BOARD AGENDA: 6/16/26
ITEM: 6

National Landscape: Qualifying Conditions & Minor Patient Access

TO: Utah Medical Cannabis Policy Advisory Board
FROM: Desiree Hennessy
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OVERVIEW

This memo summarizes qualifying condition frameworks across 41 U.S. medical cannabis states, comparing each to Utah's current statutory conditions list. All 41 states have at least some conditions not found in Utah law. Fourteen states grant providers open-ended discretion to recommend cannabis for any condition they deem appropriate, effectively eliminating a fixed conditions list.

UTAH'S QUALIFYING CONDITIONS

Utah Code 26B-4-203 currently recognizes the following qualifying conditions (QCs):

- Cancer
- Acute Pain That Lasts 2 Weeks Or Longer For A Short-Term Condition, Like A Surgery
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS)
- Autism
- Cachexia
- Cancer
- Crohn's Disease
- Debilitating Seizures
- Epilepsy
- HIV or AIDS
- Hospice Care
- Terminal Illness
- Multiple Sclerosis (MS)
- Persistent Nausea
- Persistent Pain
- Persistent And Debilitating Muscle Spasms
- Post-Traumatic Stress Disorder (PTSD)
- Rare Conditions As Defined By The National Institutes Of Health
- Ulcerative Colitis

CONDITIONS RECOGNIZED NATIONALLY BUT NOT IN UTAH

The following conditions appear most frequently across other states' QC lists and are absent from Utah law:

Condition	# of States Recognizing (of 41)
Glaucoma	28
Parkinson's disease	17
Alzheimer's disease / dementia agitation	15
Hepatitis C / decompensated cirrhosis	14
Fibromyalgia	6
Sickle cell disease / anemia	10
Tourette's syndrome	12
Traumatic brain injury (TBI)	7
Huntington's disease	7
Muscular dystrophy / spinal cord disease	9
Lupus / inflammatory autoimmune arthritis	10
Anxiety / generalized anxiety disorder	6
Opioid use disorder	5
Migraine / chronic headache	8
Depression	1
Cerebral palsy	2

Notable additions in specific states:

- ***Colorado and Oklahoma allow certification for any condition for which a physician might otherwise prescribe an opioid**.*
- *Nevada recognizes anorexia nervosa, autoimmune disease, and opioid dependence.*
- *New Mexico includes obstructive sleep apnea and inflammatory autoimmune arthritis.*

PROVIDER DISCRETION STATES

Fourteen states allow licensed providers to recommend medical cannabis for any condition they determine would benefit the patient, with no fixed conditions list required. They include California, Delaware, District of Columbia, Hawaii, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New York, Oklahoma, and Virginia.

CONDITIONS IN OTHER STATES POTENTIALLY QUALIFYING UNDER UTAH'S PERSISTENT PAIN STANDARD

Utah defines persistent pain as pain lasting longer than two weeks. The following conditions appear on other states' conditions lists but not Utah's — however, patients diagnosed with them may already qualify in Utah if their condition produces pain meeting that threshold. Regardless, e*xplicit statutory recognition still has value: patients may not know they qualify under the pain standard, and providers may be reluctant to certify without a named condition.*

Condition	States Recognizing	Pain Overlap Rationale
Fibromyalgia	12	Characterized by chronic widespread musculoskeletal pain — virtually always meets the 2-week threshold
Glaucoma	28	Can produce persistent ocular pain and pressure
Parkinson's disease	17	Associated with chronic muscle rigidity and pain
Sickle cell disease	10	Vaso-occlusive pain crises are a hallmark symptom
Hepatitis C / cirrhosis	14	Chronic abdominal and systemic pain common
Tourette's syndrome	12	Can involve painful muscle tics and spasms
Huntington's disease	7	Muscle rigidity and dystonia produce persistent pain
Migraine / chronic headache	8	By definition chronic and painful
Lupus / inflammatory autoimmune arthritis	9	Joint and systemic pain are primary symptoms
Peripheral / diabetic neuropathy	7	Defined by persistent nerve pain
Traumatic brain injury	6	Frequently accompanied by chronic headache and pain

KEY OBSERVATIONS FOR THE BOARD

- Glaucoma is the most significant gap — recognized in 28 of 41 states, it is the single largest omission from Utah's conditions list.
- Neurodegenerative diseases are widely covered elsewhere. Parkinson's, Huntington's, Alzheimer's, and TBI appear in numerous states with **no Utah equivalent.**
- **The number of states that permit medical cannabis treatment for mental health conditions is substantially larger than the number of states that explicitly list anxiety, depression, or OCD as qualifying conditions. This is because multiple states rely on physician discretion, broad qualifying-condition language, or petition processes rather than enumerating every diagnosis in statute.**
- Opioid use disorder as a qualifying condition is an emerging trend in at least 5 states, framing medical cannabis as a harm-reduction tool. The five states are Colorado, Nevada, New Hampshire,New Mexico, New Jersey, and Pennsylvania — and each takes a slightly different approach:
    - New Mexico — added opioid use disorder as a regulator-approved condition.
    - Nevada — explicitly lists "dependence upon or addiction to opioids."
    - New Hampshire — recognizes opioid use disorder with associated symptoms of cravings or withdrawal.
    - New Jersey — added opioid use disorder as a regulator-approved condition.
    - Pennsylvania — covers opioid use disorder specifically where conventional interventions are contraindicated or ineffective.

SECTION II: MINOR PATIENT ACCESS

OVERVIEW

Among medical cannabis states, Utah is the only state identified that requires legal adults ages 18–20 to obtain additional board approval before receiving a medical cannabis card. Alabama is the closest comparison, but its adult threshold is 19, not 21.

This section reviews how all 41 medical cannabis states regulate access for minor patients under 18. In the states reviewed, minors generally have some pathway to access medical cannabis under defined conditions, though procedural safeguards vary significantly— from basic parental consent to multi-physician certification and specialist approval mandates.

COMMON FRAMEWORK ACROSS STATES

Across all 41 states reviewed, minor patient access typically requires:

- A qualifying medical condition (same as adults)
- Physician certification and recommendation
- Parental or legal guardian consent
- Caregiver registration — parent/guardian controls acquisition, dosage, and frequency
- Patient registration with the state program

39 of 41 states explicitly involve physician discretion in the minor certification process. Hawaii and South Dakota adults self-manage their treatment, while minors require parental consent and caregiver oversight. The medical certification process itself remains substantially the same.

ADDITIONAL SAFEGUARDS FOR MINORS

Beyond baseline requirements, 17 states impose heightened procedural requirements specifically for minor patients:

Two-Physician Certification Required

Arizona, Colorado, Florida, Illinois (also permits APRNs/PAs), Massachusetts, Michigan, Montana (unless one provider is an oncologist, neurologist, or epileptologist), New Hampshire (at least one must be a pediatric specialist), and Oklahoma.

Specialist Involvement Required

- **Connecticut**: Board-certified specialty physician must approve in addition to the primary care provider.
- **Delaware**: Certifying provider must be a pediatric neurologist, gastroenterologist, oncologist, or palliative care specialist.
- **New Hampshire:** One certifying provider must be a pediatric specialist; autism cases require consultation with child/adolescent psychiatry, developmental pediatrics, or pediatric neurology.
- **New Jersey**: If the certifying provider is not trained in pediatric care, a pediatric specialist must confirm the authorization.
- **Pennsylvania:** Practitioners not board-eligible in pediatric specialties may not certify minors (pending sufficient registered specialists — not yet in effect).

Consultation Requirements

- **Kentucky:** Qualifying conditions must be diagnosed by a non-cannabis practitioner before certification.
- **Louisiana:** Autism cases require consultation with an autism specialist.
- **Washington:** Providers must consult with other healthcare providers involved in the minor's treatment before authorizing.

Regulatory Approval

- **New Hampshire:** Regulator may request additional information before approving a minor patient registration.

Condition-Specific Restrictions

- **Rhode Island:** PTSD may not be certified as a qualifying condition for minor patients.

NOTABLE STATE MODELS

- **Alabama** caps THC potency at 3% for minor patients — the only state with an explicit potency restriction for minors.

- **New Hampshire** has the most layered minor review process: two-provider certification, pediatric specialist involvement, autism-specific consultation, and regulatory approval authority.
- **South Dakota** has minimal minor-specific statutory language beyond general program enrollment.

SECTION III: UTAH COMPASSIONATE USE BOARD

PETITION DATA & ACCESS IMPLICATIONS

Utah law requires patients under 21 years of age, and patients who do not have a listed qualifying condition, to submit a petition to the Compassionate Use Board (CUB). The CUB reviews each petition and recommends approval or denial. The following data comes from the 2025 Center for Medical Cannabis annual report and covers October 2024 through September 2025.

Table 1. CUB Petition Approvals and Denials (October 2024 – September 2025)

Month	Approvals: Under 21	Approvals: Over 21	Denials: Under 21	Denials: Over 21
October 2024	2	0	2	0
November 2024	2	0	2	0
December 2024	2	0	1	0
January 2025	2	0	0	0
February 2025	1	0	2	0
March 2025	2	0	0	0
April 2025	3	0	0	0
May 2025	1	0	0	0
June 2025	6	0	1	0
July 2025	0	0	0	0
August 2025	6	0	2	0
September 2025	6	0	1	0
Total	33	0	11	0

Table 2. Medical Conditions for Approved and Denied Petitions

Medical Condition	Approved	Denied
Autism	6	2
Cancer	5	1
Crohn's Disease	0	0
Epilepsy	1	1
Nausea	1	0
Pain — Persistent	8	2
Persistent muscle spasms	3	0
PTSD	9	4
Rare condition	0	1
Total	33	11

All 44 completed petitions involved patients under 21 — no over-21 petitions were submitted or denied during this period, suggesting the CUB process functions primarily as a barrier for minor patients. Of 44 completed petitions, 11 (25%) were denied. PTSD had the highest denial rate of any condition (4 of 13 petitions, or 31%). **An additional 121 patients who needed petitions did not complete the process — representing a substantial population that may have abandoned access attempts due to the complexity or burden of the petition requirement.**

KEY OBSERVATIONS FOR THE BOARD

- Two-physician requirements are the most common additional safeguard, used in 9 states. This model balances access with oversight without creating specialist bottlenecks in most cases.
- Specialist involvement requirements appear in 5 states. They may improve clinical appropriateness but can create access barriers in rural or underserved areas.
- Condition-specific restrictions for minors — such as Rhode Island's PTSD exclusion — reflect ongoing uncertainty about cannabis use for psychiatric conditions in pediatric populations.
- Caregiver control of acquisition and dosage is near-universal and consistent with Utah's existing approach.

Last November, the Medical Cannabis Policy Advisory Board voted to recommend that 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: (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.

If the Board still supports this motion with no further changes, I would recommend the Policy and Rules Committee advance this policy proposal to the Medical Cannabis Governance Structure Working Group for further discussion and consideration.