

## Medical Cannabis Policy Advisory Board recommendations not adopted by lawmakers

**To:** Medical Cannabis Policy Advisory Board

**From:** Desiree Hennessy

**Released:** April 5, 2026

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The Medical Cannabis Policy Advisory Board has made 23 recommendations to lawmakers since its first meeting in July 2023. 3 recommendations were made to change active bills during legislative sessions, leaving 20 recommendations independent of active legislation. Of those:

- 2 recommendations were added to a bill that did not pass the legislature;
- 7 recommendations were added to a bill that passed the legislature; and
- 13 recommendations were not added to a bill.

### November 18, 2025

#### 1. Expanding qualifying conditions.

- a. The board voted **for** recommending that:
  - i. Lawmakers remove the requirements that minors, adults 18-20, and adults 21+ without a qualifying condition go through the Compassionate Use Board process to gain approval to access medical cannabis as required under Utah Code section [26B-1-421](#), and replace the current Utah Code section [26B-4-203\(2\)\(q\)](#) with the language below:

(q) any other medical condition not otherwise specified in this section for which the potential benefits of using medical cannabis would, in the recommending medical provider's professional judgment and opinion, likely outweigh the potential health risks for the patient.

### October 21, 2025

#### 1. Medical cannabis education.

- a. The board voted **for** recommending the following statutory changes:
  - i. To [UCA 4-41\(a\)-104](#):

(4) The department may only use money in the fund to:
    - (a) fund the department's implementation of this chapter; and
    - (b) educate medical cannabis production establishment licensees, medical cannabis pharmacy licensees, medical cannabis courier licensees, and the public regarding topics related to cannabis as determined by the department.
  - ii. To [UCA 4-41a-110](#):

(3) consult with the advisory board regarding:

- (a) fees set by the department that pertain to the medical cannabis program; and
- (b) the education described in Section 4-41a-104; and

### September 16, 2025

#### 1. Patient purchasing limit expansion by recommending medical provider.

- a. The board voted **for** recommending establishing a process allowing recommending medical providers (RMPs) to authorize patient purchasing limit increases, provided:
  - i. The RMP submits an attestation to the Department of Health and Human Services acknowledging the medical necessity of the increase.
  - ii. Adjustments may apply to flower (in 50 gram increments) and/or composite products (in 10 gram increments) and may be repeated as often as clinically appropriate.
  - iii. Increases expire at card renewal unless refilled and may be lowered at any time by the RMP.
  - iv. Following any increase, the patient must meet with a pharmacy medical provider (PMP) for review and care coordination.

### August 19, 2025

#### 1. Combustion of medical cannabis.

- a. The board voted **for** recommending that:
  - i. The Legislature remove the potential for a controlled substance charge for a medical cannabis patient who combusts cannabis.

### May 20, 2025

#### 1. Private sector job protections for medical cannabis patients.

- a. The board voted **for** recommending that:
  - i. The legislature adopt the language proposed in [the memorandum from Desiree Hennessy](#) regarding private sector anti-discrimination of medical cannabis cardholders. It will replace [UCA 34A-5-115\(6\)](#) with the amended subsection (6) as set forth in the memorandum and below.

~~(6) Nothing in this section requires a private employer to accommodate the use of medical cannabis or affects the ability of a private employer to have policies restricting the use of medical cannabis by applicants or employees.~~

(a) Except as set forth in this Subsection 6, no private employer may discharge, threaten, refuse to hire or otherwise discriminate or retaliate against an employee regarding an employee's compensation, terms, conditions, location or privileges solely on the basis of such employee's status as an individual who is certified to use medical cannabis.

(b) A private employer may refuse to hire, otherwise discriminate against an applicant, or take an adverse employment action against an employee for:

(i) failing a drug test for the use of medical cannabis obtained and used in accordance with state law, only if the employer would take the same action for the use of a prescribed controlled substance used in accordance with state law; or

(ii) the sole reason that the individual is a medical cannabis cardholder, only if the employer would take the same action against an individual for the sole reason of having a prescription for a controlled substance.

(d) A private employer that would refuse to hire or otherwise discriminate against an applicant or take an adverse employment action under Subsection (6)(a),(b), or (c) shall have a written policy that:

(i) is comprehensive in nature regarding when the employer may refuse to hire or otherwise discriminate against an applicant or when an employee would be disciplined; and

(ii) does not treat medical cannabis any differently than another controlled substance.

(e) Subsection (6) does not apply:

(i) where the application of Subsection (6)(a),(b), or (c) would jeopardize federal funding, a federal security clearance, or any other federal background determination required for the employee's position; or

(ii) if the employee's position is dependent on a license or certification subject to federal regulations.

(f) Before refusing to hire or otherwise discriminating against an applicant or taking an adverse employment action against an employee solely because the employee is a medical cannabis cardholder or holds a prescription for another controlled substance, a private employer shall:

consult with legal counsel, if one is employed or contracted with to provide services to the employer.

(g) An employee described in this subsection:

(i) may file a complaint in accordance with Section 34A-5-107 with the commission; and

(ii) is entitled to any remedies under this chapter for an employer's violation of Subsection (6).

## **April 15, 2025**

### **1. Removal of requirement for a medical cannabis cardholder to publicly transport medical cannabis in an opaque bag or box.**

- a. The board voted **for** recommending removal of the requirement that a medical cannabis cardholder, when transporting medical cannabis in public, do so within an opaque bag or box that contains the original medical cannabis container/packaging, as required by [UCA 4-41a-1102\(3\)\(b\)](#).

- b. NOTE: [SB 121 Medical Cannabis Program Amendments](#) removed the requirement that a medical cannabis pharmacy provide an opaque bag or box, but not the requirement that a cardholder publicly transport medical cannabis in said bag or box.

## **December 17, 2024**

### **1. Medical cannabis use by participants in problem-solving courts.**

- a. After reviewing a [revised proposal](#) from the Utah Judicial Council, Administrative Office of the Courts, the board voted **for** recommending the following statutory amendments:
  - i. Amend UCA § 78A-2-231 to include a new subsection (4) to require that a treatment provider in problem-solving court consult with a recommending medical provider when determining whether the possession or use of medical cannabis presents a barrier to an individual's ability to successfully complete the treatment plan. The board recommends that the AOC's revised proposal text be amended to remove the phrase, "after consulting or attempting to consult with the recommending medical provider," and replace it with, "they shall consult with the recommending medical provider." Additionally, the board recommends amending 26B-4-204 to require that a recommending medical provider (QMP) respond to a consultation request from a problem-solving court.
  - ii. Amend UCA § 78A-2-231 to include a new subsection (5) as included in the revised proposal. The board recommends that the AOC's revised proposal text remove the phrase, "for whom it is determined," and replace it with, "for whom it is determined, with consultation with the recommending medical provider." Additionally, the board recommends expanding the data collection requirements included subsection (5) of the revised proposal to include the following metrics:
    - 1. Number of individuals voluntarily removing themselves from the medical cannabis program;
    - 2. Number of repeat offenders within the problem-solving courts and any documented substance abuse;
    - 3. Response time of QMPs to consultation requests from problem-solving courts;
    - 4. Success rate of efforts to reach the patient's QMP for consultation.
  - iii. Amend UCA § 78-2-231 to include a new subsection (6) establishing a sunset provision, under which the statute will remain in effect for three (3) years from its effective date, at which point it will be reviewed to determine whether it should be continued, modified, or repealed.
- b. NOTE: the proposal from the Utah Judicial Council was not included in a bill.

## **September 16, 2024**

### **1. Patient cost.**

- a. The board voted **for** recommending that lawmakers commission a study, conducted by an unbiased third party, describing how Utah medical cannabis licensee operating costs influence medical cannabis product costs.

## January 17, 2024

### 1. Capping medical cannabis processor licenses.

- a. The Board voted **for** recommending that a “soft” cap on cannabis processing facilities be added to statute, asking that the legislature choose a maximum number of cannabis processing facility licenses and to allow the Utah Department of Agriculture and Food to issue additional processor licenses beyond the maximum after conducting a market analysis on an annual or more frequent basis (similar to “soft caps” placed on cannabis cultivators and medical cannabis pharmacies).

### 2. Telehealth renewals for medical cannabis recommendations.

- a. The Board voted **for** recommending a statute change allowing recommending medical providers to perform telehealth medical cannabis card renewals if meeting for the first time with a patient under the following conditions:
  - i. Receipt of a referral from a medical provider who is treating the patients’ qualifying condition;
  - ii. Receipt of recent medical records, with “recent” being defined as documents pertaining to the patient that are less than 6 months old, from the medical provider;
  - iii. The patient has seen any medical provider in person within the past year; and
  - iv. The recommending medical provider conducting the renewal has a physical practice location in Utah.

## November 21, 2023

1. **Medical cannabis business tax credits and decoupling.** The board voted **for** recommending a statute change creating a state medical cannabis business tax credit at the highest percentage possible, based on [figures provided by the Utah State Tax Commission](#), in order to match tax savings produced by a decoupling from IRS Code Section 280E. Of the eight board members, seven voted in favor of this recommendation and one was absent.
2. NOTE: [SB 71 Cannabis Business Tax Credit Amendments](#) did include this proposal, but the bill did not pass the legislature.