

Department of Legislative Services  
Maryland General Assembly  
2015 Session

FISCAL AND POLICY NOTE

House Bill 601 (Delegate K. Young, *et al.*)  
Health and Government Operations

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Medical Marijuana - 30-Day Supply - Adequacy and Possession

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This bill authorizes a certifying physician to include a written statement that, in the physician's professional opinion, a 30-day supply of marijuana is inadequate to meet the needs of a qualifying patient in the patient's written certification. A qualifying patient who has such a written statement may not be subject to arrest, prosecution, or any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege for possessing more than a 30-day supply.

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Fiscal Summary

**State Effect:** Authorizing such a written statement is technical in nature, and it has no material impact on governmental finances.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Current Law:** Chapter 403 of 2013 established, and Chapters 240 and 256 of 2014 expanded, the Natalie M. LaPrade Medical Marijuana Commission and Fund to implement and administer a medical marijuana program in Maryland. The program allows for approval, licensing, and registration of participating academic medical centers, growers, dispensaries, and grower- and dispenser-agents. The program establishes a framework to certify physicians and qualifying patients to provide qualifying patients with medical marijuana legally under State law. The commission proposed regulations in late 2014, but

the program is not yet operational. The proposed regulations define a 30-day supply as 120 grams of usable marijuana. Although medical marijuana may be ready for distribution by the end of fiscal 2016, it is more likely that medical marijuana will be available for patients the following year.

A “certifying physician” is a licensed physician who is approved by the commission to make marijuana available to patients for medical use in accordance with regulations adopted by the commission. A “written certification” is a certification issued by a certifying physician to a qualifying patient and indicates that a patient is justified in receiving medical marijuana by a qualifying condition. The patient’s condition must be one for which the potential benefits of the medical use of marijuana likely outweigh the risks.

A “qualifying patient” is someone who either has been provided a written certification by a certifying physician in accordance with a bona fide physician-patient relationship or is enrolled in a research program with an approved academic medical center. Additionally, if younger than age 18, a qualifying patient must have a caregiver. A “caregiver” is a person who has agreed to assist with a qualifying patient’s medical use of marijuana and, for a qualifying patient younger than age 18, a parent or legal guardian. A caregiver may serve no more than five qualifying patients at a time, and a qualifying patient may have no more than two caregivers.

A qualifying patient (who is enrolled in an approved program or in possession of an amount of marijuana determined by the commission to constitute a 30-day supply), certifying physician, caregiver, grower, academic medical center, dispensary, dispensary agent, or hospital or hospice program where a qualifying patient is receiving treatment is not subject to arrest, prosecution, or any civil or administrative penalty (including action by a professional licensing board) and may not be denied any right or privilege for the medical use of marijuana.

**Background:** The commission has met monthly since September 2013. The 15-member commission includes members of the public; health care practitioners; a scientist; representatives of law enforcement, the legal community, and agriculture; a representative of the Office of the Comptroller; and the Secretary of Health and Mental Hygiene or the Secretary’s designee. The commission has created subcommittees on policy, finance, education, and research.

Enactment of Chapters 240 and 256 not only expanded the commission’s duties but also increased public interest in the commission, particularly among patient advocates and individuals interested in becoming growers or establishing dispensaries. The location of commission meetings had to be moved to a larger venue in order to accommodate the public. The commission was unable to meet the September 2014 deadline to adopt

regulations due to the volume of complicated and controversial issues that were presented when drafting them. Examples of such issues included how to determine a 30-day supply; the type of marijuana that would be authorized (leaf, hemp oil, extracts); requirements for specified continuing education for certifying physicians; zoning/location issues for growers and dispensaries; and how to determine licensure categories. The commission submitted proposed regulations in December 2014, and the public comment period ended February 23, 2015.

According to the National Conference of State Legislatures, 23 states, the District of Columbia, and Guam now allow for comprehensive public medical marijuana and cannabis programs. Further, recently approved efforts in 11 states allow for the use of “low THC, high cannabidiol (or CBD)” products for medical reasons in limited situations or as a legal defense.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, National Conference of State Legislatures, Marijuana Policy Project, Department of Legislative Services

**Fiscal Note History:** First Reader - February 26, 2015  
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