

Medicinal Marijuana Legislation by State and Washington, D.C.

(as of December 31, 1996)

HIGHLIGHTS:

CONTRARY TO WHAT MANY BELIEVE , CALIFORNIA AND ARIZONA, WHICH PASSED MEDICINAL MARIJUANA LEGISLATION LAWS IN NOVEMBER 1996, WERE NOT STATES BREAKING NEW GROUND. WITH THE ADDITION OF THESE TWO STATES, 169,950,000 AMERICANS (64.68% OF THE U.S. POPULATION) NOW LIVE IN 25 STATES (PLUS WASHINGTON, D.C.) WITH LAWS THAT TO SOME DEGREE MENTION MARIJUANA'S POTENTIAL MEDICAL BENEFITS.

Re-compilation by
Steven C. Markoff

Source Data: "How Can a State Legislature Enable Patients to Use Medicinal Marijuana Despite Federal Prohibition?" Marijuana Policy Project Foundation, September 1996 and "Statistical Abstract of the United States 1996," 116th Edition.

INTRODUCTION AND METHODOLOGY

Like many after the November 6, 1996 elections, I thought California's Proposition 215 (passed by 56% of the votes) and Arizona's Initiative 200 (passed by 65%) were ground breaking measures.

My belief was reinforced by comments made by various state and national leaders who seemed to be strongly against the two initiatives and made public statements such as, "The dam is breaking, and America will be flooded with illegal drugs", "This is a terrible law to foist upon Americans," and " Californians and Arizonians were duped [they didn't know what they voted for]."

I was therefore surprised to learn in January of this year that 23 other states plus Washington, D.C. have medicinal marijuana laws on the books, some dating back to 1978. In addition, nine other states have had such laws within the last 19 years; two of which have subsequently expired and seven since been repealed.

This re-compilation suggests initiatives 215 and 200 of last November did not break new ground, but were the progression of similar laws enacted by legislatures in many other states- now containing over 169.95 million Americans (64.68% of the entire population U.S. population).¹

My methodology was simply to re-work of the report published in September 1996, entitled, *"How Can a State Legislature Enable Patients to Use Medicinal Marijuana Despite Federal Prohibition?"*, by the Marijuana Policy Project, a public 501(c)3 foundation, chaired by Chuck Thomas and Robert Kampia (tel: 202-462-5747), with the addition of 1995 U.S. population numbers to better see the significance of these laws.

--- Steven C. Markoff
Santa Monica, California
March, 1997

¹"Statistical Abstract of the United States 1996," 116th Edition.

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1. Overview Of State Marijuana Laws

25 States (plus Washington, D.C.) with current Medicinal Marijuana Laws		9 States which Passed Medicinal Marijuana Laws which Subsequently Expired or were Repealed		16 States which have Never Passed Medicinal marijuana Laws	Totals
Year Law Passed ^①	Number of States	Year Law Passed ^① / Repealed ^②	Number of States	Number of States	—
1978	3	1978/ 1984	1	N/A	—
1979	6	1979/ 1987, 1995	6	N/A	—
1980	7	1981/ 1987	1	N/A	—
1981	5 ^②	1983/ 1986	1	N/A	—
1982	1	—	—	N/A	—
1991	1	—	—	N/A	—
1996	2	—	—	N/A	—
State-Total#	<u>25</u>	—	<u>9</u>	<u>16</u>	<u>50^①</u>
-Population (millions)	<u>169.95</u>	—	<u>43.66</u>	<u>49.15</u>	<u>262.76</u>
-% of total U.S. Population	<u>64.68%</u>	—	<u>16.62%</u>	<u>18.70%</u>	<u>100.%</u>

①For ease of summarization only the date of the first Medicinal Marijuana law passed in each state is shown although in some cases, others have followed.

②For ease of summarization only the repeal/expiration date of the most recent Medicinal Marijuana law is shown although such a date may exist for laws previously passed

2. Medicinal Marijuana Legislation by State

25 States (plus Washington, D.C.) with Current Medicinal Marijuana Laws		9 States which Passed Medicinal Marijuana Laws; 2 of which have Subsequently Expired and 7 Since Been Repealed			16 States which have Never had Medicinal Marijuana Laws	
State/Year	Population [*]	State	Remark	Population [*]	State	Population [*]
Alabama/1979	4,253	Maine	Expired	1,241	Delaware	717
Arizona/1996	4,218	Michigan ¹	Expired	9,549	Hawaii	1,187
California/1996 ¹	31,589	Subtotal	2	2,484	Idaho	1,163
Connecticut/1981	3,275	Alaska	Repealed	2,484	Indiana	5,803
Georgia/1980	7,201	Arkansas	Repealed	3,747	Kansas	2,565
Illinois/1978	11,830	Colorado	Repealed	7,195	Kentucky	3,860
Iowa/1979	2,842	Florida	Repealed	1,530	Maryland	5,042
Louisiana/1991	4,342	N. Carolina	Repealed	3,141	Mississippi	2,697
Massachusetts/1991	6,074	Nevada	Repealed	604	Missouri ¹	5,324
Minnesota/1980	4,610	Oregon	Repealed	3,141	Nebraska	1,637
Montana/1979	870	Subtotal	7	32,867	N. Dakota	641
New Hampshire/1981 ¹	1,142				Oklahoma	3,278
New Jersey/1981	7,945				Pennsylvania	12,072
New Mexico/1978 ¹	1,685				S. Dakota	729
New York/1980	18,136				Utah	1,951
Ohio/1980	11,151				Wyoming	480
Rhode Island/1980	990					
S. Carolina/1980	3,673					
Tennessee/1981	5,265					
Texas/1980	18,724					
Vermont/1981	585					
Virginia/1979	6,618					
Washington/1979	5,431					
Washington, D.C./ 1981	554					
Wisconsin/1988	5,123					
W. Virginia/1979	1,828					
Total U.S. Population[*]	169,951			43,657		49,146
Percent of U.S. Population²	64.68%			16.62%		18.70%

*In thousands, as of July 1, Based on Statistical Abstract of the United States 1996, 116th Edition.

¹Passed non-binding resolution

²Out of Total Population of 262,754,000

3. 25 States (plus Washington, D.C.) with CURRENT Medicinal Marijuana Laws

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
1. ALABAMA	I, I, II/ § 20-2-23(3) and AAC Chap. 420- 7-2	Therapeutic research program/ 7-30-79	For cancer chemotherapy and glaucoma. State Board of Medical Examiners creates review committee to administer program. S.163 (Act. No. 81-506) made minor changes.	S. 559/ Act No. 79-472/ § 20-2-110
2. ARIZONA	[TO BE FILLED IN]			
3. CALIFORNIA	[TO BE FILLED IN]			
4. CONNECTICUT	I, I, II/ § 21a-243 and § 21a-243-7 <i>Reg. of Conn. State Agencies</i>	Physicians may prescribe/ 7-1-81	For cancer chemotherapy and glaucoma. Law formerly set out as §19-453 and §19-460a, but sections were transferred in 1983; allows physicians licensed by the Commissioner of Consumer Protection to supply marijuana; allows patients to possess marijuana obtained from a prescription; makes no provision for the marijuana supply.	Sub H.B. 5217/ Public Act No. 81- 440/ § 21a-246 & § 21a-253
5. WASHINGTON, D.C.	V, II, II/ § 33-516	Scheduling recognizes marijuana's therapeutic use/ 8-5-81	Marijuana ("cannabis") is listed among the substances in Schedule V, which are found to have a "low potential for abuse," "currently accepted medical use in treatment in the United States or the District of Columbia," and "limited physical dependence or psychological dependence." The 1981 bill, entitled the "District of Columbia Uniform Controlled Substances Act of 1981," replaced a set of controlled substances laws that did not include a scheduling system and did not recognize marijuana's therapeutic uses.	Bill No. 4- 123/ Law 4-29 (1981)/ § 33-522

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
6. GEORGIA	N/A, I, II/ 16-13-25	Therapeutic research program/ 2-22-80	For cancer and glaucoma (marijuana or THC). Composite State Board of Medical Examiners appoints a Patient Qualification Review Board which approves patients, physicians, and pharmacies for participation; no other ailment allowed.	H.B. 1077/ No. 710 (1980)/ 43-34-120 and <i>Rules and Regulations Chapter 360-12</i>
7. IOWA	I, I, II/ § 124.204 and § 124.206	Scheduling recognizes marijuana's therapeutic use/ 7-1-79	The bill appropriated \$247,000 to the Board of Pharmacy Examiner which was contingent upon the Board of Pharmacy Examiners' establishing a therapeutic research program within 90 days of the effective date of the act (July 1, 1979); the board shall organize a Physicians Advisory Group to advise the board on the structure of the program. The bill also implemented a dual scheduling scheme for marijuana and THC-marijuana and THC are in Schedule I but are considered to be in Schedule II when used for medicinal purposes. Scheduling information was originally located at §124.204 in 1993 by the Iowa Code Editor. No disease groups specified in the bill. The dual scheduling scheme still exists in the statutes, but the language for the therapeutic research program existed only in the administrative code from October 1, 1979, to June 30, 1981	S.F. 487/ ch. 9 (1979)/ § 124.204 and § 124.206 and <i>Administrative Code 620-12</i>
8. ILLINOIS	N/A, N/A, II/ 720 ILCS 570/ 206 and 77 IAC ch. X, Sec 2070	Therapeutic research program/ 10-9-78	For glaucoma and cancer chemotherapy and radiology or other procedures. Allows persons "engaged in research" to use marijuana when authorized by a physician; must be approved by Department of Mental Health and Developmental Disabilities	H.B. 2625/ 80-1426/ 720 ILCS 550/11 and 77 IAC ch. X, Sec 2085

A State (Alphabetically)	B Schedule①/ Citation②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
9. LOUISIANA	I, I, II/ 40:964	Physicians may prescribe/ 8-14-78; 8-21-91	For glaucoma, cancer chemotherapy, and "spastic quadriplegia." A previous law, 40:1021-40:1026, had been repealed by H.B. 1224 in 1989 (Act No. 662). The previous law was a therapeutic research program that addressed only glaucoma and cancer. The present law allows physicians with Schedule I licenses to prescribe marijuana in accordance with regulations promulgated by the Secretary of Health and Hospitals.	S.B. 245 (1978); H.B. 1187 (1991)/ Act No. 725 (1978); Act No. 874 (1991)/ 40:1021
10. MASSACHUSETTS	N/A, N/A, N/A/ 94C § 31	Therapeutic research program/ 12-31-91	For cancer chemotherapy and radiology, glaucoma, and asthma (marijuana or THC). Controlled substances are in Classes A, B, C, and D, which determine the severity of penalties for possession, manufacture, and distribution of these substances. The classes make no statement as to the medical value of the controlled substances. On August 8, 1996, Massachusetts passed a second medicinal marijuana bill (H. 2170) which mandates that within 180 days, the state's public health department must establish the rules and regulations necessary to get its therapeutic research program running and to allow a defense of medical necessity for enrolled patients.	S. 1582/ ch. 480 (1991)/ 94D § 1
11. MINNESOTA	I, I, II/ § 152.02 and MR 6800.4200	Therapeutic research program/ 4-25-80	For cancer only (research THC only). The 1980 bill originally appropriated \$100,000 to the THC Therapeutic Research Act, but this line-item was vetoed by the governor. *THC is in Schedule I but is considered to be in Schedule II when used for medicinal purposes.	H.F. 2476/ ch. 614 (1980)/ § 152.21
12. MONTANA	I, I, II/ 50-32-222	Scheduling recognizes marijuana's therapeutic use/ 3-26-79	Would automatically reschedule THC and marijuana to schedule II if the federal government authorizes the prescription or administration of these substances.	H.B. 463/ ch. 320 (1979)/ 50-32-333(7)

A State (Alphabetically)	B Schedule①/ Citation②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
13. NEW HAMPSHIRE	I, I, II/ 318-B:1-a	Physicians may prescribe/ 6-22-81	For cancer chemotherapy and radiology. *State follows the federal government's scheduling of controlled substances as articulated in the Code of Federal Regulations [318-B:1-a; June 11, 1996, phone conversation with John McCormick at New Hampshire State Library, 603-271-2239].	S.B. 21/ ch. 107 (1981)/ 318-B:9
14. NEW JERSEY	I, I, II/ 24:21-5 and 8:65-10 <i>New Jersey Administrative Code</i>	Therapeutic research program/ 3-23-81	For life- or sense-threatening diseases. Pertains to any Schedule I substance (not specific to marijuana); administered by Department of Health; only for patients participating in research programs conducted by FDA; patients and physicians certified by Therapeutic Research Qualification Board; get substances from NIDA.	A.B. 819/ ch. 72 (1981)/ 26:2L
15. NEW MEXICO	I, I, II/ 30-31-3	Therapeutic research program/ 2-21-78	For glaucoma and cancer chemotherapy (marijuana or THC); patients with other diseases must get approval from Patient Qualification Review Board. Administered by the Department of Health and Environment; marijuana and THC considered to be in Schedule II when dispensed through the program. Would have expired on July 1, 1979, but ch. 11 (1979) extended the program indefinitely. State follows the federal government's scheduling of controlled substances as articulated in the Code of Federal Regulations [30-31-5; Board of Pharmacy, 505-841-9102]. Marijuana and THC are in schedule I but are considered to be in Schedule II when used for medicinal purposes.	H.B. 329/ ch. 22 (1978)/ 26-2A

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
16. NEW YORK	I, I, II/ PHL § 3306	Therapeutic research program/ 9-1-80	For cancer, glaucoma, and other life- and sense-threatening diseases approved by the commissioner. Administered by Department of Health and Patient Qualification Review Board; confiscated marijuana may be used if necessary. In 1981, the name of the "controlled substances therapeutic research program" was changed to the "Antonio G. Olivieri controlled substances therapeutic research program" by ch. 208 (1981).	S.B. 1123-6/ ch. 810 (1980)/ PHL § 3397 and PHL § 3328
17. OHIO	I, I, II/ § 3719.41	Medical necessity defense/ 6-20-80; 7-1-96	1980 law which expired on June 20, 1984, was a therapeutic research program administered by Director of Health; marijuana and THC; Patient Review Board; glaucoma, cancer chemotherapy or radiology, or other medical conditions; law appeared at § 3719.85. The 1996 law reads as follows: "It is an affirmative defense... to a charge of possessing marijuana under this section that the offender, pursuant to the prior written recommendation of a licensed physician, possessed the marijuana solely for medicinal purposes."	S.B. 184; S.B. 2/ Act No. 230 (1980); not available/ § 2925.11(1)
18. RHODE ISLAND	I, I, II/ § 21-28-2.08	Therapeutic research program/ 5-19-80	Patients must be involved in a life- or sense-threatening situation (original law specified cancer chemotherapy, glaucoma, and other disease groups); program administered by director of the Department of Health; director or director's designee reviews patients and physicians for participation in program (original law specified Patient Qualification Review Board). Amended by 86-H 7817 in 1986 (ch. 236) to instead say "life- or sense threatening conditions," and deletes references to Patient Qualification Board).	H.B. 79.6072/ ch. 375 (1980)/ § 21-28.4-1

A State (Alphabetically)	B Schedule①/ Citation②	C Description of Law/ Effective date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
19. SOUTH CAROLINA	I, I, II/ § 44-53-160 and § 44-53-190	Therapeutic research program/ 2-28-80	For glaucoma and cancer chemotherapy and radiology and other disease groups (marijuana and THC). Administered by commissioner of Department of Health and Environmental Control and patient qualification review advisory board; "Commissioner shall obtain marijuana through whatever means he deems most appropriate consistent with federal law." Minor amendments made by Act No. 181 (1993). "State follows the federal government's scheduling of controlled substances as articulated in the Code of Federal Regulations [§ 44-53-160].	S. 350/ Act No. 323 (1980)/ § 44-53-610
20. TENNESSEE	VI, VI, II/ § 39-17-408	Scheduling recognizes marijuana's therapeutic use/ 4-2-81	The bill created a therapeutic research program for cancer chemotherapy or radiology or glaucoma (marijuana or THC); administered by Patient Qualification Review Board created within Board of Pharmacy; PQRB shall contract with federal government for marijuana. Therapeutic research program repealed by S.B. 1818 in 1992 (ch. 537), but dual scheduling scheme still remains. "Marijuana and THC are in schedule VI but are considered to be in Schedule II when used for medicinal purposes. (Schedule VI includes controlled substances that "should not be included in Schedules I through V." Schedules I through V have the typical definitions used in other states.)	H.B. 314/ ch. 114 (1981)/ § 68-52-101

A State (Alphabetically)	B Schedule①/ Citation②	C Description of Law/ Effective Date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
21. TEXAS	I, I, II/ H & S § 481.032 and § 481.038 and 37 TAC § 13.1	Therapeutic research program/ 1-1-80	For cancer and glaucoma (THC or its derivatives). Administered by Board of Health and Research Program Review Board; RPRB, after approval of Board of Health, may seek authorization to expand research program to include other diseases: get THC from federal government. Minor amendments made by S.B. 688 in 1983 (ch. 566). H.B. 2136 in 1989 (ch. 678) moved the therapeutic research program law from Civil Statutes Health Act. 4476-15 to H & S § 481.201-205. *State follows the federal government's scheduling of controlled substances as articulated in the Code of Federal Regulations [H & S § 401.38].	S.B. 877/ ch. 826 (1979)/ H & S § 481.111 and § 481.201-205
22. VERMONT	N/A, N/A, N/A/ N/A	Physicians may prescribe	For cancer and other medicinal uses as determined by the Commissioner of Health. Administered by Department of Health; called a "research program" but really enables physicians to prescribe marijuana; "commissioner of health shall have the authority to obtain...cannabis administered under this program."	H. 130/ Act No. 49 (1981)/ 18 VSA § 4471
23. VIRGINIA	N/A, I, II/ § 54.1-3443	Physicians may prescribe/ Spring 1979	For cancer and glaucoma (marijuana or THC). Allows physicians to prescribe and pharmacists to dispense marijuana and THC for such purposes.	S. 913/ ch. 435 (1979)/ § 18.2-250.1 and §18.2-251.1

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective Date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
24. WASHINGTON	I, I, II/ 69.50.204 and WAC 246-887- 100	Therapeutic research program/ 3-27-79	For cancer chemotherapy and radiology and glaucoma, and other disease groups. Dual scheduling for marijuana and every compound (including THC) in the marijuana plant; administered by Board of Pharmacy and Patient Qualification Review Committee; "Board shall obtain marijuana through whatever means it deems most appropriate and consistent with regulations promulgated by federal government", "board may use marijuana which has been confiscated by local or state law enforcement agencies and has been determined to be free from contamination." Amendment in 1986 (ch. 124) removed the dual Scheduling of marijuana and THC; minor amendments made in 1989 (ch. 9). On March 30, 1996, Washington State enacted the 1996 supplemental operating budget which allocated \$130,000 for two medicinal marijuana-related projects: \$70,000 to research a tamper-free means of cultivating marijuana for medicinal purposes, and \$60,000 to research the therapeutic potential of marijuana.	H.B. 259/ ch. 136 (1979)/ 69.51
25. WISCONSIN	I, I, II/ 161.13; 161.41(3r)	Physicians may prescribe/ 4-20-82; 4-28-88	No disease groups specified (marijuana or THC). Allows medicinal marijuana prescriptions in accordance with federal IND permits; gives controlled substances board the authority to set up regulations. A.B. 662 in 1987 (Act 339), enacted in 1988, allows for the possession of THC if obtained directly from a valid prescription.	A.B. 697; A.B. 662/ ch. 193 (1981); Act 339 (1987)/ 46.60
26. WEST VIRGINIA	I, I, II/ § 60A-2-204	Therapeutic research program/ 6-8-79	For cancer chemotherapy and glaucoma. Program administered by director of the department of health and patient Qualification Review Board; PQRB certifies the participation of patients, and pharmacies for participation in the program; may include other disease groups if approved; director shall contract with federal government for supply of marijuana.	S. B. 366/ ch. 56 (1979)/ § 16-5A-7

4. 2 States which Passed Medicinal Marijuana Laws which have Subsequently EXPIRED

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective Date/ Expiration Date	D Remarks	E Bill #/ Session Law/ Citation for Med Mj Law
1. MAINE	N/A, N/A, N/A/ 17-A § 1102	Therapeutic research program/ 9-14-79; 9-23-83/ Expired 1981 & 1987 (respectively)	For glaucoma and cancer chemotherapy. Research program within Department of Human Services; use federal marijuana or, if necessary, marijuana confiscated by state law-enforcement agencies; Participation Review Board approves physicians. Controlled substances are in Schedules W, X, Y, and Z, which determine the severity of penalties for possession, manufacture, and distribution of these substances. The schedules make no statement as to the medical value of the controlled substances.	H.B. 665 (1979); H.B. 1025 (1983)/ ch. 423 (1983); ch. 457 (1979); ch. 423 (1983)/ 22 § 2401- 2410; 22 § 2411-2420
2. MICHIGAN	I, I, II/ § 333.7212; MAC 338.3114 and 338.3119a (1986 Annual Supplement); MAC 338.3113 (1988 Annual Supplement)	Therapeutic research program/ 10-22-79 12-21-82/ Expired 11/1/82 & 11/1/87 (respectively)	For glaucoma and cancer chemotherapy (marijuana or THC); allows patients with other disease if patients have IND permit from FDA. Administered by the Department of Public Health; marijuana and THC considered to be in Schedule II when dispensed through the program; use federal marijuana or, if necessary, marijuana confiscated by state law-enforcement agencies. 1979 law expired on November 1, 1982, and then a nearly identical law was enacted a month later, which expired on November 1, 1987.	S.B. 185 (1979); S.B. 816 (1982)/ Act No. 125 (1979); Act No. 352 (1982)/ § 333.7335

5. 7 States which Passed Medicinal Marijuana Laws which were Subsequently Repealed

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective Date/ Repealed Date	D Remarks	E Bill #/ Session Law/ Citation for Mj Law
1. ALASKA	VIA, IIIA, IIIA/ § 11.71.160	Therapeutic research program/ 1-1-83/ Repealed 1986	For cancer chemotherapy and radiology, and glaucoma. Administered by Board of Pharmacy; patients certified by Patient Qualification Review Committee, Board of Pharmacy may include other disease groups if physician presents pertinent medical data. Marijuana, which is a Schedule VIA drug, has the "lowest degree of danger or probable danger to a person or the public."	Info not available/ § 5 ch. 45 (1982)/ § 17.35
2. ARKANSAS	VI, VI, II/ § 5-64-215	Physicians may prescribe/ 1-30-81/ Repealed 1987	For cancer (lawfully obtained THC). Marijuana and THC are listed in Schedule VI, but Schedule VI substances are defined similarly-yet even more restrictively-than Schedule I substances.	H.B. 171/ Act No. 8 (1981)/ § 82-1007 (numbering system has changed since law was repealed)
3. COLORADO	N/A, I, II/ § 18-18-203	Therapeutic research program/ 6-21-79/ Repealed 1995	For cancer and glaucoma. Pharmacy and Therapeutics Committee at University of Colorado administers program; PTC may include other disease groups after pertinent data have been presented by physician; apply to receive marijuana from NIDA; if unable to obtain marijuana from NIDA, investigate feasibility of using seized marijuana that has been tested for impurities; appropriates \$15,000. Amended by ch. 322 (9181) to say that other disease groups can be included after pertinent data are presented by physician who has and IND number issued by FDA; apply to receive marijuana from federal government.	H.B. 1042/ ch. 265 (1979)/ § 25-5-901 to -907

A State (Alphabetically)	B Schedule ^① / Citation ^②	C Description of Law/ Effective Date/ Repealed Date	D Remarks	E Bill #/ Session Law/ Citation for Mj Law
4. FLORIDA	I, I, II/ § 893.03	Therapeutic research program/ 7-1-78/ Repealed 1984	For cancer and glaucoma (marijuana or THC). Program administered by Secretary of Department of Health and Rehabilitative Services who delegates to Patient Qualification Review Board which approves cancer and glaucoma patients; PQRB may include other disease groups after pertinent data have been presented by physician; Secretary of HRS shall apply to federal government for marijuana and shall transfer marijuana to certified state-operated pharmacies for distribution to certified patients upon written prescription of certified physicians. Minor modifications: c. 79-209 (1979), c. 81-279 (1981); interesting modification with c. 82-12 (1982), which changed name from "controlled substances therapeutic research" to "cancer therapeutic research" to allow for "unconventional therapies" that are not yet approved by the federal government.	H.B. 1237/ c. 78-413 (1978)/ § 402.36
5. NORTH CAROLINA	VI, VI, II/ § 90-90	Physicians may prescribe/ 6-5-79/ Repealed 1987	"A physician ... may possess, dispense, or administer tetrahydrocannabinols in duly constituted pharmaceutical form for human administration for treatment purposes pursuant to rules adopted by the [North Carolina Drug] Commission." Schedule VI (§ 90-94) is specific to marijuana: "no currently accepted medical use in the United States, or a relatively low potential for abuse in terms of risk to public health and potential to produce psychic or physiological dependence liability based upon present medical knowledge, or a need for further and continuing study to develop scientific evidence of its pharmacological effects."	H.B. 1065/ ch. 781 (1979)/ § 90-101

A State (Alphabetically)	B Schedule①/ Citation②	C Description of Law/ Effective Date/ Repealed Date	D Remarks	E Bill #/ Session Law/ Citation for Mj Law
6. NEVADA	I, I, III/ 453.510 NAC	Therapeutic research program/ 6-2-79/ Repealed 1987	For glaucoma or chemotherapy or others (marijuana and THC). Administered by Health Division of Department of Human Services; Board of Review for Patients.	S.B. 470/ ch. 610 (1979)/ 453.740- 453.810 and 453.740 NAC
7. OREGON	I, I, III/ 475.035 and OAR 855-80N	Physicians may prescribe/ 6-18-79/ Repealed 1987	For cancer chemotherapy and glaucoma (seized marijuana). Oregon State Police shall make confiscated marijuana available to the Health Division to test it for contaminants; if marijuana is found to be free of contaminants, Health Division shall make marijuana available to physicians upon written request; patients who are prescribed such marijuana may possess less than an ounce.	H.B. 2267/ ch. 253 (1979)/ 475.505-475.51

6. 5 STATES which have Passed Non-Binding Resolutions Urging the Federal Government to Make Marijuana Medically Available

State	Date Resolution Passed	Resolution #	Current Status of Medicinal Marijuana Legislation in State
CALIFORNIA	September 2, 1993	Senate Joint Resolution No. 8	Current Legislation enacted November 1996
MICHIGAN	March 17, 1982	Senate Conc. Resolution No. 473	Legislation Expired 1987
MISSOURI	Spring 1984	Senate Conc. Resolution 14	No Legislation to Date
NEW HAMPSHIRE	[To be filled in]		Current Legislation enacted 1981
NEW MEXICO			Current Legislation enacted 1978

7. CONCLUSION:

A. WHILE IT IS PREMATURE TO FORM FIRM SCIENTIFIC OR POLITICAL CONCLUSIONS WITHOUT ADDITIONAL STUDY, IT'S CLEAR:

- 1.) CALIFORNIA AND ARIZONA PASSED MEDICINAL MARIJUANA LAWS IN NOVEMBER, 1996, THAT DID NOT BREAK NEW GROUND.**
- 2.) OVER 169,951,000 AMERICANS (64.68% OF THE U.S. POPULATION) LIVE IN STATES (AND WASHINGTON, D.C.) WHICH HAVE LAWS, SOME DATING BACK TO 1978, THAT TO SOME DEGREE MENTION MARIJUANA'S POTENTIAL MEDICAL BENEFITS.**

B. IT MIGHT PROVE USEFUL TO UNDERSTAND:

- 1.) WHAT MARIJUANA, (FOR EXAMPLE, NUMBER OF PRESCRIPTIONS, QUANTITY OF MARIJUANA GIVEN UNDER PRESCRIPTIONS, RESULTS AND/OR CONSEQUENCES FROM SUCH PRESCRIPTIONS/BY STATE) IF ANY, HAS BEEN GIVEN OUT UNDER THE REFERENCED LAWS?**
- 2.) THE SOCIETAL EFFECTS FROM THE REFERENCED LAWS.**
- 3.) WHY, OF THE 9 STATES PASSING MEDICINAL MARIJUANA LAWS (AGAIN SOME DATING BACK TO 1978), 7 OF THOSE WERE SUBSEQUENTLY REPEALED, AND 2 EXPIRED.**
- 4.) OTHER RELATED ISSUES NEITHER THE REFERENCED MARIJUANA POLICY PROJECT FOUNDATION WORK -- NOR THIS RECOMPILATION -- COVERED.**

Appendix A

Federal Controlled Substance Scheduling

① **Schedule I:** (includes heroin, LSD, and marijuana)

- A. The drug or other substance has a high potential for abuse.
- B. The drug or other substance has no currently accepted medical use in treatment in the United States.
- C. There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Schedule II: (includes morphine, used as a pain-killer, and cocaine, used as a topical anesthetic)

- A. The drug or other substance has a high potential for abuse.
- B. The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- C. Abuse of the drug or other substance may lead to severe psychological or physical dependence.

Schedule III: (Includes anabolic steroids)

- A. The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.
- B. The drug or other substance has a currently accepted medical use in treatment in the United States.
- C. Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

Schedule IV: (includes Valium and other tranquilizers)

- A. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- B. The drug or other substance has a currently accepted medical use in treatment in the United States.
- C. Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.

Schedule V: (includes codeine-containing analgesics)

- A. The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- B. The drug or other substance has a currently accepted medical use in treatment in the United States.
- C. Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.

② *Italics for a citation indicates that it is in the state's administrative code (developed by state agencies in the executive branch), not the state's statutes (laws passed by the state legislature).*

Appendix B

About the Author (Steven C. Markoff)

Steven C. Markoff, a Los Angeles native, is an entrepreneur and executive whose major business interest is controlling shareholder, Chairman and CEO of A-Mark Financial Corporation ("AMF"), a company he founded in 1965.

AMF's main operations are in the trading, marketing and financing of rare coins, precious metals and other collectibles through AMF's wholly owned subsidiary, A-Mark Precious Metals, Inc. ("A-Mark"). AMF's other operations include real estate and merger/ acquisition activities.

FORBES magazine listed AMF as the 175th largest privately held company in the U.S. (by its sales exceeding 1 billion dollars) in its December 2, 1996 edition.

Mr. Markoff's other business interests include the co-founding and chairmanship of LeoMar International, incorporated in November, 1992, with a Moscow, Russia office that distributes consumer goods and engages in real estate development in Moscow; and the chairmanship of Original New York Seltzer, a national soft drink, purchased through the U.S. Bankruptcy Court in October, 1994.

Mr. Markoff's business training and education include a two year AA degree at Los Angeles City College, substantial business experience including two years as a Director of a publicly held company, MIP Properties, Inc., a Santa Monica, California based REIT.

Mr. Markoff's community service has included being a Director of the ACLU Foundation of Southern California (non-profit) since 1979 and of the Hollywood Community Hospital (non-profit) from 1982 to 1984, when the hospital was sold to "for-profit" interests; a Director of the University of California at Los Angeles ("UCLA") Graduate School of Management (non-profit), Board of Visitors, during 1986; and a Director of the UCLA Management Education Associates (non-profit) from 1986 to Feb, 1992;

In September, 1986 and May, 1988, Mr. Markoff co-published (through the Association of Media Accuracy, a non-profit organization he co-founded) two research reports entitled "*Should Chief Justice Rose Bird Be Reconfirmed in the Upcoming November 4, 1986 California Election*" and "*How Practical is Nuclear Power Now and for Our Future?*"; in January, 1990, Mr. Markoff compiled and published a summary of ACLU cases in the U.S. Supreme court, titled "*The Batting Average (and supporting data) of the ACLU in the U.S. Supreme Court -from January 19, 1920 through December 31, 1989*"; and in December, 1991, wrote "*Making Firms Do It Your Way*", published in *The American Lawyer*, and substantially reprinted in *Bankruptcy Court Decisions*, November, 1993. (Since 1993, the article has been automatically included in the U. S. Department of Justice information booklet the California Central District Bankruptcy Court sends to the largest creditors of each bankruptcy filing).