

## Cannabis Oversight Committee – Agenda Item # 6

To: San Francisco Cannabis Oversight Committee Members

From: Member Sara Payan

Date: 12/1/2022

Re: Medical Marijuana Identification Card Program (MMICP)

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In 1996, California passed Proposition 215, the Compassionate Use Act, and became the first state in the U.S. to legalize medical cannabis. The purpose of the Compassionate Use Act was to (a) ensure that seriously ill Californians have the right to obtain and use cannabis for medical purposes where the medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of cannabis in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which cannabis provides relief; and (b) ensure that patients and their primary caregivers who obtain and use cannabis for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction. Subsequent legislation allowed for medical cannabis access and created city and county-based systems across the State.

On November 8, 2016, California voters passed Proposition 64, the Adult Use of Marijuana Act (AUMA), which legalized the distribution, sale, and possession of cannabis and was modeled on the Medical Marijuana Regulation and Safety Act (MMRSA) of 2015. In June 2017, Governor Jerry Brown signed the Medicinal and Adult Use Cannabis Regulation and Safety Act (MAUCRSA) into law, reconciling the differences between AUMA and MMRSA and taking a crucial step towards developing a regulatory framework to facilitate a for-profit cannabis sector for both medicinal and adult-use.

The California Department of Public Health's (CDPH) Medical Marijuana Identification Card Program (MMICP) was established to create a state-authorized medical marijuana identification card (MMIC), along with a registry database for the verification of qualified patients and their primary caregivers. The MMICP web-based registry allows law enforcement and the public to verify the validity of an eligible patient or primary caregiver's MMICP as authorization to possess, grow, transport, and/or use medical marijuana within California. Participation by patients and primary caregivers in this MMICP is voluntary. Under Proposition 64 (The Adult Use of Marijuana Act, 2016), ***patients who present a valid MMIC do not have to pay the sales and use tax when making retail purchases of medical cannabis, medical cannabis concentrate, edible medical cannabis products or topical cannabis.***

The MMIC identifies the cardholder as a person protected under the provisions of Proposition 215 (The Compassionate Use Act, 1996) and Senate Bill 94 (Chapter 27, Statutes of 2017). It is used to help law enforcement identify the cardholder as being able to legally possess certain amounts of medical marijuana under specific conditions.

Proposition 64 (The Adult Use of Marijuana Act, 2016), Health and Safety Code Section 11362.755, requires the county program to establish application fees for persons seeking to obtain, renew, or replace identification cards.

According to this law, county programs may charge an amount (not to exceed \$100) per Medical Marijuana Identification Card (MMIC) application or renewal, must give a 50 percent reduction per card for Medi-Cal eligible applicants, and waive fees for indigent patients who qualify for, and participate in, the County Medical Services Program. The counties have the authority to cover their expenses through the application fees; therefore, established fees will vary by county.

The current structure of the San Francisco MMIC program is not creating safe, affordable and convenient access for low-income medical patients. Patients must apply in person during limited window hours M-F 1-4, and unlike other counties in the state, they do not offer no-cost card options for low-income patients. The current structure of the MMIC program creates a hardship for low-income medical cannabis patients who may also be surviving on fixed incomes and may rely on assistance with transportation. When approached by local patient advocates, the MMIC program administrator stated that the hours of availability were sufficient, citing low enrollment in the program and communicating that the existence of the Healthy San Francisco Program exempted the city from offering free cards for those in need. San Francisco County is the only county that does not provide free cards to low-income and indigent patients. If there were greater availability of window hours, an online option for submission and fee waivers for low-income patients, there would be a significant opportunity to increase enrollment in the program. These improvements would also better enable the city to support some of our most disadvantaged critically and chronically ill community members.

### **SFDPH MMIC Program Recommendations**

#### **Cost of medical marijuana identification cards**

1. MMICs should have no cost for impoverished populations. Under Prop 64, the city can get reimbursed by the state for any expenses incurred by giving out the state MMIC card for free to indigent medical cannabis patients.

#### **Improve access to the MMIC program**

2. SF DPH Should expand its MMIC program hours so that patients and caregivers have a larger window of opportunity to submit applications in person.
  3. DPH should offer an online portal for MMIC applications. Not offering online options is a hardship for those who are homebound, have compromised immune systems, or may not readily have access to transportation or caregiver assistance.
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