

PTSD for Medical Marijuana

Connecticut

SUMMARY:

Governor Dan Malloy signed into law Public Act 12-55, An Act Concerning the Palliative Use, on June 1, 2012. The law took effect on October 1, 2012. Under the law, patients with a 'debilitating medical condition' must receive 'written certification' from a physician and register with the state's Department of Consumer Protection (DCP). Online registration for qualifying patients and their physicians is now available from the Connecticut Department of Consumer Protection.

Under the law, qualifying patients and their primary caregivers can possess a combined one-month supply of cannabis. Patients may eventually obtain marijuana from certified pharmacists at licensed dispensaries, who will obtain it from licensed producers. The Department of Consumer Protection has until July 1 to submit regulations to the General Assembly regarding the eventual state-licensed distribution of cannabis. In the interim, qualified patients will be allowed to lawfully to possess personal supplies of cannabis although, technically, "transactions to obtain the drug will still be illegal." The option of home cultivation is not explicitly addressed under the statute.

Patients diagnosed with the following illnesses are afforded legal protection under this act: "cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, Posttraumatic Stress Disorder, or any other medical condition, medical treatment or disease approved by the Department of Consumer Protection pursuant to regulations adopted under section 14 of this act." A qualifying patient shall have not more than one primary caregiver at any time. Any marijuana, paraphernalia relating to marijuana, or other property seized by law enforcement officials from a qualifying patient or a primary caregiver in connection with a claimed palliative use of marijuana shall be returned to the qualifying patient or the primary caregiver immediately upon the determination by a court that the qualifying patient or the primary caregiver is entitled to the palliative use of marijuana as evidenced by a decision not to prosecute, a dismissal of charges or an acquittal.

Additional information for Connecticut patients and physicians regarding Public Act 12-55, An Act Concerning the Palliative Use of Marijuana is available online from the state Department of Consumer Protection.

Oregon

SUMMARY:

Fifty-five percent of voters approved Measure 67 on November 3, 1998. The law took effect on December 3, 1998. It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess a signed recommendation from their physician stating that marijuana "may mitigate" his or her debilitating symptoms. Patients diagnosed with the following illnesses are afforded legal protection under this act: cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea. Other conditions are subject to approval by the Health Division of the Oregon Department of Human Resources. Patients (or their primary caregivers) may legally possess no more than three ounces of usable marijuana, and may cultivate no more than seven marijuana plants, of which no more than three may be mature. The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges.

The Oregon law does not include a reciprocity provision. However, the Oregon Court of Appeals has ruled (and the Oregon Medical Marijuana Program has confirmed) that patients from out of state are permitted to register with the Oregon Medical Marijuana Program to obtain a registry identification card, the same as an Oregon resident, which will protect them from arrest or prosecution while in Oregon. These out of state patients are required to obtain a recommendation for the medical use of marijuana from an Oregon licensed physician. *State v. Berringer*, 229 P3d 615 (2010).

Amendment:

On June 6, 2013, the Governor signed Senate Bill 281 into law to expand the program's list of qualifying conditions to include post-traumatic stress.

Nevada

SUMMARY:

Sixty-five percent of voters approved Question 9 on November 7, 2000, which amends the states' constitution to recognize the medical use of marijuana. The law took effect on October 1, 2001. The law removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who have "written documentation" from their physician that marijuana may alleviate his or her condition. Patients diagnosed with the following illnesses are afforded legal protection under this act: AIDS; cancer; glaucoma; PTSD; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain. Other conditions are subject to approval by the health division of the state Department of Human Resources. Patients (or their primary caregivers) may legally possess no more than one ounce of usable marijuana, and may

cultivate no more than seven marijuana plants, of which no more than three may be mature. The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. Patients who do not join the registry or possess greater amounts of marijuana than allowed by law may argue the "affirmative defense of medical necessity" if they are arrested on marijuana charges.

The medical use provisions in Nevada do not include reciprocity provisions protecting visitors from other medical use states.

New Mexico

SUMMARY:

Governor Bill Richardson signed Senate Bill 523, "Lynn and Erin Compassionate Use Act," into law on April 2, 2007. The new law took effect on July 1, 2007. The law mandates the state Department of Health by October 1, 2007, to promulgate rules governing the use and distribution of medical cannabis to state-authorized patients. These rules shall address the creation of state-licensed "cannabis production facilities," the development of a confidential patient registry and a state-authorized marijuana distribution system, and "define the amount of cannabis that is necessary to constitute an adequate supply" for qualified patients.

The medical use provisions in New Mexico do not include reciprocity provisions protecting visitors from other medical use states.

Patients diagnosed with the following illnesses are afforded legal protection under this act:

Arthritis, Severe chronic pain, Painful peripheral neuropathy, Intractable nausea/vomiting, Severe anorexia/cachexia, Hepatitis C infection currently receiving antiviral treatment, Crohn's disease, Post-traumatic Stress Disorder, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), Cancer, Glaucoma, Multiple sclerosis, Damage to the nervous tissue of the spinal cord with intractable spasticity, Epilepsy, HIV/AIDS, Hospice patients, Huntington's disease, Parkinson's disease

Delaware

SUMMARY:

Governor Jack Markell signed legislation -- Senate Bill 17, The Delaware Medical Marijuana Act -- into law on May 13, 2011. State regulators have up to one-year to draft regulations to formally govern the program. The law removes state-level criminal penalties on the use and possession of cannabis obtained from state-licensed facilities for patients with an authorized "debilitating medical condition." The measure provides for the establishment of at least one non-profit 'compassion center' per county that would be licensed by the state to produce and dispense medical cannabis. Recommending physicians must have "bona fide physician-patient relationship" with a person before recommending the

use of medical cannabis. Medical conditions that may qualify for cannabis under this act include: cancer, HIV/AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, and post-traumatic stress disorder, as well as cachexia, chronic pain (if the condition has not responded to previously prescribed medications), severe nausea, seizures or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis. Patients may legally possess up to 6 ounces of usable marijuana, if the marijuana is obtained from a state-licensed facility. Home cultivation of marijuana is not allowed under this act. The law establishes a mandatory, confidential state-run patient registry that issues identification cards to qualifying patients. The act also provides medical marijuana patients who are not registered with the state to raise an 'affirmative defense' motion to dismiss at trial. This act includes reciprocity provisions protecting visitors from other medical use states.

Michigan

SUMMARY:

Sixty-three percent of voters approved Proposal 1 on November 4, 2008. The law took effect on December 4, 2008. It removes state-level criminal penalties on the use, possession and cultivation of marijuana by patients who possess written documentation from their physicians authorizing the medical use of marijuana. Patients diagnosed with the following illnesses are afforded legal protection under this act: Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, PTSD, or the treatment of these conditions. Patients are also offered legal protection if they have a chronic or debilitating disease or medical condition or treatment of said condition that produces 1 or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis. Patients (or their primary caregivers) may possess no more than 12 marijuana plants kept in an enclosed, locked facility or 2.5 ounces of usable marihuana. The law establishes a confidential state-run patient registry that issues identification cards to qualifying patients. The state officially began accepting applications for the program on April 6, 2009.

Debilitating Medical Condition – added by department or petition

Recently added