

# State Medical Marijuana Laws

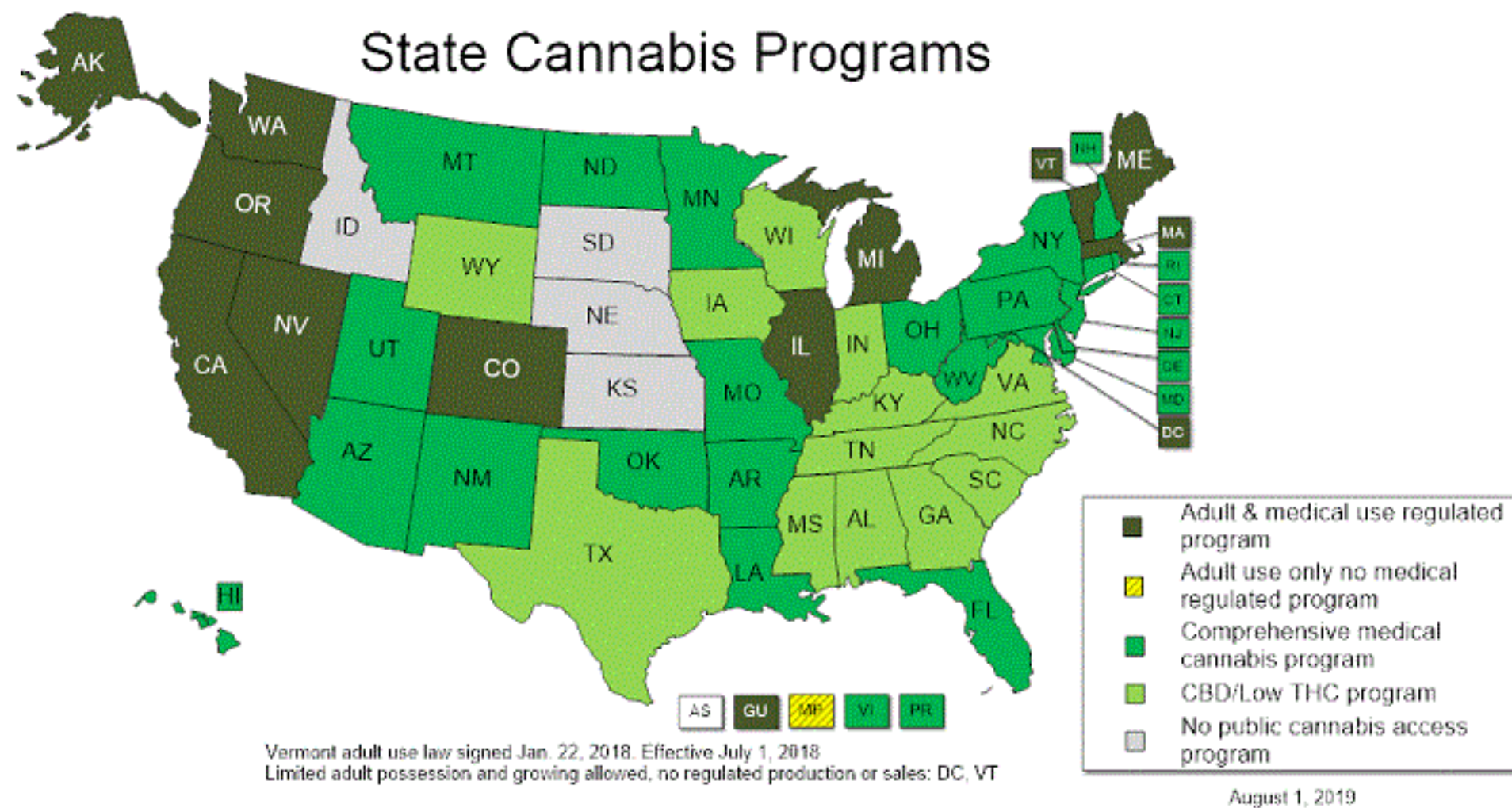
10/16/2019

California voters passed Proposition 215 in 1996, making the Golden State the first in the union to allow for the medical use of marijuana. Since then, 32 more states, the District of Columbia, Guam, Puerto Rico and U.S. Virgin Islands have enacted similar laws.

As of June 25, 2019, 14 states and territories have approved adult-use cannabis. As of Jan. 22, 2018, the Vermont legislature passed adult-use legalization legislation and the governor signed the bill. The measure does not set up a regulatory system for sales or production. See text of measure below.

A total of 33 states, District of Columbia, Guam, Puerto Rico and U.S. Virgin Islands have approved a comprehensive, publicly available medical marijuana/cannabis programs. **(See Table 1 below for more info.)** Approved efforts in 13 states allow use of "low THC, high cannabidiol (CBD)" products for medical reasons in limited situations or as a legal defense. See Table 2 below for more information about those programs. Low-THC programs are not counted as comprehensive medical marijuana programs. NCSL uses criteria similar to other organizations tracking this issue to determine if a program is "comprehensive":

1. Protection from criminal penalties for using marijuana for a medical purpose.
2. Access to marijuana through home cultivation, dispensaries or some other system that is likely to be implemented.
3. It allows a variety of strains or products, including those with more than "low THC."
4. It allows either smoking or vaporization of some kind of marijuana products, plant material or extract.
5. Is not a limited trial program. (South Dakota and Nebraska have limited, trial programs that are not open to the public.)



## Medical Uses of Marijuana



In response to California's Prop 215, the Institute of Medicine issued a report that examined potential therapeutic uses for marijuana. The report found that: "Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation; smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances. The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value. Those effects are potentially undesirable for certain patients and situations and beneficial for others. In addition, psychological effects can complicate the interpretation of other aspects of the drug's effect."

Further studies have found that marijuana is effective in relieving some of the symptoms of HIV/AIDS, cancer, glaucoma, and multiple sclerosis.<sup>1</sup>

In early 2017, the National Academies of Sciences, Engineering, and Medicine released a report based on the review of over 10,000 scientific abstracts from marijuana health research. They also made 100 conclusions related to health and suggest ways to improve cannabis research.

## State vs Federal Perspective

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency and no accepted medical use, making distribution of marijuana a federal offense. In October of 2009, the Obama Administration sent a memo to federal prosecutors encouraging them not to prosecute people who distribute marijuana for medical purposes in accordance with state law.

In late August 2013, the U.S. Department of Justice announced an update to their marijuana enforcement policy. The statement read that while marijuana remains illegal federally, the USDOJ expects states like Colorado and Washington to create "strong, state-based enforcement efforts... and will defer the right to challenge their legalization laws at this time." The department also reserves the right to challenge the states at any time they feel it's necessary.

More recently, in January 2018, former Attorney General Sessions issued a Marijuana Enforcement Memorandum that rescinded the Cole Memorandum, and allows federal prosecutors to decide how to prioritize enforcement of federal marijuana laws. Specifically, the Sessions memorandum directs U.S. Attorneys to "weigh all relevant considerations, including federal law enforcement priorities set by the Attorney General, the seriousness of the crime, the deterrent effect of criminal prosecution, and the cumulative impact of particular crimes on the community." Text of the memo can be found here: <https://www.justice.gov/opa/pr/justice-department-issues-memo-marijuana-enforcement>

NCSL's policy on state cannabis laws can be found under Additional Resources below.

Arizona and the District of Columbia voters passed initiatives to allow for medical use, only to have them overturned. In 1998, voters in the District of Columbia passed Initiative 59. However, Congress blocked the initiative from becoming law. In 2009, Congress reversed its previous decision, allowing the initiative to become law. The D.C. Council then put Initiative 59 on hold temporarily and unanimously approved modifications to the law.

Before passing Proposition 203 in 2010, Arizona voters originally passed a ballot initiative in 1996. However, the initiative stated that doctors would be allowed to write a "prescription" for marijuana. Since marijuana is still a Schedule I substance, federal law prohibits its prescription, making the initiative invalid. Medical marijuana "prescriptions" are more often called "recommendations" or "referrals" because of the federal prescription prohibition.

States with medical marijuana laws generally have some form of patient registry, which may provide some protection against arrest for possession up to a certain amount of marijuana for personal medicinal use.

Some of the most common policy questions regarding medical marijuana include how to regulate its recommendation, dispensing, and registration of approved patients. Some states and localities without dispensary regulation are experiencing a boom in new businesses, in hopes of being approved before presumably stricter regulations are made. Medical marijuana growers or dispensaries are often called "caregivers" and may be limited to a certain number of plants or products per patient. This issue may also be regulated on a local level, in addition to any state regulation.

### Table 1. State Medical Marijuana/Cannabis Program Laws

<b>State (click state name to jump to program information)</b>	<b>Statutory Language (year)</b>	<b>Patient Registry or ID cards</b>	<b>Allows Dispensaries</b>	<b>Specifies Conditions</b>	<b>Recognizes Patients from other states</b>	<b>State Allows for Retail Sales/Adult Use</b>
<b>Alaska</b>	Measure 8 (1998) SB 94 (1999) Statute Title 17, Chapter 37	Yes	Yes	Yes	No, but adults over 21 may purchase at retail adult dispensaries.	Ballot Measure 2 (2014) Marijuana Regulations
<b>Arizona</b>	Proposition 203 (2010)	Yes	Yes	Yes	Yes, for AZ-approved conditions, but not for dispensary purchases.	
<b>Arkansas</b>	Issue 6 (2016)	Yes	Yes	Yes	Yes	
<b>California</b>	Proposition 215 (1996) SB 420 (2003)	Yes	Yes (cooperatives and collectives)	No	No	Proposition 64 (2016)
<b>Colorado</b>	Amendment 20 (2000)	Yes	Yes	Yes	No	Amendment 64 (2012) Task Force Implementation Recommendations (2013) Analysis of CO Amendment 64 (2013) Colorado Marijuana Sales and Tax Reports 2014 "Edibles" regulation measure FAQ about CO cannabis laws by the Denver Post.
Medical program info						
Adult-use info						
<b>Connecticut</b>	HB 5389 (2012)	Yes	Yes	Yes		
<b>Delaware</b>	SB 17 (2011)	Yes	Yes	Yes	Yes, for DE-approved conditions.	
<b>District of Columbia</b>	Initiative 59 (1998) L18-0210 (2010)	Yes	Yes	Yes		Initiative 71 (2014)
<b>Florida</b>	Amendment 2 (2016) Details pending	Pending	Pending	Pending	Pending	
<b>Guam</b>	Proposal 14A	Yes	Yes	Yes	No	Yes. Adult use- 2019

	Approved in Nov. 2014, fully operational.- home growing currently allowed until dispensaries open <u>Draft rules</u> released in July 2015						Bill No. 32-35 signed by governor in April, 2019
	Adult use- 2019 Bill No. 32-35 signed by governor in April, 2019						
<b>Hawaii</b>	SB 862 (2000)	Yes	Yes	Yes	No		
<b>Illinois</b>	HB 1 (2013) <i>Eff. 1/1/2014</i> Rules  Adult use legalization SB 0007 bill passed legislature May, 2019, signed by governor June 25, 2019, Effective Jan. 1, 2020.	Yes	Yes	Yes	No		Measure approved by legislature in May, 2019, signed by governor June 25, 2019. Effective Jan. 1, 2020.
<b>Louisiana</b>	SB 271 (2017) (not yet in effect)	Pending	Yes	Yes	No		
<b>Maine</b>	Question 2 (1999) LD 611 (2002) Question 5 (2009) LD 1811 (2010) LD 1296 (2011)	Yes	Yes	Yes	Yes, but not for dispensary purchases.		Question 1 (2016) page 4 Chapter 409 (2018)
<b>Maryland</b>	HB 702 (2003) SB 308 (2011) HB 180/SB 580 (2013) HB 1101- Chapter 403 (2013) SB 923 (signed 4/14/14) HB 881- similar to SB 923	Yes	Yes	Yes	No		
<b>Massachusetts</b>	Question 3 (2012) Regulations (2013)	Yes	Yes	Yes	No		Question 4 (2016)
<b>Michigan</b>	Proposal 1 (2008)	Yes	Not in state law, but localities may create ordinances to allow them and regulate them.	Yes	Yes, for legal protection of possession, but not for dispensary purchases.		Proposal 18-1 (2018)
<b>Minnesota</b>	SF 2471, Chapter 311 (2014)	Yes	Yes, limited, liquid extract products only	Yes	No		
<b>Missouri</b>	Amendment 2 (2018)	Yes	Yes, details pending	Yes	Yet to be determined		

<b>Montana</b>	Initiative 148 (2004) SB 423 (2011) Initiative 182 (2016)	Yes	No**	Yes	No	
<b>Nevada</b>	Question 9 (2000) NRS 453A NAC 453A	Yes	Yes	Yes	Yes, if the other state's program are "substantially similar." Patients must fill out Nevada paperwork. Adults over 21 may also purchase at adult retail dispensaries.	Question 2 (2016) page 25
<b>New Hampshire</b>	HB 573 (2013)	Yes	Yes	Yes	Yes, with a note from their home state, but they cannot purchase through dispensaries.	
<b>New Jersey</b>	SB 119 (2009) Program information	Yes	Yes	Yes	No	
<b>New Mexico</b>	SB 523 (2007) Medical Cannabis Program	Yes	Yes	Yes	No	
<b>New York</b>	A6357 (2014) Signed by governor 7/5/14	Yes	Ingested doses may not contain more than 10 mg of THC, product may not be combusted (smoked).	Yes	No	
<b>North Dakota</b>	Measure 5 (2016) Final details pending	Yes	Yes	Yes	No	
<b>Northern Mariana Islands</b>	Does not have a medical program.					Yes, HB 20-178 HD 4-Public Law 20-66 (2018)
<b>Ohio</b>	HB 523 (2016) Approved by legislature, signed by governor 6/8/16	Yes	Yes	Yes	Details pending, but will require reciprocity.	
<b>Oklahoma</b>	SQ 788 Approved by voters on 6/26/18, not yet	Details pending	Details pending	Not as voted on	Details pending	

operational

<b>Oregon</b>	Oregon Medical Marijuana Act (1998) SB 161 (2007)	Yes	Yes	Yes	No, but adults over 21 may purchase at adult retail dispensaries.	Measure 91 (2014)
<b>Pennsylvania</b>	SB 3 (2016) Signed by governor 4/17/16	Yes	Yes	Yes	No	
<b>Puerto Rico</b>	Public Health Department Regulation 155 (2016) in Spanish	Yes	Cannot be smoked	Yes	Yes	
<b>Rhode Island</b>	SB 791 (2007) SB 185 (2009)	Yes	Yes	Yes	Yes	
<b>US Virgin Islands</b>	SB 135 (2017) signed by governor 1/19/19					
<b>Utah</b>	Prop 2 (2018) replaced by HB 3001 HB 3001 2018- Third Special Session	Yes	Yes	Yes	Yet to be determined	
<b>Vermont</b>	SB 76 (2004) SB 7 (2007) SB 17 (2011) H.511 (2018)	Yes	Yes	Yes	No	H.511 approved by legislature, signed by governor 1/22/18. Effective July 1, 2018. Does NOT provide for legal production or sales. Governor's Marijuana Advisory Commission suggested regulation structure below. Allows adults 21 years or older to possess up to one ounce of marijuana. Selling marijuana in Vermont remains illegal. Allows adults to grow two mature plants. Public consumption of marijuana is also not allowed. Governor's Marijuana Advisory Commission Final Report- December, 2018
<b>Washington</b>	Initiative 692(1998) SB	No	Yes, approved	Yes	No, but	Initiative 502 (2012)

5798 (2010) SB 5073 (2011)			as of Nov. 2012, stores opened in July, 2014.		adults over 21 may purchase at an adult retail dispensary.	WAC Marijuana rules: Chapter 314-55 WAC  FAQ about WA cannabis laws by the Seattle Times.
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<b>West Virginia</b>	SB 386 (2017)	Yes	Yes. No whole flower/cannot be smoked but can be vaporized.	Yes	No, but may allow terminally ill to buy in other states.	
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\*The links and resources are provided for information purposes only. NCSL does not endorse the views expressed in any of the articles linked from this page.

\*\* While Montana's revised medical marijuana law limits caregivers to three patients, caregivers may serve an unlimited number of patients due to an injunction issued on January 16, 2013.

**Table 2. Limited Access Marijuana Product Laws (low THC/high CBD- cannabidiol)**

State	Program Name and Statutory Language (year)	Patient Registry or ID cards	Dispensaries or Source of Product(s)	Specifies Conditions	Recognizes Patients from other states	Definition Allowed
<b>Alabama</b>	SB 174 "Carly's Law" (Act 2014-277) Allows University of Alabama Birmingham to conduct effectiveness research using low-THC products for treating seizure disorders for up to 5 years. HB 61 (2016) Leni's Law allows more physicians to refer patients to use CBD for more conditions.	No	Provides legal defense for possession and/or use of CBD oil. Does not create an in-state production method.	Yes, debilitating epileptic conditions, life-threatening seizures, wasting syndrome, chronic pain, nausea, muscle spasms, any other severe condition resistant to conventional medicine.	No	Extracts 1 below 3%
<b>Florida (NEW comprehensive program approved in 2016, included in table above)</b>	Compassionate Medical Cannabis Act of 2014 CS for SB 1030 (2014) Patient treatment information and outcomes will be collected and used for intractable childhood epilepsy research	Yes	Yes, 5 registered nurseries across the state by region, which have been in business at least 30 years in Florida.	Yes, cancer, medical condition or seizure disorders that chronically produces symptoms that can be alleviated by low-THC products	No	Cannabis below .8% 10% CBD
<b>Georgia</b>	HB 1 (2015) (signed by governor 4/16/15)	Yes	Law allows University System of Georgia to develop a lot THC oil clinical research program	Yes, end stage cancer, ALS, MS, seizure disorders, Crohn's,	No	Cannabis below 5% an equal

			that meets FDA trial compliance.		mitochondrial disease, Parkinson's, Sickle Cell disease		
<b>Idaho- VETOED BY GOVERNOR</b>	SB 1146 (VETOED by governor 4/16/15)	No	Doesn't define.		The possessor has, or is a parent or guardian of a person that has, cancer, amyotrophic lateral sclerosis, seizure disorders, multiple sclerosis, Crohn's disease, mitochondrial disease, fibromyalgia, Parkinson's disease or sickle cell disease;	No	Is composed of less than three percent (0.3%) tetrahydrocannabinol (THC) by weight and at least fifty percent cannabidiol (CBD) by weight; and other psychoactive substances
<b>Indiana</b>	HB 1148 (2017)	Yes	Doesn't define.		Treatment resistant epilepsy.	No	At least 5 percent by weight. No more than 0.1 percent THC
<b>Iowa</b>	SF 2360, Medical Cannabidiol Act of 2014 (Effective 7/1/14 and repealed in 2017 and replaced) HF 524 of 2017 now Section 124E	Yes	Yes		Yes	Yes, for possession or use only, not for purchasing CBD in Iowa.	Less than 0.3% THC
<b>Kentucky</b>	SB 124 (2014) Clara Madeline Gilliam Act Exempt cannabidiol from the definition of marijuana and allows it to be administered by a public university or school of medicine in Kentucky for clinical trial or expanded access program approved by the FDA.	No	Universities in Kentucky with medical schools that are able to get a research trial. Doesn't allow for in-state production of CBD product.		Intractable seizure disorders	No	No, only for research
<b>Mississippi</b>	HB 1231 "Harper Grace's Law" 2014		All provided through National Center for Natural Products Research at the Univ. of Mississippi and dispensed by the Dept. of Pharmacy Services at the Univ. of Mississippi Medical Center		Yes, debilitating epileptic condition or related illness	No	"CBD oil" is defined as cannabis resin that contains less than 15% THC by weight and contains at least 10 milligrams of cannabidiol (CBD) per ounce



						more than percent ( tetrahydro
<b>Missouri</b> <i>(NEW comprehensive program approved in 2018, included in table above)</i>	HB 2238 (2014)	Yes	Yes, creates cannabidiol oil care centers and cultivation and production facilities/laboratories.	Yes, intractable epilepsy that has not responded to three or more other treatment options.	No	"Hemp e less than least 5%
<b>North Carolina</b>	HB 1220 (2014) Epilepsy Alternative Treatment Act- Pilot Study HB 766 (2015) Removes Pilot Study designation	Yes	University research studies with a hemp extract registration card from the state DHHS or obtained from another jurisdiction that allows removal of the products from the state.	Yes, intractable epilepsy	No	"Hemp e than nine percent ( tetrahydro by weigh Is compo five perc by weigh Contains psychoac
<b>Oklahoma</b> <i>(NEW comprehensive medical program approved in 2018 and listed above)</i>	HB 2154 (2015)	Yes	No in-state production allowed, so products would have to be brought in. Any formal distribution system would require federal approval.	People under 18 (minors) Minors with Lennox-Gastaut Syndrome, Dravet Syndrome, or other severe epilepsy that is not adequately treated by traditional medical therapies	No	A prepar with no r in liquid
<b>South Carolina</b>	SB 1035 (2014) Medical Cannabis Therapeutic Treatment Act- Julian's Law	Yes	Must use CBD product from an approved source; and (2) approved by the United States Food and Drug Administration to be used for treatment of a condition specified in an investigational new drug application. -The principal investigator and any subinvestigator may receive cannabidiol directly from an approved source or authorized distributor for an approved source for use in the expanded access clinical trials.	Lennox-Gastaut Syndrome, Dravet Syndrome, also known as severe myoclonic epilepsy of infancy, or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies.	No	Cannabio marijuan THC and or least 9 cannabio more tha 0.90% te (THC) by been ext marijuan laborator

			Some have interpreted the law to allow patients and caregivers to produce their own products.			
<b>Tennessee</b>	SB 2531 (2014) Creates a four-year study of high CBD/low THC marijuana at TN Tech Univ. _____ HB 197 (2015)	Researchers need to track patient information and outcomes _____ No	Only products produced by Tennessee Tech University. Patients may possess low THC oils only if they are purchased "legally in the United States and outside of Tennessee," from an assumed medical cannabis state, however most states do not allow products to leave the state. _____ Allows for legal defense for having the product as long as it was obtained legally in the US or other medical marijuana state.	Yes, intractable seizure conditions. _____ Yes, intractable seizure conditions.	No _____ No	"Cannabi... .9% THC research _____ Same as
<b>Texas</b>	SB 339 (2015) Texas Compassionate Use Act HB 3703 (2019)	Yes	Yes, licensed by the Department of Public Safety.	Yes, intractable epilepsy, incurable neurodegenerative disease, terminal cancer, multiple sclerosis, spasticity, ALS, autism.	No	"Low-THC... more tha... weight of... tetrahydr...
<b>Utah</b> <i>(NEW comprehensive program approved in 2018, included in table above)</i>	HB 105 (2014) Hemp Extract Registration Act	Yes	Not completely clear, however it may allow higher education institution to grow or cultivate industrial hemp.	Yes, intractable epilepsy that hasn't responded to three or more treatment options suggested by neurologist.	No	"Hemp e... than .3%... at least 1... and cont... psychoac...
<b>Virginia</b>	HB 1445	No	No in-state means of acquiring cannabis products.	Intractable epilepsy	No	Cannabis... 15% CBD... more tha...
<b>Wisconsin</b>	AB 726 (2013 Act 267)	No	Physicians and pharmacies with an investigational drug permit by the FDA could dispense cannabidiol. Qualified patients would also be allowed to access CBD from an out-of-state	Seizure disorders		Exception... prohibite... allows fo... "cannabi... without a... effect." T... are not d...

medical marijuana dispensary that allows for out-of-state patients to use their dispensaries as well as remove the products from the state. No in-state production/manufacturing mechanism provided.

**Wyoming**

HB 32 (2015)  
Supervised medical use of hemp extracts.  
Effective 7/1/2015

Yes

No in-state production or purchase method defined.

Intractable epilepsy or seizure disorders

No

"Hemp e  
than 0.3%  
5% CBD I

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## Additional Resources

- NCSL's Cannabis & Employment Laws page.
- NCSL's Marijuana Deep Dive page featuring marijuana and cannabis laws on criminal justice, health and other resources.
- NCSL FY 2018 letter the LCJPS Committee sent to the Hill opposing the withholding of funding for state with medical marijuana laws:  
NCSL FY 2018 CJS Appropriations Support Letter. (May 16, 2017)
- State Marijuana Policy covered in Episode 4 of NCSL's podcast, Our American States. You can find it on our website or subscribe to the podcast in iTunes, Google Play or your favorite podcast app.
- Comparisons of programs
  - Comparison of all state medical marijuana programs with contact information. Prepared by the Network for Public Health Law as of June 2014
  - Comparison of state limited access medical marijuana programs. Prepared by the Network for Public Health Law as of June 2018.
    - "State-by-State Medical Marijuana Laws" Marijuana Policy Project, 2019
    - 25 Legal Medical Marijuana States and DC: Laws, Fees, and Possession Limits, by ProCon.Org
- Finances/Tax information
  - Regulating Marijuana: Taxes, Banking and Federal Laws, November 2015
  - "State Medical Marijuana Programs' Financial Information," Marijuana Policy Project, July 2015
  - "Medical Marijuana Dispensary Laws: Fees and Taxes," Marijuana Policy Project
  - Colorado Marijuana Sales and Tax Reports (updated monthly)
  - Washington State Sales and Tax Information (updated weekly)
  - "Taxing Marijuana: The Washington and Colorado Experience," Tax Foundation, August 2014
- Law enforcement/crime information
  - "What Law Enforcement Can Learn from Marijuana Legalization in Colorado," Prepared by American Military University, March, 2015
  - Statement by ONDCP Director Gil Kerlikowske regarding Federal guidelines for medical marijuana prosecution

- Medical marijuana research and reports
  - The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research, 2017
  - "Marijuana and Medicine: Assessing the Science Base," Institute of Medicine, 1999
  - Treatment Research Institute's (TRI) policy position statement regarding medical marijuana
  - ProCon.org's resources on medical marijuana. Medical Marijuana ProCon.org presents laws, studies, statistics, surveys, government reports, and pro and con statements on questions related to marijuana as medicine.
  - "Exposing the Myth of Smoked Medical Marijuana," U.S. Drug Enforcement Administration
  - "State-by-State Medical Marijuana Laws" Marijuana Policy Project, 2014
  - "Becoming a State-Authorized Patient," Americans for Safe Access
  - DEA: Pharmaceutical products already exist; they are called Marinol and Cesamet
- Retail/Adult Use information and news
  - Regulating Marijuana: Taxes, Banking and Federal Laws, November 2015
  - Regulating Marijuana: A Year and a Half In, NCSL, October 2015
  - "State Legalization of **Recreational** Marijuana: Selected Legal Issues." Congressional Research Service, April 2013
  - Analysis of CO Amendment 64 (rec use initiative) by Colorado State University, April 2013
  - Colorado Marijuana Sales and Tax Reports
  - Colorado Marijuana Enforcement Division Annual Update, February 2015
  - Public Health Law Research Law Atlas: Recreational Marijuana Laws - Interactive Map
  - Brookings Institution: Colorado's Rollout of Legal Marijuana Is Succeeding
- Public health and youth information
  - Marijuana Joins Smoke-Free Laws, *State Legislatures*, March 2013
  - Regulating Recreational Use of Marijuana and the Role of Public Health Law Prepared by the Network for Public Health Law
  - Marijuana Impact on Public Health and Safety in Colorado: conference by CO Association of Chiefs of Police, January 14-16, 2015
  - Smart Colorado: Protecting youth from marijuana
- Interest groups, position statements, and model regulation examples
  - SAM: Smart Approaches to Marijuana
  - Smart Colorado: Protecting youth from marijuana
  - Public Health Institute's "Getting it Right from the Start": Regulation of Recreational Marijuana. Includes state policies and local level model ordinances.
  - Treatment Research Institute's (TRI) policy position statement regarding medical marijuana
  - National Families in Action: Marijuana Studies Program "Marijuana Report"
  - Marijuana Majority
  - "Medical Cannabis as a Tool to Combat Pain and the Opioid Crisis: A Blueprint for State Policy" Americans for Safe Access
  - "State-by-State Medical Marijuana Laws" Marijuana Policy Project, 2016
  - "Key Aspects of State and DC Medical Marijuana Laws," Marijuana Policy Project, 2016
  - "Becoming a State-Authorized Patient," Americans for Safe Access