

Clarifying Utah's THC Limits and the Role of High-THC Products in Medical Pain Treatment

To: Medical Cannabis Policy Advisory Board
From: Desiree Hennessy
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Overview

There have been **recent concerns and public statements suggesting the need for THC potency limits in Utah's medical cannabis program**. This memo seeks to provide information to support a clear understanding of how Utah has chosen to regulate medical cannabis sold under direct medical supervision in pharmacies.

As these discussions continue, it is important that the Medical Cannabis Policy Advisory Board (MCPAB) and policymakers are equipped with accurate data and context—both to clarify how Utah's program compares to those in other states and to explain why access to higher-THC products remains **medically necessary and is closely monitored** within our current regulatory framework.

Key Context: Utah's Medical Cannabis Population

- [More than 100,000 Utahns](#) are currently active medical cannabis patients.
 - **85% of these patients list chronic pain as their qualifying condition.**
 - Pain is one of the **only conditions recognized by the [Cannabinoid Research Review Board \(CRRB\) as having moderate evidence to support cannabis use.](#)**
 - While the Utah market promotes the usage of other terpenes, pain patients specifically report that **products with higher THC content provide the most effective relief** for their symptoms.
 - **Although higher-THC products are frequently associated with pain relief, patients with other qualifying conditions—such as PTSD, cancer, or severe nausea—may also require access to higher-THC options to achieve therapeutic outcomes.** Higher-THC is not exclusive to pain-related use.
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Current Policy Design:

Unlike over-the-counter CBD products or hemp-derived formulations:

- **All Utah medical cannabis products require a physician recommendation.**
- **All purchases are tracked and monitored** through a state inventory system.
- Every product sold through a Utah **pharmacy** is dispensed under the oversight of a **licensed pharmacist**, with a focus on patient education, dosing guidance, and symptom management.
- The state has strict 28-day purchasing limits:
 - 113g of unprocessed flower
 - 20g of total THC in processed products

Understanding Utah's 28-Day Medical Cannabis Purchasing Limit

Utah's medical cannabis program includes clearly defined **monthly purchasing limits** to ensure safe, consistent use while preventing diversion or misuse. These limits are outlined in Utah Code § [26B-4-201\(22\)](#) and [26B-4-245](#) and are monitored through the **state's electronic verification system (EVS)**, which tracks all purchases made by medical cannabis patients.

a. 113 Grams of Unprocessed Flower (Per 28 Days)

- **What it means:** A patient may purchase up to **113 grams (approximately 4 ounces)** of *unprocessed cannabis flower* over a 28-day rolling period.
- **"Unprocessed flower"** refers to raw cannabis buds that are typically vaporized (smoking is prohibited in Utah).
- This limit applies **regardless of how many different pharmacies** a patient visits—each sale is tracked and counted toward the monthly total.
- Patients may choose to purchase smaller amounts more frequently, but cannot exceed 113 grams within a 28-day window.

b. 20 Grams of Total THC in Processed Products (Per 28 Days)

- **What it means:** A patient may purchase processed cannabis products that contain up to **20 grams of total active THC** within a 28-day period.
- This includes:
 - Gummies and edibles
 - Tinctures and oils
 - Capsules
 - Vape cartridges
 - Topicals
 - Suppositories

- Each product label shows how much THC it contains, and pharmacists help patients stay within their limit.
- “**Total THC**” means the sum of all THC content in the product (not the weight of the product itself).

Why These Limits Exist

- **Medical Oversight:** The limits are designed to balance patient access with public safety, ensuring that patients can treat their conditions without accumulating unused quantities of cannabis.
- **Pharmacy Monitoring:** Every product is dispensed by a licensed **pharmacist** who ensures the patient understands dosing and stays within their allowable amount.
- **Statewide Tracking:** All patient purchases are entered into the **EVS**, which automatically enforces the 28-day limit—patients cannot “pharmacy hop” to bypass restrictions.
- **Provider Discretion:** The recommending medical provider (QMP or LMP) has the authority to restrict the **amount, dosage form, or type** of cannabis a patient may use, and may revoke or modify the recommendation at any time based on clinical judgment or concerns about misuse.

This structure restricts how much a patient can purchase by law in total in 28 days. Each patient's recommending medical provider can restrict these limits as well as add restrictions on dosing forms. Restricting potency would compromise the individualized care that medical providers and pharmacists are trained to provide and would contradict the program's clinical purpose.

What Other States Are Doing

Among medical-only states:

- **Most do not impose product-based THC caps**, especially not for inhaled flower.
- **Arkansas, Oklahoma, Pennsylvania, and West Virginia** allow full access to high-THC products and recognize patient status protections.
- Some states (e.g., **Kentucky, Mississippi**) impose percentage caps, but those states are earlier in program development or have yet to implement full patient access.

States that **limit THC in edibles** (e.g., **10mg per serving**) do so largely for **dosing consistency and pediatric safety**.

View the appendix at the end of this memo for more information on medical-only state purchasing and THC limits.

Utah's THC Policy

- **Utah already separates medical and recreational cannabis access** by requiring:
 - A qualifying condition
 - QMP (Qualified Medical Provider) oversight
 - **Controlled dispensing by pharmacists**

Any argument that high-THC products are inherently harmful **ignores the context of patient need**, medical supervision, and usage patterns in Utah's tightly regulated program.

If THC limits are introduced arbitrarily, they risk:

- Forcing patients to use more product to achieve therapeutic effects
- Driving patients back to the illicit market
- Undermining the pharmacist-patient model built into Utah law

Conclusion

Utah's medical cannabis program was built with rigorous standards, medical oversight, and patient and public safety at its core. High-THC products are not a loophole—they are physician-recommended medications used by patients, under supervision, to treat legitimate medical conditions. Imposing arbitrary potency restrictions risks pushing patients who require higher-THC products into unregulated markets to access the relief they need. Moreover, reducing potency often requires dilution—a process that can introduce non-active fillers or additives that may not be medically necessary, beneficial, or appropriate for all patients. This undermines the purity and clinical integrity of the product and may increase exposure to substances that do not serve a therapeutic purpose.

We strongly recommend the MCPAB stand in support of preserving the current structure, grounded in pharmacist-guided care, and oppose unscientific efforts to cap potency in ways that ignore patient outcomes and the medical nature of the program.

Appendix: Purchasing and THC limits in medical-only states

State	Law citation	Purchasing limits?	THC limits?	On flower?	On concentrates?	On edibles?
Alabama	AL AC 538-X-2	Only 50 mg of delta-9 THC per day for the first 90 days. After 90 days, physician can increase to 75mg.	Not on products per se.	Not allowed.	Not explicitly, but yes in practice.	Not explicitly, but yes in practice.
Arkansas	AR Const. Amend. 98 § 3(a) & § 8(e)(5)(A)	2.5oz per 14 days	Yes.	No.	No.	10mg per serving.
Florida	64ER22-8, 381.986(8)(e)8	(1) Flower: 2.5oz per 35 days (2) Composite: 24.5g aggregate per 70 days. Includes: (a) Vaporization: 24.5g (b) Edibles: 4.2g (c) Capsules/tinctures: 14g (d) Sublingual: 13.3g (e) Topical: 10.5g (f) Suppository: 13.65g	Yes.	No.	No.	10mg per serving, 200mg per package.
Georgia	§16-12-190	No.	Yes.	Not allowed.	5%, but the legislature may pass a bill to up to 50%.	Not allowed.

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Hawaii	§329D-13, §11-850-76 & §11-850-142	Flower: 4oz every 15 days, 8oz every 30 days	Yes.	No.	1,000mg.	10mg per serving, 1,000mg per package.
Iowa	124E.9.14	4.5g every 90 days.	No.	Not allowed.	No.	No.
Kentucky	915 KAR 1:070, KRS 218B.110(2)(e)	(1) Flower: 112g per 30 days (2) Concentrate: 28g per 30 days	Yes.	35%	70%	10mg per serving.
Louisiana	46-LIII-E-§2 443	Flower: 2.5oz per 14 days	No.	-	-	-
Mississippi	§ 41-137-39(1) 1), § 41-137-3(w)	(1) 6 MMCEUs per one week (2) 24 MMCEUs per 30 days (3) MMCEU mean one unit of: 3.5g flower 1g concentrate 100mg infused product	Yes.	30%	60% (including tinctures)	No.
New Hampshire	126-X:8 XIII(b), He-C 401.12(b)(9)	Flower and composite: 2oz per 10 days.	No.	-	-	-
North Dakota	19-24.1-01.3.c & 19-24.1-01.6 & 10 (DHHS has guide).	(1) Flower: 2.5 ounces per 30 days (2) Any composite product: 6,000mg per 30 days	Yes.	No.	(1) No for traditional concentrates like vapes. (2) 50mg per transdermal patch. (3) 6% concentration for topicals.	50mg per serving.

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Oklahoma	442:10-5-12 (a)	(1) Flower: 84.9g in a single transaction (2) Concentrate: 28.3g in a single transaction (3) Edibles: 72 oz in a single transaction	No, but their legislature considered an edibles limit of 1000mg per package.	-	-	-
Pennsylvania	28 Pa. Code §1161a.24. & §1141a.21.	192 medical marijuana units per 90 days. One unit is: 3.5g flower; 1g concentrate; or 100mg edible	No.	-	-	-
South Dakota	34-20G-70. 44:90:10:03. 44:90:07:04.3. 44:90:10:05.	Flower and composite: 3oz every 14 days.	Yes.	No.	No.	Edibles: 50mg per serving, 100mg per package. Beverages: 10mg per single-serving package, 100mg per multiple-serving package.
Texas	TX OC 3-B Sec. 169.001.3	No.	Yes.	<1% THC	<1% THC	<1% THC
Utah	26B-4-201(2) 2)	(1) Flower: 113g per 30 days. (2) Composite: 20g per 30 days.	No.	-	-	-

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West Virginia	§16A-8-1 (DOH has guide)	(1) Flower: 6oz per 30 days; OR (2) Composite: 60g; OR (3) A combination. 1oz flower = 10g THC 1oz flower = 28.35g composite	No.	-	-	-
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