

## OCM 2025 Legislative Recommendations: Policy Proposals

The Office of Cannabis Management (OCM), established in August 2023 following the enactment of HF 100, is charged with implementing the operational and regulatory systems to oversee the adult-use cannabis and medical cannabis industries, and hemp derived cannabinoid programs in Minnesota.

Focused on developing the foundation for a well-regulated, safe, equitable, and sustained cannabis market, OCM has identified opportunities to build consistency and clarity to support an effective implementation of Minnesota Statutes, Chapter 342.

### **HF1672 (Reyer; Stephenson) / SF2371 (Dibble) - Improving Access and Protections for Medical Cannabis Patients**

OCM proposes a series of minor changes to the medical cannabis program to improve both access and protections for medical cannabis patients and caregivers, add consistency in definitions in allowed activities for caregivers, and expand access for tribal medical patients under the new licensing framework to avoid significant disruption in their current access to the state's medical program. The proposed changes:

- Clarify an employee's role in distributing medical cannabis. The current requirements in section 342.51 are inconsistent with the requirements outlined in section 152.29. Updating the requirements ensures access to a remote option for patients seeking consultation and will allow for more cannabis businesses to participate in the medical program, particularly in rural areas.
- Strengthen protections for medical cannabis patients, preventing discrimination for medical cannabis patients when it comes to housing, employment, or educational opportunities among other things.
- Align existing statute with new policies implemented last session to clarify that medical cannabis caregivers may be designated by their patient to grow cannabis plants on their behalf and provide clearer expectations for allowable activities.
- Maintain Tribal reciprocity for medical patients to purchase medical products off Tribal lands at state licensed medical dispensaries, eliminating a disruption in access as the program prepares to transition to the new licensing framework.

Co-Chair Tina Liebling  
5th Floor Centennial Office Building  
658 Cedar Street  
St. Paul, MN 55155

Co-Chair Peggy Scott  
2nd Floor Centennial Office Building  
658 Cedar Street  
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Re: File no. HF1672

Dear Co-Chairs Liebling and Scott, and members of the Committee:

The Minnesota Cannabis and Drug Policy Resource Center (MN Cann) is dedicated to advancing safe, equitable, and sustainable cannabis policy in Minnesota. As a trusted resource for policymakers, businesses, and consumers, we provide education, advocacy, and strategic guidance to support a thriving and just cannabis industry. Through initiatives like the Minnesota Medical Cannabis Access Initiative, we work to protect patient rights, expand access, and ensure that medical cannabis laws reflect the needs of the people they serve. Our commitment is to foster informed policy solutions that prioritize public health, social equity, and economic opportunity in Minnesota's evolving cannabis landscape.

## House File 1672 (Reyer)

Minnesota has long recognized medical cannabis as a legitimate treatment option for patients suffering from chronic pain, PTSD, cancer, and other serious conditions. However, despite legal protections, patients continue to face discrimination in employment, education, and housing due to outdated federal policies and regulatory gaps. House File 1672 addresses these inequities by ensuring medical cannabis patients cannot be unfairly penalized for legally using their medicine.

### Change to Distribution Requirements for Medical Cannabis

We strongly support this change in the process for dispensing of medical cannabis, allowing any employee to label medical cannabis products, instead of requiring a pharmacist or medical cannabis consultant to do so. This change is a practical and necessary improvement that will streamline operations, reduce costs, and improve patient access to their medicine. Labeling a routine task that does not require

specialized medical expertise, and current requirements only add costs and delays without enhancing patient safety. By freeing up pharmacists and consultants to focus on patient care and consultations, this provision ensures that patients can receive their medicine more efficiently. Streamlining this process is especially helpful for microbusinesses wishing to participate in the medical cannabis market, as it will decrease the cost for those businesses to participate in the medical cannabis market by decreasing staffing costs.

## Key Provisions Expanding Patient Protections

### Extending Civil & Criminal Protections to Tribal Medical Cannabis Patients

This section incorporates Tribal medical cannabis program patients into the civil and criminal protections current registry patients receive. This is an important provision, as these protections do not currently exist. While this legislation is traveling its course in the legislative process, we are hopeful that this section may be further amended to include visiting patients in these protections.

### Protecting Licensed Professionals from Discrimination

House file 1672 also prohibits occupational and professional licensing boards from disciplining or penalizing a medical cannabis patient solely due to their enrollment in the registry program or a positive test for cannabis metabolites. This protection is critical for medical professionals, educators, and other licensed workers who currently risk career consequences simply for following a treatment plan recommended by their health care provider.

For example, one licensed health care provider was subjected to substance use disorder monitoring and supervision simply for using medical cannabis. The occupational board required the patient to seek multiple recommendations for medical cannabis, delaying treatment and creating unnecessary expenses. This provision would protect patients from this type of discrimination for the legal use of medical cannabis under state law.

### Strengthening Student Rights

The bill prohibits schools from denying enrollment, imposing disciplinary actions, or otherwise penalizing students solely due to medical cannabis use. This provision ensures students—whether in K-12 or higher education—can access their legally prescribed treatment without fearing academic consequences. We believe that

education should be based on merit and learning, not outdated stigmas surrounding federally controlled substances. Fortunately, over the past ten years, we have not heard of issues with schools penalizing students for medical cannabis, however, it is important to strengthen this protection to ensure it does not happen.

#### Protecting Housing Access for Patients

HF1672 prevents landlords from refusing to lease to, or retaliating against, a medical cannabis patient simply because cannabis remains a federally controlled substance. Stable housing is essential to patient well-being, and no individual should face eviction or homelessness for legally using medicine recommended by their physician.

Many patients have reached out to organizations like Sensible Minnesota, seeking assistance with landlords who treat them unfairly. Some patients have faced eviction, loss of security deposit, and other unnecessary penalties for use and possession of medical cannabis. It is important to put a stop to this discrimination, as housing insecurity for someone who already faces a serious health issue, not only leaves the patient without housing – it can drastically, negatively impact their health and wellbeing.

#### Requiring Transparency & Accountability in Adverse Decisions

If an employer, school, or landlord takes adverse action against a medical cannabis patient, this bill requires them to provide written notice specifying the federal law or regulation compelling their decision. This ensures accountability, prevents arbitrary discrimination, and upholds transparency for patients navigating these critical aspects of their lives.

This provision will address an ongoing issue in the power imbalance between patients and their schools, landlords, and employers. We are aware of dozens of instances where a patient faced discrimination, but could not afford the Court process to enforce their legal rights. By requiring written notice, the power-imbalance is minimized, and schools, landlords, and employers must transparently provide their rationale. This will help patients with enforcing anti-discrimination provisions, and hopefully prevent some of the unnecessary adverse actions patients have faced.

## Preventing Retaliation Against Patients

HF1672 explicitly prohibits retaliation by schools, landlords, health care facilities, and employers against medical cannabis patients. Retaliation for legal medical treatment is unacceptable and must be stopped. As previously discussed, the power-imbalance between patients and their schools, landlords, and employers can create a hostile environment for patients asserting their rights under Minn. Stat. 342.57. This provision provides additional protections from any retaliation patients may face.

## Strengthening Enforcement & Legal Recourse for Patients

Statutory damages for violations increase from \$100 to \$1,000, making enforcement meaningful. Patients gain the ability to seek injunctive relief to stop discrimination to mitigate harm to the patient, ensuring that legal protections are not just symbolic but actionable. Statutory damages are often a deterrent to violating state law, and this provision will provide a pathway for patients to receive some compensation when unfairly faced with discrimination.

## Reciprocity

In 2023, legislation created a pathway for visiting patient reciprocity, although reciprocity was never established within Chapters 152 or 342. Representative Reyer's author's amendment will provide a pathway for visiting patients to receive the privileges and rights medical cannabis patients receive in Minnesota.

## Tribal Medical Cannabis Patients

We expect that the amendment does not remove any privileges or rights from Tribal medical cannabis program patients, it simply folds those patients in with all visiting patients. MN Cann is indifferent to the language Representative Reyer and the House determines is the best way to codify privileges and protections for Tribal medical cannabis program patients and visiting patients, but believe it is necessary to ensure all patients – whether state registered, Tribal, or visiting – have privileges and rights in Minnesota.

## Demonstration of Need

The inspiration for this amendment goes beyond a visiting patient's ability to purchase medical cannabis in Minnesota. We have received reports from various health care providers and workers that visiting patients have consistent issues with possession and use in health care facilities under Minn. Stat. 342.56. For example,

one visiting patient underwent a planned procedure with an extended hospital stay for recovery. The patient had eliminated their use of opioids, which they became dependent upon previously, by using medical cannabis in their home state. However, during their hospital stay, they were unable to use their medical cannabis, as the products they had were not sold under Minnesota's program – and the health care facility determined, explicitly, that they did not need to accommodate this patient's use because they were not a patient in Minnesota's medical cannabis patient registry.

## **Additional Issue**

### Health Care Facility Access

We urge committees and lawmakers to consider also advancing a critical expansion of Minn. Stat. 342.56 this session to ensure continuity of care for medical cannabis patients in health care facilities. The bill, which has not yet come back from the Revisor's office, would include all cannabis products and low-potency hemp edibles in the accommodations required for patients; this bill would close gaps in current law to ensure that patients can continue their treatment without unnecessary disruption. At the same time, it reinforces protections under Minnesota's Clean Indoor Air Act, making it clear that health care facilities are not required to allow smoking or vaporization indoors. Without this clarification, patients lose access to their medicine at a time when they are most vulnerable, forcing them into inferior or less effective treatments, especially with the structural access issues that remain in the medical program following adoption of Chapter 342 that force patients to the adult-use and hemp markets. We urge the Legislature to act on this measure, yet this session, to protect patient rights and ensure that Minnesota's health care system fully supports those relying on medical cannabis for their well-being.

## **Closing**

As Minnesota continues to refine its medical cannabis policies, it is essential to center patients' rights, accessibility, and regulatory clarity in the legislative process. The legislation identified herein provides critical opportunities to strengthen patient protections, improve market efficiency, and ensure medical cannabis patients—whether state-registered, Tribal, or visiting—receive fair treatment under the law. We urge the Legislature to support these common-sense changes, remove unnecessary barriers to patient access, and uphold Minnesota's commitment to a

safe, equitable, and sustainable medical cannabis program. Thank you for your time and consideration.

Best Regards,

A handwritten signature in black ink, appearing to read 'Maren Schroeder', with a stylized flourish at the end.

Maren Schroeder  
Director of Advocacy & Public Affairs  
MN Cannabis & Drug Policy Resource Center