This packet contains important information to help proactively plan as a community to safeguard local youth as medical marijuana becomes available in Illinois.

Lessening the Impact of Medical Marijuana on Local Youth
October 23, 2014

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Introduction

Thank you for taking the time to review this packet which contains information to help the community understand and prepare for the local introduction of medical marijuana. The issue is controversial for some, opinions vary, and yet we are challenged to find some balance. There are certain values most would agree with, including:

- Wanting those suffering from illness to find relief
- Wanting to have safe, tested, regulated medicines available to those who are suffering
- Wanting options for those who traditional medicines fail to assist
- Wanting to respect medical providers who choose not to be involved with medical marijuana due to concerns such as limited research, testing and regulation
- Wanting to be aware of and work to reduce youth marijuana and other drug use, while protecting those youth who are currently drug-free
- Wanting to keep medical marijuana out of the hands of those for whom it was not intended, adults and especially youth
- Wanting the public to understand and to work together to minimize or avoid any of the possible negative, unintended consequences of medical marijuana in our community
- Wanting to provide a clear unified message from the adults to youth that marijuana use has health, developmental and safety risks, and is especially harmful for those with developing brains
- Wanting individuals who are using medical marijuana legitimately to be treated with respect and understanding for their health circumstances and their legal right to select medical marijuana as an option
- Wanting to decrease the contributing factors for youth substance use, which research demonstrates will be impacted by the introduction of medical marijuana in the community

Contributing factors are variables that have been identified scientifically as being strongly related to, and influential in, the occurrence and magnitude of substance use. Contributing factors include:

**Social Access:** Easy social access refers to access of ATODs (alcohol, tobacco and other drugs) through social sources, such as friends, family, relatives and other non-retail sources. Social access can be gained through receiving, stealing or buying substances from social sources. Examples include, provision by parents, provision by other adults, and accessibility via parties or social events.

**Permissive Social Norms:** Permissive social norms include the expectations, standards, behaviors, attitudes, or values that convey the acceptance of substance use within the family, community or peer groups. Permissive social norms can include permissive family norms, permissive community norms, or permissive youth norms.

**Low Perceived Risk:** Low perceived risk is the perception among youth that there is low risk of physical harm and/or legal or social consequences of using ATOD. Low perceived risk can include low risk of harm or low risk of consequences.

How do we best move forward? How can we learn from others who have traveled this road before us? Please review the materials in this packet with these shared, yet at times contradictory values in mind.

*The sole purpose of this packet is to safeguard youth and minimize the impact of medical marijuana on our youth and community.* Thank you for your interest in supporting our youth and community.
Lessening the Impact of Medical Marijuana on Local Youth

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Part 1: Harm Associated with Youth Marijuana Use

**CONCERN**

*Marijuana Is Addictive.*

One out of six youth who use marijuana in adolescence becomes addicted. The National Institutes of Health found that the earlier marijuana use is initiated, the higher the risk for drug abuse and dependence.


**WHY DOES THIS MATTER?**

Each year, two-thirds of new marijuana users are under the age of 18.

*SAMSHA, 2010; Hall and Degenhardt, 2009*

Those who begin using the drug in their teens have approximately a one-in-six chance of developing marijuana dependence. In fact, children and teens are six times likelier to be in treatment for marijuana than for all other illegal drugs combined. Addiction rates among 12-17 year olds are among the highest levels nationally in states that have “medical marijuana” programs.


Effects of heavy use of marijuana include addiction in 25-50% of those who are daily users.


**CONCERN**

*Marijuana Use Negatively Impacts Academic Achievement*

**WHY DOES THIS MATTER?**

Those who use marijuana by age 15 are 3.6 times less likely to graduate from high school, 2.3 times less likely to enroll in college, and 3.7 times less likely to get a college degree.

*Thurstone Christin, Dr. Marijuana Use and Adolescence May 14 2014*

Youth with an average grade of D or below were more than four times as likely to have used marijuana in the past year than youth with an average grade of A. The more a student uses drugs such as marijuana, the lower their grade point average is likely to be, and the more likely they are to drop out of school.

*Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. University of Michigan, 2011. Monitoring the Future Study*

Teens who start smoking marijuana regularly (20 times a month) before age 18 and are dependent, show an average 8 point IQ decline by age 38. A loss of 8 IQ points could drop a person of average intelligence into the lowest intelligence range.

*Persistent Cannabis User Show Neuropsychological Decline from Childhood to Midlife, Dunedin Multidisciplinary Health & Development*

**CONCERN**

*Marijuana Use is Associated with Health Risks for Both Youth and Adults.*

Marijuana smoke contains 50-70% more carcinogenic hydrocarbons than tobacco smoke. Marijuana can cause chronic bronchitis and lung complications. Marijuana can damage the brain of a developing embryo as early as two weeks after conception.

*Gateway Foundation Drug and Alcohol Treatment Centers, Marijuana: Not as Harmless as You Think, August, 2014*
The brain’s prefrontal cortex does not reach full maturity until around 25 years of age. Studies show that heavy doses of THC (the key mind-altering ingredient in marijuana) during adolescence changes the way the brain develops and negatively impacts adolescent brain development.

**WHY DOES THIS MATTER?**
Increased health risks are a concern. There are 483 different identifiable chemical constituents known to exist in cannabis with unknown health impacts.

*Americans for Safe Access, a medical marijuana advocacy group, stated in its website article “Research: Definitions and Explanations” (accessed Dec. 7, 2006)*

Effects of short-term use include altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases.


In utero, marijuana exposure is linked to a 5 point loss in IQ by age six, depression at age ten, hyperactivity, impulsivity, inattention at age ten, and lower achievement at age fourteen. In utero, marijuana exposure increases the odds of marijuana use by age fourteen.

*Thurstone, Christian, Dr. Marijuana Use and Pregnancy. May 14, 2014*

A study by the Children’s Hospital of Philadelphia and the National Institute on Mental Health, found that adolescents and young adults who are heavy users of marijuana are more likely than non-users to have disrupted brain development. Researchers found abnormalities in areas of the brain that interconnect brain regions involving memory, attention, decision-making, language and executive functioning skills.

Effects of short-term use of marijuana in high doses can include paranoia and psychosis. Effects of long-term or heavy use include increased risk of chronic psychosis disorders in persons with a predisposition to such disorders.


**CONCERN**

**Drugged Driving**

**WHY DOES THIS MATTER?**
Smoking marijuana affects alertness, concentration, perceptions, coordination and reaction time, which can have a negative effect on many of the skills required for safe driving.


THC in your blood or urine means you are considered to be Driving Under the Influence (DUI) in Illinois.

According to the 2012 Monitoring the Future Study, three times as many high school students reported driving after smoking marijuana than drinking alcohol (8.6% to 2.9%).

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Part 2: Local Youth Marijuana Use and Perceptions, 9th-12th graders

Local and statewide high school marijuana data comparisons reveal local marijuana use in the last 30 days is 6% less than statewide 30 day use. Local past year marijuana use is 8% less than statewide past year use. All the following pie charts feature local 9th-12th grade data.

![30 Day Marijuana Use 2014](chart1)

![Past Year Marijuana Use 2014](chart2)

![Marijuana 2014](chart3)

![Perception of Peer Use Marijuana 2014](chart4)

Source: Illinois Youth Survey 2012, April 2012 District 203 & 204 Drug Use and Perception Survey N=12,914 high school students

April 2014 District 203 & 204 Drug Use and Perception Survey N=12,651 high school students

How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana once or twice per week?

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Since changes in the legal status of marijuana, local youth perception of risk of harm has decreased.

Source: April 2014 District 203 & 204 Drug Use and Perception Survey, N=12,651 HS students, April 2013 District 203 & 204 Drug Use and Perception Survey, N=13,031 HS students

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Part 3: Overview of Compassionate Use of Medical Cannabis Pilot Act

Medical Marijuana
On August 2, 2013, Illinois Governor Pat Quinn signed the Compassionate Use of Medical Cannabis Pilot Program Act and as of January 1, 2014, the Act established a four-year pilot program in Illinois that authorizes the cultivation and distribution of medical cannabis for the use of registered qualifying patients (RQPs). These patients are those who have certain specified debilitating medical conditions and obtain state registration cards. Debilitating medical conditions are listed on page two in the attached appendix. (See Appendix A yellow pages: Illinois Medical Cannabis Act Reference Sheet, Marijuana Policy Project)

The Act limits the number of cultivation sites to 22 and dispensaries to 60 statewide. The 211 page Act can be found at http://medicalmarijuana.procon.org/sourcefiles/Illinois-house-bill-1-enrolled.pdf

Are “medical and “street” marijuana different?
In principle, no. Most marijuana sold in dispensaries as medicine is the same quality and carries the same health risks as marijuana sold on the street. However, given the therapeutic interest in cannabidiol (CBD) to treat certain conditions such as childhood epilepsy, strains with a higher than normal CBD:THC ratio have been specially bred and sold for medicinal purposes; these may be less desirable to recreational users because they have weaker psychoactive effects.

Gateway Foundation Drug and Alcohol Treatment Centers, Marijuana: Not as Harmless as You Think, August, 2014

Part 4: Medical Marijuana and the Impact on Local Youth

The states that already have medical marijuana dispensaries and cultivation sites, have data that highlights the impact on youth and the community as a whole. Data from these communities/states indicate that the presence of medical marijuana dispensaries and cultivation sites will reduce youth perceptions of risk of harm associated with marijuana use and sense of personal/social disapproval and may increase the number of youth (12-18 year olds) using marijuana. Data also indicates that traffic accidents and the number of fatal traffic accidents will increase. Also likely will be an increase in emergency room visits for children ingesting medical marijuana in edible form, mistaken for common snack foods. Below are some of the issues laid out by CADCA (Community Anti-Drug Coalitions of America) in their Position Statement on Medical Marijuana and Educating Voices, Inc. for Illinois Partners Providing Marijuana Education.

ISSUE
There is a direct correlation between medical marijuana initiatives and decreases in perception of harm and social disapproval.

The 2011 Monitoring the Future Survey reports that 22.7 percent of U.S. high school seniors thought that there was a great risk of harm from smoking marijuana occasionally, down from 26.6 percent in 2003. States that have medical marijuana programs have among the lowest perceptions of harm among youth in the nation.


WHY DOES THIS MATTER?
Medical marijuana initiatives further normalize marijuana use among youth and thereby lessen the perceptions of its dangers and negative effects, which can result in increases in youth marijuana use. Research shows that there is a direct correlation between decreases in perception of harm and social disapproval and increases in drug use.
ISSUE
States with medical marijuana laws have higher rates of marijuana use than states without such laws.


Note: The data is mixed on this point, some data suggests that states with medical marijuana had higher rates of youth marijuana use prior to medical marijuana becoming available.

WHY DOES THIS MATTER?
The 2008-2009 State Estimates of Drug Abuse reports that 4 out of the top 5 states that have “medical marijuana” programs also have the highest percentage of past month marijuana users ages 12-17. Similarly, 14 out of 18 states that have “medical marijuana” programs have the highest use rates for the same demographic.

Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008-2009 National Surveys on Drug Use and Health

ISSUE
20% of crashes in the U.S. are caused by drugged driving.

Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers, and motor vehicle crash victims.

National Highway Traffic Safety Administration, 2010

WHY DOES THIS MATTER?
States that have approved medical marijuana use have experienced costly highway safety issues:

• The Colorado Department of Transportation found that after passing “medical marijuana” legislation in the state, drivers who tested positive for marijuana in fatal car crashes doubled between 2006 and 2010.

• In 2010, six cities in California conducted nighttime weekend voluntary roadside surveys and found that the percentage of drivers who tested positive for marijuana (8.4%) was greater than the percentage that were using alcohol (7.6%).


Given that marijuana is already the most prevalent illegal drug detected in impaired drivers, and the fact that states that have already implemented “medical” marijuana laws have seen these numbers drastically increase, we can anticipate that medical marijuana initiatives will compromise highway safety.

A study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), shows an increased number of marijuana-positive Colorado drivers involved in fatal motor vehicle crashes since Colorado’s legalization of medical marijuana in 2009. A similar increase was not seen in the 34 states that did not have medical marijuana laws when this study was conducted. During the same time period, there was no change in the number of alcohol-impaired drivers in fatal motor vehicle crashes in either Colorado or the 34 then non-medical marijuana states.

Although this study did not determine a cause and effect relationship between the marijuana use and the vehicle accidents, research shows that both alcohol and marijuana impair driving. The authors suggest that these findings underscore the need for enhanced education about the dangers of driving under the influence of drugs, including marijuana. For information on drugged driving, go to http://www.drugabuse.gov/related-topics/drugged-driving. Study copy (published online 4.23.14), http://www.sciencedirect.com/science/article/pii/S0376871614008345

A separate study conducted by researchers from the University of Massachusetts Amherst School of Public Health and Health Sciences and University of Washington pediatrics department found that underage college men have a high prevalence of driving under the influence of marijuana because they do not view it as harmful. The researcher noted that more efforts are needed to combat the belief that driving after using marijuana is safe.

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ISSUE
States that already have medical marijuana have found that some people share or sell excess medical marijuana to others.

Any qualified cardholder can purchase 2½ ounces of marijuana every fourteen days (enough marijuana to make roughly 150-180 joints, 10-13 per day). Eighteen year old high school seniors can get a medical marijuana card.

WHY DOES THIS MATTER?
According to the 2013 Monitoring the Future Survey, of the 12th graders who say that they have used marijuana in the 12 months prior to the survey and who reside in states that passed medical marijuana laws by the end of the year prior to the survey, a third (34 percent) say that one of their sources of marijuana is another person's medical marijuana prescription. And 6 percent say they get it from their own prescription. Monitoring the Future is a national survey administered by the University of Michigan.

ISSUE
Unintentional ingestion of marijuana and marijuana-infused edibles has increased in states that have legalized marijuana for recreational or medical use.


Medical marijuana sold in the form of edibles has high concentrations of THC and looks just like candy, cookies and snack food. It is extremely important to store these products in child-resistant containers and out of the reach of children and pets.

WHY DOES THIS MATTER?
The average THC (delta-9-tetrahydrocannabinol, the psychoactive ingredient in marijuana) content of smoked marijuana in the U.S. was 3% in 1970, and has increased over time to 11% in 2011.

Given the following, users of edible medical marijuana are at risk for poisoning.

1. Medical marijuana, sold as edibles, are made from potent, concentrated forms of THC (including hash oil) containing between 30-90% THC, and legally can have up to 100 milligrams of active THC per package.
2. A single candy bar or cookie may represent 6-10 servings.
3. The onset of impact of edible marijuana is much slower than for smoked marijuana (30-60 minutes minimally when taken orally, compared to less than a minute when smoked).

The elderly, adults, teens, children and pets who accidentally consume edible marijuana are also at risk.

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Part 5: Key Points of Local Regulations Designed to Lessen Impact

Attached in Appendix B (green pages) are the recommendations of the Lake County Medical Cannabis Task Force, led by their county planning and zoning director. The group studied data and recommendations from other states who are already providing medical marijuana and had cultivation sites and crafted these recommendations to help lessen the impact on youth and the community. Other counties and local communities are using their recommendations to help inform decision making at the local level.

Key points covered in the Lake County Medical Cannabis Task Force recommendations include the following points of regulation...please see specifics in the green pages:

**Medical Cannabis Cultivation Centers:**
- Minimum Distance from Protected Uses
- Site Plan Review
- Compliance with State Regulations and Rules
- Single Use Site
- Setbacks
- Parking *(lighting, monitored by video surveillance equipment, electronic security 24/7 to law enforcement, etc.)*
- Signage *(size, location, illumination, no cannabis imagery or language)*
- Age and Access Limitations
- Security and Video Surveillance
- Noxious Odors
- Conduct on Site

**Medical Cannabis Dispensary:**
- Minimum Distance from Protected Uses
- Site Plan Review
- Compliance with State Regulations and Rules
- Single Use Site
- Setbacks
- Buffering from Other Medical Cannabis Dispensaries
- Parking
- Exterior Display *(No public viewing of medical cannabis, medical cannabis infused products or cannabis paraphernalia or similar products from any sidewalk, public or private right-of-way... No flashing lights, search lights or spot lights or any similar lighting system).*
- Signage and Advertising *(size, locations, illumination, no electronic message boards or temporary signs, no cannabis imagery, cartoonish imagery, or language referencing cannabis, sign about who can enter, restrictions about bags, totes, boxes)*
- Drug Paraphernalia Sales
- Age and Access Limitations
- Hours of Operation
- Drive-Thru Windows
- Security and Video Surveillance
- Conduct on Site

Please see Appendix B (green pages) for specific recommendations regarding each of these areas of concern.

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Part 6: Local Data Collection Establish Baseline and to Measure Impact

There are recommendations coming from communities with active medical marijuana programs about the kind of local data that should be collected, beginning as soon as possible. There is a need to establish a baseline representing the current situation and accurately measure over time, the impact of these changes on different aspects of youth and community health and safety. CADCA (Community Anti-Drug Coalitions of America) suggests that data collection be included as part of local planning and monitoring.

Illinois Youth Survey (conducted in the schools) collects local data regarding:
- Youth use rates (30 day and past year) (2014 Baseline available)
- Youth daily, weekly, monthly use rates (2014 Baseline available)
- Youth perception of risk of harm (2014 Baseline available)
- Youth age of first use (2014 Baseline available)
- Youth perception of peer use (2014 Baseline available)
- Youth perception of parental disapproval (2014 Baseline available)
- Youth pro-marijuana peer environment “seen as cool” (available in 2016)
- Youth personal disapproval (available in 2016)
- Youth use of someone else’s medical marijuana card (available in 2016)
- Youth use of someone else’s medical marijuana (available in 2016)

Health Care
- Marijuana related ER visits for injuries, intoxications/poisonings, etc. (children, youth and adult)
- Marijuana related substance abuse treatment admissions (youth and adult)

Poison Control Center
- Calls related to poisoning after ingesting edible medical marijuana (children, youth, adults, pets)

Law Enforcement
- Driving while drugged offenses (marijuana, marijuana combined with alcohol or other drugs) (youth and adult)
- Crime (offender under the influence of marijuana) (youth and adult)
- Crime rates regarding illegal possession of marijuana (youth and adult)
- Crime rates regarding illegal sale of marijuana (youth and adult)
- Crime rates in the areas of cultivation sites and dispensaries
- Use of someone else’s medical marijuana card (youth and adult)
- Use of someone else’s medical marijuana (youth and adult)

State Data
- Demand vs. market size (How many cards are distributed? How much is grow locally? Does this match? If not, may need to collect data about what happens to excess cultivated marijuana.)

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Part 7: How Do We Lessen the Impact?

1. Impact is lessened by enacting and enforcing local regulations regarding cultivation and dispensary sites that provide the highest level of protection for youth. Studying, proposing and adopting regulations similar to those in Appendix B (green pages) developed by the Lake County Medical Cannabis Task Force are key to setting the stage for the best possible outcomes.

2. Research indicates that the community norms around marijuana are a key factor in whether or not communities with medical marijuana experience an increase in youth use rates. How those in leadership in our community and parents address the issue of marijuana is key. The messages need to be clear. Marijuana possession and use is a crime in Illinois for the vast majority of individuals who are not participating in the use of medical marijuana. Marijuana use has health, developmental, academic and safety risks for people of all ages, but especially for the youth in our community.

   Lead researcher Dr. Bettina Friese stated, “These findings highlight the importance of the normative environment in which teens live. It is not just the presence of a substance in the community that affects the behavior of teens but the attitudes and the culture around them. Our findings suggest that if the existing community norms are supportive of medical marijuana use and/or legalization of marijuana, then marijuana use among teens is higher. We need to make a greater effort to change how teens view marijuana use in order to reduce marijuana use among teens.” The study suggests that reducing marijuana use among youths will require comprehensive prevention efforts. Prevention efforts should focus on changing norms surrounding marijuana use in the community, family and among peers in order to reduce marijuana use among youths.


3. Commit ourselves as a community to studying the impact of medical marijuana on youth and the community as a whole, through data collection in areas recommended in Part 6 of this packet.

4. Education to raise awareness around the risks of driving under the influence of marijuana for youth and adults of driving age.

5. Education for medical marijuana users about the importance of safe storage of medical marijuana to protect youth, children and pets.

6. Consider the possibility of requiring medical marijuana cultivation and dispensary sites to contribute to a fund to be used to offset the cost of impact on youth. Funds to be used for research based, best practices in prevention and/or treatment.

   PROVIDES LIFE-CHANGING SERVICES TO YOUTH THROUGH PREVENTION EDUCATION, COUNSELING AND SHELTER

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Illinois Medical Cannabis Act Reference Sheet

All references below refer to the corresponding numbers and letters found within the Medical Cannabis Act (the “Act”) as it appears online at http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3503&ChapterID=35. Abbreviations are defined on page 19.

This document is a guide, is not intended to serve as legal advice, and was created to assist readers in identifying relevant sections of the Act and should be used for reference purposes only.

<table>
<thead>
<tr>
<th>Name of the Act</th>
<th>Definition</th>
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<tbody>
<tr>
<td>410 ILCS 130/1</td>
<td>“Compassionate Use of Medical Cannabis Pilot Program Act”</td>
</tr>
<tr>
<td>“Adequate supply”</td>
<td>2.5 ounces during 14-day period</td>
</tr>
<tr>
<td>410 ILCS 130/10(a)</td>
<td>Process for waiver for more than 2.5 ounces if approved by DPH</td>
</tr>
<tr>
<td></td>
<td>CIP weight calculated as pre-mixed weight of medical cannabis</td>
</tr>
<tr>
<td>“Cannabis”</td>
<td>720 ILCS 550/1 Section 3(a) of Cannabis Control Act:</td>
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<tr>
<td>410 ILCS 130/10(b)</td>
<td>Marihuana [sic], hashish, and other substances which are identified as including any parts of the plant Cannabis Sativa</td>
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<td></td>
<td>Growing or not</td>
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<td></td>
<td>Seeds or the resin extracted from any part of such plant</td>
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<td></td>
<td>Any compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or resin</td>
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<td></td>
<td>Including tetrahydrocannabinol (THC) and all other cannabinol derivatives, including its naturally occurring or synthetically produced ingredients</td>
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<td></td>
<td>Produced directly or indirectly by extraction, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis</td>
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<td>Does not include the mature stalks, fiber produced from such stalks, oil, or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed incapable of germination</td>
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<tr>
<td>“Cannabis plant monitoring system”</td>
<td>Includes testing data collection established and maintained by cultivation center and available to DPH</td>
</tr>
<tr>
<td>410 ILCS 130/10(c)</td>
<td>Purpose is to document and monitor plant development throughout life cycle of each plant from seed to final packaging</td>
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<tr>
<td>“Cardholder”</td>
<td>Qualifying patient or designated caregiver who was issued and possesses a valid ID card by DPH</td>
</tr>
<tr>
<td>410 ILCS 130/10(d)</td>
<td>Facility registered by DA to perform activities to provide dispensing organizations with usable medical cannabis</td>
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<tr>
<td>“Cultivation center”</td>
<td>Principal officer, board member, employee, or agent</td>
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<tr>
<td>410 ILCS 130/10(e)</td>
<td>21 years or older</td>
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<tr>
<td></td>
<td>Not convicted of excluded offense</td>
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<tr>
<td>“Cultivation center agent”</td>
<td></td>
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<tr>
<td>410 ILCS 130/10(f)</td>
<td></td>
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<tr>
<td><strong>“Cultivation center agent ID card”</strong>&lt;br&gt;410 ILCS 130/10(g)</td>
<td><strong>“Debilitating medical condition”</strong>&lt;br&gt;410 ILCS 130/10(h)</td>
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<tr>
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<tr>
<td>• Document issued by DA that identifies a person as a cultivation center agent</td>
<td>• cancer&lt;br&gt;• glaucoma&lt;br&gt;• HIV/AIDS&lt;br&gt;• hepatitis C&lt;br&gt;• amyotrophic lateral sclerosis (ALS)&lt;br&gt;• Crohn's disease&lt;br&gt;• agitation of Alzheimer's disease&lt;br&gt;• cachexia/wasting syndrome&lt;br&gt;• muscular dystrophy&lt;br&gt;• severe fibromyalgia&lt;br&gt;• spinal cord disease&lt;br&gt;• Tarlov cysts&lt;br&gt;• hydromyelia</td>
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<tr>
<td><strong>“Dispensing agent ID card”</strong>&lt;br&gt;410 ILCS 130/10(j)</td>
<td><strong>“Enclosed, locked facility”</strong>&lt;br&gt;410 ILCS 130/10(k)</td>
</tr>
<tr>
<td>• syringomyelia&lt;br&gt;• spinal cord injury&lt;br&gt;• traumatic brain injury and post-concussion syndrome&lt;br&gt;• multiple sclerosis&lt;br&gt;• Arnold Chiari malformation&lt;br&gt;• spinocerebellar ataxia (SCA)&lt;br&gt;• Parkinson's disease&lt;br&gt;• Tourette's syndrome&lt;br&gt;• myoclonus&lt;br&gt;• dystonia&lt;br&gt;• reflex sympathetic dystrophy (RSD)&lt;br&gt;• rheumatoid arthritis</td>
<td>• Room, greenhouse building, or other enclosed area&lt;br&gt;• Equipped with locks or other security devices that restrict access to agents</td>
</tr>
<tr>
<td><strong>“Excluded offense”</strong>&lt;br&gt;410 ILCS 130/10(l)</td>
<td>• Includes either&lt;br&gt;○ Violent crime&lt;br&gt;  ▪ defined in Section 3 of Rights of Crime Victims and Witnesses Act, or&lt;br&gt;  ▪ substantially similar offense&lt;br&gt;○ Felony violation of state or federal controlled substances act&lt;br&gt;• Department may waive restriction if applicant demonstrates that conviction related to possession, cultivation, transfer, or delivery of reasonable amount for medical use&lt;br&gt;• No exception allowed if conviction related to violation of Medical Cannabis Act</td>
</tr>
<tr>
<td><strong>“Cultivation center registration”</strong>&lt;br&gt;410 ILCS 130/10(m)</td>
<td>• Registration issued by the DA</td>
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</table>
| **“Medical cannabis container”**  
410 ILCS 130/10(n) | • Sealed, traceable, food compliant, tamper resistant, tamper evident container or package  
• Used from cultivation center to dispensing organization |
| **“Medical cannabis dispensing organization”**  
410 ILCS 130/10(o) | • Facility registered by DFPR to acquire medical cannabis from cultivation center for purpose of dispensing, paraphernalia, related supplies and educational materials |
| **“Medical cannabis dispensing organization agent”**  
410 ILCS 130/10(p) | • Substantively the same as “Cultivation center agent” |
| **“Medical cannabis infused product”**  
(“CIP”)  
410 ILCS 130/10(q) | • Food, oils, ointments, or other products containing usable cannabis  
• Not smoked |
| **“Medical use”**  
410 ILCS 130/10(r) | • Limited to patients and caregivers (not cultivation center or dispensary agents)  
• Acquisition, administration, delivery, possession, transfer, transportation, or use of cannabis  
• For the purpose of treating a debilitating medical condition or symptoms of the condition |
| **“Physician”**  
410 ILCS 130/10(s) | • Doctor of medicine or osteopathy licensed under Medical Practice Act of 1987 to practice medicine  
• Must have a controlled substances license under Article III of Illinois Controlled Substances Act  
• Does not include licensed practitioner under any other state act, including dentists |
| **“Public place”**  
410 ILCS 130/30(F) | • Any place where an individual could reasonably be expected to be observed by others  
• All parts of buildings owned or leased in whole or in part by the state or local government  
• Does not include private residences unless used for child care, foster care, or other similar social service  
• Includes health care facilities  
• Does include hospitals, nursing homes, hospice care, and long-term care facilities |
| **“Qualifying patient”**  
410 ILCS 130/10(t) | • Person who has been diagnosed by a physician as having a debilitating medical condition |
| **“Registered”**  
410 ILCS 130/10(u) | • Licensed, permitted, or otherwise certified by appropriate agency (DA, DPH, DFPR) |
| **“Registry ID card”**  
410 ILCS 130/10(v) | • Document issued by DPH that identifies a person or caregiver |
| **“Usable cannabis”**  
410 ILCS 130/10(w) | • Seeds, leaves, buds, and flowers of the cannabis plant, and any mixture or preparation thereof  
• Does not include stalks or roots  
• Does not include weight of non-cannabis ingredients |
| **“Verification system”**  
410 ILCS 130/10(x) | • Web-based system  
• Established and maintained by DPH  
• Available to DA, DFPR, law enforcement and dispensaries 24/7  
• Used to:  
  o Verify registry ID cards  
  o Track delivery between cultivators and dispensaries  
  o Track date of sale amount and price of medical cannabis purchases by patients |
| **“Written certification”**  
410 ILCS 130/10(y) | • Document dated and signed by physician  
• States:  
  o In physician’s professional opinion, patient is likely to receive therapeutic or palliative benefit from medical use to treat or alleviate condition or symptoms  
  o Qualifying patient has debilitating medical condition  
  o Patient is under physician’s care for that condition  
• Made in course of bona fide physician-patient relationship  
• Following assessment of medical history, relevant records, and physical exam |
| **Dept. of Public Health Authority**  
410 ILCS 130/15(a) | • Enforce provisions of Medical Cannabis Act  
• DPH to establish confidential registry for patients and caregivers  
• Must distribute educational materials about health risks associated with marijuana and prescription medical abuse  
• Adopt rules to administer registration program  
• Adopt rules establishing food handling requirements for CIPs |
| **Dept. of Ag Authority**  
410 ILCS 130/15(b) | • Enforce provisions of Medical Cannabis Act relating to registration and oversight of cultivation centers |
| **Dept. of Financial and Professional Regulation**  
410 ILCS 130/15(c)  
Page 11 | • Enforce provisions of the Medical Cannabis Act relating to registration and oversight of dispensing organizations |
| **Immunities and Presumptions**  
410 ILCS 130/25 | • (a) Patient not subject to arrest, prosecution, denial of right or privilege for medical use of cannabis if in compliance with Act and amount limits  
• (a) Professional license for patient similarly not at risk, but only when impairment occurs in the course of professional practice  
• (b) Caregiver not subject to arrest, prosecution, denial of right or privilege for assisting in his or her patient’s medical use of cannabis if otherwise in compliance with Act and amount limits  
• (b) Total amount between patient and caregiver cannot exceed patient’s “adequate supply”  
• (c) Neither patient nor caregiver subject to arrest, prosecution, or denial of right or privilege for possession of cannabis incidental to medical use, even if not |
• (d) Rebuttable presumption that **patient or caregiver** is engaged in “medical use” if either is in possession of registry ID card and in possession of amount not in excess of amount allowed
  o Presumption is rebuttable with evidence that conduct was not related to treating or alleviating medical condition

• (e) **Physician** not subject to arrest, prosecution, denial of right or privilege, including disciplinary action by Medical Disciplinary Board or other occupational or professional licensing board, solely for providing written certifications or stating benefits of medical marijuana
  o Board may sanction if physician issues certification to person not in care, or
  o Fails to meet standard of care

• (f) **No person** may be subject to arrest, prosecution, or denial of any right or privilege solely for:
  o Selling paraphernalia to cardholder if shown an unexpired card in person’s name if agent of dispensing organization
  o Being in presence or vicinity of medical use of cannabis
  o Assisting registered qualifying patient with act of administering cannabis

• (g) **Cultivation center** not subject to prosecution, search, or inspection except by DA, DPH, state or local law enforcement; seizure or penalty for acting under provisions of Act and DA rules for acting to acquire, transport, supply, or sell to dispensing organizations

• (h) **Cultivation center agent** not subject to prosecution, search, penalty, or denied any right or privilege for working or volunteering for a cultivation center for acts similar to (g) above

• (i) **Dispensary** not subject to prosecution, search, or inspection except by DFPR or state or local law enforcement, seizure or other penalty or be denied any right or privilege for acting under Act and agency rules to acquire, possess, or dispense cannabis or related supplies and educational materials to patients or caregivers

• (j) **Dispensary agent** not subject to prosecution, search, penalty, or denied any right or privilege for working or volunteering at dispensary pursuant to Act and DFPR rules in performance of activities described in (i) above

• (k) **Property**, including cannabis, paraphernalia, illegal property, interest in legal property possessed, which is owned or used in connection with medical use may not be seized or forfeited
  o Does not prevent seizure or forfeiture of cannabis exceeding allowable limits, or
  o If purpose of seizure is unrelated to possession, manufacture, transfer, or use pursuant to Medical Cannabis Act

• (l) Application or receipt of registry ID card not sufficient for probable cause or reasonable suspicion, and may not be used as sole basis for search of *any person, property, or home of person applying or receiving registry ID or certification*
  o Does not mean there cannot be probable cause or reasonable suspicion on some other basis

• (m) Reiterates local or state law enforcement may search **cultivation center** where there is probable cause or reasonable suspicion to lawfully do so

• (n) Reiterates local or state law enforcement may search **dispensary** where there is probable cause or reasonable suspicion to lawfully do so

• (o) **Employees of the State of Illinois** are not subject to criminal or civil
<table>
<thead>
<tr>
<th>Limitations and Penalties</th>
<th>410 ILCS 130/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>• (a) No person may:</td>
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<tr>
<td>(1) Undertake any task under the influence if it constitutes negligence, professional malpractice, or misconduct</td>
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<td>(2) Possess cannabis:</td>
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<tr>
<td>▪ (A) On a school bus</td>
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<tr>
<td>▪ (B) On the grounds of any preschool, primary, or secondary school</td>
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<tr>
<td>▪ (C) In a correctional facility</td>
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<tr>
<td>▪ (D) In a vehicle in a manner inconsistent with requirements of 11-502.1 (prohibiting use in a vehicle and requiring transport via a sealed, tamper-evident container by agents)</td>
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<tr>
<td>▪ (E) In a private vehicle unless in a secured, sealed, tamper-evident container and reasonably inaccessible while vehicle is moving</td>
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<tr>
<td>▪ (F) In a private residence that is used to provide licensed child care or other similar social service on premises</td>
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<tr>
<td>(3) Use cannabis:</td>
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<tr>
<td>▪ (A) On a school bus</td>
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<tr>
<td>▪ (B) On the grounds of any preschool, primary, or secondary school</td>
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<tr>
<td>▪ (C) In a correctional facility</td>
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<tr>
<td>▪ (D) In a motor vehicle</td>
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<tr>
<td>▪ (E) In a private residence used at any time to provide day care or other similar social service on premises</td>
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<td>▪ (F) In any “public place”</td>
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<td>▪ (G) Knowingly in close proximity to anyone under the age of 18 years old</td>
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<td>(4) Smoke cannabis:</td>
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<tr>
<td>▪ In any “public place”</td>
<td></td>
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<tr>
<td>▪ Any health care facility</td>
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<tr>
<td>▪ Any other place where smoking is prohibited by state law</td>
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<tr>
<td>(5) Operate, navigate, or being in actual physical control of a motor vehicle while either:</td>
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<td>▪ Using cannabis, or</td>
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<tr>
<td>▪ Driving under the influence (DUI)</td>
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<td>(6) Use or possess:</td>
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<tr>
<td>▪ If not qualifying condition, or</td>
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<tr>
<td>▪ If not registered</td>
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<tr>
<td>(7) Allow use by a person not authorized</td>
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<tr>
<td>(8) Give or sell to any person unless authorized to dispense</td>
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<tr>
<td>(9) Use cannabis if active duty law enforcement officer, correctional officer, probation officer, or firefighter</td>
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<tr>
<td>(10) Use cannabis if person has a school bus permit or CDL</td>
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<tr>
<td>• (b) No person may drive recklessly or drive under the influence (DUI)</td>
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<tr>
<td>• (c) No person may lie to law enforcement over any fact or circumstance related to medical use to avoid arrest or prosecution</td>
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<tr>
<td>○ Petty offense punishable by fine of up to $1000</td>
<td></td>
</tr>
<tr>
<td>○ Other more serious charges possible</td>
<td></td>
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<tr>
<td>• (d) No person may misrepresent medical condition to physician or provide</td>
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</tbody>
</table>
fraudulent material in order to obtain certification
  o Petty offense punishable by fine of up to $1000
• (e) **No cardholder or caregiver may sell**
  o Will have card revoked and may face other penalties
• (f) **Card revoked if cardholder** who drives:
  o consumes
  o fails to properly secure cannabis, or
  o refuses a test by law enforcement
• (g) **Patient or caregiver cannot seek, obtain, or possess** more than allowable amount
• (h) **Private businesses** may restrict or ban medical use
• (i) **Universities, colleges, and post-secondary institutions** may restrict or ban medical use

**Physician Requirements**
410 ILCS 130/35

• (a) **Physician must:**
  (1) **Be currently licensed** in state in all branches
  (1) **Be in good standing**
  (1) **Hold controlled substances license** under state law
  (2) **Comply with standards of practice**
  (3) **Not perform exam through remote means** (telemedicine)
  (4) **Maintain records** available for inspection by DFPR

• (b) **Physician may not:**
  (1) **Receive pay from anyone in program** except from patient for fee for exam prior to certification
  (2) **Offer a discount** if patient uses or agrees to use particular caregiver or dispensary
  (3) **Conduct exam at location where medical marijuana is sold** or distributed, or at address of officer, agent, or employee of a medical marijuana organization
  (4) **Have a direct or indirect economic interest** in grower or dispensary if a physician is a medical marijuana recommender, or be in a business relationship with another physician who is
  (5) **Serve on the board of directors or as an employee** of a grower or dispensary
  (6) **Refer patients** to grower, dispensary, or caregiver
  (7) **Advertise** in a cultivation center or dispensary

• (c) **DPH may report physician** to DFPR for potential violations
• (d) **Any violations of Medical Cannabis Act** are a violation of Medical Practices Act

**Discrimination Prohibited**
410 ILCS 130/40

• (a) **Protections against discrimination** against patient by school, employer, landlord under certain circumstances, or in medical care
• (b) **Prohibition on using patient status as leverage in custody or visitation** schedule without proof of unreasonable danger to safety of minor
• (c) **Protections for schools, landlords, and employers** for enrolling, leasing to, or employing cardholder
• (d) **Neither governmental medical assistance programs nor private insurers required to reimburse costs**
• (e) **No person or establishment required to allow guest, client, customer, or visitor to use cannabis on property**

**Adding Conditions**
410 ILCS 130/45

• **Citizens of Illinois may petition** DPH to add conditions
• **DPH must develop rules** for petition process, including notice and hearing
**Employer liability**  
410 ILCS 130/50

- (a) *Employers may adopt regulations* on consumption, storage, and timekeeping requirements for patients
- (b) *May adopt zero-tolerance* rules, drug test, maintain a drug-free workplace
- (c) *May discipline patients* for violating workplace rules
- (d) *Medical Cannabis Act cannot be used to compel employer to violate federal law* or cause it to lose federal funding or contract
- (e) Employees *cannot use Act as a defense to failure of drug test*
- (f) *Employer may consider employee impaired* when:
  - He or she *manifests specific symptoms* while working that decrease or lessen performance
  - May include *speech, dexterity, agility, coordination, demeanor, or irrational or unusual behavior*
  - *Negligence or carelessness in operating equipment* or machinery
  - *Disregard for safety* of others
  - *Involvement in accident* that results in serious damage to equipment or property, disruption of manufacturing process
  - *Carelessness that results in any injury* to employee or others
- (g) *Employee disciplined must be given opportunity to contest* basis for determination
- (h) Employee has *no cause of action* for:
  - Good faith actions by employer based on belief that employee used or was in possession while on premises or during hours of employment
  - Good faith belief patient was impaired while working
  - Injury or loss if employer did not know or have reason to know employee was impaired
- (i) Medical Cannabis Act cannot be used to interfere with federal restrictions, including Dept. of Transportation rules

**Patient and Caregiver Registration**  
410 ILCS 130/55

- (a) DPH must issue ID cards to patients and caregivers who provide, at a minimum, the following:
  1. Written certification issued by doctor within last 90 days
  2. Patient’s documentation to corroborate medical condition
  3. Anything else DPH thinks it needs to verify bona-fide doctor-patient relationship and to substantiate diagnosis
  4. Fees
  5. Name, address, DOB, SSN of patient
  6. Name, address, phone number of recommending physician
  7. Name of designated dispensary
  8. Signed statement from patient and caregiver they will not divert
  9. Background checks for patient and caregiver

**Issuance of ID cards**  
410 ILCS 130/60

- (a) DPH must:
  1. Verify information provided
  2. Approve or deny within 30 days
  3. Issue ID card with 15 days of approval
  4. Enter ID number into verification system
  5. Allow for electronic application process and confirmation that
application was submitted

- (b) DPH may not issue ID card to patient who is under 18 years old
- (c) Establishes work-around regarding bona-fide physician-patient relationship for patients at VA hospitals
- (d) DPH forwards approvals to Secretary of State and certifies status
- (d) Secretary of State enters patient status info into patient’s driving record
- (d) When patient no longer valid in registry, DPH notifies Sec. of State and notation is removed from driver’s record

| Denial of ID cards 410 ILCS 130/65 | (a) DPH may deny **patient** only if applicant:
- Did not provide required information
- Had a previous card revoked
- Did not meet requirements of Medical Cannabis Act
- Provided false information

- (b) Persons convicted of a drug-related felony or similar local ordinance ineligible
- (c) DPH may deny **caregiver** only if applicant:
  - Does not meet definition of “designated caregiver”
  - Did not provide required information
  - Was named by a patient whose application was denied
  - Had previous card revoked
  - Provided false information

- (d) DPH may conduct background check of patient and caregiver
  - Applicant must provide fingerprints for state and federal background check
  - State not to disclose purpose of background check to FBI
  - DPH to destroy fingerprints after check complete
  - DPH may waive fingerprints based on:
    - Severity of patient illness, and
    - Inability of patient to obtain fingerprints
    - State police may provide complete criminal record in lieu

- (e) DPH must notify patient with designated caregiver if caregiver is denied
- (f) Denial is subject to judicial review

| Registry ID cards 410 ILCS 130/70 | (a) Patient and caregiver must keep ID card in possession whenever engaged in medical use

- (b) ID cards must contain:
  - Name of cardholder
  - Designation of either patient or caregiver
  - Date of issuance and expiration
  - Unique, random alphanumeric number
  - If a caregiver, card must contain number of patient
  - If required by DPH, a photo of the cardholder

- (c) To maintain an ID card, patient and caregiver must:
  - Resubmit renewal application at least 45 days prior to expiration
  - Submit renewal fee
  - Provide any additional documentation as required by DPH rules

- (c) DPH must:
  - Send notice of need to renew 90 days before expiration

- (c) Failure of DPH to grant or deny means renewal is granted
  - Patient or caregiver may continue to use expired card until DPH denies or renews and re-issues new ID card
• (d) By default, registration expires 1 year after date of issuance
• (e) DPH may store data contained on card and DOB and address electronically so it is viewable by law enforcement

| Notifications to DPH | • (a) Notifications required:
| 410 ILCS 130/75 |   (1) Patient must notify DPH of change of name, address, or if he or she no longer has condition within 10 days of change
| |   (2) Caregiver must notify DPH of change of name or address, or death of patient within 10 days of change
| |   (3) Before patient changes caregiver, must first notify DPH
| |   (4) If cardholder loses card, must notify DPH within 10 days of becoming aware of loss
| | • (b) If patient still eligible after notification of change:
| |   o DPH to issue new card with new alphanumeric number
| |   o If DPH rules specify, new fee required
| |   o DPH to issue new card within 15 days
| |   o If patient has a caregiver, caregiver gets new card too, also issued within 15 days
| | • (c) If patient drops out of registry, DPH must notify caregiver (if any):
| |   o Caregiver’s protections under the Act expire 15 days after notification by DPH
| | • (d) Cardholder who fails to notify DPH of required change information is subject to civil infraction of up to $150 fine
| | • (e) Patient must notify DPH of any change to designated dispensary
| | • (f) If physician notifies DPH that patient no longer has condition or would no longer benefit from use of medical marijuana, the card is void:
| |   o Patient has 15 days to destroy medical marijuana and paraphernalia (caregiver not mentioned)

| Cannabis Infused Products | • (a) If all the following conditions are met, neither DPH, DA, nor health department of local government may regulate service of food at cultivation center or dispensary:
| 410 ILCS 130/80 |   o (1) No CIP requiring refrigeration or hot-holding manufactured
| |   o (2) Baked products, tinctures, and other non-refrigerated items are acceptable for sale at dispensaries, and sold only at dispensaries
| |   o (3) CIP individually wrapped at point of preparation
| |   o (3) Must conform to labeling requirements of state law and contain the following:
| | ▪ (A) Name and address of cultivation center where manufactured
| | ▪ (B) Common or usual name of item
| | ▪ (C) All ingredients listed in descending order of predominance of weight
| | ▪ (D) Contain specific warning phrase: “This product was produced in a medical cannabis cultivation center not subject to public health inspection that may also process common food allergens.”
| | ▪ (E) Allergen labeling as required by state law
| | ▪ (F) Pre-mixed total weight of usable cannabis
| | ▪ (G) Warning that item is CIP and not a food must be distinct and clearly legible on front of package
| | ▪ (H) Clearly legible warning that product contains cannabis and intended for use by patients only

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(I) Manufacture and “use by” date
  o (4) Any dispensary that sells edible CIP must place warning sign:
    ▪ “Edible cannabis infused products were produced in a kitchen not subject to public health inspections that may also process common food allergens.”
    ▪ No smaller than 24” x 36”, and letters no smaller than 2”
    ▪ Clearly visible and readable by customers
    ▪ English
  o (5) CIP for sale at dispensaries must be prepared by approved staff member of a registered cultivation center
  o (6) Cultivation center that prepares CIP for sale at dispensary must be under operational supervision of DPH certified food service sanitation manager
• (b) DPH must adopt and enforce agency rules for manufacture of CIP
  o May inspect any part of the facility including utensils, fixtures, furniture, and machinery used in preparation of CIP for enforcement purposes
• (c) Based on reasonable belief CIP poses health risk, local health organization may refer cultivation center to DPH
  o If DPH finds CIP poses a risk, it may seek injunctive relief and take necessary steps as determined by a court of law to address the hazard

<table>
<thead>
<tr>
<th>Issuance and Denial of Cultivation Permit</th>
<th>410 ILCS 130/85</th>
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<tbody>
<tr>
<td>• (a) DA to register up to 22 cultivation centers</td>
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<tr>
<td>o One registration per Illinois State Police District</td>
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<tr>
<td>o DA may not issue less than 22 if there are qualified applicants for all slots</td>
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<td>• (b) Renewed annually</td>
<td></td>
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<tr>
<td>• (c) DA to determine fee</td>
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<tr>
<td>• (d) Operation authorized only with valid registration. Must provide the following in application:</td>
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<tr>
<td>o (1) Name</td>
<td></td>
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<tr>
<td>o (2) Physical address and description</td>
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<tr>
<td>o (3) Name, address, DOB of each principal, board member; all must be at least 21 years old</td>
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<tr>
<td>o (4) Any instance in which board members managed or served business that was convicted, fined, censured, or had license suspended or revoked</td>
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<tr>
<td>o (5) Cultivation, inventory, and packaging plans</td>
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<td>o (6) Proposed by-laws with specific requirements:</td>
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<tr>
<td>▪ Oversight procedures</td>
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<tr>
<td>▪ Plant monitoring system</td>
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<tr>
<td>▪ Record keeping</td>
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<tr>
<td>▪ Staffing plan</td>
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<tr>
<td>▪ Security plan reviewed by State Police and in accordance with DA rules</td>
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<tr>
<td>o (6) Weekly physical inventory required</td>
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<td>o (7) Experience with agricultural cultivation techniques and industry standards</td>
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<td>o (8) Applicable academic degrees, certifications, or relevant experience</td>
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<td>o (9) Identity of every person, association, trust, or corporation having any direct or indirect financial interest in the cultivation operation; specific requirements based on type of legal entity</td>
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<tr>
<td>o (10) Verification from State Police that all background checks required</td>
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### Renewals of cultivation center registrations

<table>
<thead>
<tr>
<th>410 ILCS 130/90</th>
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<tbody>
<tr>
<td>• (a) Annual renewal</td>
</tr>
<tr>
<td>• (a) Cultivation center shall receive notice 90 days prior to expiration</td>
</tr>
<tr>
<td>• (a) DA will grant renewal within 45 days of submission so long as:</td>
</tr>
<tr>
<td>o (1) Cultivation center submits renewal application and includes fee as established by DA</td>
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<tr>
<td>o (2) DA has not suspended the cultivation center or the registration</td>
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</table>

### Background checks

<table>
<thead>
<tr>
<th>410 ILCS 130/95</th>
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<tbody>
<tr>
<td>• (a) DA, through State Police, will conduct background checks of all agents</td>
</tr>
<tr>
<td>• (a) Each person applying must submit fingerprints</td>
</tr>
<tr>
<td>• (a) DA may share information with State Police and FBI without disclosing purpose of records check</td>
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<tr>
<td>• (a) DA must destroy sets of fingerprints following check</td>
</tr>
<tr>
<td>• (b) For initial application, background checks must be completed before submitting application to DA</td>
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</table>

### Cultivation center ID cards

<table>
<thead>
<tr>
<th>410 ILCS 130/100</th>
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<tbody>
<tr>
<td>• (a) The DA must:</td>
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<tr>
<td>o (1) Verify application information</td>
</tr>
<tr>
<td>o (1) Approve or deny within 30 days of receiving complete application and supporting material</td>
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<tr>
<td>o (2) Issue ID cards within 15 days of approval</td>
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<tr>
<td>o (3) Enter the registry ID number of the cultivation center where agent works</td>
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<tr>
<td>o (4) Allow an electronic application process</td>
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<tr>
<td>o (4) Provide confirmation that application was submitted</td>
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<tr>
<td>• (b) Agent must keep ID card visible at all times on property and during transportation to dispensary</td>
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<tr>
<td>• (c) ID cards must contain:</td>
</tr>
<tr>
<td>o (1) Name</td>
</tr>
</tbody>
</table>
| **Requirements, prohibitions, and penalties for cultivation centers** | **(2) Date of issuance and expiration**  
| | **(3) Random 10-digit alphanumeric number unique to ID cardholder**  
| | **(4) Photograph of cardholder**  
| | - **(d) ID cards must be returned to cultivation center upon termination**  
| | - **(e) Lost or stolen cards must be reported to State Police and DA immediately upon discovery of loss**  
| | - **(f) Application will be denied if convicted of “excluded offense”**  
| **410 ILCS 130/105** | **(a) Operating documents must include:**  
| | - **Procedures for oversight**  
| | - **Cannabis plant monitoring system including physical weekly inventory**  
| | - **Cannabis container system including physical weekly inventory**  
| | - **Record keeping**  
| | - **Staffing plan**  
| | **(b) Center must implement a security plan reviewed by State Police, including:**  
| | - **Facility access controls**  
| | - **Perimeter intrusion detection systems**  
| | - **Personnel ID system**  
| | - **24-hour surveillance system for interior and exterior accessible by law enforcement and DFPR in real time**  
| | **(c) Cultivation center may not be located within 2,500 feet of a preschool, elementary, or secondary school, day care, or any area zoned for residential use**  
| | **(d) Cultivation activity must:**  
| | - **Take place in an enclosed, locked facility**  
| | - **Only be accessed by agents, inspectors, law enforcement, emergency personnel, and contractors**  
| | **(e) Cultivation center may not distribute any cannabis except to dispensaries**  
| | **(f) All cannabis must be packaged in a labeled cannabis container and tracked**  
| | **(g) No agent may be convicted of an “excluded offense”**  
| | **(h) Cultivation centers are subject to random inspections by DA and DPH**  
| | **(i) Agent must notify local law enforcement, State Police, and DA of any loss or theft within 24 hours**  
| | - **Notification by phone, in-person, or by written or electronic means**  
| | **(k) Cultivation center must comply with state and federal rules related to use of pesticides**  
| **Suspension and revocation of registration** | **(a) DA may suspend or revoke registration for violation of Medical Cannabis Act or agency rules**  
| **410 ILCS 130/110** | **(b) Suspensions and revocations are subject to judicial review**  
| **Registration of dispensaries** | **(a) DFPR may issue up to 60 dispensary licenses**  
| **410 ILCS 130/115** | **(a) May not issue less than 60 if there are a sufficient number of qualified applicants**  
| | **(a) Dispensaries must be geographically dispersed throughout the state**  
| | **(b) Dispensary may only operate if licensed**  
| | **(b) DFPR must adopt rules**  
| | **(c) Dispensary applicants must submit at least the following:**  
| | - **(1) Non-refundable application fee**  
| | - **(2) Name**  

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pg. 13
o (3) Physical address
o (4) Name, address, DOB of each principal officer and board member
  ▪ Each must be at least 21 years old
o (5) Written information regarding any instances in which any business or
  not-for-profit in which any board members served were convicted,
  fined, censured, or had registrations suspended or revoked
o (6) By-laws that include:
  ▪ Procedures for oversight
  ▪ Procedures to ensure accurate record-keeping
  ▪ Procedures for security measures in accordance with rules
    adopted by DFPR
  ▪ Description of enclosed, locked facility
o (7) Signed statements from each agent that they will not divert
  • (d) DFPR must conduct background checks of all agents
    o Agents must provide fingerprints for state and federal background
      checks
    o DFPR may exchange information with State Police and FBI without
      disclosing the purpose of the records check
    o DFPR must destroy fingerprints after background check
  • (e) Dispensary must pay registration fee as established by DPFR
  • (f) Application must denied if:
    o (1) Applicant failed to submit materials required
    o (2) Applicant would not be compliant with local zoning rules
    o (3) Applicant not compliant with Section 130
    o (4) Any principal officers or board members have been convicted of an
      “excluded offense”
    o (5) Any board member served as principal officer or board member of
      dispensary whose license was revoked
    o (6) Any principal officer is under 21 years old
    o (7) Any principal officer or board member is a registered patient or
caregiver

Dispensary agent
ID card
410 ILCS 130/120

• (a) The DPFR must:
  o (1) Verify information contained in application
  o (1) Approve or deny application within 30 days of receipt of complete
    application materials
  o (2) Issue ID card within 15 days of approving application
  o (3) Enter ID number of dispensary
  o (4) Allow for an electronic application process
  o (4) Provide confirmation by electronic or other means that application
    submitted
• (b) Agent must keep ID card visible at all times while on property
• (c) ID card must contain:
  o (1) Name
  o (2) Date of issuance and expiration
  o (3) Random alphanumeric number unique to agent
  o (4) Photo of agent
• (d) ID card must be immediately returned upon termination from employment
• (e) Lost or stolen cards must be reported to Illinois State Police and DA
  immediately upon discovery of loss
• (f) Applicant must be denied if agent convicted of “excluded offense”
| **Dispensary renewal**  
410 ILCS 130/125 | • (a) Dispensary must receive written notice 90 days before expiration  
• (a) DFPR must grant renewal within 45 days of submission if:  
  o (1) Dispensary submits application and fee  
  o (2) DFPR has not suspended the organization or suspended or revoked the registration  
• (b) If dispensary fails to renew, dispensary must cease operations until renewed  
• (c) If agent fails to renew prior to expiration, he or she must cease work until renewed  
• (d) Any dispensary or agent that continues to operate or work after failure to renew is subject to penalty as provided in Section 130 |
| **Requirements, prohibitions, and penalties for dispensaries**  
410 ILCS 130/130 | • (a) DFPR must adopt rules  
• (b) Dispensary must maintain operating documents, including:  
  o Procedures for oversight  
  o Procedures to ensure accurate recordkeeping  
• (c) Dispensary must implement security measures  
• (d) Dispensary may not be located within 1,000 feet of preschool or elementary school or day care  
• (d) Dispensary may not be located in a house, apartment, condominium, or area zoned for residential use  
• (e) Dispensary prohibited from acquiring marijuana from anyone other than cultivation center  
• (e) Dispensary may not obtain marijuana from outside Illinois  
• (f) Dispensary prohibited from dispensing for any purpose other than patient or caregiver “medical use”  
• (g) Dispensing and storage areas may only be accessed by agents, staff of DFPR, law enforcement, emergency personnel, and contractors  
• (h) Dispensary may not dispense more than 2.5 ounces to patient or caregiver in a 14-day period unless patient has DPH quantity waiver  
• (i) Before dispensing, dispensary must determine that person is a current cardholder including each of the following:  
  o (1) Card is valid  
  o (2) Person presenting card is person authorized by card  
  o (3) Dispensary is the dispensary registered with state to serve cardholder  
  o (4) Patient has not exceeded weight limit for 14-day period  
• (j) Dispensary must ensure compliance with weight sale limit through internal, confidential records indicating:  
  o Amount provided  
  o Whom it was provided to (patient or caregiver)  
  o Date and time cannabis dispensed  
  o Additional requirements as set by rule  
• (k) Physician-patient relationship protecting confidential patient information applies between patient and dispensary and its agents  
• (l) Dispensary may not allow consumption of cannabis on its property  
• (m) Dispensary may not share office space with physician  
• (m) Dispensary may not refer patients to any particular physician  
• (n) DFPR may revoke or suspend, place on probation, reprimand, refuse to renew, or take any other disciplinary or non-disciplinary action as it deems proper  
  o May include fines up to $10,000 for each violation of Medical Cannabis
<table>
<thead>
<tr>
<th>Change in dispensary</th>
<th>Dispensary may fill or refill certification once transferred from another dispensary as long as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>410 ILCS 130/135</td>
<td>(1) Before dispensing: o (A) Dispensary advises patient that designated dispensary on file with DPH must be changed before dispensing any amount</td>
</tr>
<tr>
<td></td>
<td>o (B) Dispensary must determine that patient is registered and in compliance with DPH</td>
</tr>
<tr>
<td></td>
<td>o (C) Dispensary must notify current dispensing organization that patient is changing dispensary and that patient may no longer obtain cannabis from original dispensary</td>
</tr>
<tr>
<td></td>
<td>o (D) Dispensary must notify DPH of change and receive confirmation from DPH that it has updated database</td>
</tr>
<tr>
<td></td>
<td>(2) DPH’s electronic database must maintain dispensary information</td>
</tr>
<tr>
<td></td>
<td>(3) No cannabis may be dispensed in more weight or frequency than provided for in Medical Cannabis Act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local ordinances</th>
<th>Local governments may enact reasonable zoning ordinances</th>
</tr>
</thead>
<tbody>
<tr>
<td>410 ILCS 130/140</td>
<td>No unit of local government may unreasonably prohibit cultivation, dispensing, and use of medical cannabis authorized by the Act</td>
</tr>
<tr>
<td></td>
<td>This section limits home rule under the Illinois Constitution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confidentiality</th>
<th>(a) The following information received by any agency under the Act and State Police is confidential:</th>
</tr>
</thead>
<tbody>
<tr>
<td>410 ILCS 130/145</td>
<td>(1) Applications and renewals by patients and all information they contain</td>
</tr>
<tr>
<td></td>
<td>(2) Applications and renewals by cultivation centers and dispensaries and all information they contain</td>
</tr>
<tr>
<td></td>
<td>(3) Names and identifying information of people to whom DPH has issued registry ID cards</td>
</tr>
<tr>
<td></td>
<td>(4) Any dispensing information required to be kept under Section 135, 150, or agency rule must identify cardholders by registry ID number or alternately by dispensary registration number</td>
</tr>
<tr>
<td></td>
<td>(5) All medical records provided to DPH are confidential</td>
</tr>
<tr>
<td></td>
<td>(a) Agencies may disclose confidential information to each other, and employees of those agencies may carry out official duties in connection with confidential information</td>
</tr>
<tr>
<td></td>
<td>(b) Nothing prevents:</td>
</tr>
<tr>
<td></td>
<td>(1) Agency employees from notifying law enforcement of falsified information</td>
</tr>
<tr>
<td></td>
<td>(2) Notification to DFPR that a physician: o (A) Issued a certification without a bona fide physician-patient relationship</td>
</tr>
<tr>
<td></td>
<td>o (B) Issued a certification to a person who was not under the physician’s care</td>
</tr>
<tr>
<td></td>
<td>o (C) Failed to follow standard of care</td>
</tr>
<tr>
<td></td>
<td>(3) Agency employees reporting suspected criminal activity to law enforcement</td>
</tr>
</tbody>
</table>
|                     | (4) Agents from notifying agencies of suspected violation or attempt to
<table>
<thead>
<tr>
<th><strong>Marijuana Policy</strong> Project</th>
<th>pg. 17</th>
</tr>
</thead>
</table>
| **Registry ID and registration certificate verification**  
410 ILCS 130/150 | • (a) DPH must maintain a confidential list of people registered, including name, address, phone number, and registry ID number  
  o May not be linked with any other list or database unless provided in Section 150 (this section)  
• (b) Within 180 days of effective date of the Act, the three agencies must establish a database or verification system  
  o Must allow law enforcement agencies and dispensary agents to verify ID number corresponds with current valid card  
  o System is limited to:  
  ▪ Verification of valid card  
  ▪ Whether or not cardholder is registered  
  ▪ Registry ID number of dispensary  
  ▪ Registry ID number of patient who may be assisted by caregiver  
  o All three agencies must issue card during period in which database system is being established |
| **Review of agency decisions**  
410 ILCS 130/155 | • All final agency decisions are subject to judicial review in accordance with state law and rules adopted pursuant to state law |
| **Annual reports**  
410 ILCS 130/160 | • (a) DPH must submit an annual report to the General Assembly by September 30 of each year  
  o Cannot disclose identifying information about patients, caregivers, or physicians  
  o Must contain, at a minimum:  
  ▪ (1) Number of applications and renewals  
  ▪ (2) Number of patients and caregivers served by each dispensary  
  ▪ (3) Debilitating conditions of patients  
  ▪ (4) Number of ID cards or registrations revoked for misconduct  
  ▪ (5) Number of physicians providing certifications  
  ▪ (6) Number of cultivation centers and dispensaries |
| **Administrative rulemaking**  
410 ILCS 130/165 | • (a) DPH, DA and DFPR must develop rules and file them with the Joint Committee on Administrative Rules not later than 120 days after the effective date of the Act  
• (b) DPH rules must address at least the following:  
  o (1) Application fees for patients  
  o (2) Establishing registration and renewal applications  
  o (2) Establishing written certification documents  
  o (3) The manner in which it will consider applications for and renewals of registry ID cards  
  o (4) The manufacture of CIPs  
  o (5) Fees for application and renewal of registry ID cards  
  ▪ May be offset by private donations  
  o (6) Any other matters deemed necessary, fair, impartial, stringent and comprehensive  
  o (7) Medical use of cannabis at nursing homes, hospice, assisted living |

(c) Disclosure of confidential information is a Class B misdemeanor and punishable by $1,000 fine
centers, residential care institutions, or adult day health care facilities
• (c) DA rules for cultivation centers must protect against diversion and theft without imposing undue burden, but must address at least the following:
  o (1) Oversight requirements
  o (2) Recordkeeping requirements
  o (3) Security requirements
    ▪ Each cultivation center must include fully operational security
      alarm system
  o (4) Rules and standards for what constitutes an “enclosed, locked
    facility”
  o (5) Procedures for suspending or revoking registration certificates or
    registry ID cards for centers and agents when in violation of Act or rules
  o (6) Rules concerning intrastate transportation of cannabis from
    cultivation center to dispensary
  o (7) Standards concerning testing, quality and cultivation of medical
    cannabis
  o (8) Any other matters deemed necessary, fair, impartial, stringent and
    comprehensive
  o (9) Application and renewal fees for cultivation center agents
  o (10) Application, renewal and registration fees for cultivation centers
• (d) DFPR rules for dispensaries must protect against diversion and theft without
  imposing undue burden, but must address at least the following:
  o (1) Application and renewal and registration fees for dispensaries and
    agents
  o (2) Dispensary agent-in-charge oversight requirements
  o (3) Recordkeeping requirements
  o (4) Security requirements
    ▪ Each location must be protected by fully operational security
      system
  o (5) Procedures for suspending or suspending registrations of
    dispensaries and agents that commit violations of the Act or rules
  o (6) Application and renewal fees for dispensaries
  o (7) Application and renewal fees for agents
• (e) DPH may establish sliding scale fee based on household income
• (e) DPH may accept donations from private sources to reduce application and
  renewal fees
• (e) ID card fees must include additional fee used to develop and distribute
  educational information about health risks associated with abuse of cannabis and
  prescription drugs
• (f) During rulemaking process, each agency must make a good faith effort to
  consult with stakeholders, including patients and organizations representing
  patients
• (g) DPH must develop and distribute educational information on health risks of
  abuse of cannabis and prescription drugs

<table>
<thead>
<tr>
<th>Enforcement of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>410 ILCS 130/170</td>
</tr>
<tr>
<td>• (a) If any agency fails to implement rules within the time set by the Act, citizens may commence legal action to compel agencies to take action</td>
</tr>
<tr>
<td>• (b) If any agency fails to issue a valid ID card in response to a valid application or renewal, or fails to issue a notice of denial within 30 days of submission, ID card is deemed granted and registry ID application including certification (in the case of patients), or renewal shall be deemed a valid ID card</td>
</tr>
<tr>
<td><strong>Marijuana Policy Project pg. 19</strong></td>
</tr>
<tr>
<td>------------------------------------</td>
</tr>
</tbody>
</table>

- (c) State employees or local law enforcement are required to notify DPH when a person with a registry ID card is found by a court to have violated the provisions of the Act or pled guilty to such an offense

<table>
<thead>
<tr>
<th><strong>Administrative hearings</strong> 410 ILCS 130/175</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administrative hearings must be conducted in accordance with DPH rules for administrative hearings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Destruction of medical cannabis</strong> 410 ILCS 130/180</th>
</tr>
</thead>
<tbody>
<tr>
<td>• (a) All cannabis byproduct, scrap, harvested cannabis not intended for distribution must be destroyed and disposed of in accordance with state law</td>
</tr>
<tr>
<td>• (a) Records of destruction and disposal must be kept at cultivation center for at least 5 years</td>
</tr>
<tr>
<td>• (b) Prior to destruction, a cultivation center must notify DA and State Police</td>
</tr>
<tr>
<td>• (c) Cultivation center must keep record of date of destruction and how much was destroyed</td>
</tr>
<tr>
<td>• (d) Dispensaries are required to destroy all cannabis, including CIPs, not sold to patients</td>
</tr>
<tr>
<td>• (d) Records of destruction and disposal must be kept at dispensary for at least 5 years</td>
</tr>
<tr>
<td>• (e) Dispensaries must notify DFPR and State Police prior to destruction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Suspension, revocation of registration</strong> 410 ILCS 130/185</th>
</tr>
</thead>
<tbody>
<tr>
<td>• (a) DA and DPH may suspend or revoke registration for violations of the Act or rule</td>
</tr>
<tr>
<td>• (b) Suspension or revocation is subject to judicial review</td>
</tr>
</tbody>
</table>

“DPH” – Department of Public Health
“DA” – Department of Agriculture
“DFPR” – Department of Financial and Professional Regulation
“CIP” – Cannabis Infused Product
Exhibit C: Amendments to Lake County Unified Development Ordinance – Medical Cannabis Facilities

Amend Article 6, Subsection 6.2/Use Table (p. 6-5 and 6-6) to read as follows:

<table>
<thead>
<tr>
<th>Use Category</th>
<th>Use Types</th>
<th>Residential</th>
<th>Non-Residential</th>
<th>Use Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Sales and Service</td>
<td>Medical Cannabis Dispensary</td>
<td></td>
<td>P in GC, LI, and II</td>
<td>§§6.3.32</td>
</tr>
<tr>
<td>Manufacturing and Production</td>
<td>Medical Cannabis Cultivation Centers</td>
<td></td>
<td>P in LI and II</td>
<td>§§6.3.31</td>
</tr>
</tbody>
</table>

Amend Article 6, Section 6.3 to include the following subsection 6.3.31 Medical Cannabis Cultivation Centers (p. 6-23) and modify subsequent numbering accordingly to read as follows:

6.3.31 Medical Cannabis Cultivation Centers (Manufacturing and Production Use Category)

6.3.31.1 Minimum Distance from Protected Uses

No medical cannabis cultivation center shall be established, maintained or operated on any lot that has a property line within 2,500 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home, part day child care facility, or an area zoned for residential use.

6.3.31.2 Measurement

For the purposes of Section 6.3.31.1, distances shall be measured in a straight line, without regard to intervening structures or objects, from the nearest point on the property line of the lot on an applicable cultivation center is located to the nearest point on a property line of any protected use (as defined in Section 6.3.31.1).
6.3.31.3 Site Plan Review

The use shall be subject to the Site Capacity Calculation/Site Plan Review procedures.

6.3.31.4 Compliance with State Regulations and Rules

Each cultivation center shall comply with the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.) and all rules and regulations adopted in accordance thereto.

6.3.31.5 Single Use Site

No cultivation center may be established in multiple use or tenant property or on a site that shares parking with other uses.

6.3.31.6 Setbacks

Each cultivation center shall be a minimum of 50 feet from its surrounding property lines.

6.3.31.7 Parking

a. Parking areas shall be well lit and monitored by video surveillance equipment whose live images can be viewed by cultivation center staff and are continually recorded in a tamper proof format.

b. The electronic security system shall be available 24 hours per day, and 7 days per week to the Department and law enforcement agencies via a secure web-based portal.

6.3.31.8 Signage

a. All commercial signage for a cultivation center shall be limited to one flat wall sign not to exceed ten square feet in area, and one identifying sign, not to exceed two square feet in area, which may only include the cultivation center address. Such signs shall not be directly illuminated.

b. Electronic message boards and temporary signs are not permitted in connection with a cultivation center.

c. Signage shall not contain cannabis imagery such as cannabis leaves, plants, smoke, paraphernalia, or cartoonish imagery oriented towards youth or language referencing cannabis.
6.3.31.9  Age and Access Limitations

Each cultivation center shall prohibit any person who is not at least twenty-one (21) years of age from entering the cultivation center property. Cultivation centers shall not employ anyone under the age twenty-one (21). Access to the cultivation center site shall be limited exclusively to cultivation center staff, local and state officials and those specifically authorized under the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.)

6.3.31.10  Security and Video Surveillance

a. All cultivation, production and related operations at a medical cannabis cultivation center shall occur in an enclosed locked facility (“facility”). Each cultivation center shall provide and maintain adequate security on the entire site on which the cultivation center sits, including lighting, video surveillance, security personnel and alarms reasonably designed to ensure the safety of persons and to protect the site from theft. The facility shall be enclosed by high security fence or wall. The fence or wall must be adequately secure to prevent unauthorized entry and include gates tied into an access control system.

b. The medical cannabis cultivation center parking area, cultivation, production, warehousing areas and shipping bays and entrance shall be monitored by video surveillance equipment whose live images can be viewed by cultivation center staff and continually recorded in a tamper proof format.

c. The electronic security system shall be available 24 hours per day, and 7 days per week to the Department and law enforcement agencies via a secure web-based portal.

d. A sign shall be posted in a prominent location which includes the following language: “THESE PREMISES ARE UNDER CONSTANT VIDEO SURVEILLANCE”.

e. The Planning, Building and Development Director shall review the adequacy of lighting, security and video surveillance installations with assistance from local law enforcement officials. The Director has the discretion to conduct periodic review of security features as appropriate.

f. Loading of product shall occur within secure enclosed shipping bays and shall not be visible from the exterior of the facility.

6.3.31.11  Noxious Odors

All cultivation centers shall operate in a manner that prevents odor impacts on neighboring premises or properties and, if necessary, the facility shall be ventilated with a system for odor control.
6.3.31.12 Conduct on Site

a. A cultivation center may not sell or distribute any cannabis to any individual or entity other than a dispensary organization registered under the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.).

b. It shall be prohibited to cultivate, manufacture, process or package any product, other than medical cannabis and cannabis infused products, at a cultivation center.

c. It shall be prohibited to consume cannabis products in a cultivation center or anywhere on the site occupied by the cultivation center. A sign, at least 8.5 by 11 inches, shall be posted inside a cultivation center building in a conspicuous place and visible to staff and shall include the following language: “Smoking, eating, drinking or other forms of consumption of cannabis products is prohibited on cultivation center property.”
Amend Article 6, Section 6.3 to include the following subsection 6.3.32 Medical Cannabis Dispensary (p. 6-23) and modify subsequent numbering accordingly to read as follows:

6.3.32 Medical Cannabis Dispensary (Retail Sales and Services Use Category)

6.3.32.1 Minimum Distance from Protected Uses

   a. No medical cannabis dispensing organization shall be established, maintained or operated on any lot that has a property line within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home, or part day child care facility.

   b. No medical cannabis dispensary shall be established, maintained or operated on any lot that has a property line within 500 feet of the property line of a pre-existing residential zoning district, place of worship, park, or forest preserve.

6.3.32.2 Measurement

   For the purposes of Section 6.3.32.1, distances shall be measured in a straight line, without regard to intervening structures or objects, from the nearest point on the property line of the lot on which an applicable dispensary is located to the nearest point on any property line of any protected use (as identified in Section 6.3.32.1).

6.3.32.3 Site Plan Review

   The use shall be subject to the Site Capacity Calculation/Site Plan Review procedures.

6.3.32.4 Compliance with State Regulations and Rules

   All dispensaries shall comply with the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.) and all rules and regulations adopted in accordance thereto.

6.3.32.5 Single Use Site

   No dispensary shall be established in multiple use or tenant property or on a site that shares parking with other uses.

6.3.32.6 Setbacks

   Each medical cannabis dispensary shall be a minimum of 30 feet from its surrounding property lines.
6.3.32.7 Buffering from Other Medical Cannabis Dispensaries

Each dispensary shall be a minimum of 1,000 feet from all other dispensaries, as measured from the applicable property lines.

6.3.32.8 Parking

a. Parking shall be located in an area which is visible from a public road or a private road that is accessible to the public. It cannot be screened from the roadway with vegetation, fencing or other obstructions.

b. Parking areas shall be well lit and monitored by video surveillance equipment whose live images can be viewed by dispensary staff and are continually recorded in a tamper proof format.

6.3.32.9 Exterior Display

No dispensary shall be maintained or operated in a manner that causes, creates or allows the public viewing of medical cannabis, medical cannabis infused products or cannabis paraphernalia or similar products from any sidewalk, public or private right-of-way or any property other than the lot on which the dispensary is located. No portion of the exterior of the dispensary shall utilize or contain any flashing lights, search lights or spot lights or any similar lighting system.

6.3.32.10 Signage and Advertising

a. All commercial signage for a dispensary shall be limited to one flat wall sign not to exceed ten square feet in area, and one identifying sign, not to exceed two square feet in area, which may only include the dispensary address; such signs shall not be directly illuminated. Exterior signs on the dispensary building shall not obstruct the entrance or windows on the dispensary.

b. Electronic message boards and temporary signs are not permitted in connection with a dispensary.

c. Signage shall not contain cannabis imagery such as cannabis leaves, plants, smoke, paraphernalia, or cartoonish imagery oriented towards youth, or language referencing cannabis.

d. A sign shall be posted in a conspicuous place at or near all dispensary entrances and shall include the following language: "Only cardholders, designated caregivers, and staff may enter these premises. Persons under the age of 18 are prohibited from entering." The required text shall be no larger than 1 inch in height.

e. Any additional merchandise packaging provided by a dispensary, such as bags, sacks, totes or boxes, shall be opaque without text or graphics advertising or identifying the contents of the products contained within.
6.3.32.11 Drug Paraphernalia Sales

Dispensaries that display or sell drug paraphernalia shall do so in compliance with the Illinois Drug Paraphernalia Control Act (720 ILCS 600/1 et seq.) and the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.)

6.3.32.12 Age and Access Limitations

Each dispensary shall prohibit any person who is not at least eighteen (18) years of age from entering the dispensary facility. Dispensaries shall not employ anyone under the age of eighteen (18). Access to the dispensary facility shall be limited exclusively to dispensary staff, cardholders, designated caregivers, local and state officials, and those specifically authorized under Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.)

6.3.32.13 Hours of Operation

A dispensary may operate between 6 a.m. local time to 8 p.m. local time.

6.3.32.14 Drive-Thru Windows

Dispensaries may not have a drive-through service.

6.3.32.15 Security and Video Surveillance

a. Each dispensary shall be an enclosed locked facility ("facility"). Each dispensary shall provide and maintain adequate security on the entire property on which the dispensary exists, including lighting, video surveillance, security personnel and alarms reasonably designed to ensure the safety of persons and to protect the site from theft.

b. The dispensary parking area, client entrance, sales area, back room, storage areas and delivery bay and entrance shall be monitored by video surveillance equipment whose live images can be viewed by dispensary staff and continually recorded in a tamper proof format.

c. A sign shall be posted in a prominent location which includes the following language “This area is under live/recorded video surveillance to aid in the prosecution of any crimes committed against this facility or its patrons.”

d. The Planning Building and Development Director shall review the adequacy of lighting, security and video surveillance installations with assistance from local law enforcement officials. The Director has the discretion to conduct periodic review of security features as appropriate.

e. Each dispensary shall report all criminal activities occurring on the property to the applicable law enforcement agency immediately upon discovery.

f. Deliveries shall occur between 7 am local time and 9 pm local time within a secure enclosed delivery bay and shall not be visible from the exterior of the facility.
6.32.16 Conduct on Site

a. Loitering is prohibited on the dispensary property.

b. It shall be prohibited to consume cannabis products in the medical cannabis dispensary or anywhere on the site occupied by the dispensary. A sign, at least 8.5 by 11 inches, shall be posted inside the dispensary building in a conspicuous place and visible to a client and shall include the following language: “Smoking, eating, drinking or other forms of consumption of cannabis products is prohibited on dispensary property.”

Amend Article 14, Subsection 14.2/Terms Defined (p. 14 -23) and modify subsequent numbering accordingly to read as follows:

| 57 | Cardholder | A qualifying patient or a designated caregiver who has been issued and possesses a valid registry identification card by the Illinois Department of Public Health pursuant to the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130/1 et seq.) |

Amend Article 14, Subsection 14.2/Terms Defined (p. 14 -26) and modify subsequent numbering accordingly to read as follows:

| 107 | Designated caregiver | A person who: (1) is at least 21 years of age; (2) has agreed to assist with a patient's medical use of cannabis; (3) has not been convicted of an excluded offense; and (4) assists no more than one registered qualifying patient with his or her medical use of cannabis. |

Amend Article 14, Subsection 14.2/Terms Defined (p. 14 -28) and modify subsequent numbering accordingly to read as follows:

| 147 | Enclosed, locked facility | A room, greenhouse, building, or other enclosed area equipped with locks or other security devices that permit access only by a cultivation center’s agents or a dispensing organization’s agent working for the registered cultivation center or the registered dispensing organization to cultivate, store, and distribute cannabis for registered qualifying patients. |

Amend Article 14, Subsection 14.2/Terms Defined (p. 14 -36) and modify subsequent numbering accordingly to read as follows:

| 271 | Medical cannabis infused product | Food, oils, ointments, or other products containing usable cannabis that are not smoked. |
Amend Article 14, Subsection 14.2/Terms Defined (p. 14-36) and modify subsequent numbering accordingly to read as follows:

| 272 | Medical cannabis container | A sealed, traceable, food compliant, tamper resistant, tamper evident container or package used for the purpose of containment of medical cannabis from a cultivation center to a dispensing organization. |

Amend Article 14, Subsection 14.2/Terms Defined (p. 14-36) and modify subsequent numbering accordingly to read as follows:

| 273 | Medical cannabis cultivation center (“cultivation center”) | A facility operated by an organization or business that is registered by the Illinois Department of Agriculture to perform necessary activities to provide only registered medical cannabis dispensing organizations with usable medical cannabis. |

Amend Article 14, Subsection 14.2/Terms Defined (p. 14-36) and modify subsequent numbering accordingly to read as follows:

| 274 | Medical cannabis dispensing organization (“dispensing organization,” “dispensary organization” or “dispensary”) | A facility operated by an organization or business that is registered by the Illinois Department of Financial and Professional Regulation to acquire medical cannabis from a registered cultivation center for the purpose of dispensing cannabis, paraphernalia, or related supplies and educational materials to registered qualifying patients. |
National Health Organizations That Oppose “Medical” Marijuana

CADCA, Community Anti-Drug Coalitions of America

**American Glaucoma Society** (AGS) states that marijuana’s mood altering side effects and short duration of action, coupled with a lack of evidence that its use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time.

**National Comprehensive Cancer Network** (NCCN) has stated that the use of marijuana is not recommended for management of chemotherapy-induced nausea and vomiting, and is not part of the NCCN Clinical Practice Guidelines of Oncology in Antiemesis.

**National Multiple Sclerosis Society** (NMSS) states that there are serious uncertainties about the benefits of marijuana relative to its side effects and that studies completed thus far have not provided convincing evidence that marijuana or its derivatives provide substantiated benefits for symptoms of MS.

**Narcotics Enforcement Officers Association** (NEOA) has gathered extensive material on the subject of “medical” marijuana and found that the overwhelming majority of the scientific evidence to date has shown that marijuana is a dangerous drug, that no recognized medical authority recommends the use of crude marijuana as medicine, and that all recognized medical groups oppose the "medicalization" of marijuana.

**The American Academy of Child and Adolescent Psychiatry** (AACAP) has stated its concern about the negative impact of “medical” marijuana on youth. Adolescents are especially vulnerable to the many adverse developmental, cognitive, medical, psychiatric, and addictive effects of marijuana. Of particular concern to our field, adolescent marijuana users are more likely than adult users to develop marijuana dependence, and their heavy use is associated with increased incidence and worsened course of psychotic, mood, and anxiety disorders. Furthermore, marijuana's deleterious effects on cognition and brain development during adolescence may have lasting implications.

**The American Academy of Ophthalmology** (AAO) states that no scientific evidence has been found that demonstrates increased benefits and/or diminished risks of marijuana use to treat glaucoma compared with the wide variety of pharmaceutical agents now available.

**The American Academy of Pediatrics** (AAP) opposes the legalization of marijuana. Marijuana is the illicit substance most commonly abused by adolescents. Any change in the legal status of marijuana, even if limited to adults, could affect the prevalence of use among adolescents.
The American Cancer Society (ACS) states that better and more effective treatments are needed to overcome the side effects of cancer and its treatment. The ACS does not advocate the use of inhaled marijuana or the legalization of marijuana. The ACS also states that for most symptoms, there are more effective drugs already on the market.

The American Society of Addiction Medicine (ASAM) asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration. ASAM rejects smoking as a means of drug delivery since it is not safe.