

2026 General session medical cannabis bill summary

To: Medical Cannabis Policy Advisory Board

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Released: February 10, 2026

Lawmakers have released four bills that could impact the medical cannabis program.

- HB 389 S1 Medical Cannabis Amendments
- SB 121 S1 Medical Cannabis Program Amendments
- SB 66 Medical Cannabis Pharmacy License Amendments
- HB 281 Workers' Compensation Cannabis Amendments

Below is a summary of significant or notable changes these bills are proposing. The summary was created based on versions of the bills available on the state legislature's website on February 10, 2026.

[HB 389 S1 Medical Cannabis Amendments](#)

- Moves all duties related to the medical cannabis program currently under the Utah Department of Health and Human Services (DHHS) to the Utah Department of Agriculture and Food (UDAF).
 - Between May 6, 2026 and January 1, 2027, medical cannabis duties currently performed by DHHS would be moved to UDAF.
 - States that during the transition period, UDAF may:
 - request DHHS to carry out the duties described in 26B-4-2;
 - request technical assistance from DHHS related to carrying out duties in 26B-4-2;
 - terminate or limit the scope of DHHS' power to carry out duties described in 26B-4-2; and
 - if requesting DHHS to carry out duties in 26B-4-2, UDAF may make personnel available to DHHS for assistance. UDAF may also give DHHS the authority to carry out any duties within the scope of the request and if related to duties described in 26B-4-2.
 - Moves the qualified patient enterprise fund from DHHS to UDAF.
- Renames the Cannabis Production Establishment and Pharmacy Licensing Advisory Board as the Specialized Product Authority Licensing Board.
 - Lowers the number of members of the Board to three and renames them "directors."
 - Requires the licensing board to:
 - hear all appeals to administrative actions for hemp and kratom;

- make administrative rules for hearing appeals;
 - work with the Compassionate Use Board to recommend additional qualifying conditions to the Medical Cannabis Governance Structure Working Group;
 - have a process for the public to recommend qualifying conditions "that should be recommended to the Legislature for inclusion on the qualifying conditions list";
 - supervise and assist UDAF in carrying out the duties described in 26B-4-2.
- Requires UDAF to collaborate with the licensing board when making rules.
- Adds definition of "Low THC product."
 - A product that:
 - is intended for human use;
 - contains cannabis or any tetrahydrocannabinol or THC analog in a total concentration of less than 0.3% on a dry weight basis; and
 - is processed by a cannabis processing facility.
 - It does not include hemp/cannabinoid products registered under 4-41.
 - Adds low THC products in a medicinal dosage form to the definition of "medical cannabis."
- Allows processors to change approved labels or packaging without further approval if it complies with statute and administrative rule and only the flavor, terpene, or cultivar information is changed, and no other changes were made, including graphics, fonts, sizing, or colors.
- Allows UDAF to charge a medical cannabis uniform transaction fee.
- Allows a recommending medical provider to recommend medical cannabis virtually during a first initial visit, not just a subsequent visit.

SB 121 S1 Medical Cannabis Program Amendments

- Creates a patient voucher program.
 - If there is remaining money in the qualified patient enterprise fund on June 30 of each fiscal year after all other financial obligations are met, DHHS shall provide up to \$300,000 in the next fiscal year to a non-profit contracting entity described in 26B-4-248.
 - Requires DHHS to contract with a nonprofit that provides assistance to purchasing cardholders.
 - Allows the nonprofit to provide monthly \$150 vouchers to medical cannabis pharmacies.
 - Patients are eligible for a voucher if:
 - they are an active medical cannabis cardholder patient; and
 - enrolled in Medicaid or Medicare.
 - Gives DHHS rulemaking authority to effectuate the voucher program.
 - Requires the nonprofit to report the following on a quarterly basis to DHHS:
 - how money was used; and

- other metrics determined relevant by DHHS.
- Requires the nonprofit to use all money received from DHHS under this section for vouchers.
- Removes requirement that cardholders transport or publicly possess cannabis in an opaque bag or box that a medical cannabis pharmacy provides.
- Adds tribal government-issued IDs to definition of "government issued photo identification."
- Repeals background checks for caregivers and guardians.
- Allows guardian card eligibility if the applicant is the legal guardian of an incapacitated adult and provides acceptable proof of guardianship to DHHS. DHHS must issue a provisional patient card to an incapacitated adult if they are recommended medical cannabis and the legal guardian qualifies.
- Broadens remediation from radiation to other methods approved in rule by UDAF.
- Explicitly allows the word "hash" for products.
- Allows UDAF to make rules regulating terms on labels describing potential physiological effects of medical cannabis.
- Changes licensing board ownership request changes from 30 to 60 days.
- Replaces "back" with "fact" panel.
- Removes the need for Division of Finance to approve payment providers used by cannabis licensees.
- Requires that a licensed pharmacy or courier delivery entity to use shipping containers that ensure product stability, potency, correct temperature, and tamper-evident security.
- Amends courier returns from after 10 business days to within 14 days from original shipment. Also requires pharmacist verification of returned product integrity.

SB 66 Medical Cannabis Pharmacy License Amendments

- Reestablishes rulemaking authority for UDAF to divide the state into at least four geographic regions for locating medical cannabis pharmacies.
 - When creating regions, UDAF shall allow for a geographic dispersal among licensees that is sufficient to reasonably maximize access to the largest number of medical cannabis cardholders.

HB 281 Workers' Compensation Cannabis Amendments

At its last meeting, the board voted for recommending that lawmakers amend subsection (4) of HB 281, Workers' Compensation Cannabis Amendments, to not include the currently drafted subsection (d) that sets a per se limit on THC in whole blood at 20 nanograms per milliliter and instead includes THC or THC analog under subsection (4)(b) that applies generally to controlled substances.

No amendments or substitutions to the bill have been made since the board's recommendation.