



## WISCONSIN LEGISLATIVE COUNCIL ACT MEMO

**2013 Wisconsin Act 267**  
[2013 Assembly Bill 726]

**Cannabidiol and Dispensing  
Cannabidiol for Seizure Disorders**

2013 Wisconsin Act 267 provides that cannabidiol (CBD) is not tetrahydrocannabinol (THC) and permits dispensing CBD as a treatment for a seizure disorder. CBD and THC are the two major compounds in the marijuana plant.

### Current Law

Chapter 961, Stats., is the state's Controlled Substances Act. Controlled substances are placed on a Schedule numbering I to V based on the substance's potential for abuse and medical uses. Possession, distribution, and manufacture of these controlled substances is generally prohibited.

Schedule I substances have the highest potential for abuse and the least usage medically. The Controlled Substances Board (the "board") must add a substance to Schedule I upon finding that the substance: (a) has high potential for abuse; (b) has no currently accepted medical use in treatment in the United States; and (c) lacks accepted safety for use in treatment under medical supervision.

Section 961.14, Stats., lists Schedule I controlled substances. Section 961.41 (4) (t), Stats., lists tetrahydrocannabinols, commonly known as "THC," in any form including THCs contained in marijuana, obtained from marijuana or chemically synthesized. Section 961.41 (tb) to (ty) lists various forms of synthetic cannabinoids that are also Schedule I controlled substances.

Under federal law, marijuana and THCs are classified as Schedule I controlled substances. "Cannabimimetic agents," which are synthetic cannabinoids that mimic the effects of marijuana are also listed as Schedule I controlled substances under federal law.

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This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents at the Legislature's Web site at: <http://www.legis.wisconsin.gov>.

**Act 267**

Act 267 specifies that the controlled substance THC does not include CBD in a form without psychoactive effect that is dispensed or authorized as provided in the Act. The Act permits a physician or pharmacy to: (a) dispense CBD in a form without psychoactive effect as a treatment for a seizure disorder; or (b) provide an individual with a hard copy of a letter or other official documentation stating that the individual possesses CBD to treat a seizure disorder if the CBD is in a form without a psychoactive effect.

The Act provides, therefore, that it is legal to possess CBD in a form without psychoactive effect if the CBD is dispensed by a physician or pharmacy as a treatment for a seizure disorder. The Act does not permit CBD to be manufactured in Wisconsin, as that would require possession, and possibly cultivation, of marijuana plants which contain THC.

The Act provides that, upon the request of any physician, the board must aid the physician in applying for and processing an investigational drug permit from the federal Food and Drug Administration (FDA) for CBD as treatment for a seizure disorder. If the FDA issues a permit, the board must approve which pharmacies and physicians may dispense CBD.

Finally, under the Act, if CBD is removed from the list of controlled substances, or if CBD is determined not to be a Schedule I controlled substance under federal law, the board must approve which pharmacies and physicians may dispense CBD to patients as treatment for a seizure disorder.

*Effective date:* Act 267 took effect on April 18, 2014.

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