

Patient's Bill of Rights: Compassionate Protections for Nevada Medical Marijuana Patients

Purpose

The purpose of this Act is to amend and improve the Nevada Medical Marijuana Program (NV-MMP) by enacting a comprehensive Patient's Bill of Rights to ensure that qualifying patients have the legal right to access, cultivate, process, and consume medical cannabis for therapeutic use without undue barriers, excessive taxation, or discrimination.

The bill establishes legal protections, enforcement mechanisms, oversight, research and accountability measures for medical cannabis patients and healthcare professionals while ensuring compliance with public health and safety standards.

Justification

The NV-MMP, established under Title 56 NRS 678C and NAC 453A, currently imposes excessive restrictions, administrative burdens, and financial obstacles that delay and obstruct patient access to necessary treatment.

Existing laws and policies fail to protect medical cannabis patients from discrimination, legal jeopardy, and financial hardship.

This legislation seeks to rectify these deficiencies by enshrining a clear, enforceable framework of patient rights and protections, ensuring compliance with state and federal patient privacy laws, and streamlining the administrative process to promote equitable access to medical cannabis.

Section I: Title

This Act shall be known and may be cited as the "**Patients' Bill of Rights: Compassionate Protections for Nevada Medical Marijuana Patients.**"

Title: *Patient's Bill of Rights: Compassionate Protections for Nevada Medical Marijuana Patients.*

Submitted by: Coalition For Patient Rights, a Nevada-registered nonprofit organization serving all patients statewide.
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Section II: Definitions

As used in this Act, unless the context otherwise requires:

1. **“Medical Marijuana”** means cannabis or cannabis-derived products legally used under the Nevada Medical Marijuana Act for treating medical conditions.
2. **“Patient”** means an individual approved under the NV-MMP with a valid recommendation from a licensed prescribing healthcare provider.
3. **“Caregiver”** means a designated individual assisting with the health and well-being of a registered patient.
4. **“Healthcare Provider”** means any licensed professional authorized to provide medical care, including, but not limited to, physicians, nurse practitioners, and physician assistants.
5. **“Endocannabinoid System (ECS)”** means the biological system regulating homeostasis and bodily functions, directly influenced by cannabis.
6. **“Hospital Facility”** means a licensed inpatient or outpatient medical institution operating under Nevada state law.
7. **“Medical Cannabis Treatment Plan”** means a documented, physician-authorized treatment plan detailing cannabis use as part of a patient’s continuum of care.
8. **“Drug Recognition Expert (DRE)”** means a law enforcement officer trained and certified to assess impairment due to controlled substances based on scientific, standardized criteria.
9. **“Qualifying Condition”** means any condition identified under CMS's ICD-10 coding system in which a licensed healthcare provider determines that cannabis use may alleviate symptoms, improve well-being, or reduce pain.
10. **“Medical Cannabis Patient Database (MCPD)”** means a state-managed electronic record system designed to securely and anonymously document and track patients, diagnoses, cannabis product COAs, and prescribed medical cannabis treatment plans, ensuring product efficacy, safety, and compliance with regulatory standards.

Section III: Patient Rights

Right to Cultivate and Possess Cannabis

1. A registered patient shall have the right to cultivate up to twelve (12) cannabis plants per patient, with a maximum of thirty-six (36) plants per household, irrespective of proximity to a dispensary.
2. A registered patient shall have the right to process cannabis into therapeutic forms, including but not limited to infusions, tinctures, topicals, and extractions for personal medical use.
3. A registered patient shall have the right to store up to five (5) pounds of dried cannabis flower and one (1) pound of concentrated cannabis products, exclusively for personal medicinal use.

Right to Transfer Medicinal Cannabis

1. Patients may transfer cannabis products to other registered patients on a non-commercial basis, limited to reimbursement for documented cultivation and production costs.

Caregiver Rights

1. A caregiver may assist up to three (3) non-familial registered patients, with exemptions for multiple-patient households.

Tax Exemptions

1. Medical cannabis shall be permanently exempt from all state, county, and municipal taxes, including excise taxes.

Expanded Qualifying Conditions

1. The restrictive list of qualifying medical conditions is abolished. A licensed prescribing healthcare provider shall have sole discretion in determining whether medical cannabis is beneficial for a patient's condition, well-being, or symptom relief.

Section IV: Protections from Discrimination

Housing Protections

1. A patient may not be evicted, denied housing, or penalized for any lawful medical cannabis use.

Medical Privacy

1. Patients may not be subjected to searches, detainment, or scrutiny solely based on cannabis possession or odor.

Equal Access to Healthcare

1. Medical cannabis is recognized as a legally protected treatment and must not be classified under "substance use disorder" or documented as a substance abuse history in medical records as a result of its lawful usage.
2. Hospitals, state institutions, and healthcare facilities must permit medical cannabis use by registered patients under the following guidelines:
 - A valid Medical Cannabis Treatment Plan must be recorded in the Medical Cannabis Patient Database (MCPD).

- Only non-combustible administration methods (e.g., tinctures, edibles, lotions, suppositories) shall be permitted.
- Facilities may not interfere with or restrict a patient’s medical cannabis regimen unless explicitly prohibited by federal law.

Section V: Transparency in Cannabis Product Labeling

Mandatory Labeling Requirements

1. All cannabis products **must be clearly labeled** to disclose:
 - a) **Failed safety testing and any remediation methods used**, such as irradiation or solvent washing.
 - b) **Presence of artificial additives, synthetic cannabinoids, or non-cannabis-derived terpenes.**
 - c) **Batch traceability, a QR code based Certificate of Analysis (COA) from an accredited lab and contamination risk warnings clearly outlining any concerns.**
 - d) **Expiration date, storage instructions, and best-use recommendations.**

Universal Symbol for Contaminated or Remediated Cannabis

1. Products that **fail testing but undergo remediation** must bear a **clearly distinguishable warning symbol**, such as:
 - a) **A skull and crossbones for toxicity warnings.**
 - b) **A red warning triangle for products that have been irradiated or treated with chemicals.**

Section VI: Strengthening Nevada DUID Laws

Abolition of THC Per Se Limits

1. **Nevada shall repeal all THC nanogram per se limits**, as scientific research has proven these levels do not accurately measure impairment.

Implementation of Science-Based Impairment Tests

1. Law enforcement officers shall use the following methods to determine impairment:
 - a) **Standardized Field Sobriety Tests (SFSTs).**
 - b) **Behavioral assessments, motor skills and coordination testing.**
 - c) **Body-camera footage as primary evidence** of impairment.

d) **Dash-camera footage as supporting evidence**, when available.

Drug Recognition Expert (DRE) Verification

1. **A certified DRE must provide documented impairment assessment** before any medical cannabis patient is charged with a DUI offense.

Officer Accountability in Patient Arrests

1. In the event of an **arrest of a registered medical marijuana patient for DUID**, all **officers present at the scene must be available for questioning, cross-examination, and testimony** regarding impairment and conduct during the incident.

Section VII: NV-MMP Oversight Transfer

Transfer from Cannabis Compliance Board to NDHHS

1. The **Nevada Medical Marijuana Program (NV-MMP)** shall be transferred from the **Cannabis Compliance Board (CCB)** to the **Nevada Department of Health and Human Services (NDHHS)**.
2. NDHHS shall **implement patient-centered regulations** and ensure medical cannabis remains within a **healthcare-focused framework**.

Elimination of Application & Renewal Fees

1. **All patient application and renewal fees shall be eliminated**, removing financial burdens for those seeking medical cannabis treatment.

Issuance of Permanent Patient Registration Cards

1. **Permanent registration cards** shall be issued to:
 - a) **Disabled veterans, regardless of disability percentage.**
 - b) **Social Security Disability Insurance (SSDI) recipients.**
 - c) **Patients with terminal or chronic illnesses.**

Section VIII: Safe Harbor Protections

Healthcare Facility Compliance

1. **Licensed healthcare professionals, hospitals, and medical facilities shall not be penalized for recommending or allowing medical cannabis use** by registered

- patients unless explicitly prohibited by federal law.
2. **Hospitals and healthcare facilities must establish protocols for administering non-combustible cannabis products**, including:
 - a) **Tinctures, capsules, topicals, and suppositories.**
 - b) **Written procedures for handling patient medication storage and self-administration.**
 3. **State agencies and law enforcement may not penalize or investigate a medical cannabis patient solely for lawfully possessing or using cannabis.**

Section IX: Compliance & Enforcement

1. NDHHS shall oversee enforcement of the **Patient's Bill of Rights**, ensuring:
 - a) **Patient protections are upheld** under state law.
 - b) **Compliance is monitored in dispensaries and healthcare settings.**
2. **Law enforcement officers shall not detain, arrest, or penalize registered patients solely for possession, use, or cultivation of cannabis in compliance with this Act.**
3. **Patients found diverting medical cannabis into the illicit market shall be subject to criminal penalties** under Nevada law.
4. **All officers present during a medical cannabis patient's traffic stop or arrest must be available for cross-examination and testimony** regarding impairment.

Section X: Funding & Financial Provisions

1. The **Medical Cannabis Patient Database (MCPD)** shall be funded through a **one-time allocation of \$10 million** from the **Nevada Rainy Day Fund**, ensuring implementation without additional costs to patients.
2. **Ongoing program costs** shall be covered through **existing cannabis tax revenues**, ensuring:
 - a) **State oversight.**
 - b) **Compliance monitoring.**
 - c) **Patient education and public health research.**
3. **Revenue generated from medical cannabis taxes may not be redirected for non-healthcare-related state programs.**

Section XI: Workplace Protections

1. **Employers shall be prohibited from terminating or discriminating against employees based solely on their status as registered medical cannabis**

- patients.
2. **Employers must provide reasonable accommodations** for medical cannabis patients unless it would cause **undue hardship or violate federal workplace safety laws**.
 3. **Employers may only discipline employees for impairment if objective, performance-based assessments confirm safety risks.**

Section XII: Veteran & Disability Rights

1. **Veterans and individuals with disabilities shall not face discrimination** in accessing medical cannabis treatment.
2. **Medical cannabis use shall not impact VA benefits, SSDI, or other state/federal assistance.**
3. A **Veteran & Disability Cannabis Access Program** shall be established, providing **low-cost or subsidized medical cannabis** for eligible veterans and disabled individuals through vouchers that can be exchanged between industry establishment licensees and the Department of Taxation for an offset on applicable tax obligations.

Section XIII: Medical Cannabis Research & Data Collection

1. NDHHS shall allocate **funding from cannabis taxes for medical cannabis research**, with individual research initiatives being funded for both Universities and Private Organizations, focusing on:
 - a) **Treatment efficacy.**
 - b) **Dosing guidelines.**
 - c) **Contraindications with other medications.**
2. The **Medical Cannabis Patient Database (MCPD)** shall collect **anonymized patient data** for use in **public health research** and **evidence-based policy recommendations**.
3. NDHHS shall submit an **annual report to the Nevada Legislature**, detailing:
 - a) **Patient access statistics.**
 - b) **Treatment outcomes.**
 - c) **Program improvements and recommendations that have been submitted by the Medical Cannabis Advisory Committee to establish a BDR if necessary to adjust associated program policies.**

Section XIV: Annual Legislative Review & Amendment Process

Creation of a Medical Cannabis Advisory Committee

1. NDHHS shall establish a **Medical Cannabis Advisory Committee**, composed of:
 - a) **No More Than Two** healthcare professionals.
 - b) **No More Than Two** regulatory officials.
 - c) **A majority of no fewer than six currently registered medical marijuana patients who are not connected to any State Agency or Lawmaker through either a family and/or financial conflict**, ensuring patient oversight and accountability.
2. The committee shall submit an **Annual Bill Draft Request (BDR)** to the **Nevada Assembly Health & Human Services Committee** to propose program improvements.
3. The **Committee shall hold quarterly meetings, and one annual hearing**, to address:
 - a) **Regulatory gaps.**
 - b) **Emerging research.**
 - c) **Proposed patient-driven policy changes.**

Conclusion

This **Patient's Bill of Rights** establishes **permanent legal protections** for medical cannabis patients in Nevada, ensuring **equal access, autonomy, and safety** under state law.

 **This legislation provides a patient-centered approach to medical cannabis regulation and oversight. Nevada must act now to protect its most vulnerable citizens.**