



House of Representatives

File No. 878

General Assembly

January Session, 2007

(Reprint of File No. 420)

Substitute House Bill No. 6715
As Amended by House Amendment
Schedule "J"

Approved by the Legislative Commissioner
May 25, 2007

AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2007*) As used in sections 1 to 9,
2 inclusive, of this act, unless the context otherwise requires:

3 (1) "Debilitating medical condition" means cancer, glaucoma,
4 positive status for human immunodeficiency virus or acquired
5 immune deficiency syndrome, Parkinson's disease, multiple sclerosis,
6 damage to the nervous tissue of the spinal cord with objective
7 neurological indication of intractable spasticity, epilepsy, cachexia or
8 wasting syndrome;

9 (2) "Marijuana" has the same meaning as provided in section 21a-
10 240 of the general statutes;

11 (3) "Palliative use" means the acquisition and distribution,
12 possession, cultivation, use or transportation of marijuana or
13 paraphernalia relating to marijuana to alleviate a qualifying patient's
14 symptoms or the effects of such symptoms, but does not include any

15 such use of marijuana by any person other than the qualifying patient.
16 For the purposes of this subdivision, "acquisition and distribution"
17 means the transfer of marijuana and paraphernalia relating to
18 marijuana from the primary caregiver to the qualifying patient;

19 (4) "Physician" means a person who is licensed under the provisions
20 of chapter 370 of the general statutes, but does not include a physician
21 assistant, as defined in section 20-12a of the general statutes;

22 (5) "Primary caregiver" means a person, other than the qualifying
23 patient and the qualifying patient's physician, who is eighteen years of
24 age or older and has agreed to undertake responsibility for managing
25 the well-being of the qualifying patient with respect to the palliative
26 use of marijuana, provided (A) in the case of a qualifying patient
27 lacking legal capacity, such person shall be a parent, guardian or
28 person having legal custody of such qualifying patient, and (B) the
29 need for such person shall be evaluated by the qualifying patient's
30 physician and such need shall be documented in the written
31 certification;

32 (6) "Qualifying patient" means a person who is eighteen years of age
33 or older and has been diagnosed by a physician as having a
34 debilitating medical condition;

35 (7) "Usable marijuana" means the dried leaves and flowers of the
36 marijuana plant, and any mixtures or preparations thereof, that are
37 appropriate for the palliative use of marijuana, but does not include
38 the seeds, stalks and roots of the plant; and

39 (8) "Written certification" means a statement signed by the
40 qualifying patient's physician stating that, in such physician's
41 professional opinion, the qualifying patient has a debilitating medical
42 condition and the potential benefits of the palliative use of marijuana
43 would likely outweigh the health risks of such use to the qualifying
44 patient.

45 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) A qualifying patient shall

46 not be subject to arrest or prosecution, penalized in any manner,
47 including, but not limited to, being subject to any civil penalty, or
48 denied any right or privilege, including, but not limited to, being
49 subject to any disciplinary action by a professional licensing board, for
50 the palliative use of marijuana if:

51 (1) The qualifying patient has been diagnosed by a physician as
52 having a debilitating medical condition;

53 (2) The qualifying patient's physician has issued a written
54 certification to the qualifying patient for the palliative use of marijuana
55 after the physician has prescribed, or determined it is not in the best
56 interest of the patient to prescribe, prescription drugs to address the
57 symptoms or effects for which the certification is being issued;

58 (3) The combined amount of marijuana possessed by the qualifying
59 patient and the primary caregiver for palliative use does not exceed
60 four marijuana plants, each having a maximum height of four feet, and
61 one ounce of usable marijuana; and

62 (4) The cultivation of such marijuana occurs in a secure indoor
63 facility.

64 (b) Subsection (a) of this section does not apply to:

65 (1) Any palliative use of marijuana that endangers the health or
66 well-being of another person; and

67 (2) The palliative use of marijuana (A) in a motor bus or a school
68 bus, as defined respectively in section 14-1 of the general statutes, or in
69 any moving vehicle, (B) in the workplace, (C) on any school grounds
70 or any public or private school, dormitory, college or university
71 property, (D) at any public beach, park, recreation center or youth
72 center or any other place open to the public, or (E) in the presence of a
73 person under the age of eighteen. For the purposes of this subdivision,
74 "presence" means within the direct line of sight of the palliative use of
75 marijuana or exposure to second-hand marijuana smoke, or both.

76 (c) A qualifying patient shall have not more than one primary
77 caregiver at any time. No person who has been convicted of possession
78 of marijuana or for dealing drugs shall serve as a primary caregiver for
79 a qualifying patient. A primary caregiver may not be responsible for
80 the care of more than one qualifying patient at any time. A primary
81 caregiver who is registered in accordance with subsection (a) of section
82 3 of this act shall not be subject to arrest or prosecution, penalized in
83 any manner, including, but not limited to, being subject to any civil
84 penalty, or denied any right or privilege, including, but not limited to,
85 being subject to any disciplinary action by a professional licensing
86 board, for the acquisition, distribution, possession, cultivation or
87 transportation of marijuana or paraphernalia related to marijuana on
88 behalf of a qualifying patient, provided the amount of any marijuana
89 so acquired, distributed, possessed, cultivated or transported, together
90 with the combined amount of marijuana possessed by the qualifying
91 patient and the primary caregiver, shall not exceed four marijuana
92 plants, each having a maximum height of four feet, and one ounce of
93 usable marijuana. For the purposes of this subsection, "distribution" or
94 "distributed" means the transfer of marijuana and paraphernalia
95 related to marijuana from the primary caregiver to the qualifying
96 patient.

97 (d) Any written certification for the palliative use of marijuana
98 issued by a physician under subdivision (2) of subsection (a) of this
99 section shall be valid for a period not to exceed one year from the date
100 such written certification is signed by the physician. Not later than ten
101 days after the expiration of such period, or at any time before the
102 expiration of such period should the qualifying patient no longer wish
103 to possess marijuana for palliative use, the qualifying patient or the
104 primary caregiver shall destroy all marijuana plants and usable
105 marijuana possessed by the qualifying patient and the primary
106 caregiver for palliative use.

107 Sec. 3. (NEW) (*Effective October 1, 2007*) (a) Each qualifying patient
108 who is issued a written certification for the palliative use of marijuana
109 under subdivision (2) of subsection (a) of section 2 of this act, and the

110 primary caregiver of such qualifying patient, shall register with the
111 Department of Consumer Protection not later than five business days
112 after the issuance of such written certification. Such registration shall
113 be effective until the expiration of the written certification issued by
114 the physician. The qualifying patient and the primary caregiver shall
115 provide sufficient identifying information, as determined by the
116 department, to establish the personal identity of the qualifying patient
117 and the primary caregiver. The qualifying patient or the primary
118 caregiver shall report any change in such information to the
119 department not later than five business days after such change. The
120 department shall issue a registration certificate to the qualifying
121 patient and to the primary caregiver and may charge a reasonable fee,
122 not to exceed twenty-five dollars, for a registration under this
123 subsection. Any registration fees collected by the department under
124 this subsection shall be paid to the State Treasurer and credited to the
125 account established pursuant to section 10 of this act.

126 (b) Upon the request of a law enforcement agency, the Department
127 of Consumer Protection shall verify whether a qualifying patient or a
128 primary caregiver has registered with the department in accordance
129 with subsection (a) of this section and may provide reasonable access
130 to registry information obtained under this section for law
131 enforcement purposes. Except as provided in this subsection,
132 information obtained under this section shall be confidential and shall
133 not be subject to disclosure under the Freedom of Information Act, as
134 defined in section 1-200 of the general statutes.

135 Sec. 4. (NEW) (*Effective October 1, 2007*) (a) The Commissioner of
136 Consumer Protection may adopt regulations, in accordance with
137 chapter 54 of the general statutes, to establish (1) a standard form for
138 written certifications for the palliative use of marijuana issued by
139 physicians under subdivision (2) of subsection (a) of section 2 of this
140 act, and (2) procedures for registrations under section 3 of this act.

141 (b) The Commissioner of Consumer Protection shall adopt
142 regulations, in accordance with chapter 54 of the general statutes, to

143 establish a reasonable fee to be collected from each qualifying patient
144 to whom a written certification for the palliative use of marijuana is
145 issued under subdivision (2) of subsection (a) of section 2 of this act,
146 for the purpose of offsetting the direct and indirect costs of
147 administering the provisions of sections 1 to 9, inclusive, of this act.
148 The commissioner shall collect such fee at the time the qualifying
149 patient registers with the Department of Consumer Protection under
150 subsection (a) of section 3 of this act. Such fee shall be in addition to
151 any registration fee that may be charged under said subsection. The
152 fees required to be collected by the commissioner from qualifying
153 patients under this subsection shall be paid to the State Treasurer and
154 credited to the account established pursuant to section 10 of this act.

155 Sec. 5. (NEW) (*Effective October 1, 2007*) Nothing in sections 1 to 9,
156 inclusive, of this act shall be construed to require health insurance
157 coverage for the palliative use of marijuana.

158 Sec. 6. (NEW) (*Effective October 1, 2007*) (a) A qualifying patient or a
159 primary caregiver may assert the palliative use of marijuana as an
160 affirmative defense to any prosecution involving marijuana, or
161 paraphernalia relating to marijuana, under chapter 420b of the general
162 statutes or any other provision of the general statutes, provided such
163 qualifying patient or such primary caregiver has strictly complied with
164 the requirements of sections 1 to 9, inclusive, of this act.

165 (b) No person shall be subject to arrest or prosecution solely for
166 being in the presence or vicinity of the palliative use of marijuana as
167 permitted under sections 1 to 9, inclusive, of this act.

168 Sec. 7. (NEW) (*Effective October 1, 2007*) A physician shall not be
169 subject to arrest or prosecution, penalized in any manner, including,
170 but not limited to, being subject to any civil penalty, or denied any
171 right or privilege, including, but not limited to, being subject to any
172 disciplinary action by the Connecticut Medical Examining Board or
173 other professional licensing board, for providing a written certification
174 for the palliative use of marijuana under subdivision (2) of subsection

175 (a) of section 2 of this act if:

176 (1) The physician has diagnosed the qualifying patient as having a
177 debilitating medical condition;

178 (2) The physician has explained the potential risks and benefits of
179 the palliative use of marijuana to the qualifying patient and, if the
180 qualifying patient lacks legal capacity, to a parent, guardian or person
181 having legal custody of the qualifying patient; and

182 (3) The written certification issued by the physician is based upon
183 the physician's professional opinion after having completed a full
184 assessment of the qualifying patient's medical history and current
185 medical condition made in the course of a bona fide physician-patient
186 relationship.

187 Sec. 8. (NEW) (*Effective October 1, 2007*) Any marijuana,
188 paraphernalia relating to marijuana, or other property seized by law
189 enforcement officials from a qualifying patient or a primary caregiver
190 in connection with a claimed palliative use of marijuana under sections
191 1 to 9, inclusive, of this act shall be returned to the qualifying patient or
192 the primary caregiver immediately upon the determination by a court
193 that the qualifying patient or the primary caregiver is entitled to the
194 palliative use of marijuana under sections 1 to 9, inclusive, of this act,
195 as evidenced by a decision not to prosecute, a dismissal of charges or
196 an acquittal. Law enforcement officials seizing live marijuana plants as
197 evidence shall not be responsible for the care and maintenance of such
198 plants. This section does not apply to any qualifying patient or
199 primary caregiver who fails to comply with the requirements for the
200 palliative use of marijuana under sections 1 to 9, inclusive, of this act.

201 Sec. 9. (NEW) (*Effective October 1, 2007*) (a) Any person who makes a
202 fraudulent representation to a law enforcement official of any fact or
203 circumstance relating to the palliative use of marijuana in order to
204 avoid arrest or prosecution under chapter 420b of the general statutes
205 or any other provision of the general statutes shall be guilty of a class
206 C misdemeanor.

207 (b) Any person who makes a fraudulent representation to a law
 208 enforcement official of any fact or circumstance relating to the
 209 issuance, contents or validity of a written certification for the palliative
 210 use of marijuana, or a document purporting to be such written
 211 certification, shall be guilty of a class A misdemeanor.

212 Sec. 10. (NEW) (*Effective July 1, 2007*) There is established a palliative
 213 marijuana administration account which shall be a separate,
 214 nonlapsing account within the General Fund. The account shall
 215 contain any fees collected pursuant to subsection (a) of section 3 of this
 216 act, the fees collected pursuant to subsection (b) of section 4 of this act,
 217 and any other moneys required by law to be deposited in the account,
 218 and shall be held in trust separate and apart from all other moneys,
 219 funds and accounts. Any balance remaining in the account at the end
 220 of any fiscal year shall be carried forward in the account for the fiscal
 221 year next succeeding. Investment earnings credited to the account shall
 222 become part of the account. Amounts in the account shall be expended
 223 only pursuant to appropriation by the General Assembly for the
 224 purpose of providing funds to the Department of Consumer Protection
 225 for administering the provisions of sections 1 to 9, inclusive, of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	New section
Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>October 1, 2007</i>	New section
Sec. 4	<i>October 1, 2007</i>	New section
Sec. 5	<i>October 1, 2007</i>	New section
Sec. 6	<i>October 1, 2007</i>	New section
Sec. 7	<i>October 1, 2007</i>	New section
Sec. 8	<i>October 1, 2007</i>	New section
Sec. 9	<i>October 1, 2007</i>	New section
Sec. 10	<i>July 1, 2007</i>	New section

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Consumer Protection, Dept.	GF - Cost	194,000	192,000
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	112,000	115,000
Consumer Protection, Dept.	GF - Revenue Gain	Minimal	Minimal
Judicial Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal
Judicial Dept.; Correction, Dept.	GF - Cost	Potential	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill would result in a cost to the Department of Consumer Protection (DCP) to hire 2 additional Drug Control Agents and a Secretary. Detail appears in the table below:

Item:	FY 08 (\$)	FY 09 (\$)
2 Drug Control Agents	145,764	150,137
1 Secretary	40,342	41,552
Other Expenses	4,050	0
Equipment	4,155	0
DCP Sub-Total	194,311	191,689
Fringe Benefits (Comptroller)	112,036	115,397
Total	306,347	307,086

The two Drug Control Agents would be required since DCP's Division of Drug Control would be training other state agencies, the Statewide Narcotics Task Force, municipal police departments, and the federal Drug Enforcement Agency (DEA), in addition to performing review in the field and enforcement. A clerical position would be required since this bill, if enacted, would require a new registration process for physicians and patients and a potentially significant

amount of correspondence is anticipated.

The bill makes it a crime to lie to a law enforcement official about acquiring, possessing, cultivating, using, distributing, or transporting marijuana for palliative use in order to avoid arrest. The bill also makes it a crime to lie to a law enforcement officer about the issuance, contents, or validity of a (1) written certificate for the palliative use of marijuana or (2) document purporting to be a written certification.

To the extent that these new crimes increase the likelihood that offenders would be prosecuted or receive harsher penalties, a potential revenue gain from criminal fines and potential cost for incarceration and/or probation supervision in the community exist. It is anticipated that relatively few fines would be imposed on an annual basis, and, consequently, any revenue gain under the bill is expected to be minimal. On average, it costs the state approximately \$2,500 annually to supervise an offender on probation in the community as compared to \$41,600 to incarcerate an offender.

House "J" narrows the pool of qualified caregivers to not include those convicted of possession of marijuana or convicted for dealing drugs. This could reduce the amount of registration revenue collected by DCP.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation. Any revenue gain to DCP would be subject to the number of physicians and patients that register with the agency, which is unknown at this time.

The potential revenue from criminal fines indicated above would remain constant into the out years since fine amounts are set by statute. The annualized cost associated with probation supervision and incarceration would continue into the future subject to inflation.

OLR Bill Analysis**sHB 6715 (as amended by House "J")******AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.*****SUMMARY:**

This bill allows a physician to certify an adult patient's use of marijuana after determining that the patient has a debilitating condition and could potentially benefit from the palliative use of marijuana. It establishes a procedure for certifying patients.

It allows people suffering from these conditions and their primary caregivers to possess a quantity of marijuana that the bill sets to treat the conditions.

The bill requires the patients and their primary caregivers to register with the Department of Consumer Protection (DCP) and authorizes the department to impose a \$25 registration fee. The fees must be deposited in a separate, nonlapsing Palliative Marijuana Administration Account the bill establishes.

The bill prohibits physicians, qualifying patients, and their caregivers from being arrested, prosecuted, or otherwise punished for certifying, using, or possessing palliative marijuana.

The bill requires law enforcement agencies to return marijuana, marijuana paraphernalia, or other property seized from a patient or primary caregiver who complies with its provisions.

*House Amendment "J" prohibits people convicted of marijuana possession or drug dealing from serving as primary caregivers.

EFFECTIVE DATE: October 1, 2007, except for the provision

establishing the Palliative Marijuana Administration Account, which is effective July 1, 2007.

USE OF MARIJUANA FOR PALLIATIVE PURPOSES

The bill allows adult patients to use marijuana to treat cancer, glaucoma, HIV, AIDS, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, cachexia, or wasting syndrome. It allows people with these debilitating conditions to possess marijuana, up to the amount permitted for palliative use under the bill.

The bill allows a patient or his primary caregiver to possess the usable amount. The caregiver must be at least age 18 and someone other than the patient's doctor who assists the patient in his palliative use of marijuana. If the patient lacks legal capacity, the caregiver must be his parent, guardian, or legal custodian. A person convicted of marijuana possession or drug dealing cannot serve as a primary caregiver. The qualifying patient's physician must determine the patient's need for a primary caregiver and document the need in a certification of palliative use. The bill limits patients to one caregiver at a time and caregivers to only one patient.

CERTIFICATION OF MARIJUANA USE

Under the bill, a physician may certify a patient's use of marijuana only after determining that the patient is over 18, has a debilitating condition (i.e., the patient is a qualifying patient), and the potential benefits of the palliative use of marijuana would likely outweigh its health risks. The bill makes the certification valid for one year from the date it is signed. It requires the patient or the primary caregiver to destroy all marijuana plants and usable marijuana (i.e., dried marijuana leaves and flowers or preparation or mixture of flowers and leaves, minus the seeds, stalks, and roots) that the patient or caregiver possesses for palliative use (1) within 10 days after the certification expires or (2) at any time before if the patient no longer wishes to possess marijuana for palliative use.

The bill permits DCP to establish in regulations a form physicians must use to certify a patient's palliative use of marijuana. "Palliative use" means the acquisition and distribution, possession, growth, use, or transportation of marijuana or marijuana paraphernalia to treat the qualifying patient's symptoms or their effects. "Acquisition and distribution" means the transfer of marijuana and marijuana paraphernalia from the primary caregiver to the qualifying patient.

The bill does not require health insurers to cover the palliative use of marijuana.

REGISTRATION

The bill requires certified patients and their primary caregivers to register with DCP within five business days after the certificate is issued. They must give the department information that sufficiently and personally identifies them and report any change in the information within five business days after it occurs.

The bill requires DCP to issue the patient and the primary caregiver a registration certificate that is valid for the same period as the written certification from the physician, up to one year. DCP may charge reasonable registration fee, up to \$25. It must turn over any registration fees it collects to the state treasurer for deposit in a Palliative Marijuana Administration Account (see below).

The bill makes registration information confidential and not subject to disclosure under the Freedom of Information Act. But DCP can verify for any law enforcement agency that asks whether a patient or primary caregiver is registered and provide the agency with reasonable access to registry information for law enforcement purposes.

The bill permits DCP to establish registration procedures in regulations. It requires the department to establish in regulations a reasonable fee that helps it offset direct and indirect costs associated with administering the palliative use of marijuana. Patients must pay

this fee, plus any registration fee, when they register. The fees must be paid to the state treasurer and credited to the Palliative Marijuana Administration Account.

PALLIATIVE MARIJUANA ADMINISTRATION ACCOUNT

The bill establishes a separate, nonlapsing Palliative Marijuana Administration Account in the General Fund. The account consists of the fees DCP collects for palliative marijuana registration and administration, investment earnings, and any other moneys the law requires to be deposited in it. The legislature can appropriate money in the account only for palliative marijuana administration. Any money remaining in the account at the end of a fiscal year must be carried forward to the next year.

PUNISHMENT FOR MARIJUANA CERTIFICATION, USE, AND POSSESSION

Physician

The bill prohibits any physician from being arrested, prosecuted, or otherwise punished, including being denied any right or privilege, or being disciplined by the Connecticut Medical Examining Board or any other professional licensing board, for writing a certification for marijuana if he:

1. diagnosed a qualifying patient with a debilitating condition;
2. explained the risks and benefits of using marijuana for palliative purposes to any such patient or the parent, guardian, or legal custodian of any such patient who lacks legal capacity; and
3. based his written certification on his professional opinion after fully assessing the patient's medical history and current medical condition in the course of a physician-patient relationship.

Qualifying Patients

The bill prohibits qualified patients from being arrested, prosecuted, denied any right or privilege, or otherwise punished for using marijuana if:

1. they are diagnosed with a debilitating condition;
2. their physician has issued a written certification for their palliative use of marijuana after prescribing, or determining it is against their best interest to prescribe, prescription drugs to address the symptoms or effects the marijuana is supposed to treat;
3. the combined amount possessed by the patient and his primary caregiver does not exceed four marijuana plants, each having a maximum height of four feet, and one ounce of usable marijuana; and
4. the marijuana is cultivated in a secure indoor facility.

The protection against punishment does not apply if a patient uses marijuana:

1. in a way that endangers another person's health or well-being;
2. on a motor or school bus; in any moving vehicle; at work; on school grounds or college or university property; in a public or private school or dormitory; or at a public park, beach, recreation or youth center, or any other public place; or
3. within the direct line of sight of anyone under age 18 or in any way that exposes that person to second-hand marijuana smoke, or both.

Primary Caregiver

The bill prohibits registered primary caregivers from being arrested, prosecuted, denied any right or privilege, or otherwise punished for acquiring, distributing, possessing, growing, or transporting a small amount of marijuana or marijuana paraphernalia for a qualifying patient. The amount of marijuana cannot exceed four plants, each having a maximum height of four feet, and one ounce of usable marijuana.

The protection against punishment for distribution applies only when the drug or paraphernalia is transferred from the caregiver to the patient.

PALLIATIVE USE OF MARIJUANA AND CRIMINAL PROCEDURE

The bill permits patients and primary caregivers who comply with its requirements to assert that fact as an affirmative defense to (i.e., a way to avoid) any state prosecution involving marijuana or marijuana paraphernalia. The bill prohibits anyone from being arrested or prosecuted solely for being present or in the vicinity as marijuana or marijuana paraphernalia is acquired, possessed, cultivated, used, distributed, or transported for palliative use.

The bill requires law enforcement agencies to return marijuana, marijuana paraphernalia, or other property seized from a patient or primary caregiver who complies with its provisions immediately after a court determines that they were entitled to have it. Under the bill, entitlement is evidenced by a prosecutor's decision to dismiss the charges or not to prosecute, or the patient or caregiver's acquittal.

The law absolves law enforcement officials of any responsibility for the care and maintenance of live marijuana plants seized as evidence.

The bill makes anyone who lies to a law enforcement officer about acquiring, possessing, cultivating, using, distributing, or transporting marijuana for palliative use in order to avoid arrest or prosecution for a drug-related offense guilty of a class C misdemeanor, punishable by up to three months' imprisonment, a \$500 fine, or both. It makes anyone who lies to the officer about the issuance, contents, or validity of a (1) written certification for the palliative use of marijuana or (2) document purporting to be a written certification guilty of a class A misdemeanor, punishable by up to one year in prison, a \$2,000 fine, or both.

BACKGROUND

Marijuana is a Controlled Substance

Federal law classifies marijuana as a Schedule I controlled substance. With one exception, the law prohibits anyone from knowingly or intentionally manufacturing, distributing, dispensing, or possessing with intent to manufacture, distribute, or dispense Schedule I drugs. Licensed practitioners, including pharmacies, can use Schedule I substances in government-approved research projects. The penalty for violations varies depending on the amount of drugs involved (21 USCA §§ 812, 823, and 841 (a)(1)).

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute

Yea 32 Nay 8 (03/21/2007)

General Law Committee

Joint Favorable

Yea 11 Nay 6 (04/24/2007)

Public Health Committee

Joint Favorable

Yea 17 Nay 10 (05/01/2007)

Finance, Revenue and Bonding Committee

Joint Favorable

Yea 38 Nay 12 (05/08/2007)

Appropriations Committee

Joint Favorable

Yea 25 Nay 11 (05/21/2007)