

Medical Marijuana Reforms Improve Access and Patient Care

Reforms balance regulation of compassion centers, caregivers; cut down on recreational market

Rhode Island's medical marijuana rules are undefined and inconsistent. With partnership from **Rhode Island State Police** and the **Departments of Health and Business Regulation** (RIDOH and DBR), and **input from stakeholders**, RIDOH and DBR are proposing modifications that bring order to the system, cut down on the recreational market, generate new revenue and preserve access to care for patients. The goal of the reforms is to ensure that medical marijuana patients maintain access to treatment, while minimizing access among those who illegally use and sell marijuana.

Medical Marijuana Reforms – Overview

RIDOH and DBR's reforms include provisions based on similar systems in Washington State and New Mexico to **improve oversight and enforcement** of the state's medical marijuana program. The proposal creates a tagging system and fee for each plant to ensure compliance with growing limits, while also **letting every patient access every compassion center** and allowing for the **standardization of safety testing, product label and delivery services**. The reforms also **create a new, expedited process for hospice patients**.

The RIDOH/DBR proposal would better balance regulation of caregivers and compassion centers. **Under current law, the caregiver market lacks accountability and oversight.** The proposal also creates a new cultivator license for individuals seeking to grow larger quantities of medical marijuana specifically to supply compassion centers.

To protect against building fires and explosions like the November home explosion in Westerly where a cardholder was making hash oil, the RIDOH/DBR proposed reforms **ban the use of flammable solvents for most growers**.

Cultivator and Cooperative Cultivation Licenses

Existing law allows for cooperative cultivation, and these cooperatives must adhere to state-mandated, per-patient limits and notify RISP of their cooperative cultivation, but these **cooperatives are not currently licensed**. The proposed changes would require **new licenses, which would be administered by the Department of Business Regulation**. Cultivator licensees:

- Can only sell to compassion centers;
- Cannot register as caregivers;
- Are subject to local zoning requirements; and
- Are required to report income from sales to compassion centers.

DBR has the authority to set limits on the number of plants each cultivator can grow and **RIDOH will continue to receive and approve patient registrations**, create a new registration category of authorized purchaser who can purchase and deliver for patients, maintain **oversight over physicians** and have **authority to promulgate regulations** about testing requirements for medical marijuana.

Medical Marijuana Caregiver Tag System

Under the DBR/RIDOH proposal, every medical marijuana plant, mature or seedling, is given a unique identification tag from DBR. **Patients, caregivers and cultivators will pay an annual fee for each tag:**

- \$350 per tag for caregivers and cultivators. (Caregivers can purchase one discounted tag for each Medicaid patient in their care.)
- \$150 per tag for patients who grow for themselves.
- Compassion centers do not pay for tags. Centers pay a surcharge and charge patients a sales tax.

Each tag is estimated to generate an average of \$17,280 of annual revenue for a caregiver. **The cost of the tag amounts to just 2 percent of the value of marijuana produced.**

Reformed Possession Limits

Patients who grow for themselves can currently grow 12 plants. **Under the RIDOH/DBR reforms, patients can grow up to 6 plants.** Under the proposed reforms, **caregivers can grow for up to 5 patients (same as current law)** and are limited to 6 plants per patient (new) and no more than 24 plants in all (consistent with current law).