Memorandum

To: Medical Cannabis Policy Advisory Board
From: Matthew Page, Co-Founder/COO, Riverside Farm
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Date: October 6, 2025
Subject: Proposal to Amend Cannabis Product Definition to Include Low-THC Products

Purpose

To address the issue of products with THC concentrations below 0.3% being sold in the medical cannabis program, highlight their value to Utah patients, and propose a statutory amendment to redefine "cannabis product" to better serve patient needs, drawing on definitions used by other states with medical cannabis programs.

Background

On September 16, 2025, we received notification that products with THC levels below 0.3% are being produced and sold to pharmacies in the medical cannabis program. Utah law, specifically Section 4-41a-102(17) and Section 26B-4-201(8), defines a "cannabis product" as a product intended for human use with cannabis or any tetrahydrocannabinol (THC) or THC analog in a total concentration of 0.3% or greater on a dry weight basis. Products below this threshold are classified as hemp and are not permitted in the program.

Patient Value of Low-THC Products

Low-THC products, often enriched with minor cannabinoids such as CBD, CBG, and CBN, provide significant therapeutic benefits for Utah patients. These products are critical for:

- **First-Time Patients**: The Utah Department of Health and Human Services' medical cannabis website (medicalcannabis.utah.gov/info) recommends a "low and slow" approach for new patients to minimize adverse effects and build tolerance. Low-THC products align with this guidance, offering safe entry points for treatment.
- **Patients Seeking Diverse Cannabinoid Profiles**: Many patients benefit from minor cannabinoids (e.g., CBD for anxiety, CBG for inflammation, CBN for sleep), which are often present in low-THC formulations, providing tailored therapeutic options without the psychoactive effects of higher THC concentrations.

Excluding these products from the medical cannabis program limits patient access to safe, effective, and diverse treatment options, contrary to the program's goal of supporting patient health.

Issue

The current statutory definition of a cannabis product (THC ≥ 0.3%) excludes low-THC products, classifying them as hemp and prohibiting their sale in the medical cannabis program. This restriction risks removing valuable low-dose and minor cannabinoid products from pharmacies, reducing treatment options for patients, particularly those new to medical cannabis or seeking non-psychoactive therapies.

Comparison with Other States' Definitions

Several states with comprehensive medical cannabis programs define "cannabis product" broadly, often without a strict THC threshold, allowing flexibility for low-THC options while maintaining regulatory oversight:

- **Alabama**: Defines cannabis products as including all parts of the Cannabis sativa plant (e.g., flowers, concentrates, edibles) but excludes hemp-derived CBD with >0.3% THC, regulated by the Alabama Medical Cannabis Commission for potency and contaminants.
- **Arizona**: Includes the Cannabis sativa L. plant and derivatives (e.g., flower, edibles, concentrates), explicitly allowing low-THC options, per AZ Rev Stat § 36-2801.
- **Colorado**: Defines cannabis as the Cannabis sativa L. plant, including resin, extracts, and preparations (e.g., edibles, tinctures), excluding hemp, per CRS § 18-18-102.
- **Florida**: Encompasses all parts of the Cannabis plant and derivatives, including low-THC oils, with specific THC limits for some forms, per Fla Stat § 381.986.
- **Connecticut**: Includes cannabis plant material, resin, and derivatives (e.g., oils, edibles), excluding mature stalks and sterilized seeds, per Conn Gen Stat § 21a-408.

These states prioritize patient access to diverse products, including low-THC options, under strict regulatory frameworks, often tied to licensed production, similar to Utah's existing infrastructure.

Proposed Statutory Amendment

To align with patient needs and practices in other states, I propose amending Section 26B-4-201(8) to redefine a "cannabis product" as a product that:

- Is intended for human use;
- Contains cannabis or any tetrahydrocannabinol or THC analog; and
- Is produced through a state-licensed production establishment.

This change would:

- Allow low-THC products with beneficial minor cannabinoids to remain in the medical cannabis program.
- Ensure regulatory oversight by requiring production by state-licensed facilities, maintaining quality and safety standards.
- Align with patient needs for low-dose and diverse cannabinoid options, as supported by state guidance and practices in states like Arizona and Florida.

Recommendations

To implement this proposal and address the immediate issue, the Board should consider:

1. **Advocate for Statutory Change**: Draft and propose an amendment to Section 26B-4-201(8) for the next legislative session to redefine "cannabis product" as outlined above.
2. **Temporary Moratorium on Enforcement**: Request a temporary halt on removing low-THC products from the program until the proposed amendment can be reviewed, to prevent disruption of patient access.
3. **Public Education**: Update medicalcannabis.utah.gov/info to clarify the role of low-THC and minor cannabinoid products in patient care, reinforcing the “low and slow” approach.

Conclusion

Low-THC products with minor cannabinoids are critical for Utah patients, particularly first-time users and those seeking non-psychoactive treatments. Redefining "cannabis product" to include products produced by state-licensed facilities that contain any cannabis or THC, as seen in other states’ flexible definitions, will enhance patient access while maintaining regulatory oversight. The Board is urged to act swiftly to propose this statutory change and implement interim measures to protect patient access.