cannabis in an indoor, enclosed, secure facility that also has an electronic locking system and surveillance, and must be located within the Commonwealth. Dispensaries can only dispense in an indoor, enclosed, secure facility, and may not be located within 1000 feet of a school or daycare center. In addition to following State law, permit holders must also abide by any relevant municipality zoning or land-use requirements.

Pennsylvania has prioritized solidifying its medical marijuana program, but many in the state believe that adult use legalization is coming. Pennsylvania's auditor general, Eugene De Pasquale, stated that taxing marijuana use could help close the state's budget gap. In fact, he estimated that Pennsylvania could bring in \$200 million a year if it regulated and taxed marijuana. Gov. Tom Wolf has suggested that the legalization of adult use is on the near horizon, and legalization appears to have strong public support.

#16: NEW JERSEY

New Jersey legalized medical marijuana in 2010 with the passage of the New Jersey Compassionate Use Medical Marijuana Act, codified at N.J.S.A. 24:6I-1, et seq. The Act was implemented by the enactment of the "Medical Marijuana Program Rules," codified N.J.A.C. 8:64, et seq.

The Act was amended in 2012, 2013, 2015 and 2016. Most notably, the 2013 amendment (Senate Bill No. 2842-L.2013, c. 160) modified the Act to "promote easier access to medical marijuana by minor patients; prohibit limitations on the number of strains of medical marijuana cultivate by alternative treatment centers; and expand the available means by which such marijuana is packaged and distributed to qualifying patients."

The 2016 amendment (Assembly Bill No. 457-L.2016, c. 53) added Post-Traumatic Stress Disorder to the list of debilitating medical conditions which qualify for medical marijuana. The Commissioner of Health is charged with promulgating rules and regulations to effectuate the purposes of the Act, in consultation with the Department of Law and Public Safety.

On July 2, 2019, Gov. Phil Murphy signed a bill eliminating some arbitrary restrictions from the state's medical marijuana laws, including the elimination of constant doctor's visits, increasing permissible amounts, and allowing terminal patients to purchase as much as they need. New Jersey has 50,000 patients registered in this program as of June 2019.

Gov. Murphy advanced a pro-legalization agenda in his 2017 campaign. The New Jersey legislature has nearly brought several cannabis legalization bills to the floor, but none have yet been thought to have the necessary votes. With Democrats controlling all branches of New Jersey state government and openly on board with Gov. Murphy's agenda, adult use legalization would seem to be very possible and even probable.

#17: NEW YORK

New York legalized medical marijuana in 2014 (N.Y. Pub. Health Law § 3362). The program is run through the New York State Dept. of Health, and is governed by the New York Medical Marijuana Program Regulations. The regulations are reasonably comprehensive in covering entity registration, licensing, production limitations, and qualifying medical conditions for patients.

Under a bill approved by the New York City Council in April 2019 and likely to be signed by Mayor Bill de Blasio, employers will no longer be able to mandate drug tests for marijuana use.

Although the prevalence of medical marijuana has significantly increased in recent years, including the April 2018 opening of a medical MedMen dispensary on 5th Avenue in Manhattan, New York has not legalized adult use of marijuana. Possession of amounts less than twenty-five grams has been decriminalized, but possession and sale remain illegal. In 2018, in light of a recently completed study on the topic, both Governor Cuomo and State Health Commissioner Howard Zucker have come out in favor of adult-use legalization of marijuana.

Recently proposed legislation by New York State Democrats would create a licensing regime for hemp extracts, including CBD, but as of July 2019, Gov. Cuomo has yet to indicate whether he will sign the bill.

#18: HAWAII

Although adult use of cannabis is illegal in Hawaii, the state legalized medical cannabis in 2000 with the passage of Act 228, codified in the Hawaii Revised Statutes at part IX, Chapter 329. Act 228 legalized possession and use of cannabis for medical purposes. To obtain a medical cannabis prescription, a patient must satisfy certain statutory requirements under HRS 329-122, including having a debilitating medical condition. In addition to satisfying these requirements, a patient must register with the state's Medical Cannabis Registry Program. Hawaii does recognize patients who are authorized to purchase medical cannabis in another state.

In 2015, Hawaii passed Act 241 which created the "Medical Cannabis Dispensary Program," codified at part IX, Chapter 329D. Act 241 established regulations and licensing procedures for the creation of cannabis dispensaries. In addition, the Act transferred administration of the state's medical Cannabis Registry Program from the Department of Public Safety to the Department of Health.

Hawaii's laws have become more protective of cannabis use and show support for further legalization in the future. For example, Act 242, also passed in 2015, created new protections for patients and caregivers and prohibited discrimination on the basis of being a registered medical cannabis patient. In 2017, after the state's legislature determined that the term "marijuana" was "slang" and "rooted in racial stereotypes," Act 170 provided that all terms using "marijuana" should instead use the word "cannabis." A 2019 bill to legalize adult use was dead-on-arrival because it did not have the support of Gov. David Ige.

#19: CONNECTICUT

The Act Concerning the Palliative Use of Marijuana established Connecticut's medical marijuana program, was enacted in May of 2012, and is codified in Conn. Gen. Stat. Ann. § 21a-408 et seq. Legislation proposing the legalization of cannabidiol upon the approval of its legal use by the FDA was proposed in 2017, but the legislation has not been signed into law.

Medical marijuana is available to qualifying patients. "Qualifying patient" is defined in Conn. Gen. Stat. Ann. § 21a-408(16). A qualifying patient is a resident of Connecticut, has been diagnosed with a debilitating medical condition, is 18 years old or older, or is an emancipated minor or has written consent from legal guardian.

Debilitating medical conditions are defined in the statutes and include cancer, glaucoma, autoimmune diseases, seizures, and more. The Department of Consumer Protection approves medical conditions that qualify patients to use cannabis for treatment. In 2018, state lawmakers expanded the medical marijuana program by adding eight new qualifying conditions to the list of debilitating medical conditions. Among these newly added conditions are migraines and facial pain.

Connecticut Regulations § 21a-408-1 et seq. and Connecticut General Statutes § 21a-408 et seq. govern "commercial" activities insofar as those activities relate to the production and distribution of cannabis for approved medical conditions.

The state issues licenses to sellers or suppliers of controlled substances outside the state that want to sell inside the state, unless those sellers/suppliers are registered with the DEA.

When considering dispensary applicants, the Commissioner of the Department of Consumer Protection analyzes criteria such as the character/fitness of the dispensary; the location of the dispensary; the applicant's ability to maintain adequate control against loss or theft of marijuana; the applicant's ability to maintain knowledge about safety precautions; the extent to which the applicant has financial interest in another licensee; and other criteria. Employees at dispensaries must also adhere to this criteria, and pharmacists must have a dispensary license. The Commission has currently issued nine dispensary licenses.

Adult use marijuana is not legal in Connecticut, but the state has decriminalized use and possession of limited amounts of marijuana. In April of 2018, an adult-use marijuana bill made it out of committee to the full General Assembly for consideration. Advocates for legalization of adult-use predict that legalization is not in the works until after 2020 given the makeup of the State Senate, but public support for legalization was at 70% in a 2018 Quinnipiac University poll.

#20: RHODE ISLAND

Rhode Island enacted the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act in 2006, which allows a patient with a "debilitating medical condition" to use marijuana. The legislation is codified at 21 R.I. Gen. Laws Ann. § 21-28.6. To qualify for a medical prescription, a patient must be a resident of Rhode Island and be diagnosed by a practitioner as having a debilitating medical condition. Under the statute, a "debilitating medical condition" includes cancer, glaucoma, post-traumatic stress disorder, and medical conditions approved by the Department of Health.

The State of Rhode Island provides licenses for compassion centers. Compassion centers are not-for-profit corporations that acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or dispense marijuana to patient cardholders and/or their registered caregiver or authorized purchaser. In order to obtain a license for a compassion center, an interested party must apply to the Rhode Island Department of Health. However, no more than three compassion centers may hold valid registration certificates at one time.

Gov. Gina Raimondo's proposed 2018 budget included the legalization of recreational marijuana, but even advocates opposed numerous provisions in the proposal, most notably a ban on home-growing. The meat of the proposal did not make it to the legislature.

#21: LOUISIANA

Louisiana does not permit recreational use of marijuana. It has, however, passed SB 271, which legalizes the use of marijuana for medical purposes. While the program is not yet operational because all provisions of the bill have yet to take effect, it will eventually allow marijuana use by Louisiana patients diagnosed with a "debilitating medical condition." As of July 2019, two cultivators and nine licensed dispensaries will start selling the state's first medical marijuana products to retailers. Projected sales for 2019 are a mere \$2 million.

Initially, "debilitating medical condition" included patients with "cancer, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, cachexia or wasting syndrome, seizure disorders, epilepsy, spasticity, Crohn's disease, muscular dystrophy, or multiple sclerosis," but SB 579 and HB 627 have since expanded the list of qualifying conditions. The state has tasked the Louisiana Board of Pharmacy with selecting 10 dispensary locations, and LSU and Southern University Agricultural Center will serve as the production facilities.

Louisiana's attitude toward cannabis has become more lenient. In 2016, New Orleans decriminalized marijuana possession in the city. Baton Rouge followed New Orleans' lead in 2018. This was followed by SB 271 being passed later in 2016, legalizing medical marijuana.

Another bill introduced in 2018, HB 274, sought to legalize and tax the adult use of marijuana. This indicates that both the general public and portions of the legislature are seriously considering the legalization of both medical and adult use marijuana. In May 2019, Democratic state representatives introduced HB 564 to legalize adult use cannabis in Louisiana. The proposed bill is currently in the House Judiciary Committee.

#22: NEW HAMPSHIRE

New Hampshire legalized the use of marijuana for medical use in 2013, codified in N.H. Rev. Stat. §§ 126-X:1 to 126-X:11. In order to qualify for medical marijuana a patient must be a resident of New Hampshire, diagnosed by a provider as having a qualifying medical condition, and possess a valid registry identification card. New Hampshire's qualifying medical conditions are among the most expansive in the nation.

New Hampshire statute provides licenses to Alternative Treatment Centers, not-for-profit entities that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, and dispenses cannabis and related supplies and educational materials to qualifying patients and alternative treatment centers. However, qualification to become an Alternative Treatment Center depends completely upon whether the Department of Health and Human Services determines that having additional locations for the dispensing of therapeutic cannabis is necessary to adequately and effectively meet the needs of qualifying patients.

If it is necessary, the Department may authorize the Alternative Treatment Center. Additionally, Alternative Treatment Centers have a limitation on the amount of product they can have at once. Furthermore, there can be only four Alternative Treatment Centers at once. Nevertheless, the Department of Health and Human Services can increase this number if it is necessary to fulfill the needs of the patients.

The current perception of marijuana in New Hampshire is positive. The Democratic Party of New Hampshire has made marijuana legalization part of its platform. In addition, the New Hampshire House of Representatives recently voted to legalize homegrown marijuana, although the state Senate opted not to advance the legislation. A full vote on adult-use legalization is not expected until 2020.

#23: MONTANA

In Montana, medical marijuana was legalized in 2004 through a ballot initiative approved by 62% of state voters. In 2016, Initiative 182 expanded Montana's medical marijuana laws. Providers must obtain a license from the state's Department of Public Health and Human Services. To apply for a license, a provider must provide extensive information, including: proof of residency, fingerprints, a signed agreement with the registered cardholder, a statement that the provider will not provide to any other non-cardholder, and the location of cultivation. There is no limit on number of licenses granted, but there is a cap on production.

Persons may apply for a medical marijuana card if they have a "debilitating medical condition". Qualifying conditions include cancer, severe chronic pain, epilepsy, multiple sclerosis, Crohn's disease, and post-traumatic stress disorder. There is not yet enough support to legalize adult use of marijuana in Montana, evidenced by the failure to gather enough signatures on a proposed ballot initiative in 2018.

#24: FLORIDA

Unlike most state legislatures that might simply draft a statute in order to legalize either medical or adult use, the Florida legislature followed the path set by Colorado in 2000 and voted to create a provision in the state's Constitution allowing the use of medical marijuana for specific medical conditions. Article 10, Section 29 of the Florida Constitution now allows the

use of medical marijuana in Florida. The governing statute empowered by this clause in the Constitution in Florida Statute 381,968, which was passed in 2017 after the constitutional amendment was passed.

Because the medical marijuana provision was added to the Constitution, lawmakers paved the way for any interference with the amendment to be held unconstitutional. This happened in late May as lawmakers tried to place a ban on smoking medical marijuana, even in private. The amendment's language, however, merely mentions smoking in public, so Florida courts determined that any limitation on smoking medical marijuana in private is unconstitutional.

Gov. Ron DeSantis signed a 2019 bill making it more difficult for citizens to gather signatures on petitions, an impediment to reform efforts. Adult use of marijuana is still illegal in Florida.

#25: MINNESOTA

Currently, only medical-use cannabis is legal under Minnesota law. Enacted on May 29, 2014, the THC Therapeutic Research Act legalized the use and possession of tetrahydrocannabinol (THC) by any Minnesota resident diagnosed with a qualifying medical condition and enrolled in Minnesota's registry program. There are nine statutory qualifying conditions as well as a kind of "catch-all" provision that may qualify a patient for a medical-use cannabis prescription.

Compared to other states, Minnesota is relatively strict when it comes to the production of medical-use cannabis. Only two in-state manufacturers are selected every year for the production of all medical cannabis within the state. The Minnesota Department of Health Regulations Commissioner selects the two manufacturers, basing their decision on six different factors.

There has also been other cannabis legislation enacted since the passage of the THC Therapeutic Research Act in 2014. On June 14, 2015, Minnesota's Industrial Hemp Development Act became effective, legalizing the growing of industrial hemp for commercial purposes. In 2016, the Minnesota Department of Health promulgated rules regarding the manufacturing and laboratory testing of medical cannabis.

Although Democratic Gov. Tim Walz openly supports legalizing recreational use, Republicans in the Minnesota Senate voted down proposed legislation in March of 2019.

#26: OHIO

Ohio enacted its Medical Marijuana Control Program in September 2016. As of March 2019, oils, tinctures, lotions, patches, and edibles have recently become available in dispensaries, only nine of which have opened. Ohio has strict limits on the amount of medical marijuana patients can obtain in any 90-day period. In order to use medical marijuana in Ohio, a person must be a patient whom a physician has diagnosed with a qualifying medical condition. Qualifying medical conditions include AIDS, Alzheimer's disease, cancer, as well as chronic and severe pain.

Ohio's medical marijuana law allows for the licensing of retail dispensaries, cultivation centers, testing laboratories and processing centers. Caps on the number of licenses are contemplated by the law, but ultimate discretion in setting the caps is delegated to the state Board of Pharmacy in the case of retail dispensaries, and to the Ohio Department of Commerce in the case of cultivators, laboratories, and processors. For-profit enterprises are allowed under the law. Ohio has also implemented a requirement that at least 15% of medical marijuana-related enterprises must be granted to minority-owned businesses whose owners are United States citizens and Ohio residents.

Ohio has not yet legalized cannabis for adult use. In 2015, Ohio voters soundly defeated an Ohio Marijuana Legalization Initiative, which would have legalized adult use cannabis, by a vote of 65-35 amid concerns about the licensing scheme. The push for adult-use legalization in the state has stalled for the moment. Ohio's State Senate has passed a bill to legalize CBD.

#27: OKLAHOMA

On June 26, 2018, Oklahoma voters legalized medical marijuana by voting in favor of State Q 788, the Medical Marijuana Legalization Initiative. The vote passed by a 57% to 43% margin, making Oklahoma the 30th state to legalize medical marijuana. The State of Oklahoma does not allow adult-use marijuana.

Oklahoma's medical marijuana program is regulated and administered through the Oklahoma Medical Marijuana Authority, which accepts applications for potential patients and for cannabis business licenses. As of March 2019, the Oklahoma Medical Marijuana Authority licensed 63,647 patients and 1,109 dispensaries. In March 2019, Republican Gov. Kevin Stitt signed HB 2612, which granted rule-making powers to the Oklahoma Medical Marijuana Authority.

The state previously enacted legislation allowing the use of low tetrahydrocannabinol (THC) cannabidiol for TCH levels less than 0.3%. Despite the legalization of low THC cannabidiol and medical marijuana, non-medical, adult-use marijuana remains illegal in the state, and no legislation to legalize adult use is planned or pending.

#28: ARKANSAS

Arkansas has a complicated history of legalization. Legislative efforts in 2016 created a legalized medical marijuana program, to be run by the Arkansas Alcoholic Beverage Control Board (AABCB). The regulations provided by the AABCB include specifics on residency requirements of owners, qualifying medical conditions, business qualifications, and zoning issues.

In May 2019 the first licensed medical sales began; 37 businesses were licensed, 32 as dispensaries and 5 as cultivators. The cultivators are responsible for most of the product, but dispensaries are also able to grow up to 50 plants.

Aside from medical use and legalized industrial hemp, Arkansas does not allow for sale, possession or consumption of cannabis products. An adult use ballot initiative proposed in early 2018 was rejected by the governor and will not be placed on any ballot this year.

#29: NORTH DAKOTA

Following the November 6, 2018 defeat of Measure 3, also known as the Marijuana Legalization and Automatic Expungement Initiative, by state voters, cannabis legalization in North Dakota is limited to medical use. In 2016, the state passed SB 2344, which allows for medical marijuana use, though the provisions of the bill are not fully in force. Under SB 2344, patients who suffer from a "debilitating medical condition" are allowed to use marijuana to alleviate their symptoms so long as they pay a fee and provide certain personal information to the state. The definition of "debilitating medical condition" includes cancer, Crohn's disease, fibromyalgia, and other serious conditions. North Dakota has awarded manufacturing licenses to Pure Dakota and Grassroots Cannabis and selected Keystone State Testing (doing business as Dakota State Testing) for the laboratory contract. The state currently has three dispensaries, and 750 eligible patients.

The state retains stiff criminal penalties for non-medical use. For example, first offense possession is punishable by up to a year in prison and a fine of up to \$2,000. Nevertheless, the state's views towards cannabis continue to evolve in favor of legalization. A 2020 ballot initiative submitted by a citizen group would legalize adult use while banning public use.

#30: ARIZONA

Arizona has not yet legalized marijuana for non-medical adult use, but medical marijuana has been legal since 2010. Physicians can prescribe "allowable amounts" of marijuana to patients with certain qualifying conditions. The allowable

amount is 2.5 ounces of usable marijuana every two weeks. Over 200,000 residents of the state can purchase medical marijuana. A 2016 ballot initiative to legalize adult use failed over a strong lobbying campaign from local businesses concerned about employees showing up at work under the influence of cannabis.

#31: DELAWARE

Effective May 13, 2011, Delaware passed a law approving the use of cannabis for medicinal purposes. Unlike other states such as Kansas, which require a 0% tetrahydrocannabinol (THC) concentration in any cannabidiol products, Delaware's definition of "cannabidiol oil" means that the oil contains at least 15% cannabidiol but no more than 7% THC.

The state has only three licensed Compassion Centers or medical cannabis distribution centers. Despite the limited number of distribution centers in the state, Delaware's protections for qualified users are expansive. Registered qualifying patients and caregivers cannot be subject to arrest, prosecution, or denial of any right or privilege for the medical use of marijuana, as long as the patient does not possess more than six ounces of usable marijuana. Moreover, neither schools nor landlords may discriminate against persons solely for their status as registered qualifying patients or as registered designated caregivers, unless failing to do so would cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.

Gov. John Carney is a determined opponent of adult use legalization. Despite that, state Democrats introduced an adult-use legalization bill in May 2019. Under the proposal, the state would collect licensing fees and tax products at a rate of 15%. Individuals would be prohibited from growing their own marijuana under the proposed law.

#32: WEST VIRGINIA

Both cannabidiol oil and medical marijuana are legal under state law in West Virginia. In 2017, the West Virginia Medical Cannabis Act (the "Act") was signed into legislation and is now codified in W. Va. Code §§ 16A-1-1 to 16A-16-1. The Act does not become effective until identification cards are issued to patients, which begins July 1, 2019. The Bureau for Public Health (the "Bureau") within the West Virginia Department of Health and Human Resources is responsible for regulating the cannabis activity. Under the Act, patients suffering from specified "serious medical conditions," such as cancer, are permitted to use cannabis. In addition, there are rules regarding how the marijuana may be dispensed; for example, marijuana in pill form is allowed but marijuana for smoking and edible marijuana is not.

West Virginia's medical cannabis program has been one of the slowest to develop in the nation, and sales are not planned until 2022.

Businesses that want to engage in medical commercial cannabis activities must first obtain a permit. Permits are available for growers, processors, or dispensers of marijuana. To obtain a permit, an applicant must fill out an application and pay an application fee. The application requires criminal history record checks, statements by the applicant, and a description of responsibilities, to name a few. However, the Bureau has limitations on how many permits may be issued. For example, the Bureau may not issue permits to more than ten processors of medical marijuana. Moreover, the Bureau may also implement a cap on the price of medical marijuana for up to six months at a time if it determines that the price of the medical marijuana is unreasonable.

Once a permit is obtained, the grower, processor, or dispensary faces more regulations that relate to the production, manufacturing, and/or sales of medical marijuana products. For example, individuals who operate a dispensary can dispense only in an indoor, enclosed, secure facility and may not operate on the same site as a facility used for growing or processing. In addition to following state law, permit holders must also abide by any relevant municipal ordinances, which may prohibit or limit medical cannabis organizations.

In 2018, House Bill 4345 would have expanded the state's marijuana laws. However, the Senate subsequently made changes, and the bill died. The proposed bill amended and reenacted parts of the Act, based largely on recommendations made by the state Medical Cannabis Advisory Board. The proposed bill would have allowed growers and processors to be dispensaries, among other changes. Proponents of legalization note that there is only one state in the country where a federal prosecuting attorney targets the cannabis industry – current U.S. Attorney Mike Stuart.

#33: MISSOURI

Missouri legalized medical cannabis with the passage of Amendment 2, known as the Medical Marijuana and Veteran Healthcare Services Initiative. The measure was one of three medical cannabis initiatives on Missouri's November 2018 ballot and the only one to be approved by voters.

Under the new law, medical cannabis will be available to patients with qualifying conditions. The Department of Health and Senior Services began accepting applications for patients in June 2019. Marijuana sales taxes are set at 4%. Tax revenue, estimated at \$24 million, will be spent on healthcare services for veterans.

Amendment 2 allows medical patients to grow their own cannabis. If a user grows more than a quarter-pound during a month, patients and caregivers are required to notify regulators of the excess so it can be transported to a local dispensary for destruction. Dispensary sales are planned for fall 2019.

Prior to the enactment of Amendment 2, only hemp-extract products were legal in Missouri, and only for those who suffer from epilepsy. The law authorizing such products, "Hemp Extract for Treatment of Intractable Epilepsy", was passed by legislature and signed into law in 2014. The Missouri Department of Agriculture manages hemp extract cultivation and production. Amendment 2 specifically exempted industrial hemp from its purview.

On June 1, 2018, HB 2034, which exempts industrial hemp (*Cannabis sativa* L containing no more than 0.3% THC) from the definition of marijuana and the list of controlled substances, was signed into law.

HB 2034 established an industrial hemp agricultural pilot program to be implemented by the Missouri Department of Agriculture, specifies the requirements for an applicant of an industrial hemp registration and agricultural hemp seed production permit, and makes it legal for any person who has received an industrial hemp license to grow, harvest, and cultivate industrial hemp. HB 2034 became effective on August 28, 2018.

#34: UTAH

On November 6, 2018, Utah legalized medical marijuana with the passage of Proposition 2. The measure authorizes the use of medical marijuana by qualified patients with a medical marijuana card from a physician. The medical marijuana Initiative includes certain restrictions on medical marijuana purchase. For example, patient purchases within any 14 day period cannot exceed either 2 ounces of unprocessed marijuana or an amount of medical marijuana product with no more than 10 grams of THC.

Earlier in 2018, the passage of the Cannabidiol Product Act authorized the cultivation, production, and possession of hemp and the sale and use of cannabidiol (CBD) products under certain circumstances. According to Utah's Department of Agriculture and Food, its role will be to ensure CBD products being sold are free from harmful substances and are labeled accurately to protect consumers from erroneous information.

In 2018, Utah's Medical Cannabis Policy, or House Bill 195 created a "right to try" cannabis-based treatment, or CBD treatment, for terminally ill patients. Such patients are not subject to criminal penalties for possessing and using cannabis in medical dosage form in compliance with the legislation.

Utah legislators also eliminated a residency requirement with respect to the medical marijuana dispensary licenses the state plans to award during 2019. Republican Gov. Gary Herbert, an opponent of legalization, is not running for reelection in 2020. Potential Republican candidates for the seat have drastically different views on legalization, but the future of adult-use legalization does not appear to be bright in Utah.

#35: TEXAS

In 2015, the Texas Legislature passed the Texas Compassionate Use Act. Codified under Tex. Health & Safety Code Ann. § 481.111, a patient with intractable epilepsy is exempt from prosecution for possession of low-tetrahydrocannabinol (THC) cannabis. In order for a patient to qualify for a medical prescription of cannabidiol (CBD), the patient must be a resident of Texas, the patient's physician has to certify to the Department of Public Safety that the patient suffers intractable epilepsy, the risk of using CBD is reasonable in light of the potential benefit for the patient, and that a second physician concurs that it is reasonable to prescribe CBD to the patient in light of the potential benefit to him or her. The Texas Compassionate Use Act is one of the most restrictive medical marijuana legislations in the country and only allows the use of oils or inhalers.

State Republicans voted to approve platforms endorsing marijuana decriminalization, medical cannabis, and industrial hemp, and in June 2019, Gov. Greg Abbott signed a bill legalizing industrial hemp and some CBD product. Abbott also signed House Bill 3703 into law. This legislation expanded the range of disorders treatable under the Texas Compassionate Use Act and permitted medical marijuana prescriptions for certain conditions, including multiple sclerosis, Parkinson's, ALS, terminal cancer, autism and seizure disorders.

#36: WYOMING

Wyoming has not made either adult use marijuana or medical marijuana legal, and seems unlikely to do so in the near future.

Wyoming legalized "hemp extract" use for medicinal purposes in 2015 and legalized the farming of "industrial hemp" in 2017. While the farming statute is broad, the legal use of medicinal hemp extract is rather narrow and a hemp extract registration card is currently available only to persons who suffer "from intractable epilepsy or seizure disorders and may benefit from treatment with hemp extract." W.S. 35-7-1902(a)(iii). Gov. Mark Gordon legalized the sale of CBD oils and hemp in March of 2018.

A recent poll by a Cheyenne radio station found 81 percent of Wyoming residents sampled supported legalization of adult-use in Wyoming, but legislative momentum is currently nonexistent.

#37: KENTUCKY

Kentucky is a fairly stereotypical non-legalization state. Kentucky Revised Statute Section 218A.050 (3) explicitly forbids possession of any cannabinoid-containing substance. The state does have legalized hemp, made so in 2014 (SB 124). The industrial hemp program is run by the Kentucky Department of Agriculture. However, very little guidance is given on this program, and the program appears underdeveloped.

There seems to be growing interest in Kentucky for legalizing cannabis for medical or adult use. In March 2018, a bipartisan legislative effort in the Kentucky House of Representative produced HB 166, legislation that would have legalized medical cannabis. Within a month, gridlock sunk any chance for a vote on the bill, but another bipartisan group of lawmakers have subsequently started writing a new bill that would allow medical cannabis to be sold to qualified patients in the state.

The proposed bill would establish a new state agency, named the Department of Cannabis Administration, to regulate the medical cannabis program. The proposal would prohibit the sale of cannabis to out-of-state residents. The proposed bill passed the Kentucky House Judiciary Committee in March 2019, and there is no update on its progress as of July 2019.

#38: GEORGIA

Georgia legalized the medical use of low tetrahydrocannabinol (THC) oil in 2015 with the passage of House Bill 1, known as Haliiegh's Hope Act. The Act was subsequently amended by SB 16, effective July 1, 2017, which changed the definition of "low THC oil" and expanded the list of conditions eligible for use of low THC oil. As of 2019, Georgia had 9,500 patients registered.

In April 2019 Gov. Brian Kemp signed House Bill 324, which makes it legal to produce and distribute low-THC marijuana oils in Georgia. A state board will license dispensaries. Six private companies and two universities are tasked with production. Pharmacies will be permitted to sell the oils. Under HB 324, further rules will be prescribed by the Georgia Access to Medical Cannabis Commission, a seven-member board appointed by state officials.

#39: MISSISSIPPI

In Mississippi, cannabidiol (CBD) oil for people with a debilitating epileptic condition or related illness became legal in 2014 with the passage of Harper Grace's Law, MS Code § 41-29-136. Users must have a physician's orders and can obtain the CBD oil only from the University of Mississippi Medical Center. CBD is only produced by the University of Mississippi and Mississippi State University.

Proponents of medical cannabis reforms are preparing for an initiative unlikely to make the 2020 ballot. The initiative calls for a business-friendly amendment to the Mississippi Constitution that would create an open market for the adult use cannabis industry in the state. In July 2019, another group, Mississippians for Compassionate Care, had gathered two-thirds of the signatures required for a November 2020 medical marijuana ballot initiative. Polls indicate a strong majority of Mississippians favor such legalization efforts with respect to medical use.

#40: IOWA

Currently, Iowa only allows the use of cannabidiol (CBD). In 2015, the Iowa legislature passed the Medical Cannabidiol Act. Under Iowa Code Ann. 124E, a patient with a "debilitating medical condition" may use CBD. Iowa Code Ann. 124E.2(2) provides a list of medical conditions that qualify for the use of CBD. In order for a patient to qualify for a CBD license, the patient has to: be 18 years of age, be a permanent resident of Iowa, submit a certificate written by his health care practitioner to the department of Public Health certifying that the patient is suffering a debilitating medical condition, submit an application to the department of Public Health, pay a fee, and not have been convicted of a disqualifying felony offense. Iowa has around 2,800 medical users of CBD.

Iowa allows certain types of licenses for manufacturers and dispensaries. Under Iowa Code Ann. 124E.6, the Department of Public Health was required to issue a request for proposals to select and license up to two local medical cannabidiol manufacturers. Further, Iowa Code Ann. 124 E.13 allows the Department of Public Health to issue a license to up to two out-of-state medical cannabidiol dispensaries from a bordering state to sell and dispense cannabidiol to a patient or primary caregiver in possession of a valid medical cannabidiol registration card. In addition to manufacturers, Iowa also issues licenses to dispensaries. In order to qualify for a dispensary license, an interested party must apply with the Department of Public Health and pay the respective fees. The Department of Public Health will then conduct a thorough investigation of the interested party. There is no limit in the number of licenses the department can grant.

In May 2019, Gov. Kim Reynolds vetoed proposed legislation to expand Iowa's medical marijuana program. The new measure would have permitted users to purchase 25 grams of THC in a 90 day period. The bill had support from a Republican House and Senate.

#41: VIRGINIA

Virginia does not allow adult use of marijuana or medical marijuana, though it does allow for the use of cannabidiol (CBD). VA Code Ann. § 18.2-250.1 was amended in 2017 to add § 54.1-250.1, which allows for CBD use. A physician licensed by the Board of Medicine may complete a written certification on the form provided by the Office of the Executive Secretary of the Supreme Court developed in consultation with the Board of Medicine. That law was broadened in 2018 via HB 1251 to allow a physician to recommend CBD for any condition.

In 2017, Virginia stopped automatically suspending a person's driver's license for six months following a conviction for marijuana possession. This decision, along with the legalization of medical CBD use, reflect the state's increasingly relaxed stance toward marijuana. However, in 2018 and 2019 decriminalization bills were voted down by legislative subcommittees.

The lack of decriminalization and absence of a comprehensive medical marijuana law indicate that Virginia still has a restrictive stance. The state does not appear likely to legalize adult use anytime soon, though it may consider medical marijuana legislation within a few years. This state of affairs could change if Virginia Attorney General Mark Herring, who is a strong proponent of decriminalization and legalization, replaces Gov. Ralph Northam in 2021.

#42: ALABAMA

Alabama has legalized cannabidiol (CBD) use in certain limited circumstances, but otherwise remains one of the nation's most prohibitive states when it comes to personal and commercial cannabis use. The state's criminal penalties for cannabis possession are severe, and a bill that would have reduced such penalties was rejected by the Alabama Legislature in February 2018.

Carly's Law and Leni's Law, enacted in 2014 and 2016 respectively, provide an affirmative defense for possession of CBD oil for people suffering from debilitating conditions. Eligibility for a CBD prescription requires epilepsy or other neurological disorders producing serious, debilitating, or life-threatening seizures. The University of Alabama-Birmingham has exclusive authorization for the prescription and use of CBD in treatment of individuals with eligible conditions. In 2016, the state enacted legislation permitting cultivation of hemp for industrial purposes.

The Alabama Senate sent a bill adopting the legalization of medical marijuana and detailing an accompanying regulatory scheme to the Alabama House of Representatives in May 2019. When the bill failed in committee, Gov. Kay Ivey signed a bill to set up a medical marijuana commission to study the issue in June 2019.

#43: WISCONSIN

In Wisconsin, neither medical nor adult cannabis use is legally permitted. Cannabidiol is legal if dispensed by a pharmacy or physician, pursuant to Wis. Stat. Ann. § 961.38. In order to possess cannabidiol, people must have a written certification that is not more than a year old, and people may not possess the cannabidiol past any expiration date listed on the certification.

Industrial hemp is legally permitted to be cultivated in Wisconsin. The Department of Agriculture, Trade and Consumer Protection is charged with establishing regulations for growing, cultivating, harvesting, and sampling industrial hemp. The

Department is also charged with creating a pilot program to study the growth and cultivation of industrial hemp pursuant to Wis. Stat. Ann. § 94.55. Wisconsin Administrative Code Chapter § ATCP 22.01 et seq. is the regulatory scheme currently governing hemp cultivation.

The Department of Agriculture, Trade and Consumer Protection issues licenses to industrial hemp growers and processors. Growers and processors must pass a background check and, once approved, must register annually with the Department. All industrial hemp must be tested and all growers must obtain a fit for commerce certificate prior to any hemp being transported to a processor. All hemp must show a tetrahydrocannabinol (THC) level of 0.3 or below. Any harvested industrial hemp found in Wisconsin without a fit for commerce certificate is subject to seizure and destruction at the licensee's expense.

The push to legalize marijuana for adult use in Wisconsin has suffered from various starts and stops. Legislation was proposed in 2017 that would allow cannabis to be used to treat certain medical conditions, but the legislation ultimately failed. In November 2018, state voters supported marijuana use by a solid majority in referendums on medical and adult use. Despite legalization advancing quickly in neighboring states, Wisconsin lawmakers do not seem in a hurry, and Republican legislators oppose legalization of adult use and are split on allowing medicinal cannabis. "Wisconsin residents may become one of the largest donors to the Illinois Tollway," Lt. Gov. Mandela Barnes observed, referencing Illinois' recent legalization of adult use.

#44: KANSAS

Kansas is among the states that have not legalized the use of cannabis for medical purposes. In May 2018, however, the state passed a law updating its definitions of substances included in schedules I, II, and III of the uniform controlled substances act, and Kansas's definition of "marijuana" now does not include cannabidiol (CBD). Yet Kansas law still classifies THC as a schedule I substance, so in Kansas, any legal CBD must contain 0% THC. The passing of the Farm Bill has yet to affect the prohibition on low levels of THC in CBD products, and national retailers are currently still prohibited from selling such products.

Kansas imposes harsh criminal penalties for possession of marijuana or THC, with any amount of possession constituting a class B misdemeanor punishable by up to six months in jail and a fine of up to \$1,000. Accordingly, because some CBD products that are used for medical purposes contain THC, Kansans are limited in types of CBD products they may use. The state classifies THC as a schedule I substance, so in Kansas, any legal CBD must contain 0% THC.

Democratic Gov. Laura Kelly is a supporter of medical marijuana. Gov. Kelly has predicted Kansas is a long way from legalizing adult use because of the composition of the Kansas legislature and the opposition of state law enforcement.

#45: INDIANA

Indiana does not allow either adult use or medical marijuana. Further, the state only recently allowed the use of low-tetrahydrocannabinol (THC) cannabis oil when, on February 21, 2017, the House voted unanimously to allow patients suffering from epileptic seizures to buy a non-intoxicating form of cannabis oil that contains 0.3% or less from licensed distributors across the state.

Republican Gov. Eric Holcomb is strongly opposed to the legalization of adult use and medical marijuana. In March 2018, Holcomb did sign a bill allowing the purchase of cannabidiol products, but the future appears bleak for other legalization efforts.

#46: SOUTH CAROLINA

South Carolina has not legalized marijuana for adult or medical use, but it has legalized cannabidiol in certain, limited situations. Known as Julian's Law, licensed physicians in South Carolina can prescribe cannabidiol (CBD) oil for patients suffering from certain forms of epilepsy. The CBD oil must contain at least 98 percent cannabidiol and no more than 0.9% THC. Eligible conditions include Lennox-Gastaut syndrome, Dravet syndrome, or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies. Although there have been attempts to legalize medical marijuana dating back to 1980, recent efforts have proved roundly unsuccessful. A legislative push for a 2019 vote on a medical marijuana bill was pushed to 2020.

#47: TENNESSEE

Tennessee does not permit marijuana for adult use or medical purposes. However, the state does allow CBD that contains no more than 0.9% THC. Republican State Sen. Steve Dickerson was the sponsor of a 2018 bill that would have legalized the medical use of marijuana. Dickerson tabled the proposal in April 2018, because he felt he simply did not have the votes.

On September 27, 2018, the Department of Health issued an advisory to residents about the risks of using marijuana and hemp. The advisory stated there is insufficient evidence to show any forms of cannabis, including hemp, are safe and effective medications. It also stated marijuana is addictive and that 1 in 11 adults who use marijuana become addicted.

Tennessee's Department of Health also differs from the position taken by many states (such as Illinois) which view cannabis as a strong alternative to opioids. The September 2018 advisory stated that the number of state-funded substance abuse treatment services in Tennessee with marijuana as the primary substance exceeded the number where heroin or cocaine was the primary substance. The statistics provided in the advisory only covered the number of admissions and did not provide information on the severity of treatment or the length of the patient's stay.

Another proposal to legalize medical cannabis failed in the Tennessee State Senate in March 2019. No new legislation is expected to be proposed until 2020.

#48: NORTH CAROLINA

Neither medical nor adult-use cannabis is legal within the State of North Carolina. North Carolina's stringent cannabis laws reflect the state's overall attitude disfavoring cannabis use and possible legalization. However, on July 3, 2014, North Carolina showed a willingness to reexamine its firm stance against any type of cannabis legalization with the passage of the North Carolina Epilepsy Alternative Treatment Act – Pilot Study. In 2015, HB 766 amended the Act by removing the "Pilot Study" designation.

Under the North Carolina Epilepsy Alternative Treatment Act, amended by HB 766, an individual may legally possess and use hemp extract to treat intractable epilepsy if the individual has a current hemp extract registration card, issued by the North Carolina Department of Health and Human Services.

Since the passage of the North Carolina Epilepsy Alternative Treatment Act in 2014 and HB 766 in 2015, there has been little change in legislation regarding cannabis. If anything, North Carolina seems to be moving backwards. Recently, the North Carolina House Agricultural Committee proposed a ban on smokable hemp which contains no THC. A bill sponsored by North Carolina Democrats authorizing the legalization of medical marijuana, HB 401, is currently working its way through committee.

#49: SOUTH DAKOTA

South Dakota has not legalized marijuana for either medical or adult use. However, cannabidiol was legalized in 2017 by excluding FDA-approved cannabidiol from the definition of marijuana. Further, the definition of marijuana does not include hemp ("fiber produced from mature stalks of the plant"). The South Dakota legislature passed a modest hemp bill in 2019, but the measure was vetoed by Gov. Kristi Noem. South Dakota is the only state in the nation that criminalizes internal possession: if you used cannabis legally in another state or Canada, but tested positive in South Dakota, you could be charged with a felony. A proposed Senate Bill might change that law, but it shows how far from legalization the state currently is at this time.

#50: IDAHO

Despite bordering three states (Nevada, Oregon, Washington) that have legalized adult-use marijuana, Idaho has not legalized medical marijuana use, nor has it legalized adult use of marijuana. Moreover, cannabidiol use is also not legal in Idaho. Idaho's most recent movement towards accepting medical marijuana was in 2015. In 2015, the Idaho legislature introduced Senate Bill 1146. SB 1146 would have legalized cannabidiol use, which may help relieve seizures for children with epilepsy. The bill passed both the Idaho House and Senate. However, then-Gov. Butch Otter vetoed the bill. He stated that while he sympathized with families affected by epilepsy, the bill "asks us to look past the potential misuse and abuse with criminal intent."

The future of legalization in Idaho became even murkier when Gov. Brad Little prevailed in the November 2018 election. Little favors limited cannabidiol (CBD) access but opposes full marijuana legalization.

#51: NEBRASKA

Nebraska does not allow adult use or medical marijuana use. In 2016 and 2017, medical marijuana bills were introduced, but the first was quashed by filibuster and the latter was not voted on.

Nebraska has decriminalized marijuana possession for first time offenders, but retains mandatory minimums that force judges to sentence non-violent offenders according to the minimum rather than the judge's discretion. The public, however, appears ready for medical marijuana, though perhaps not for adult use. While 60% of Nebraskans believe that medical marijuana should be legalized, Gov. Pete Ricketts has been steadfastly against any legalization. An organization called Nebraskans for Sensible Marijuana Laws has a goal of placing an initiative on the 2020 ballot.

The authors would like to thank Thompson Coburn 2019 Summer Associate Alex Carnevale, as well as the following members of the Thompson Coburn 2018 Summer Associate Program for their contributions to last year's rankings: Tyler Ash, Brendan Bement, Sam Crocker, Ashton Dietrich, Grant Hancock, Charles Harned, Katie Lee, Jaime Monte, Lauren Pair, Sarah Rowan, James Smith, Rose Tanner, and Alex Weidner.

Thompson Coburn advises clients on state laws governing the business of cannabis to facilitate compliance with those state laws. Federal laws concerning cannabis currently conflict with state laws in states that have legalized cannabis or possession of cannabis. Although federal enforcement policy may at times defer to these states' laws and not enforce conflicting federal laws, interested businesses and individuals should be aware that compliance with state law in no way assures compliance with federal law, and there is a risk that conflicting federal laws may be enforced in the future. In addition to this Cannabis-specific note, readers should review Thompson Coburn's Conditions of Use / Disclaimers page containing other important information.

CHICAGO

55 East Monroe Street
37th Floor
Chicago, IL 60603
312 346 7500

LOS ANGELES

2029 Century Park East
19th Floor
Los Angeles, CA 90067
310 282 2500

ST. LOUIS

One US Bank Plaza
St. Louis, MO 63101
314 552 6000

SOUTHERN ILLINOIS

525 West Main Street
Suite 300
Belleville, IL 62220
618 277 4700

WASHINGTON, D.C.

1909 K Street, N.W.
Suite 600
Washington, D.C. 20006
202 585 6900



thompsoncoburn.com