

The Medical Cannabis Only Act – “The MCO Bill”

What does the MCO bill do?

The Medical Cannabis Only Act allows Tennessee patients with specific health conditions access to safe, regulated medical cannabis oil-based manufactured products.

What’s the difference between cannabis and marijuana?

Cannabis is the scientific name for the plant. “Marijuana” is a nickname.

Have any other states done this?

Thirty states. In the South, that includes Arkansas, Florida and West Virginia.

Those are other states though. Do Tennesseans support this?

Yes. Nearly 80 percent of registered voters in Tennessee support allowing at least medical cannabis treatments, according to the latest Vanderbilt University polling data. Also, Public Chapter 963 became law in 2014 and allows the administration of cannabis oil in clinical studies into intractable seizures.

Does the Medical Cannabis Only Act allow the sale of flower or raw cannabis for treatment?

No. Oil-based manufactured products only. No flower or raw marijuana.

Who would have safe access to these products?

Only Tennessee patients with the following qualifying conditions:

- cancer;
- HIV/AIDS;
- Hepatitis C;
- ALS;
- PTSD;
- Alzheimer’s Disease;
- severe arthritis;
- Inflammatory Bowel Disease, including Chron’s Disease and ulcerative colitis;
- multiple sclerosis;
- Parkinson’s Disease;
- Schizophrenia; or
- A chronic or debilitating disease or medical condition, with a confirmation diagnosis, or the treatment of such disease or condition that produces (1) or more of the following: Cachexia or wasting syndrome, Peripheral neuropathy, Severe chronic pain, Severe nausea, Seizures, including those characteristic of epilepsy; or severe or persistent muscle spasms; and any other medical condition approved by the commission in response to a request from a practitioner or potentially qualifying patient or a proposal initiated by a member of the commission.

Who would regulate this new medically focused market?

Providing oversight and accountability, the legislation would create an independent Tennessee Medical Cannabis Commission – with appointees from the governor, lieutenant governor and Speaker of the House – composed of doctors, pharmacists, law enforcement officials, educators and patient advocates.

What would this commission do?

Funded by license and application fees, the independent commission would issue all state licenses, including the qualifying of participating physicians, pharmacists, laboratories and other businesses, as well as issue registration cards to qualifying patients. The commission would also conduct continuing education, establish dosing standards and have the ability to conduct research and sponsor clinical trials in cooperation with higher education facilities and authorized vendors.

If I'm a doctor in Tennessee do I have to participate?

No. Any doctor wishing to participate would need to be licensed by the commission.

Is this mandatory across the state?

The legislation would allow local governments to hold a referendum on a dispensary to locate within its jurisdiction. Counties would be able to opt out by majority vote of the county commission. There is no mandatory participation by any parties.

Does the commission oversee dosing and testing?

Yes. Regulations and caps on the amount that could be purchased would be based on commission recommendations per qualifying condition. All products would be tested by licensed testing facilities before going to market.

Would a patient have to consult with a pharmacist before purchasing this medicine?

Yes. Each time a patient purchases medical cannabis for the first time, they would have to speak with a pharmacist for consultation. After the first consultation, they would have the option to speak with a pharmacist, but it is not required. The consultation would be similar to Medication Therapy Management (MTM).

If I was a patient, what is the card I would need to have?

The commission would issue registration cards to qualifying patients. These cards would contain new technology that has real time tracking with chips and card readers similar to the controlled substance monitoring database used by the Department of Health, but with real time point of sale application.

The card readers would allow law enforcement to see when, where, and how much cannabis the patient was allowed to purchase. Upon meeting the dosage per month, that card could not be used for the remainder of the time. If an individual has more than this amount, then the criminal drug possession laws would apply.

What about obtaining medical cannabis without a prescription?

It would be an offense for a person to obtain or attempt to obtain medical cannabis by fraud, deceit, misrepresentation, embezzlement, theft, or forgery. If convicted, the registry would be

immediately suspended.

Would caregivers be able to administer medical cannabis under this legislation?

Yes, designated caregivers must be 21 years old and/or a legal guardian, agree to assist with the patient, never been convicted of a felony and have no previous revocation of a medical cannabis card.

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