



State Medical Marijuana Laws

1/22/2018

In 1996, California voters passed Proposition 215, making the Golden State the first in the union to allow for the medical use of marijuana. Since then, 28 more states, the District of Columbia, Guam and Puerto Rico have enacted similar laws. **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 for system for sales or production. See text of measure below.**

A total of 29 states, the District of Columbia, Guam and Puerto Rico now allow for comprehensive public medical marijuana and cannabis programs. **(See Table 1 below for more info.)** Approved efforts in 17 states allow use of "low THC, high cannabidiol (CBD)" products for medical reasons in limited situations or as a legal defense. Those programs are not counted as comprehensive medical marijuana programs but are listed in Table 2. NCSL uses criteria similar to other organizations to determine if a program is "comprehensive": See Table 2 below for more information.

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, including those more than "low THC;" and
4. It allows either smoking or vaporization of some kind of marijuana products, plant material or extract.

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.¹

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, 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

State	Statutory Language (year)	Patient Registry or ID cards	Allows Dispensaries	Specifies Conditions	Recognizes Patients from other states	State Allows for Retail Sales/Adult Use
Alaska	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
Arizona	Proposition 203 (2010)	Yes	Yes	Yes	Yes, for AZ-approved conditions, but not for dispensary purchases.	
Arkansas	Issue 6 (2016) Details pending	Pending	Pending	Pending	Pending	
California	Proposition 215 (1996) SB 420 (2003)	Yes	Yes (cooperatives and collectives)	No	No	Proposition 64 (2016)
Colorado Medical program info Adult-use info	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.

State	Statutory Language (year)	Patient Registry or ID cards	Allows Dispensaries	Specifies Conditions	Recognizes Patients from other states	State Allows for Retail Sales/Adult Use
Connecticut	HB 5389 (2012)	Yes	Yes	Yes		
Delaware	SB 17 (2011)	Yes	Yes	Yes	Yes, for DE-approved conditions.	
District of Columbia	Initiative 59 (1998) L18-0210 (2010)	Yes	Yes	Yes		Initiative 71 (2014)
Florida	Amendment 2 (2016) Details pending	Pending	Pending	Pending	Pending	
Guam	Proposal 14A Approved in Nov. 2014, not yet operational. Draft rules released in July 2015	Yes	Yes	Yes	No	
Hawaii	SB 862 (2000)	Yes	Yes	Yes	No	
Illinois	HB 1 (2013) <i>Eff. 1/1/2014</i> Rules	Yes	Yes	Yes	No	
Maine	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
Maryland	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	
Massachusetts	Question 3 (2012) Regulations (2013)	Yes	Yes	Yes	No	Question 4 (2016)
Michigan	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.	
Minnesota	SF 2471, Chapter 311 (2014)	Yes	Yes, limited, liquid extract products only	Yes	No	
Montana	Initiative 148 (2004) SB 423 (2011) Initiative 182 (2016)	Yes New details pending	No** New details pending	Yes New details pending	No New details pending	
Nevada	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
New Hampshire	HB 573 (2013)	Yes	Yes	Yes	Yes, with a note from their home state, but they cannot purchase through dispensaries.	
New Jersey	SB 119 (2009) Program information	Yes	Yes	Yes	No	

State	Statutory Language (year)	Patient Registry or ID cards	Allows Dispensaries	Specifies Conditions	Recognizes Patients from other states	State Allows for Retail Sales/Adult Use
New Mexico	SB 523 (2007) Medical Cannabis Program	Yes	Yes	Yes	No	
New York	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	
North Dakota	Measure 5 (2016) Final details pending	Yes	Yes	Yes	No	
Ohio	HB 523 (2016) Approved by legislature, signed by governor 6/8/16, not yet operational			Yes		
Oregon	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)
Pennsylvania	SB 3 (2016) Signed by governor 4/17/16 Not yet operational	Yes	Yes	Yes		
Puerto Rico	Public Health Department Regulation 155 (2016) Not yet operational		Cannot be smoked			
Rhode Island	SB 791 (2007) SB 185 (2009)	Yes	Yes	Yes	Yes	
Vermont	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. 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.
Washington	Initiative 692 (1998) SB 5798 (2010) SB 5073 (2011)	No	Yes, approved as of Nov. 2012, stores opened in July, 2014.	Yes	No, but adults over 21 may purchase at an adult retail dispensary.	Initiative 502 (2012) WAC Marijuana rules: Chapter 314-55 WAC FAQ about WA cannabis laws by the Seattle Times.
West Virginia	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.	

*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	Defintion of Products Allowed	Allows for Legal Defense	Allowed for Minors
Alabama	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 sever condition resistant to conventional medicine.	No	Extracts that are low THC= below 3% THC	Yes	Yes
Florida (NEW comprehensive program approved in 2016, included in table above)	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 with low THC= below .8% THC and above 10% CBD by weight		Yes, with approval from 2 doctors
Georgia	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 that meets FDA trial compliance.	Yes, end stage cancer, ALS, MS, seizure disorders, Crohn's, mitochondrial disease, Parkinson's, Sickle Cell disease	No	Cannabis oils with low THC= below 5% THC and at least an equal amount of CDB.	Yes	Yes
Iowa	SF 2360, Medical Cannabidiol Act of 2014 (Effective 7/1/14)	Yes	Doesn't define or provide in-state methods of access or production.	Yes, intractable epilepsy	No	"Cannabidiol- a non-psychoactive cannabinoid" that contains below 3% THC, no more than 32 oz, and essentially free from plant material.	Yes	Yes
Idaho- VETOED BY GOVERNOR	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 no more than three-tenths percent (0.3%) tetrahydrocannabidiol by weight; is composed of at least fifteen (15) times more cannabidiol than tetrahydrocannabidiol by weight; and contains no other psychoactive substance.	Yes	Yes
Indiana	HB 1148 (2017)	Yes	Doesn't define.	Treatment resistant epilepsy.	No	At least 5 percent CBD by weight. No more than .3 percent THC by weight.	Yes	Yes

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	Defintion of Products Allowed	Allows for Legal Defense	Allowed for Minors
Kentucky	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 "cannabidiol".		
Louisiana	SB 143 The "Alison Neustrom Act" Please see bolded comment to the right.		Louisiana State Univ. and the Southern Univ. Agricultural Center have the right of first refusal to be the licensed production facility. If they pass, it opens up to a competitive bid process.	Yes	No	NCSL counts this act as a low-THC program based on this statement in the enacted legislation. "THC shall be reduced to the lowest acceptable therapeutic levels available through scientifically acceptable methods." NCSL also does NOT count this program as "comprehensive" because it does not allow for the combustion or vaporizing of flowered product. Other organizations or groups may count this as a comprehensive program, but please refer to NCSL's definitions above. NCSL will reconsider its categorization based on final rules, regulations and practice when they are finalized.	Yes	Yes
Mississippi	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" - processed cannabis plant extract, oil or resin that contains more than 15% cannabidiol, or a dilution of the resin that contains at least 50 milligrams of cannabidiol (CBD) per milliliter, but not more than one-half of one percent (0.5%) of tetrahydrocannabinol (THC)	Yes, if an authorized patient or guardian	Yes
Missouri	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 extracts" equal or less than .3% THC and at least 5% CBD by weight.	Yes	Yes
North Carolina	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 extracts" with less than nine-tenths of one percent (0.9%) tetrahydrocannabinol (THC) by weight. Is composed of at least five percent (5%) cannabidiol by weight. Contains no other psychoactive substance.	Yes	Yes
Oklahoma	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 preparation of cannabis with no more than .3% THC in liquid form.	Yes	Yes, only allowed for minors

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	Defintion of Products Allowed	Allows for Legal Defense	Allowed for Minors
South Carolina	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. Some have interpreted the law to allow patients and caregivers to produce their own products.	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	Cannabidiol or derivative of marijuana that contains 0.9% THC and over 15% CBD, or least 98 percent cannabidiol (CBD) and not more than 0.90% tetrahydrocannabinol (THC) by volume that has been extracted from marijuana or synthesized in a laboratory	Yes	Yes
Tennessee	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	"Cannabis oil" with less than .9% THC as part of a clinical research study Same as above.	Yes	Yes
Texas	SB 339 (2015) Texas Compassionate Use Act	Yes	Yes, licensed by the Department of Public Safety.	Yes, intractable epilepsy.	No	"Low-THC Cannabis" with not more than 0.5 percent by weight of tetrahydrocannabinols; and not less than 10 percent by weight of cannabidiol	Yes	Yes
Utah	HB 105 (2014) Hemp Extract Registration Act	Yes	Not completely clear, however it may allows 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 extracts" with less than .3% THC by weight and at least 15% CBD by weight and contains no other psychoactive substances	Yes	Yes
Virginia	HB 1445	No	No in-state means of acquiring cannabis products.	Intractable epilepsy	No	Cannabis oils with at least 15% CBD or THC-A and no more than 5% THC.	Yes	Yes
Wisconsin	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 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.	Seizure disorders		Exception to the definition of prohibited THC by state law, allows for possession of "cannabidiol in a form without a psychoactive effect." THC or CBD levels are not defined.	No	Yes
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 extracts" with less than 0.3% THC and at least 5% CBD by weight.	Yes	Yes

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Additional Resources

- [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
 - ["State-by-State Medical Marijuana Laws" Marijuana Policy Project, 2015](#)
 - [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 2013](#)
 - ["Medical Marijuana Dispensary Laws: Fees and Taxes," Marijuana Policy Project, February 2015](#)
 - [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 and position statements**
 - [SAM: Smart Approaches to Marijuana](#)
 - [Smart Colorado: Protecting youth from marijuana](#)
 - [Treatment Research Institute's \(TRI\) policy position statement regarding medical marijuana](#)
 - [National Families in Action: Marijuana Studies Program "Marijuana Report"](#)
 - [Marijuana Majority](#)
 - ["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](#)

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