

1 **QUALIFYING CONDITIONS FOR MEDICAL CANNABIS**

2 2021 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Gay Lynn Bennion**

5 Senate Sponsor: _____

6

LONG TITLE

7 **General Description:**

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

9 **Highlighted Provisions:**

10 This bill:

- 11 ▶ amends the list of qualifying conditions for medical cannabis; and
- 12 ▶ makes technical changes.

13 **Money Appropriated in this Bill:**

14 None

15 **Other Special Clauses:**

16 None

17 **Utah Code Sections Affected:**

18 AMENDS:

19 **26-61a-104**, as last amended by Laws of Utah 2020, Chapter 12

20

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

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

22 **26-61a-104. Qualifying condition.**

23 (1) By designating a particular condition under Subsection (2) for which the use of
24 medical cannabis to treat symptoms is decriminalized, the Legislature does not conclusively
25 state that:
26
27



- 28 (a) current scientific evidence clearly supports the efficacy of a medical cannabis
- 29 treatment for the condition; or
- 30 (b) a medical cannabis treatment will treat, cure, or positively affect the condition.
- 31 (2) For the purposes of this chapter, each of the following conditions is a qualifying
- 32 condition:
- 33 (a) HIV or acquired immune deficiency syndrome;
- 34 (b) Alzheimer's disease;
- 35 (c) amyotrophic lateral sclerosis;
- 36 (d) cancer;
- 37 (e) cachexia;
- 38 (f) persistent nausea that is not significantly responsive to traditional treatment, except
- 39 for nausea related to:
- 40 (i) pregnancy;
- 41 (ii) cannabis-induced cyclical vomiting syndrome; or
- 42 (iii) cannabinoid hyperemesis syndrome;
- 43 (g) Crohn's disease or ulcerative colitis;
- 44 (h) epilepsy or debilitating seizures;
- 45 (i) multiple sclerosis or persistent and debilitating muscle spasms;
- 46 (j) post-traumatic stress disorder that is being treated and monitored by a licensed
- 47 mental health therapist, as that term is defined in Section [58-60-102](#), and that:
- 48 (i) has been diagnosed by a healthcare provider or mental health provider employed or
- 49 contracted by the United States Veterans Administration, evidenced by copies of medical
- 50 records from the United States Veterans Administration that are included as part of the
- 51 qualified medical provider's pre-treatment assessment and medical record documentation; or
- 52 (ii) has been diagnosed or confirmed, through face-to-face or telehealth evaluation of
- 53 the patient, by a provider who is:
- 54 (A) a licensed board-eligible or board-certified psychiatrist;
- 55 (B) a licensed psychologist with a master's-level degree;
- 56 (C) a licensed clinical social worker with a master's-level degree; or
- 57 (D) a licensed advanced practice registered nurse who is qualified to practice within
- 58 the psychiatric mental health nursing speciality and who has completed the clinical practice

59 requirements in psychiatric mental health nursing, including in psychotherapy, in accordance
60 with Subsection 58-31b-302(4)(g);
61 (k) autism;
62 (l) a terminal illness when the patient's remaining life expectancy is less than six
63 months;
64 (m) a condition resulting in the individual receiving hospice care;
65 (n) a rare condition or disease that:
66 (i) affects less than 200,000 individuals in the United States, as defined in Section 526
67 of the Federal Food, Drug, and Cosmetic Act; and
68 (ii) is not adequately managed despite treatment attempts using:
69 (A) conventional medications other than opioids or opiates; or
70 (B) physical interventions;
71 (o) pain lasting longer than two weeks that is not adequately managed, in the qualified
72 medical provider's opinion, despite treatment attempts using:
73 (i) conventional medications other than opioids or opiates; or
74 (ii) physical interventions; [~~and~~]
75 (p) opioid use disorder, as that term is defined in the current edition of the Diagnostic
76 and Statistical Manual of Mental Disorders, published by the American Psychiatric
77 Association, to treat a patient:
78 (i) in an acute pain setting as an alternative to opioids or opiates; or
79 (ii) in a pain clinic, as that term is defined in Section 58-1-102, pain contract, or other
80 opioid or opiate maintenance program; and
81 [~~(p)~~] (q) a condition that the Compassionate Use Board approves under Section
82 26-61a-105, on an individual, case-by-case basis.