



Terminology

The two proposals use different names – “marijuana” and “cannabis” – to refer to the same drug. They also use two different names for the location where it could be grown and distributed – “dispensary” and “nonprofit cannabis care center.” The terms will be used interchangeably in this voter guide.

General Questions Regarding Issue 6 and Issue 7

What is the difference between an act and a constitutional amendment?

An act is a state law, which can be changed at a later date by state senators and representatives in a legislative session. Any changes by the legislature to an act passed by the public would not require another vote of the people.

A constitutional amendment amends the state’s constitution and typically can’t be changed without another vote of the people. Some constitutional amendments include permission for legislators to make certain changes at a later date without another vote of the people. The Arkansas Medical Marijuana Amendment (Issue 6) would permit legislators to make changes without another vote of the people, but it specifically prohibits legislators from changing the legality of medical marijuana. Consequently, if The Arkansas Medical Marijuana Amendment passes, it could be repealed only by another citizen initiative to amend the constitution.

What happens if both the proposed act and constitutional amendment pass?

In Arkansas, ballot issues require a majority of the votes cast to be approved. Article 5 of the Arkansas Constitution says that if conflicting measures are approved, the one receiving the highest number of “for” votes will become law. However, supporters have questioned whether

GENERAL INFORMATION

Medical Marijuana

Voters will see two different proposals on the ballot this year regarding making legal the growing, distribution, selling and use of marijuana for medical purposes legal in the state.

The proposals are The Arkansas Medical Marijuana Amendment (Issue 6) and The Arkansas Medical Cannabis Act (Issue 7).

Because both issues pertain to medical marijuana, general information that applies to both ballot issues will be covered in this introduction.

a constitutional amendment would take precedent over a state law. The determination of what would happen if both proposals pass would likely be made by the courts.

What is marijuana?

Marijuana is a mix of dried, shredded leaves, stems, seeds and flowers of the cannabis plant. Delta-9-tetrahydrocannabinol, or THC, is the main psychoactive ingredient in marijuana.

Marijuana is classified as a Schedule 1 drug according to the federal Controlled Substances Act of 1970. Schedule 1 drugs are defined as substances with high potential for abuse, have no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of the drug under medical supervision. Other examples of Schedule 1 drugs are heroin and LSD.

Arkansas has had legal restrictions at the state level on the use of marijuana since 1923.

When was the last time Arkansans voted on this issue?

Arkansas voters rejected The Arkansas Medical Marijuana Act in November 2012 by a vote of 507,757 (48.56%) in favor and 537,898 against (51.44%).

Does marijuana have therapeutic properties?

Marijuana's potential for therapeutic or harmful effects is the subject of much debate.

Although there are laboratory studies that show that oral THC (the active ingredient in marijuana) and smoked marijuana may reduce pain and nausea, the types of studies needed by the federal government to determine if smoked marijuana can be effective and safe for treating those conditions have not yet been conducted.

The Food and Drug Administration has not recognized or approved the marijuana plant as medicine, but scientific study of the chemical compounds in marijuana called cannabinoids has led to three FDA-approved medications that contain cannabinoid chemicals in medicinal form. These medications are prescribed to increase appetite in

people who have AIDS and to reduce chemotherapy-induced nausea. They may also decrease pain, inflammation and muscle control problems.

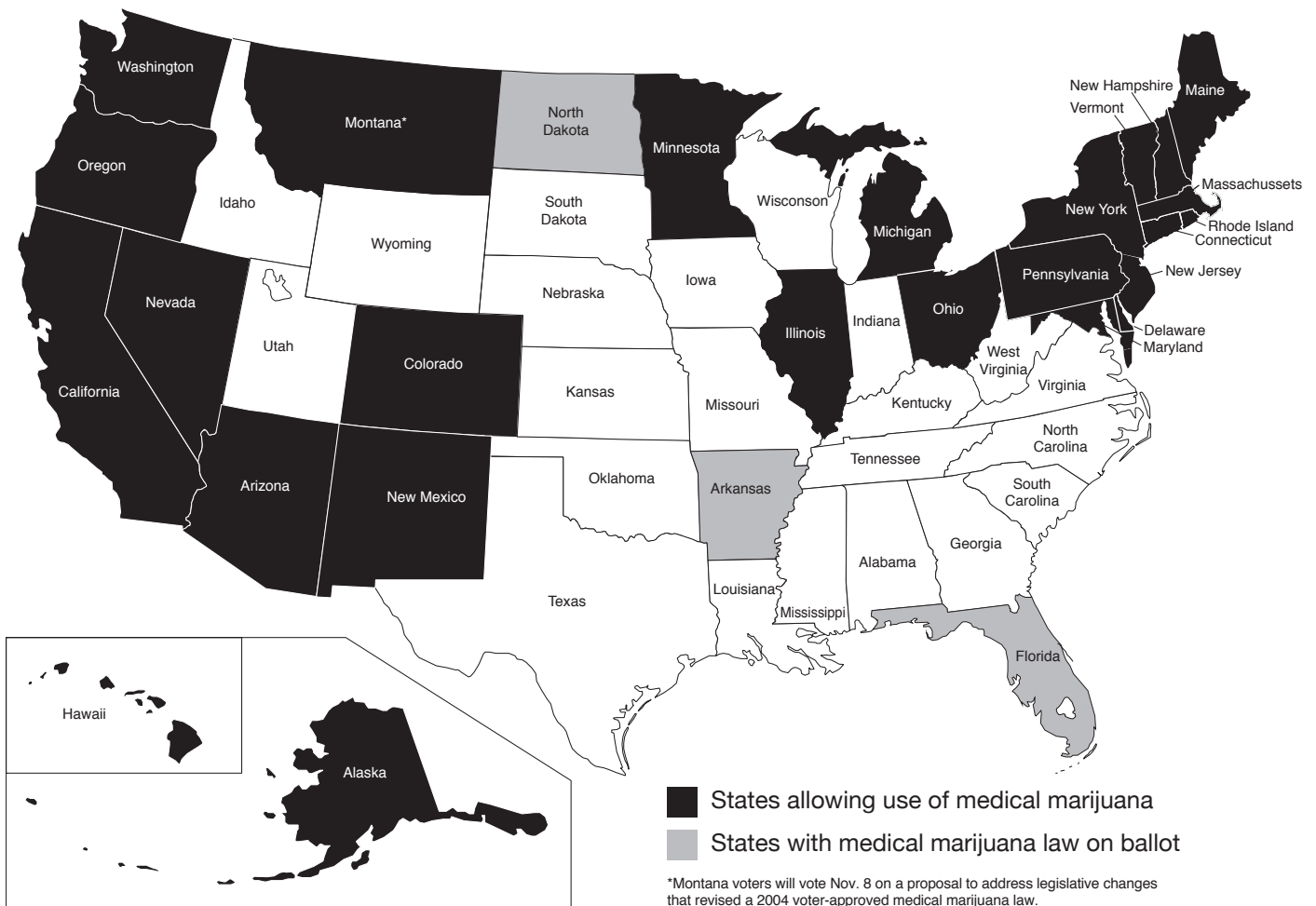
Does marijuana have harmful properties?

Studies have shown that marijuana smoke includes carcinogens known to cause cancer and can cause respiratory issues such as bronchitis. Studies suggest that long-term moderate smoking of marijuana does not impair respiratory function but that heavy use may. Various health organizations have stated there is a need for more research to determine cancer risks associated with marijuana smoke. A 2006 American study found that smoking marijuana did not increase the risk of developing lung cancer,



after accounting for participants' tobacco use, while a smaller New Zealand study in 2008 did claim a cancer link for marijuana users. Marijuana does not have to be smoked but can be vaporized or ingested orally.

Studies have also shown that marijuana can temporarily impair memory and other cognitive processes, and turn into an addiction. Marijuana can be, in some cases, psychologically addictive and there is debate about whether it can become physically addictive.



What states have medical marijuana laws?

California was the first state to pass a medical marijuana law in 1996. Since then, 24 other states have passed some form of law allowing the use of medical marijuana. The 24 states are Alaska, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont and Washington. The District of Columbia also has a medical marijuana law.

If passed, could I still be arrested for medical marijuana in Arkansas?

The proposed Arkansas laws offer legal protection against arrest or prosecution for cardholders, caregivers, doctors and employees of dispensaries and testing labs. However, people could be arrested and prosecuted if they don't have the proper

identification and licenses or do not follow the laws and regulations that would be established for growing, distributing, selling, possessing or using marijuana.

Even if this proposal becomes state law, marijuana would remain illegal under federal law. The United States Supreme Court has ruled that the federal government can regulate and criminalize all uses of marijuana. In 2005, in *Gonzales v. Raich*, the Supreme Court ruled that medical marijuana growers and distributors were violating federal law even if what they were doing was legal under state law. This opened them up for federal prosecution.



ISSUE NUMBER 7

(Proposed by Petition of the People)

Medical cannabis act

POPULAR NAME: The Arkansas Medical Cannabis Act.

BALLOT TITLE: An act making the medical use of cannabis, commonly called marijuana, legal under Arkansas state law, but acknowledging that cannabis use, possession, and distribution for any purpose remain illegal under federal law; establishing a system for the cultivation and distribution of cannabis for qualifying patients through nonprofit cannabis care centers and for the testing for quality, safety, and potency of cannabis through cannabis testing labs; granting nonprofit cannabis care centers and cannabis testing labs limited immunity; allowing localities to limit the number of nonprofit cannabis care centers and to enact zoning regulations governing their operations; providing that qualifying patients, their designated caregivers, cannabis testing lab agents, and nonprofit cannabis care center agents shall not be subject to criminal or civil penalties or other forms of discrimination for engaging in or assisting with qualifying, patients' medical use of cannabis or for testing and labeling cannabis; allowing limited cultivation of cannabis by qualifying patients and designated caregivers if the qualifying patient lives more than twenty (20) miles from a nonprofit cannabis care center and obtains a hardship cultivation certificate from the Department of Health; allowing compensation for designated caregivers; requiring that in order to become a qualifying patient, a person submit to the state a written certification from a physician that he or she is suffering from a qualifying medical condition; establishing an initial list of qualifying medical conditions; directing the Department of Health to establish rules related to the processing of applications for registry identification cards and hardship cultivation certificates, the operations of nonprofit cannabis care centers and cannabis testing labs, and the addition of qualifying medical conditions if such additions will enable patients to derive therapeutic benefit from

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***being challenged in court**

QUICK LOOK: What does your vote mean?

FOR: A FOR vote means you are in favor of making the medical use of marijuana legal under Arkansas law and establishing a system for the cultivation, acquisition and distribution of marijuana for medical purposes.

AGAINST: An AGAINST vote means you are not in favor of making the medical use of marijuana legal under Arkansas law and establishing a system for the cultivation, acquisition and distribution of marijuana for medical purposes.

The following statements are examples of what supporters and opponents have made public either in media statements, campaign literature, on websites or in interviews with Public Policy Center staff. The University of Arkansas System Division of Agriculture does not endorse or validate these statements.

What do supporters say?

- Arkansans for Compassionate Care says most Arkansans agree it is time to give sick and dying patients safe and legal access to medical cannabis when their doctors think it's the best treatment option for them.
- Twenty-five states in the U.S. have medical cannabis. There are countless clinical and pre-clinical studies evidencing that cannabis is a safer, more effective alternative to medication such as pain pills. The patients of Arkansas deserve a safer alternative.
- Compared to the 2012 proposal, the new Arkansas Medical Cannabis Act is better written, with tighter regulations, more oversight – and no patients left behind.
- Synthetic drugs containing similar chemicals as marijuana do not work for everyone, or address all of a patient's symptoms as they believe marijuana can.
- A similar medical marijuana proposal on the ballot includes fewer qualifying medical conditions and has no affordability provision for low-income patients, no hardship provision for patients who live far from a dispensary and no maximum license fee for patients.

What do opponents say?

- The Arkansas Department of Health says there are no scientific evaluations of the dosage and safety of marijuana varieties and preparations. Safe, effective, and reproducible treatment options will only come from clinical studies of defined preparations with known composition. A move to simply make marijuana legal in medical circumstances will not accomplish this.
- There are Food and Drug Administration-approved treatment alternatives for all the medical conditions proposed to be treated with marijuana.
- The sponsor of a competing medical marijuana proposal said his for-profit model for dispensaries is more likely to work than the act's nonprofit model.
- It's written so broadly that virtually any healthy adult with pain or nausea will be able to finagle a way to use marijuana. There won't be any prescriptions from a doctor – just a note. No pharmacies will dispense it, and no one will regulate the content or dosage.
- It will create a hardship for business owners to maintain a drug-free workplace due to the numerous safeguards built into the act that protect the user interests over the interests of the employer.

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the medical use of cannabis; setting maximum application and renewal fees for nonprofit cannabis care centers and cannabis testing labs; directing the Department of Health to establish a system to provide affordable cannabis from nonprofit cannabis care centers to low income patients; establishing qualifications for registry identification cards; establishing qualifications for hardship cultivation certificates; establishing standards to ensure that qualifying patient and designated caregiver registration information is treated as confidential; directing the Department of Health to provide the legislature annual quantitative reports about the medical cannabis program; setting certain limitations on the use of medical cannabis by qualifying patients; establishing an affirmative defense for the medical use of cannabis; establishing registration and operation requirements for nonprofit cannabis care centers and cannabis testing labs; setting limits on the number of nonprofit cannabis care centers; setting limits on the amount of cannabis a nonprofit cannabis care center may cultivate and the amount of usable cannabis a nonprofit cannabis care center may dispense to a qualifying patient; prohibiting certain conduct by and imposing certain conditions and

requirements on physicians, nonprofit cannabis care centers, nonprofit cannabis care center agents, cannabis testing labs, cannabis testing lab agents, qualifying patients, and designated caregivers; prohibiting felons from serving as designated caregivers, owners, board members, or officers of nonprofit cannabis care centers or cannabis testing labs, nonprofit cannabis care center agents, or cannabis testing lab agents; allowing visiting qualifying patients suffering from qualifying medical conditions to utilize the medical cannabis program; and prohibiting special taxes on the sale of medical cannabis and directing the state sales tax revenues received from the sale of cannabis to cover the costs to the Department of Health for administering the medical cannabis program and the remainder to aid low income qualifying patients through the affordability clause.

Who is the sponsor of this amendment?

Arkansans for Compassionate Care

What is being proposed?

This act, or state law, would do several things if passed by voters including:

1. Make the regulated medical use of marijuana legal under Arkansas state law, while recognizing the drug remains illegal under federal law.
2. Establish a system for growing, acquiring and distributing marijuana for medical purposes.

3. Identify medical conditions that qualify a person for using medical marijuana.
4. Allow patients or their caregivers to grow marijuana for medical purposes if they live 20 or more miles away from a dispensary. The person would have to apply for a license to grow the plant.
5. Direct the state Department of Health to establish rules related to Registry Identification Cards, hardship cultivation certificates, the operations of nonprofit cannabis care centers and cannabis testing labs, and the addition of qualifying medical conditions.
6. Protect qualified patients, caregivers, providers and doctors from arrest, prosecution, penalty or discrimination under Arkansas law. It does not offer protection from federal law.
7. Allow cities and counties to limit the number of dispensaries and enact zoning regulations guiding where dispensaries may locate.
8. Apply state and local taxes to the sale of medical marijuana and require that the state tax revenues offset the Department of Health's administrative expenses and be used to assist low-income patients with acquiring the drug.
9. Require the state to create a system for helping low-income people afford the drug.

Who would be allowed to use medical marijuana under this proposed act?

A person whose doctor has certified that they suffer from a qualifying medical condition and would benefit from the use of medical marijuana, and has received a Registry Identification Card from the Arkansas Department of Health.

Qualifying patients under the age of 18 would be required to have written permission from their parent, guardian or legal custodian to receive a Registry Identification Card. The guardian would be responsible for acquiring the marijuana and overseeing its use by the child.

A person could not obtain or use medical marijuana under this law without a Registry Identification Card. The cards expire in one year, or an earlier date specified in writing by the patient's physician.



What qualifies as a medical condition under this act?

The proposed law defines three categories of qualifying medical conditions.

The first category includes specific ailments. The list includes adipositas dolorosa (Dercum's disease); Alzheimer's disease or the agitation thereof; amyotrophic lateral sclerosis (ALS); anorexia; Arnold-Chiari malformation; arthritis; asthma; attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD); autism; bipolar disorder; bulimia; cancer; causalgia; chronic inflammatory demyelinating polyneuropathy (CIDP); chronic insomnia; chronic obstructive pulmonary disease (COPD); complex regional pain syndrome (CRPS) – types 1 and II; Crohn's disease; dystonia; emphysema; fibrous dysplasia; fibromyalgia; general anxiety disorder; glaucoma; hepatitis C; positive status for human immunodeficiency virus and/or acquired immune deficiency syndrome (HIV/AIDS); hydrocephalus; interstitial cystitis; lupus; migraines; myasthenia gravis; myoclonus; Nail-Patella syndrome; neurofibromatosis; Parkinson's disease; posterior lateral sclerosis (PLS); post-concussion syndrome; post traumatic stress disorder (PTSD); reflex sympathetic dystrophy (RSD); residual limb and phantom pain; restless leg syndrome (RLS); Sjogren's syndrome; spinocerebellar ataxia (SCA); spinal cord injury and/or disease (including but not limited to arachnoiditis); syringomyelia; Tarlov cysts; Tourette's syndrome; traumatic brain injury; ulcerative colitis; or the treatment of any of these conditions.

The second category is defined as "A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; peripheral neuropathy; intractable pain, which is pain that has not responded to ordinary

medications, treatment or surgical measures for more than 3 months; severe nausea; seizures, including those characteristics of epilepsy; or severe and persistent muscle spasms, including those characteristics of multiple sclerosis."

Third, the proposed law authorizes the Arkansas Department of Health to approve other medical conditions or treatments as qualifying conditions after public notice and a public hearing. Petitions from the public to add medical conditions would be considered by the Department of Health in the same way.

How would people obtain medical marijuana under this law?

There are several ways a person with a Registry Identification Card could obtain marijuana under this proposal.

- Qualified users could buy marijuana from nonprofit cannabis care centers that are registered with the Arkansas Department of Health.
- Qualified users who live more than 20 miles away from a nonprofit cannabis care center could grow their own marijuana after receiving a hardship cultivation certificate from the Arkansas Department of Health. A person convicted of a felony could not receive a cultivation certificate.
- Qualified users could name a person as their "caregiver" and this person could obtain marijuana from the dispensary. Caregivers could also grow the plant for people who live more than 20 miles from a dispensary and have a hardship cultivation certificate from the Arkansas Department of Health. A person convicted of a felony could not serve as a caregiver.

How much marijuana are we talking about?

A nonprofit cannabis care center or designated caregiver could dispense no more than 2.5 ounces of marijuana to a qualifying patient or designated caregiver in a 15-day period.

People who have a hardship cultivation certificate from the Arkansas Department of Health could grow up to 10 plants, of which five could be greater than 12 inches in height or diameter. Caregivers can have up to 10 plants for each person they are assisting. They are limited to assisting five people, which would mean no more than 50 plants at one time.



Nonprofit cannabis care centers could grow and possess whichever amount is greater:

- 100 cannabis plants, of which 50 may be mature
- 10 cannabis plants (of which five may be mature) for each qualifying patient who has designated the center as his or her dispensary

Could marijuana be grown openly outside?

The law would require patients, caregivers and dispensaries to grow plants in enclosed, locked facilities. The proposal defines “enclosed, locked facility” as “a closet, room, greenhouse or other enclosed area equipped with locks or other security devices that permit access only by a cardholder.”

Plants and harvested cannabis in varying stages of processing must be kept in these facilities unless they are being transported to a patient’s property.

Could people use medical marijuana in public?

No. The proposed law bans the use and possession of medical marijuana in public places, schools, daycares, community centers, on public transportation, in drug and alcohol treatment facilities and in correctional facilities. The proposed law would also forbid driving a motor vehicle, aircraft or watercraft under the influence of medical marijuana.

How many nonprofit cannabis care centers would be allowed?

According to the proposal, the state health department may not issue more than one nonprofit cannabis care center certificate for every 20 pharmacies that have obtained a pharmacy permit from the Arkansas Board of Pharmacy and operate within the state. Based on the current number of pharmacies in the state, there could be 39 nonprofit cannabis care center certificates issued.

The proposal includes an exception that would allow the state health department to issue more certificates than the formula calls for if it determines additional care centers are needed to provide convenient access.

What is a cannabis testing lab?

It is a facility where cannabis-based products would be tested for its potency and quality. According to the act, nonprofit cannabis care centers would be required to submit samples of usable cannabis to a testing lab to be tested and labeled for potency and to guarantee a pesticide-free and organically grown product. Labs would be registered with the state health department.



What are some of the regulations proposed for dispensaries and testing labs?

None of the owners, board members, officers or employees of a nonprofit cannabis care center or testing lab could have been convicted of a felony. Dispensaries and testing labs could not locate within 1,000 feet of the property line of a pre-existing public or private school.

Doctors are prohibited from having an economic interest in a nonprofit cannabis care center if certifying people to qualify for medical marijuana, and no exams can take place at a location where cannabis is sold or distributed.

What happens if a person doesn’t follow the regulations?

A cardholder who transfers cannabis to a person without a card will have his or her Registry Identification Card or hardship cultivation certificate revoked and would be subject to penalties for unlawful transfer of a controlled substance.

The Department of Health would be tasked with creating the procedures for suspending or terminating the registration of a nonprofit cannabis care center or testing lab that violates the law and the associated penalties.

If passed, can a city or county prohibit medical marijuana?

The proposed act allows a city, incorporated town or county to limit the number of nonprofit cannabis care centers that operate within its boundaries and pass zoning regulations for the dispensaries.

What does the act say about qualifying patients who don't have money to purchase marijuana?

The proposed law requires the state health department to establish a system of providing marijuana to qualifying patients. The system would take into consideration a person's income and financial resources and provide financial relief to ensure affordable access. State taxes collected from the sale of cannabis products would fund the program.

Additionally, each dispensary would be required to devote a maximum of 1 percent of its gross revenue to provide cannabis to qualifying patients who qualify for assistance under the health department's program.

If passed, what would happen with tax revenues?

State and local tax rates would apply to sales of cannabis. State taxes would be used to offset the cost of the Department of Health's administration of the law. Any remaining funds would be used to provide cannabis to qualifying patients who, based on their income, couldn't afford it.

What's the difference between this proposal and an constitutional amendment that is also on the ballot to legalize the growing, distribution, sale and use of medical marijuana?

There is a table on pages 46-47 that highlights the differences between the two proposals.

If passed, when would the changes take effect?

Article 5, Section 1 of the Arkansas Constitution says ballot measures are in effect on the 30th day after the election at which it is approved, unless otherwise specified.

The Arkansas Department of Health has 120 days from the law's effective date to develop:

- Rules for considering and renewing applications for Registry Identification Cards
- Rules for considering and renewing registration certificates for nonprofit cannabis care centers
- Rule for the operation of nonprofit cannabis care centers
- Application and renewal fees for nonprofit cannabis care centers and cannabis testing labs
- The process for considering petitions from the public

to add medical conditions or treatments to the list of qualifying medical conditions

The state health department would have 180 days to adopt rules establishing how to dispense cannabis to qualifying patients who, based on their income, are unable to afford it.

The agency would also have one year to adopt rules governing how it considers applications for hardship cultivation certificates.

Where can I find more information?

The complete wording of this amendment can be found at the bottom of an Attorney General's Opinion at <http://ag.arkansas.gov/opinions/docs/2014-086.pdf>.

The following is the proposed constitutional amendment name and title as they will appear on the state's November General Election ballot.

Issue No. 7

(Popular Name)

THE ARKANSAS MEDICAL CANNABIS ACT

(Ballot Title)

An act making the medical use of cannabis, commonly called marijuana, legal under Arkansas state law, but acknowledging that cannabis use, possession, and distribution for any purpose remain illegal under federal law; establishing a system for the cultivation and distribution of cannabis for qualifying patients through nonprofit cannabis care centers and for the testing for quality, safety, and potency of cannabis through cannabis testing labs; granting nonprofit cannabis care centers and cannabis testing labs limited immunity; allowing localities to limit the number of nonprofit cannabis care centers and to enact zoning regulations governing their operations; providing that qualifying patients, their designated caregivers, cannabis testing lab agents, and nonprofit cannabis care center agents shall not be subject to criminal or civil penalties or other forms of discrimination for engaging in or assisting with qualifying patients' medical use of cannabis or for testing and labeling cannabis; allowing limited cultivation of cannabis by qualifying patients and designated caregivers if the qualifying patient lives more than twenty (20) miles from a nonprofit cannabis care center and obtains a hardship cultivation certificate from the Department of Health; allowing compensation for designated caregivers; requiring that in order to become a qualifying patient, a person submit to the state a written certification from a physician that he or she is suffering from a qualifying medical condition; establishing an initial list of qualifying medical conditions; directing the Department of Health to establish rules related to the processing of applications for registry identification cards and hardship cultivation certificates, the operations of nonprofit cannabis care centers and cannabis testing labs, and the addition of qualifying medical conditions if such additions will enable patients to derive therapeutic benefit from the medical use of cannabis; setting maximum application and renewal fees for nonprofit cannabis care centers and cannabis testing labs; directing the Department of Health to establish a system to provide affordable cannabis from nonprofit cannabis care centers to low income patients; establishing qualifications for registry identification cards; establishing qualifications for hardship cultivation certificates; establishing standards to ensure that qualifying patient and designated caregiver registration information is treated as confidential; directing the Department of Health to provide the legislature annual quantitative reports about the medical cannabis program; setting certain limitations on the use of medical cannabis by qualifying patients; establishing an affirmative defense for the medical use of cannabis; establishing registration and operation requirements for nonprofit cannabis care centers and cannabis testing labs; setting limits on the number of nonprofit cannabis care centers; setting limits on the amount of cannabis a nonprofit cannabis care center may cultivate and the amount of usable cannabis a nonprofit cannabis care center may dispense to a qualifying patient; prohibiting certain conduct by and imposing certain conditions and requirements on physicians, nonprofit cannabis care centers, nonprofit cannabis care center agents, cannabis testing labs, cannabis testing lab agents, qualifying patients, and designated caregivers; prohibiting felons from serving as designated caregivers, owners, board members, or officers of nonprofit cannabis care centers or cannabis testing labs, nonprofit cannabis care center agents, or cannabis testing lab agents; allowing visiting qualifying patients suffering from qualifying medical conditions to utilize the medical cannabis program; and prohibiting special taxes on the sale of medical cannabis and directing the state sales tax revenues received from the sale of cannabis to cover the costs to the Department of Health for administering the medical cannabis program and the remainder to aid low income qualifying patients through the affordability clause.

FOR

AGAINST

What’s the difference between the Arkansas Medical Cannabis Act and the Arkansas Medical Marijuana Amendment?

While both the proposed act and a constitutional amendment would legalize the growing, selling, distribution and use of marijuana for medical purposes, there are a number of differences between the proposed state law and the amendment. The below table highlights some of these differences.

Issue 6: Medical Marijuana Amendment	Issue 7: Medical Cannabis Act
<p>Would legalize medical marijuana under state law by amending the Arkansas Constitution to constitutionally protect the use of medical marijuana. The amendment could be repealed only by another citizen initiative. Legislators can change the amendment with 2/3 vote, but can't alter sections that legalize growing, selling, distribution and use of marijuana for medical purposes or number of dispensaries and cultivation facilities allowed.</p>	<p>Would legalize medical marijuana under state law by adopting a statute that could be changed by another citizen initiative or a two-thirds vote in the state Senate and House of Representatives.</p>
<p>No provision for qualified patients to grow their own marijuana.</p>	<p>Cardholders who live more than 20 miles from dispensary can grow a limited number of cannabis plants for themselves.</p>
<p>State tax revenues pay for administering program with remaining funds divided among state workforce training and technical school funds, and state General Fund.</p>	<p>State tax revenues pay for administering program and to provide access to marijuana for low-income patients.</p>
<p>No provision for assisting low-income patients with purchasing medical marijuana.</p>	<p>Provision for state health department to assist low-income patients access medical marijuana.</p>
<p>Felony conviction related to violence or violation of controlled substance law within past 10 years disqualifies a person from being a caregiver, dispensary owner or employee, or growing facility owner or employee.</p>	<p>Any felony conviction prevents a person from being a caregiver, dispensary owner or employee, or testing lab owner or employee.</p>
<p>17 specified qualifying patient conditions.</p>	<p>56 specified qualifying patient conditions.</p>
<p>A Registry Identification Card or other documentation from another state is acceptable to purchase cannabis from an Arkansas dispensary.</p>	<p>A person visiting from another state who wants to purchase cannabis from an Arkansas dispensary would need to apply for a Registry Identification Card from the Arkansas Department of Health.</p>
<p>Prohibits use of medical marijuana on college campuses.</p>	<p>No provision prohibiting use of medical marijuana on college campuses.</p>
<p>Medical Marijuana Commission and Alcohol Beverage Control regulate dispensaries and cultivation facilities.</p>	<p>State health department regulates dispensaries.</p>
<p>No provision for testing lab.</p>	<p>Establishes testing labs to test marijuana for pesticides and quality.</p>

Issue 6: Medical Marijuana Amendment	Issue 7: Medical Cannabis Act
Dispensary or cultivation facility can grow marijuana.	Dispensary can grow marijuana.
Arkansas residency requirements for dispensaries and cultivation facility owners.	No provision for Arkansas residency requirements for dispensaries and cultivation facility owners.
Department of Health directed to pass advertising restrictions for dispensaries and cultivation facilities.	No provision for advertising restrictions for dispensaries and cultivation facilities.
<p>Initial application fees: At most \$7,500 for dispensary At most \$15,000 for cultivation facility</p> <p>Renewal fees up to Department of Health to establish.</p> <p>Registry Identification Card fee up to Department of Health to establish, but a sliding scale of application and renewal fees based on patient's family income may be created.</p>	<p>Initial application fees: At most \$5,000 for dispensary</p> <p>Renewal fees: At most \$1,000 for dispensary</p> <p>Registry Identification Card fee may not exceed \$50 per year. A sliding scale of application and renewal fees based on a patient's family income will be created.</p>
State must issue at least 20 but no more than 40 dispensary licenses. There can be no more than four dispensaries in any one county.	Number of dispensaries based on number of retail pharmacies in the state. Formula is one dispensary for every 20 pharmacies – 39 potential dispensaries.
Background checks are optional for dispensary and cultivation facility owners, board members, officers, employees and volunteers.	Background checks required for all caregivers; hardship cultivation certificate applicants; dispensary owners, board members, officers, and employees; and testing lab owners, board members, officers and employees.
No provision for dispensaries to be nonprofit.	Dispensaries must operate on not-for-profit basis but aren't required to be recognized as a tax-exempt organization under 26 U.S.C. § 501(c)(3).
Dispensaries may distribute 2.5 ounces of marijuana to qualifying patients every 14 days.	Dispensaries may distribute 2.5 ounces of marijuana to qualifying patients every 15 days.
Dispensaries must be 1,500 feet from preexisting public or private school, church or daycare. Cultivation facilities must be at least 3,000 feet from those buildings.	Dispensaries and testing labs must be 1,000 feet from preexisting public or private school.
Patients can use any dispensary.	Patients must designate which dispensary they will use.
Cities and counties can enact zoning laws similar to retail pharmacy laws.	Cities and counties can limit number of dispensaries within borders and enact zoning laws.
Voters can prohibit dispensaries and cultivation facilities in their community through local election.	No provision for local election.