Medical Marijuana Laws by State

Patients whose physicians recommend medical marijuana for certain illnesses and chronic conditions are exempt from criminal prosecution in states that have passed medical marijuana laws. A growing number of states (and the District of Columbia) have medical marijuana laws, although federal law makes no such exceptions from the current drug prohibition policy.

Medical marijuana laws vary drastically in their scope and implementation, including the regulation of dispensaries. Some states only allow terminally ill patients to legally use marijuana, for example, while others are much less restrictive. For general information, including how these laws interact with federal law, see the medical marijuana laws page in FindLaw's Criminal Law section.

The following state-specific guide should help you get up to speed on current medical marijuana laws:

**Alaska**

Ballot Measure #8 passed in 1998 and was enacted in 1999. Patients whose physicians advise in writing that they "might benefit from the medical use of marijuana" may use, possess and cultivate marijuana for personal use. After securing a physician’s recommendation, patients must apply for a Registry Identification Card for Medical Use of Marijuana (PDF) in order to be considered compliant.

- **Illnesses:** cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV/AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea (other conditions subject to state approval)
- **Possession:** 1 ounce of usable marijuana
- **Cultivation:** Six marijuana plants, only three of which may be mature
- **Caregivers:** Must be 21 or older, free from conviction of a felony controlled substance offense and must be listed by the patient as either the primary caregiver or an alternate caregiver
- **Statute:** Alaska Stat. 17.37.10 - 17.37.80

**Arizona**

Proposition 203 passed in 2010, allowing use and possession of marijuana for patients with "written certification" from their physician. Patients may not cultivate within 25 miles of a state-licensed dispensary. The law recognizes "visiting qualifying patients," those with valid doctor’s recommendations from other medical marijuana states.

- **Illnesses:** cancer; glaucoma; HIV/AIDS; hepatitis C; amyotrophic lateral sclerosis (Lou Gehrig’s disease); Crohn’s disease; Alzheimer’s disease; any medical condition producing cachexia or wasting syndrome, severe or chronic pain, nausea, seizures, etc. (other conditions subject to state approval)
- **Possession:** 2.5 ounces of usable marijuana
- **Cultivation:** 12 marijuana plants, none within 25 miles of a licensed dispensary
- **Caregivers:** Must sign a statement promising not to deliver to anyone but the patient to whom you have been designated
- **Statute:** Arizona Revised Statutes 36-2801 - 36-2819

**California**

Proposition 215, passed in 1996, was the nation’s first medical marijuana law (California Dept. of Public Health). Eligible patients must present a "written or oral recommendation" from their physician. Guidelines passed in 2003 set limits for
possession and cultivation of marijuana by eligible patients and their caregivers. Although the state issues medical mari-juana identification cards (PDF), registration is not mandatory for compliance.

- **Illnesses:** arthritis; cachexia; cancer; chronic pain; HIV/AIDS; epilepsy; migraine; multiple sclerosis (physicians may recommend medical marijuana for other illnesses)

- **Possession:** 8 ounces of usable marijuana (or more, if a doctor recommends it)

- **Cultivation:** Six mature or 12 immature marijuana plants (some counties allow a grow space of up to 100 square feet)

- **Dispensaries:** State-licensed dispensaries must not be within 600 feet of a school and cannot operate for a profit but otherwise are regulated at the local level

- **Statute:** California Health and Safety Code 11362.7 - 11362.83

**Colorado**

Amendment 20 passed in 2000 and took effect the following year, exempting patients with written documentation from their physicians from criminal sanctions. While the state maintains a confidential registry and issues identification cards (PDF), patients who do not join the registry and are arrested for possession or cultivation of marijuana may argue an "affirmative defense of medical necessity."

- **Illnesses:** cachexia; cancer; chronic pain; chronic nervous system disorders; epilepsy and other conditions characterized by seizures; glaucoma; HIV/AIDS; multiple sclerosis and other muscle spasticity disorders; nausea (other conditions subject to approval by the state)

- **Possession:** 2 ounces of usable marijuana

- **Cultivation:** Six marijuana plants

- **Dispensaries:** Must be at least 1,000 feet from a school or daycare center; local municipalities have the authority to prohibit dispensaries in their community

- **Caregivers:** Must be listed on the medical marijuana registry; maximum of five patients

- **Statute:** Colorado Constitution Article XVIII 14; Colorado Revised Statutes 18-18-406.3

**Connecticut**

Public Act 12-55 (An Act Concerning the Palliative Use) was signed into law by the governor on June 1, 2012. Patients with a qualifying "debilitating medical condition" who have obtained written certification from a physician may possess a one-month supply of cannabis (exact amount to be determined), but may not cultivate the plant. Medical marijuana patients must register with Connecticut’s Department of Consumer Protection (DCP).

- **Illnesses:** cancer; glaucoma; positive status for 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; wasting syndrome; Crohn’s disease; PTSD; or any other medical condition, medical treatment or disease approved by the DCP.

- **Possession:** One-month supply (exact amount to be determined)

- **Cultivation:** Personal cultivation of cannabis prohibited

- **Dispensaries:** No more than 10 state-licensed dispensaries to operate throughout Connecticut

- **Caregivers:** Patients’ primary caregivers may possess up to a one-month supply (or a combined one-month supply between patient and caregiver); caregivers have same legal protection from state prosecution as patients

- **Statute:** An Act Concerning the Palliative Use of Marijuana (PDF)

**Delaware**

Delaware’s governor signed Senate Bill No. 17 into law in May 2011, creating an exception to the state’s criminal code that permits the medical use of marijuana with a doctor’s recommendation by those 18 and older. Qualifying patients must have written documentation from their physician, which is then sent to the state Department of Health and Social Services for the issuance of a mandatory I.D. card. The statute also recognizes qualifying patients from other states. Qualifying patients who do not have an I.D. card may raise an affirmative defense motion to dismiss marijuana possession charges.

- **Illnesses:** cancer; HIV/AIDS; decompensated cirrhosis; ALS; Alzheimer’s disease; post-traumatic stress disorder; medical condition that produces wasting syndrome (cachexia); severe debilitative pain that has not responded to other treatments for three months; other conditions producing severe nausea, seizures or severe muscle spasms (including but not limited to those related to multiple sclerosis).

- **Possession:** 6 ounces of usable marijuana
- **Cultivation:** Only licensed compassion center agents may cultivate medical marijuana for qualified patients (home cultivation is prohibited)
- **Dispensaries:** Patients must register with a state-licensed, not-for-profit compassion center; compassion centers may not dispense more than 3 ounces of marijuana per patient in any 14-day period.
- **Caregivers:** Must be 21 years of age or older; have not been convicted of a felony offense (limited to violent crime or a violation of state or federal drug laws); assist no more than five medical marijuana patients at a time.

**District of Columbia**

Ballot Initiative 59 was passed by a wide margin of voters in 1998 (69%) but was blocked by city lawmakers citing a Congressional ban. The ban was lifted in 2010, followed by the passage of legislation authorizing the establishment of medical marijuana dispensaries. The creation of a patient registry and dispensary guidelines are still in the works.

- **Illnesses:** HIV/AIDS; glaucoma; multiple sclerosis and other muscle spasticity disorders; cancer; any other condition that is "chronic or long-lasting; debilitating; serious medical condition treatable with marijuana"
- **Possession:** 2 ounces of usable medical marijuana
- **Cultivation:** Not allowed under current law
- **Dispensaries:** Washington, D.C. plans to create as many as eight dispensaries, each limited to growing 95 plants on site at a time
- **Caregivers:** Must be registered with the District of Columbia and may only help patients obtain medical marijuana (no cultivation)
- **Statute:** D.C. Code Ann. 7-1671.01 - 7-1671.13

**Hawaii**

Senate Bill 862 was signed into law in 2000 and took effect later that year. Eligible patients must obtain a signed physician's statement that medical marijuana would help their "debilitating condition" and that the "potential benefits... would likely outweigh the health risks" of medical marijuana. The state-run patient registry is mandatory for eligible patients.

- **Illnesses:** cachexia; cancer; chronic pain; Crohn's disease; epilepsy and other conditions characterized by seizures; glaucoma; HIV/AIDS; multiple sclerosis and other muscle spasticity disorders; nausea (other conditions subject to state approval)
- **Possession:** 3 ounces of usable medical marijuana
- **Cultivation:** Seven marijuana plants, no more than three of which are mature
- **Dispensaries:** Not allowed under current law
- **Statute:** Hawaii Rev. Stat. 329-121 to 329-128

**Maine**

Question 2 was passed by voters in 1999 and took effect later that year, allowing patients to possess and cultivate medical marijuana with an oral or written "professional opinion" from their physician. Patients who are arrested for having more than the allowed amount of marijuana may use a "simple defense" against the charges. Amendments established a confidential registry and identification program (required for eligible patients). Maine allows visiting qualifying medical marijuana patients with a valid medical marijuana identification to medicate within the state.

- **Illnesses:** epilepsy and other conditions characterized by seizures; glaucoma; multiple sclerosis and other muscle spasticity disorders; nausea; HIV/AIDS; cancer; hepatitis C; Lou Gehrig's disease; Crohn's disease; Alzheimer's disease; nail-patella syndrome cachexia (other conditions subject to state approval)
- **Possession:** 2.5 ounces of usable marijuana
- **Cultivation:** Six marijuana plants, no more than three of which are mature
- **Dispensaries:** Up to eight non-profit dispensaries, one for each public health district, are allowed under state law
- **Caregivers:** Must be 21 years of age or older and can never have been convicted of a drug offense
- **Statute:** Maine Rev. Stat. tit. 22, 2421 - 2430

**Maryland**

Senate Bill 502 was signed into law in 2003, establishing a medical marijuana affirmative defense law. This is perhaps the least accommodating of all state medical marijuana laws. It allows a patient to defend against possession or cultivation charges post-arrest if he or she is able to successfully argue at trial that use of marijuana is a medical necessity. Even if successful, patients may still be subject to a $100 fine for possession.
No guidelines are established by Maryland's medical marijuana law other than an affirmative defense at trial

**Statute:** Maryland Code Ann., Crim. Law 5-601(c)(3)(II)

**Massachusetts**

Question 3 was passed with the support of 63 percent of voters in 2012, legalizing the use of marijuana for medicinal purposes, and took effect on Jan. 1, 2013. The law mandates a state-run patient registry and allows up to 35 state-licensed (and nonprofit) medical marijuana dispensaries. Additionally, patients and designated caregivers may cultivate limited amounts of marijuana. State officials have one year in which to create regulations for the dispensaries, or "medical marijuana treatment centers."

- **Illnesses:** cancer; glaucoma; HIV/AIDS; hepatitis C; amyotrophic lateral sclerosis (ALS); Crohn's Disease; Parkinson's Disease; multiple sclerosis; other conditions determined in writing by the patient's physician to be alleviated through the use of medical marijuana
- **Possession:** 60-day supply (exact amount TBD)
- **Cultivation:** Limited (exact amount TBD)
- **Dispensaries:** Rules for state-licensed medical marijuana treatment centers are yet to be established

**Statute:** Law for the Humanitarian Medical Use of Marijuana  [PDF]

**Michigan**

Proposal 1 was approved by voters in 2008 and implemented later that year, allowing possession and cultivation of marijuana by patients who obtain written documentation from their physician. The state operates a confidential patient registry and issues identification cards  (PDF). Michigan allows visiting qualifying medical marijuana patients with a valid medical marijuana identification to medicate within the state.

- **Illnesses:** cancer; glaucoma; HIV/AIDS; hepatitis C; Lou Gehrig's disease; Crohn's disease; epilepsy; multiple sclerosis; Alzheimer's disease; nail patella; chronic condition or treatment thereof that produces cachexia, severe pain, severe nausea, seizures, severe muscle spasms
- **Possession:** 2.5 ounces of usable marijuana
- **Cultivation:** 12 marijuana plants
- **Dispensaries:** Dispensary regulation was included in the original proposal but then taken out; many of those currently operating have been challenged by state courts

**Statute:** Michigan Compiled Laws 333.26421 - 333.26430

**Montana**

Initiative 148 took effect on the day it was passed by voters in 2004. Patients must submit written medical certification by a licensed physician, pay an application fee and fill out an application form in order to become registered and be issued a valid medical marijuana identification card. Current patients must renew their application each year. Montana allows visiting qualifying medical marijuana patients with a valid medical marijuana identification to medicate within the state.

- **Illnesses:** cachexia; severe or chronic pain; severe nausea; epilepsy and other conditions characterized by seizures; multiple sclerosis and other muscle spasticity disorders; Crohn's disease
- **Possession:** 1 ounce of usable marijuana
- **Cultivation:** Six marijuana plants
- **Dispensaries:** Current law does not allow for dispensaries

**Statute:** Montana Code Ann. 50-46-1 - 50-46-103

**Nevada**

Question 9 was approved by voters in 2000 and took effect the following year. Patients with "written documentation" from their physician may qualify and are encouraged to register (confidentially) with the state, which issues identification cards . The law also allows for an "affirmative defense of medical necessity" for patients who are arrested but have not joined the state registry.

- **Illnesses:** HIV/AIDS; cancer; glaucoma; cachexia; persistent muscle spasms or seizures (including multiple sclerosis and epilepsy); severe nausea or pain (other conditions subject to state approval)
- **Possession:** 1 ounce of usable marijuana
- **Cultivation:** Seven marijuana plants, of which only three may be mature
• **Dispensaries:** The law does not address dispensaries, so there are no specific regulatory guidelines in Nevada, but several currently operate in the state

• **Statute:** Nevada Rev. Stat. 453A.010 - 453A.240

**New Jersey**

Senate Bill 119 was signed into law in 2010 but was amended and delayed by lawmakers later that year. Eligible patients with a physician’s recommendation must submit an application to the state, which issues identification cards. **Rules for the New Jersey’s medical marijuana program** were posted in early 2011 (PDF).

- **Illnesses:** cancer; glaucoma; epilepsy and other conditions characterized by seizures; multiple sclerosis and other muscle spasticity disorders; Lou Gehrig’s disease; muscular dystrophy; HIV/AIDS; Crohn’s disease and other forms of inflammatory bowel disease; any terminal illness if the physician has determined that patient will die within 1 year (other conditions subject to state approval)

- **Possession:** 2 ounces of usable marijuana per month

- **Cultivation:** Not allowed under current law

- **Dispensaries:** Plan is to create up to six state-licensed “alternative treatment centers”

- **Caregivers:** Must be 18 or older; cannot have a conviction for a felony drug offense; can only have one qualifying patient at a time


**New Mexico**

Senate Bill 523, called the “Lynn and Erin Compassionate Use Act,” was signed into law in 2007 and took effect later that year. New Mexico maintains a confidential state registry and issues **identification cards** to qualified patients (PDF). Patients who are under the age of 18 may qualify for the medical marijuana program with written consent from a parent or guardian, in addition to a physician’s recommendation.

- **Illnesses:** arthritis; severe chronic pain; painful peripheral neuropathy; severe nausea; severe anorexia/cachexia; hepatitis C; Crohn’s disease; post-traumatic stress disorder; Lou Gehrig’s disease; cancer; glaucoma; multiple sclerosis; damage to the nervous tissue of the spinal cord with intractable spasticity; epilepsy; HIV/AIDS; hospice patients

- **Possession:** 6 ounces; more if you provide a letter of special need from your certifying physician

- **Cultivation:** 12 seedlings and four mature marijuana plants (16 total); licensed producers may grow up to 150 mature plants at a time

- **Dispensaries:** Creation of a state-authorized marijuana distribution system is pending

• **Statute:** New Mexico Stat. Ann. 26-2B-1 - 26-2B-7

**Oregon**

Measure 67 was passed by voters in 1998, taking effect later that same year. Eligible patients must obtain a signed recommendation from their physician saying medical marijuana “may mitigate” a given medical condition. A confidential, state-run registry **issues identification cards** to qualifying patients. Eligible patients who are arrested for marijuana possession or cultivation and are not registered with the state may argue an “affirmative defense of medical necessity.”

- **Illnesses:** cachexia; cancer; chronic pain; epilepsy and other conditions characterized by seizures; multiple sclerosis and other muscle spasticity disorders; glaucoma; HIV/AIDS; nausea; Alzheimer’s disease (other conditions subject to state approval)

- **Possession:** 24 ounces of usable marijuana

- **Cultivation:** 18 seedlings and six mature marijuana plants (24 total)

- **Dispensaries:** Not allowed under current law

• **Statute:** Oregon Rev. Stat. 475.300 - 475.346

**Rhode Island**

House Bill 6052 took affect immediately after its passage in 2006. Patients who possess a "written certification" from their physician recommending the use of medical marijuana are required to sign up with the state’s confidential registry, which issues **identification cards** (PDF). Rhode Island allows visiting qualifying medical marijuana patients with a valid medical marijuana identification to medicate within the state.

- **Illnesses:** cachexia; cancer; glaucoma; hepatitis C; severe or chronic pain; severe nausea; epilepsy and other conditions characterized by seizures; multiple sclerosis and other muscle spasticity disorders; Crohn’s disease;
Alzheimer’s disease
• Possession: 2.5 ounces of usable marijuana
• Cultivation: 12 marijuana plants
• Dispensaries: The state oversees the licensing and regulation of not-for-profit “compassion centers”
• Statute: Rhode Island Gen. Laws 21-28.6-1 - 21-28.6-2

Vermont
Senate Bill 76 became law in the absence of the governor’s signature in 2004 and took effect later that year. Eligible physicians must sign up with Vermont’s mandatory, confidential registry, which also issues identification cards.
• Illnesses: HIV/AIDS; cancer; multiple sclerosis; any disease or medical condition that produces severe cachexia, pain, nausea or seizures
• Possession: 2 ounces of usable marijuana
• Cultivation: Two mature and/or seven immature marijuana plants
• Dispensaries: Not allowed under current law
• Statute: Vermont Stat. Ann. tit. 18, 4471 - 4474d

Washington
Measure 692 was approved by voters in 1998 and took effect the day of its passage. Patients who obtain “valid documentation” from their physician, naturopath, physician’s assistant or advanced registered nurse practitioner are eligible. There is currently no state-run medical marijuana registry.
• Illnesses: cachexia; cancer; HIV/AIDS; epilepsy; glaucoma; intractable pain; multiple sclerosis; Crohn’s disease; hepatitis C; anorexia; any disease that causes nausea, wasting, appetite loss, cramping, seizures, muscle spasms and/or spasticity (other conditions subject to state approval)
• Possession: 24 ounces of usable marijuana
• Cultivation: 15 marijuana plants
• Dispensaries: Not allowed under law (it is only legal for patients and/or caregivers to grow medical marijuana)
• Statute: Washington Rev. Code 69.51A - 69.51A.901
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