The Whole Plant Act

How to Adapt the Model

A companion to the model bill. The model bill is written as clean black-letter so it reads as a real bill in any state. This document carries the adaptation guidance: the points where a state inserts its own law, and the cautions worth carrying into drafting. Work section by section.

Weight-bearing policy is policy that holds whichever party is in power and whichever way federal action goes, because its structure does not depend on any one outcome. The model is weight-bearing, and a state's version stays weight-bearing only if its statute keeps the mechanism and its rules carry the numbers: who sets a standard, on what evidence, and how often it is reviewed belong in the bill, and the figures belong in rule. A state that writes a serving size, a package limit, a concentration, or warning text into its statute gives up that quality for the provision.

A state adapts the model in three broad moves: insert its own definitions anchor and conform its medical, criminal, civil, and agricultural chapters to the terms in the model; name its own coordinating authority and administering agencies in Section 5; and set its own tax rates and legislative calendar. The section notes below fill that in.

Where to draft from

Draft from the model, not from a state that has already adapted it. A worked state bill is the model plus that state's own law, and reading alone will not separate them: statutory cites, agency names and local carve-outs all read as part of the standard. It also carries whatever that state got wrong.

Use a worked state only where the model does not reach, for an exceptional item the shared vocabulary has no row for or a provision the state's own code forces. Record it as a state-specific item rather than leaving it in text that reads as the standard, so the next state can tell what was local.

Section 3, Definitions

A state enacts this section as its single anchor definitions section and conforms its medical cannabis, agricultural, and controlled-substances chapters to cross-reference it. Terms that a state's medical cannabis law already defines (attending provider, designated primary caregiver, registry identification cardholder, designated grower) are cross-referenced to that law.

Section 4, the commercial actors

A state maps its existing license types onto the five commercial actors. Whether processing and manufacturing are one license with endorsements or two license types is set by the state or by the authority by rule.

Section 5, the coordinating authority

A state names its coordinating authority and its administering agencies. The model refers to "the authority" as the purpose-built coordinating body and to the administering agencies by function (the licensing agency, the health authority, the agriculture department, the revenue department). Composition is a state choice; the model states the principle and offers a template. Caution: before using "the authority" for the coordinating body, check whether "Authority" is already a defined term for another agency in the state's code. In Oregon it is, "the Authority" means the Oregon Health Authority and "the commission" means the Oregon Liquor and Cannabis Commission, so Oregon names the coordinating body "the Commission" and refers to the others by name or acronym; rename to avoid the collision.

Section 7(12), patient cultivation and possession

Patient home cultivation is a noncommercial act within the medical program. It does not depend on whether the state allows home cultivation for adults, and a state should not attach a sunset to it. Where the state adopts the personal-use limits in Section 8(1)(c), keep the medical limits at not less than twice those limits, so the patient limit moves with the adult limit and patients always have more room than adults. A state that adopts the medical program without Section 8(1)(c) has no personal-use limit for "twice" to attach to, so it uses the standalone floors in Section 7(12): not less than six plants per patient, of which three may be mature; the harvest of those plants at the address where they are grown, because a harvest comes all at once and a monthly cap would make it unlawful the day it comes down; and elsewhere not less than a 90-day supply, with weight equivalents for each form set by rule so a patient or an officer can check the amount. A supply period ties the limit to the patient's medicine, as with any chronic medication, and ninety days spares patients in a state with few dispensaries a monthly trip. Higher limits are set by rule, a state whose existing medical limits are already above the floors may keep them, and caregiver and designated-grower limits are the state's to set by rule.

Section 8, the age line

The model's durable default is 18-to-20 decriminalized with the intoxicating retail floor at 21. A state may pair it with the educate-and-refer response to carry politically; the tool presents the range.

Section 9, civil protections

A state states these protections here and lands conforming amendments in its own employment, housing, education, health, licensing, family, public-benefit, and clean-air chapters.

Section 10, economic justice

The model states harm-based repair as the durable default; a state may layer an identity-conscious element at its own litigation risk, and the tool explains both.

Section 11, taxation

A state sets its two rates and names its account. The model keeps the two-tier structure by intoxicating potential and the funding order; the rates are placeholders. Caution: the two tiers are structure, not a rate menu. The low tier on non-intoxicating items is doing work. Taxing both tiers is what removes the incentive to formulate or label an item just below the intoxicating line, which a tax on intoxicating items alone leaves wide open. A state may set either rate where its revenue modeling lands, including low, but dropping the non-intoxicating tier altogether reopens the line the Act closes. The reasoning is in the model rationale under Taxation.

Section 12, state scheduling

Federal and state scheduling are separate systems, and states relate to the federal schedules in different ways: some conform to the federal schedules automatically, some schedule independently, and some remove cannabis from the scheduling scheme entirely. A state reconciles its own starting point here. It removes cannabis from its controlled-substances schedule or confirms its exclusion, and neutralizes any auto-conformity provision so a federal rescheduling does not disturb the Act. Oregon, for instance, already excludes marijuana from its controlled-substance definition and regulates it under ORS 475C, so its task is to confirm the exclusion and clear any stale schedule listing; a state that auto-conforms to the federal schedules has more to reconcile.

Section 12(13), the endorsed license and the registered line

The product, the standard and the testing are identical across an operator's lines. The distinction federal registration needs lives in the license instrument, the provider's authorization and the record, which is where federal law requires it. A state keeps both license scopes from Section 10(29): a license of full scope, which may carry a medical use endorsement, and a license limited to medical purposes, at the applicant's choice and on the same standards. It also keeps the instrument in 12(13)(e) available on request for an endorsed line. Its statute then shows a license that authorizes only medical activity, while the plant, the product standard, the tax and the patient's protections stay one. Describe the result as drafted to meet DEA's stated requirements, with the citation to Section 12, rather than as a design that qualifies, because DEA has not ruled on it.

Registration with DEA is never required

Every state version keeps federal registration voluntary in statute, as Section 12(1), (3) and (6) do: an operator may elect to register for a line of business, an operator that does not keeps the full authority of the Act, and no right under the Act depends on registration. A state should say this in its own statute rather than leave it to rule or to silence. The medical-only instrument in Section 12(13)(e) is issued only on a licensee's request and is never required of an operator, and a license limited to medical purposes is a scope the applicant chooses, never a condition of registration.

Optional: a medical-led start

The whole Act is the stronger choice. A legislature that wants to begin with the medical program can still enact the whole Act and hold back one piece, the retail sale to adults of intoxicating items beyond what the state's existing law already allows, which then opens on the authority's certification inside the same statute. Two provisions do it. A new paragraph added to Section 4(2): until the certification described next takes effect, the retail sale of intoxicating herbal cannabis items to adults is limited to the items, forms and limits [the state's existing law] permitted on the day before the effective date. A new certification paragraph added to Section 14: the authority certifies that inventory and authentication data under Section 10(14), testing capacity, patient supply under Section 7, enforcement against sales to persons under 21 and against illicit production, and the patient impact assessment are in place, and transmits the certification and its findings to the legislature; the certification takes effect [ninety] days after transmittal, or [thirty] days after the legislature next convenes, unless the legislature disapproves it by joint resolution, and on that date the hold in Section 4(2) expires. The adult limits are fixed as of the day before the effective date because the Act amends the state's existing law, and a moving reference would shift on passage. The statute is written once, so opening adult access later is one certification, not a new bill.

This is guidance, not operative text. Nothing here is a gap in the model; each point is a slot a state fills with its own law, or a caution to carry into drafting.