

Recommendations to Improve Affordability of and Accessibility to Medical Cannabis for All New Mexicans

KEY:  = Related to AFFORDABILITY  = Related to ACCESSIBILITY

2018 Medical Cannabis Task Force Recommendations			
1	Lessen Cost Burdens		
	<p>Recommendation 1A: Remove requirement to pay gross receipts tax on medical cannabis. Make medical cannabis tax exempt like prescription drugs. This will immediately bring patients savings of about eight percent on medical cannabis.</p> <p>Recommendation 1B: Add a provision in statute that directs the agency to create a discount program for patients who qualify for Medicaid, or whose income is 200% or less of federal poverty guidelines. Stipulate in statute that that producers must provide medical cannabis at a reduced rate for patients who are part of the program.</p>		
2	Allow Medical Providers to Issue Multi-year Certifications for Patients with Chronic Conditions		
	<p>Recommendation 2: Eliminate statutory requirement for NM Department of Health to reissue medical cannabis cards annually. Allow medical providers discretion to issue a recommendation for medical cannabis use for up to 3 years in the case of chronic or terminal conditions, or permanent disabilities.</p>		
3	Expand Medical Qualifying Conditions		
	<p>Recommendation 3: Amend medical qualifying conditions listed in statute to add opioid use disorder, and stipulate that, in addition to conditions listed, medical providers may to refer patients to the program for other serious medical conditions that they believe may be alleviated by medical cannabis.</p>		
4	Enact Civil Protections for Medical Cannabis Patients - including creating ability for patients to access their medicine at school.		
	<p>Recommendation 4A: Amend the Lynn and Erin Compassionate Use Act (LECUA) to remove the prohibition on possession of medical cannabis on school grounds for use by school staff and students who are patients on buses, in workplaces, and in other public spaces.</p> <p>Recommendation 4B: Establish civil protections in the LECUA for medical cannabis patients related to employment, child custody, housing and schooling.</p> <p>Recommendation 4C: Create a new statute enabling medical cannabis patients or their parent or guardian and schools to establish agreements allowing consumption or administration of nonsmokable forms of medical cannabis in class, on school grounds, at school-sanctioned events and field trips.</p>		
5	Support Patients in Rural Areas		
	<p>Recommendation 5A: Establish in statute that the agency must take reasonable steps to ensure access to medical cannabis for patients in rural communities.</p> <p>Recommendation 5B: Change the definition of “adequate supply” in the statute to affirm that a patient may legally possess the entirety of the medicine grown in their personal garden, even if it exceeds the maximum possession limit.</p> <p>Recommendation 5C: Support expansion of the Telehealth Act and the use of telemedicine in New Mexico to connect rural patients to medical providers for referrals to the medical cannabis program.</p>		
6	Allow Donation of Medicine Between Patients		

Recommendations to Improve Affordability of and Accessibility to Medical Cannabis for All New Mexicans

KEY: ◇ = Related to AFFORDABILITY ∞ = Related to ACCESSIBILITY

	Recommendation 6: Establish in statute that transfer, sharing or gifting of medicine from one licensed patient or caregiver to another is permitted.		
7	Permit Licensing of Personal Cultivation at Alternative Addresses	◇	∞
	Recommendation 7: Establish in statute that personal cultivation sites may be licensed at an “alternative address,” a location other than a patient’s residence, for example, a licensed collective cultivation site. See also Recommendation 9A Collective Cultivation		
8	Define Minimum Market Supply Related to the Size of the Patient Population	◇	∞
	Recommendation 8A: Direct the agency to take reasonable steps to ensure that, no less than, a minimum adequate supply of medical cannabis is available for purchase by patients. Recommendation 8B: Establish a definition of “minimum market supply” to mean an amount of cannabis available in the marketplace, defined as, at minimum, the individual purchasing limit, defined by DOH rule, multiplied by the number of patients in the program. Recommendation 8C: Require the agency conduct a semi-annual review of the supply of medicine and adjust licensing to meet demand.		
9	Expand Medical Cannabis Licensing Structure	◇	∞
	Recommendation 9A: Add a provision to the Lynn and Erin Compassionate Use Act (LECUA) directing the department to expand licensing and create new types of licenses types. Licensing categories should include, but are not limited to 1) cultivation; 2) collective cultivation; 3) onsite medicine consumption and storage; and 4) retail. Recommendation 9B: Stipulate in the LECUA that the department should develop reduced fees for licensing and prioritize licensing of businesses that locate operations in rural communities and /or that articulate a plan to serve rural and underserved patients.		
10	Create a Patient and Caregiver Advisory Board and Patient Support Advocate Position	◇	∞
	Recommendation 10A: Add a provision to the Lynn and Erin Compassionate Use Act that directs the agency to create a statewide Patients and Caregivers Advisory Board responsible for gathering input from the public and recommending from their own expertise changes or additions to the program, including consultation in promulgation of rules, and on matters concerning affordability and accessibility. Recommendation 10B: Support the creation of a of <i>Patient Support Advocate</i> position (1 FTE) within the Medical Cannabis Program to help medical cannabis patients navigate systems, to provide general education about the program to potential patients, and to support the work of the Patient and Caregiver Advisory Board.		
11	Support NM Indian Nations, Pueblos, and Tribes to Enact Medical Cannabis Programs and / or to Become Licensed Producers	◇	∞
	Recommendation 11: The state legislature should affirm support for New Mexico Pueblos, Nations and Tribes to enact medical cannabis programs within their territories. Additionally, interested pueblos, tribes, and nations should be encouraged to apply to become licensed producers for the state’s program.		