

MEDICAL CANNABIS MODIFICATIONS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Marsha Judkins

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the list of qualifying conditions for medical cannabis recommendations.

Highlighted Provisions:

This bill:

- ▶ amends the list of qualifying conditions for medical cannabis recommendations.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-61a-104, as renumbered and amended by Laws of Utah 2018, Third Special Session, Chapter 1

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-61a-104** is amended to read:

26-61a-104. Qualifying condition.

(1) By designating a particular condition under Subsection (2) for which the use of medical cannabis to treat symptoms is decriminalized, the Legislature does not conclusively



28 state that:

29 (a) current scientific evidence clearly supports the efficacy of a medical cannabis
30 treatment for the condition; or

31 (b) a medical cannabis treatment will treat, cure, or positively affect the condition.

32 (2) For the purposes of this chapter, each of the following conditions is a qualifying
33 condition:

34 (a) HIV [~~or~~], acquired immune deficiency syndrome, or an autoimmune disorder;

35 (b) Alzheimer's disease;

36 (c) amyotrophic lateral sclerosis;

37 (d) cancer;

38 (e) cachexia;

39 (f) persistent nausea that is not significantly responsive to traditional treatment, except
40 for nausea related to:

41 (i) pregnancy;

42 (ii) cannabis-induced cyclical vomiting syndrome; or

43 (iii) cannabinoid hyperemesis syndrome;

44 (g) Crohn's disease or ulcerative colitis;

45 (h) epilepsy or debilitating seizures;

46 (i) multiple sclerosis or persistent and debilitating muscle spasms;

47 (j) post-traumatic stress disorder that is being treated and monitored by a licensed

48 mental health therapist, as that term is defined in Section [58-60-102](#), and that:

49 (i) has been diagnosed by a healthcare provider or mental health provider employed or
50 contracted by the United States Veterans Administration, evidenced by copies of medical
51 records from the Veterans Administration that are included as part of the qualified medical
52 provider's pre-treatment assessment and medical record documentation; or

53 (ii) has been diagnosed or confirmed, through face-to-face or telehealth evaluation of
54 the patient, by a provider who is:

55 (A) a licensed board-eligible or board-certified psychiatrist;

56 (B) a licensed psychologist with a doctorate-level degree;

57 (C) a licensed clinical social worker with a doctorate-level degree; or

58 (D) a licensed advanced practice registered nurse who is qualified to practice within

59 the psychiatric mental health nursing speciality and who has completed the clinical practice
60 requirements in psychiatric mental health nursing, including in psychotherapy, in accordance
61 with Subsection [58-31b-302\(4\)\(g\)](#);

62 (k) autism;

63 (l) a terminal illness when the patient's remaining life expectancy is less than six
64 months;

65 (m) a condition resulting in the individual receiving hospice care;

66 (n) a rare condition or disease that:

67 (i) affects less than 200,000 individuals in the United States, as defined in Section 526
68 of the Federal Food, Drug, and Cosmetic Act; and

69 (ii) is not adequately managed despite treatment attempts using:

70 (A) conventional medications other than opioids or opiates; or

71 (B) physical interventions;

72 (o) pain lasting longer than two weeks that is not adequately managed, in the qualified
73 medical provider's opinion, despite treatment attempts using:

74 (i) conventional medications other than opioids or opiates; or

75 (ii) physical interventions; and

76 (p) a condition that the compassionate use board approves under Section [26-61a-105](#),
77 on an individual, case-by-case basis.