



# White Paper: The Need for Reform in Nevada's Medical Cannabis Program

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## I. Executive Summary

The current Nevada Medical Marijuana Program (NV-MMP) presents significant barriers for patients seeking access to cannabis as a legitimate medical treatment. These barriers are rooted in complex application processes, restrictive qualification requirements, unnecessary taxation, and a lack of patient-centered governance. Compassion Center's Center for Incubation & Findings Research (CIFR) advocates for comprehensive reform through the proposed Medical Cannabis Patient's Bill of Rights. These reforms will provide greater autonomy to patients, remove financial and legal burdens, and enable the state to better support patient well-being through improved oversight and data collection. Drawing on successful examples from states like Oregon, CIFR presents a vision for a more just, efficient, and effective medical cannabis program in Nevada.

## II. Introduction: The Case for Cannabis Reform

Nevada's current medical cannabis system has helped many patients, but it remains riddled with bureaucratic and legal barriers that prevent full and equitable access. These barriers disproportionately affect vulnerable populations, including veterans, people with chronic pain, and those with debilitating illnesses. Under the current framework, patients must go through a multi-step process involving state pre-authorization, a physician's recommendation, and burdensome application fees. This system delays access to critical treatment and exposes patients to discrimination and unnecessary legal scrutiny.

The proposed Medical Cannabis Patient's Bill of Rights addresses these issues by eliminating outdated regulatory hurdles, streamlining the patient application process, protecting patient privacy, and empowering patients to grow and process their own medicine. CIFR believes these reforms are essential for aligning Nevada's medical cannabis program with the needs of its citizens, ensuring that the state's most vulnerable populations have safe, affordable, and legal access to plant-based medicine.



### **III. Legal Barriers to Access and the Constitutional Argument**

The current NV-MMP imposes several unconstitutional barriers that restrict patients' access to medical cannabis. Chief among these barriers is the requirement that patients pre-register with the state and only then seek a doctor's consultation. This process violates the principles of medical privacy and personal autonomy. The state's role in pre-approving medical treatment decisions places undue government control over private medical decisions, creating an environment of fear, hesitation, and unequal access to treatment.

The U.S. Constitution guarantees the right to privacy in medical decisions, and the excessive regulation of medical cannabis undermines this right. The Medical Cannabis Patient's Bill of Rights asserts that patients should have the autonomy to seek plant-based medicine if their healthcare provider believes it will improve their condition. A streamlined process that allows physicians to directly register patients with the state, without the need for pre-authorization or burdensome applications, would restore the constitutional right to access medical treatment without interference.

### **IV. The Importance of the Patient's Right to Grow and Process Medicinal Cannabis**

One of the most critical aspects of patient autonomy is the right to cultivate and process one's own medicine. Under current Nevada law, patients are limited in their ability to grow cannabis, subject to the restrictive "25-mile halo" around dispensaries, which limits cultivation based on proximity to a licensed facility. These restrictions not only increase reliance on dispensaries, where prices can be prohibitively high for patients with chronic illness or limited financial means, but also limit access to the specific strains patients need.

Dispensaries often do not carry the precise strains required for personalized treatment, nor are the products grown or processed to meet the individual standards of each patient. Personal cultivation allows patients to maintain control over the quality and consistency of their medicine, which is essential for achieving consistent therapeutic outcomes. The dispensary model, with its reliance on commercially available products, prevents the continuous use of the same strain or preparation over time, which is a proven model for healing.

By allowing patients to grow and process their own cannabis, Nevada can ensure that patients have continuous, affordable access to the specific medicine they need. The State of Oregon, for example, allows patients to cultivate their own cannabis, with registration, and has a thriving, regulated market where black-market activity has been greatly reduced. Patients in Oregon can access cannabis at reasonable prices, such as \$15 for an ounce of 27% THC flower. In contrast, Nevada patients face high costs, limited access, and over-regulation, all of which create barriers to effective treatment.

Removing limitations on patient cultivation and eliminating the 25-mile rule would provide greater access, allow for patient-specific medicine, and empower patients to control their treatment and dosage. This not only reduces dependence on expensive dispensaries but ensures that patients have the consistent treatment they need for optimal healing.



## **V. Moving the Nevada Medical Marijuana Program to the Department of Health and Human Services (DHHS)**

Currently, the NV-MMP is managed under the Cannabis Compliance Board (CCB), an agency primarily focused on regulating the recreational cannabis industry. This approach places medical cannabis under a regulatory structure that prioritizes adult-use markets rather than patient care. The proposed reforms advocate for moving the NV-MMP under the purview of the Nevada Department of Health and Human Services (NDHHS), which would ensure that the program is governed by public health priorities rather than commercial interests.

The NDHHS has the expertise, infrastructure, and mission to oversee medical cannabis programs in a way that is patient-centered and aligned with the state's broader healthcare objectives. By placing the medical cannabis program within a healthcare framework, Nevada can improve patient support, ensure better alignment with state health goals, and create a system that prioritizes the well-being of patients rather than the economic goals of the recreational market.

## **VI. Tax Reform: Eliminating Unjust Financial Burdens on Medical Cannabis Patients**

Medical cannabis patients should not be subject to the same taxation schemes that apply to recreational users. Under the current NV-MMP, patients are required to pay sales tax, excise tax, and other fees, which create an unjust financial burden on individuals already facing significant healthcare costs. The proposed reforms call for the elimination of all state, county, and city taxes on medical cannabis for registered patients.

States such as New Mexico have successfully implemented tax-free programs for medical cannabis, allowing patients to access their medicine without the added financial strain of taxation. Nevada can similarly relieve the financial burden on medical patients by exempting them from all cannabis-related taxes, ensuring that medical cannabis is treated as a legitimate healthcare product, not a taxable commodity.

## **VII. Reducing Discrimination Against Medical Cannabis Patients**

Despite its legal status, medical cannabis use is still stigmatized in many sectors, including housing, child custody cases, and employment. Patients frequently face discrimination from landlords, employers, and even Child Protective Services (CPS), who may penalize them for legally using cannabis as part of their medical treatment.

The Medical Cannabis Patient's Bill of Rights includes strong anti-discrimination protections, ensuring that patients cannot be evicted, denied housing, or face legal penalties solely for using cannabis. Oregon provides an excellent example of how robust anti-discrimination laws have protected patients, allowing them to safely use their medicine without fear of legal repercussions. Nevada must follow suit by adopting similar protections and preventing undue discrimination against patients who are simply following their doctor's recommendations.



### **VIII. Modernizing the Medical Cannabis Application Process**

The current NV-MMP application process is unnecessarily cumbersome. Patients must apply for state authorization before even consulting with their doctor, leading to delays in treatment. This process is particularly problematic for patients dealing with chronic or life-threatening conditions who need timely access to their medicine.

The proposed reforms will streamline the application process, allowing doctors to directly register patients in a state database. This new system will include essential information such as the patient's condition, methods of cannabis use, and the types of cannabis products they consume, ensuring that the state can collect valuable data to inform public health policies. By modernizing the application process, Nevada can reduce delays, protect patient privacy, and empower healthcare providers to make the best decisions for their patients.

### **IX. Conclusion: Reforming Nevada's Medical Cannabis Laws for a Better Future**

Nevada's current medical cannabis laws do not adequately serve the needs of its patients. Through the proposed reforms, including the elimination of unnecessary legal barriers, the protection of patient rights, and the modernization of the application process, Nevada can ensure that all citizens have access to safe, affordable, and effective plant-based medicine. CIFR urges lawmakers, healthcare providers, and advocates to support the Medical Cannabis Patient's Bill of Rights and work together to create a system that empowers patients and enhances public health.

Together, we can build a better future for Nevada's medical cannabis program—one that is just, equitable, and focused on patient well-being.

Respectfully submitted,

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