• The Medical Marijuana Act, Act 16 of 2016, establishes a Medical Marijuana Program within the Department of Health (“Department”). Under this program, patients with a serious medical condition are allowed to use medical marijuana. The definition of serious medical condition in Act 16 includes the following conditions:
  o Cancer
  o HIV/AIDS
  o Amyotrophic lateral sclerosis (ALS)
  o Parkinson’s disease
  o Multiple sclerosis
  o Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
  o Epilepsy
  o Inflammatory bowel disease (IBS)
  o Neuropathies
  o Huntington’s disease
  o Crohn’s disease
  o Post-traumatic stress disorder (PTSD)
  o Intractable seizures
  o Glaucoma
  o Sickle cell anemia
  o Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
  o Autism

• The Department will issue permits to medical marijuana organizations to authorize them to grow, process, or dispense medical marijuana. The issuance of permits will begin once temporary or permanent regulations have been adopted to initiate the medical marijuana program.

• The Department must establish a minimum of three regions within the state for the purpose of granting permits to growers/processors and dispensaries.

1 DISCLOSURE: THIS SUMMARY IS NOT AN EXHAUSTIVE SUMMARY OF ACT 16 OF 2016 (THE “ACT”). THIS SUMMARY IS FOR COMMUNICATION PURPOSES ONLY. CLICK HERE FOR A COMPLETE REVIEW OF THE ACT.
• A physician is authorized to issue a certification to a patient to use medical marijuana if certain requirements are met.

• The Department is authorized to issue an identification card to a patient who has a certification approved by the Department and to a caregiver designated by the patient.

• An identification card issued to a patient will authorize him/her to obtain and use medical marijuana, and an identification card issued to a caregiver will authorize him/her to obtain medical marijuana on behalf of the patient.

• Upon presentation to the dispensary of a valid identification card for a patient or caregiver, a dispensary that has been issued a permit may dispense medical marijuana to that patient or caregiver.

• Medical marijuana may only be dispensed to a patient or caregiver in the following forms (subject to potential change by regulations):
  o Pill
  o Oil
  o Topical forms, including gel, creams, or ointments
  o A form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form, unless the Department, at the discretion of the Secretary of Health, permits them through regulations
  o Tincture
  o Liquid

• Under this act, it is unlawful to do the following:
  o Smoke medical marijuana
  o Incorporate medical marijuana into edible form (unless edible form is necessary for the aid of ingestion of medical marijuana by a patient)
  o Grow medical marijuana unless the grower/processor has received a permit from the Department
  o Grow or dispense medical marijuana unless authorized as a health care medical marijuana organization under this act
  o Dispense medical marijuana unless the dispensary has received a permit from the Department under this act
• In order to regulate all aspects of the medical marijuana industry--growing, processing, and dispensing--Act 16 creates a regulatory regime through Department of Health regulations and the Medical Marijuana Advisory Board (“Advisory Board”) housed within the Department.

• Two years after the effective date of the act (which is 30 days upon enactment), the Advisory Board is required to issue a written report of recommendations to the governor and legislature. The written report must include recommendations as to the following:
  o Whether to change the types of medical professionals who can issue certifications to patients
  o Whether to change, add, or reduce the types of medical conditions that qualify as serious medical conditions under this act
  o Whether to change the form of medical marijuana permitted under this act
  o Whether to change, add, or reduce the number of growers/processors or dispensaries
  o How to ensure affordable patient access to medical marijuana
  o Whether to permit medical marijuana to be dispensed in dry leaf or plant form, for administration by vaporization

• After receiving this report of recommendations from the Advisory Board, at the discretion of the Secretary of Health, the Department may, but is not required to, promulgate regulations to effectuate the recommendations made by the Advisory Board.

• The Advisory Board may be staffed by Department employees.

• The governor and legislative leaders have appointments to the Advisory Board.

• In order to facilitate the prompt implementation of the act, the Department may establish temporary regulations, which the Department must start to publish no later than six months after the effective date of the act (which is 30 days upon enactment). The Department’s authority to adopt temporary regulations expires two years after the effective date of the act; regulations adopted after this period of time must be permanent regulations.
• To facilitate participation by diverse groups in the activities related to the medical marijuana industry in the state, the Department is required to take certain actions.

• An excise tax of 5% is imposed on the gross receipts from the sale of medical marijuana by a grower/processer to a dispensary. This tax is to be paid by the grower/processer and not by the dispensary or the patient or caregiver. The proceeds of this tax are to be deposited into the Medical Marijuana Program Fund (“Fund”).

• Money in the Fund is to be allocated as follows:
  o 55% to the Department, of which 15% must be spent on the cost of providing medical marijuana to patients demonstrating financial hardship or need, the cost associated with waiver or reduction of fees for identification cards, and the cost of reimbursing caregivers for providing background checks for caregivers;
  o 10% to the Department of Drug and Alcohol Programs for drug abuse prevention, counseling, and treatment services;
  o 30% to the Department for research related to the use of medical marijuana, including the research program established in the act (described later in this summary); and
  o 5% to the Pennsylvania Commission on Crime and Delinquency for distribution to local police departments for enforcement of this act.

• The Department and the Department of Revenue have the authority to monitor the price of medical marijuana sold by growers/processors and by dispensaries, including a per-dose price. If the Department and the Department of Revenue determine that the prices are unreasonable or excessive, the Department may implement a cap on the price of medical marijuana being sold for a period of six months.

• The Department will establish and develop a research program to study the impact of medical marijuana on the treatment and symptom management of serious medical conditions as they are defined in the act. Vertically integrated health systems, as they are defined in the act, and universities within the state may participate in the research program.
• The Department may approve the dispensing of medical marijuana by a clinical registrant (as defined in the act) to an academic clinical research center (as defined in the act) for the purpose of conducting a research study.

* * * * *

THIS SUMMARY IS NOT AN EXHAUSTIVE SUMMARY OF THE ACT. THIS SUMMARY IS FOR COMMUNICATION PURPOSES ONLY. CLICK HERE FOR A COMPLETE REVIEW OF ACT 16 OF 2016.