

Medical Marijuana in the Mid-Atlantic Region

Marym Khan, DO & Vishesh Agarwal, MD

Department of Psychiatry, ChristianaCare.

Background & Introduction

Cannabis, or marijuana, is one of the most widely used psychoactive agents globally, with an estimated 188 million people using it annually,¹ for both recreational and medicinal use. Delta-9-tetrahydrocannabinol (THC) is the principal psychoactive substance responsible for the effects of cannabis on a person's cognitive abilities. Another widely studied cannabinoid is cannabidiol (CBD).² Ongoing research is currently being done on therapeutic uses of cannabis. As of December 2022, 37 states, three territories and the District of Columbia (D.C.) allow the medical use of cannabis.³ At the federal level, cannabis is classified as a Schedule I substance under the US Comprehensive Drug Abuse Prevention and Control Act of 1970, which is determined to have a high potential for abuse and no accepted medical use, conferring the use of cannabis a federal offense.⁴ The purpose of this paper is to serve as a medical commentary on the medical use of cannabis in the Mid-Atlantic region, which is defined as: New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, West Virginia, and the D.C. The paper will explore the differences surrounding the laws that support the use of medical cannabis, and the variability in the way it is prescribed and utilized by patients.

Methods

Search Term Strategy

The online databases that were utilized to retrieve articles were: PubMed, Web of Science, PsycInfo, and Scopus. The following search terms were used to identify peer-reviewed articles in each database: "medical marijuana AND legal status," "medical cannabis AND United States," "medical cannabis AND risk factors," "medical cannabis AND adverse effects," "medical cannabis AND therapeutic use", and "Cannabinoid ratio." Bibliographies of pertinent articles and studies were examined methodically to identify relevant articles.

Inclusion Criteria

In this medical commentary, secondary data was the primary information source utilized and they were of various types, such as: meta-analysis, systematic reviews, cross-sectional, prospective cohort, and observational studies. Systematic reviews were the most common type of study analyzed. Studies done in states in the Mid-Atlantic region were accessed.

Data Analysis

The results and data acquired from the research studies will be utilized to critically analyze the literature, and establish ideas for future research. Topics including examining state legislation on medical cannabis licensing, therapeutic use of cannabis, and differences in the ratios of CBD and THC may be used as the groundwork for additional studies.

Results

After reviewing and analyzing the current literature and state legislature on medical cannabis use in the Mid-Atlantic region, a table was created to outline the results found (see table 1). One major finding from examining state legislation was the differences in approval for medical cannabis for particular conditions in these states. For example, from among the eight areas evaluated, it was found that some states specify a list of diseases for the use of medical cannabis, while other states leave it up to the physician’s discretion. The states that specify a list of conditions overlap with the diagnoses listed in the February 2017 report, *The Health Effects of Cannabis and Cannabinoids*, published by the Center for Medicinal Cannabis Research, which some states have used as reference. This report summarizes recent studies that display therapeutic efficacy of cannabis for a wide array of conditions. The studies range from double-blind, placebo-controlled trials to systematic reviews. The report concludes that there is clinical evidence that cannabis is effective for the treatment of chronic pain, chemotherapy- induced nausea/vomiting, multiple sclerosis spasticity symptoms, and sleep disturbances affiliated with obstructive sleep apnea, fibromyalgia, chronic pain, and multiple sclerosis. There is limited clinical evidence that cannabis is effective for improving appetite/decreasing weight loss in HIV/AIDS, Tourette Syndrome, Anxiety, and PTSD.¹⁶

Table 1. Current Literature and Legislature on Medical Marijuana in the Mid-Atlantic Region

State	Medical Cannabis Statutes	Legalization of Medical/ Recreational cannabis/ Both	Medical Conditions Approved for Use of Medical Cannabis	Certification of Health Care Practitioner	# of Medical cannabis Dispensaries	Maximum Amount Dispensed
NY	A6357 (2014) Signed by governor 7/5/14 ³ In 2014, New York State passed the Compassionate Care Act to create a program to safely and effectively provide medical cannabis to eligible state residents. ⁵	Both	Alzheimer muscular dystrophy Amyotrophic lateral sclerosis (ALS) Autism Cancer Chronic pain Dystonia Epilepsy HIV infection or AIDs Huntington disease Inflammatory bowel disease Multiple sclerosis (MS) Neuropathy Pain that degrades health and functional capability as an alternative to opioid use Parkinson disease Post-traumatic stress disorder (PTSD) Rheumatoid arthritis (RA) Substance use disorder	Practitioners must be licensed, registered or certified by New York state to prescribe controlled substances within the state. Physicians, nurse practitioners (NPs), physicians assistants (PAs), dentists, podiatrists, and midwives. A minimum of a two-hour approved course must be completed by practitioners who wish to certify patients for medical cannabis as determined by the OCM.	40	May not exceed a sixty-day supply.

			Spinal cord injury with spasticity Any other condition at the discretion of the care provider			
NJ	New Jersey Compassionate Use Medical Marijuana Act (CUMMA), January 2010 ⁶ Jake Honig Compassionate Use Medical Cannabis Act, July 2019	Both	ALS Anxiety Cancer Chronic pain Dysmenorrhea Glaucoma HIV & AIDS Inflammatory bowel disease, including Crohn's disease Intractable skeletal muscular spasticity Migraine MS Muscular dystrophy Opioid Use Disorder PTSD Seizure disorder, including epilepsy Terminal illness with prognosis of less than 12 months to live Tourette Syndrome	Physician, PA, and NP Hold active medical license in good standing issued by the NJ Board of Medical Examiners Possess active controlled dangerous substance registration issued by the NJ Division of Consumer Affairs not subject to limitation Practice in New Jersey.	9	No more than 3 oz/1 month 3 broad groups in NJ medical market ⁷ : Those with < 1% CBDA and with THCA concentration from 10 to 30%; Those with both THCA and CBDA concentrations in the 5–10% range; Those with < 1% THCA and with CBDA concentration > 10%.
PA	Passage of Act 16 of 2016 created the	Medical	ALS Anxiety disorders Autism	Physician that has an active license with the	170	The dosage will be determined by a pharmacist and patients

	<p>Medical Marijuana Program Fund⁸</p> <p>Passage of Act 44 of 2021 created the Medical Marijuana Assistance Program.⁸</p>		<p>Cancer, including remission therapy</p> <p>Crohn's disease</p> <p>Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies</p> <p>Dyskinetic and spastic movement disorders</p> <p>Epilepsy</p> <p>Glaucoma</p> <p>HIV / AIDS</p> <p>Huntington's disease</p> <p>Inflammatory bowel disease</p> <p>Intractable seizures</p> <p>MS</p> <p>Neurodegenerative diseases</p> <p>Neuropathies</p> <p>Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with</p>	<p>Pennsylvania Department of State</p> <p>Apply for registration with the Department of Health</p> <p>Complete the required Department of Health-approved training.</p>		<p>may receive up to a 30-day supply at a time.</p>
--	--	--	---	--	--	---

			primary therapeutic interventions; Parkinson's disease PTSD Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain; Sickle cell anemia; Terminal illness; and Tourette syndrome			
DE	Medical Marijuana Law, Title 16, Ch 49A (2011) ⁹	Medical	Agitation of Alzheimer's Disease ALS Anxiety (CBD Rich Card Only) Autism with aggressive behavior Cancer Chronic Debilitating Migraine Decompensated Cirrhosis Glaucoma HIV/AIDS PTSD Terminal Illness A chronic or debilitating disease or medical condition or its treatment that produces	Physician, Advanced practice registered nurse (APRN)/PA Must be licensed to work in DE No specific medical marijuana training required by law in order to certify patients for the program	4	Patients are authorized to purchase three ounces of usable marijuana every 14 days, for a total of six ounces per month Medical marijuana oil means: Cannabidiol oil which is a processed Cannabis plant extract that contains at least 15% cannabidiol but no more than 7% tetrahydrocannabinol. THC-A oil which is a processed Cannabis plant extract that contains at least 15% tetrahydrocannabinol acid but not more than 7% tetrahydrocannabinol

			<p>one or more of the following;</p> <ol style="list-style-type: none"> 1. Cachexia or Wasting Syndrome 2. Severe debilitating pain that has not responded to previously prescribed medication or surgical measure for more than three months, or for which other treatment options produced serious side effects. 3. Intractable Nausea 4. Seizures 5. Severe and persistent muscle spasms, including but not limited to those characteristic of Multiple Sclerosis. 			
MD	Senate Bill 923 signed 4/14/14 ¹⁰	Both	Anorexia Cachexia Chronic or debilitating disease or medical condition that results in	Physician, dentist, podiatrist, NP, PA Practitioner with an active state controlled	102	The standard amount certification issued by a provider for a patient identifies the quantity of dried flower and/or THC

			being admitted into hospice or receiving palliative care. Glaucoma PTSD Severe or chronic pain Severe nausea, Seizures Severe or persistent muscle spasms Wasting syndrome another chronic medical condition which is severe and for which other treatments have been ineffective.	dangerous substances registration Is registered with the Commission		that the patient can purchase in a given 30-day period. The standard amount is 120 grams of dried flower or 36 grams of a THC product, however, a provider may certify a patient for more or less than the standard amount.
WV	Senate Bill 386, signed into law on April 19, 2017 created the Medical Cannabis Act. ¹¹	Medical	Cancer HIV/AIDs ALS Parkinson's disease Multiple sclerosis Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity Epilepsy Neuropathies Huntington's disease Crohn's disease PTSD Intractable seizures	Physician Physician must apply for registration in the form and manner required by the Bureau for Public Health within the West Virginia Department of Health and Human Resources.	37	May not exceed a 30-day supply of individual doses

			<p>Sickle cell anemia</p> <p>Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain</p> <p>Terminally ill (medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course)</p>			
VA	Code of Virginia § 18.2-251.1. A. HB933 ¹²	Both	Any diagnosed condition or disease determined by the practitioner to benefit from such use. ¹³	Physician, NP, PA ¹²	13 ¹⁴	<p>No more than 4 oz/1 month¹²</p> <p>Products may contain up to 10 mg THC per dose. "Dose" means a single unit, like one capsule or one dropperful. "Dosage" is the total amount taken each time, for example 2 sprays 4 time per day. There are no limits on dosage.¹⁴</p>
D.C.	Legalization of Marijuana for Medical Treatment Amendment Act of 2010 ¹⁵	Both	"Qualifying medical or dental condition" means any condition for which treatment with medical marijuana would be beneficial, as	Physician, Naturopathic physician (ND), APRN, PA, Dentist	7	May possess at any moment 8 oz of dried medical marijuana.

	Act Number: A18-0429 Law Number: L18-0210 Effective from Jul 27, 2010		determined by the patient's authorized practitioner. Qualifying medical or dental treatment" means: (A) Chemotherapy; (B) The use of azidothymidine or protease inhibitors; (C) Radiotherapy; or (D) Any other treatment, as determined by rulemaking, whose side effects require treatment through the administration of medical marijuana in the same manner as a qualifying medical or dental condition	Health care practitioners must register with Alcoholic Beverage Regulation Administration		
--	--	--	---	---	--	--

Conclusion & Discussion

This commentary serves to create a concise review of the medical cannabis laws and regulations that are implemented in the Mid-Atlantic region. The analysis identifies similarities and differences in how Delaware's neighboring states permit medical cannabis to be utilized. Each state has its own regulatory body charged with creating its unique medical cannabis guidelines. Most of these governing departments establish the clinical use of cannabis for conditions that are widely accepted in the medical community such as neuropathic and chronic pain. However, it can also be seen that there are conditions listed for some states that do not have substantial evidence to support cannabis use, such as epilepsy or IBS. Continued research in the medical community is imperative to determine whether this product can be used as a stand-alone therapy or in conjunction with other treatment modalities for various disease states. In the future, if enough research is conducted, there may be a standardized manner in which medical cannabis is recommended for patients, ranging from the dosing route to the THC/CBD ratio.

Dr. Khan may be contacted at marym.khan@christianacare.org.

References

1. Hindley, G., Beck, K., Borgan, F., Ginestet, C. E., McCutcheon, R., Kleinloog, D., . . . Howes, O. D. (2020, April). Psychiatric symptoms caused by cannabis constituents: A systematic review and meta-analysis. *The Lancet. Psychiatry*, 7(4), 344–353. Retrieved from [https://doi.org/10.1016/S2215-0366\(20\)30074-2](https://doi.org/10.1016/S2215-0366(20)30074-2) PubMed
2. U.S. Department of Health and Human Services. (n.d.). *Cannabis (marijuana) and cannabinoids: What you need to know*. National Center for Complementary and Integrative Health. <https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know>
3. Karmen Hanson, A. G. (n.d.). State medical cannabis laws. <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx#3>
4. Ebbert, J. O., Scharf, E. L., & Hurt, R. T. (2018, December). Medical Cannabis. [PubMed]. *Mayo Clinic Proceedings*, 93(12), 1842–1847. <https://doi.org/10.1016/j.mayocp.2018.09.005> PubMed
5. New York State. (n.d.). Office of cannabis management. <https://cannabis.ny.gov>
6. State of New Jersey. (n.d.). Cannabis Regulatory Commission. <https://www.nj.gov/cannabis/>
7. Coogan, T. A. (2019, December 26). Analysis of the cannabinoid content of strains available in the New Jersey Medicinal Marijuana Program. *Journal of Cannabis Research*, 1(1), 11. <https://doi.org/10.1186/s42238-019-0011-z> PubMed
8. Commonwealth of Pennsylvania. (n.d.). Pennsylvania Medical Marijuana Program. <https://www.pa.gov/agencies/health/programs/medical-marijuana.html>
9. State of Delaware. (n.d.). Medical Marijuana Program. <https://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html>
10. State of Maryland. (n.d.). Maryland Cannabis Administration. <https://cannabis.maryland.gov/Pages/home.aspx>

11. State of West Virginia. (n.d.). Office of Medical Cannabis.
<https://omc.wv.gov/Pages/default.aspx>
12. Commonwealth of Virginia. (n.d.). Cannabis Control Authority. <https://cca.virginia.gov/>
13. Norml. (n.d.). Medical Marijuana Laws. <https://norml.org/laws/medical-laws/>
14. Virginia Norml. (n.d.). Virginia Medical Cannabis Dispensaries.
<https://www.vanorml.org/dispensaries>
15. District of Colombia. (n.d.). Alcoholic beverage and cannabis administration.
<https://abra.dc.gov/page/medical-cannabis-program>
16. National Academies of Sciences, Engineering, and Medicine. (2017). The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research. Washington, DC: The National Academies Press.
<https://doi.org/https://doi.org/10.17226/24625>

Copyright (c) 2025 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.