SIX PLANTS FOR PATIENTS, ONE QUESTION

Who decides whether a Connecticut medical cannabis patient may grow their medicine in the yard instead of the closet — the General Assembly, or an agency?

A medical-only proposal. The plant increase applies to registered qualifying patients. Adult-use home cultivation under § 21a-278c is not amended and does not change.

A pre-session briefing for members of the Connecticut General Assembly | Connecticut Cannabis Reform Project | August 2026

30,505	–43.5%	214	2,009
Medical patients, July 2026	Since the Oct 2021 peak	Patients lost per month, last 12 mo	Registered certifiers, Jul 2026

Connecticut's medical cannabis program is in its fourth consecutive year of decline, while the number of registered certifying practitioners rose 22.3% over the same period. A caregiver may already assist a patient with cultivation under § 21a-421j-39(b) of the department's policies and procedures, but only at the patient's own residence, only for one patient absent an enumerated relationship, and only for as long as that policy remains in effect.

WHAT THIS BILL DOES, AND WHAT IT LEAVES ALONE

This bill is medical only. It does not amend the adult-use home cultivation statute, section 21a-278c. An adult who is not a qualifying patient keeps the same three mature and three immature plants, twelve per household, exactly as today.

For registered patients it does four things: raises the patient limit to six mature and twelve immature plants, with a household cap of twenty-four among qualifying patients; lets a licensed caregiver cultivate for up to five patients who designate them; says in statute that plants already lawful may stand behind a locked six-foot fence on the grounds of the residence rather than only inside a dwelling; and directs half of every license fee to a new Connecticut Compassionate Care Fund, with no portion of any fee usable for enforcement.

1. The Rule You Are Being Asked to Reclaim

This bill amends the medical provision, § 21a-408d(b). Here is the parallel adult-use section, quoted in full because it is the shorter of the two and makes the point plainly:

> **Conn. Gen. Stat. § 21a-278c.** "Notwithstanding the provisions of section 21a-278b, any consumer may cultivate up to three mature cannabis plants and three immature cannabis plants in the consumer's primary residence, provided such plants are secure from access by any individual other than the consumer and no more than twelve cannabis plants may be grown at any given time per household."

That is the entire section. The medical provision, § 21a-408d(b), reads the same way. **Neither contains the word "indoors." Neither contains a visibility requirement.**

The indoor rule appears at § 21a-421j-39(a) of the Department of Consumer Protection's policies and procedures, effective November 12, 2024. Under § 21a-421j(b), those policies are issued "notwithstanding the requirements of sections 4-168 to 4-172, inclusive" and "shall have the force and effect of law" on fifteen days' notice. Sections 4-168 to 4-172 include § 4-170 — Legislative Regulation Review Committee approval.

> **WHAT THAT MEANS IN ONE SENTENCE**
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> A rule that determines whether a disabled veteran can afford to grow their own medicine was made with no public comment period, no fiscal note, no small business analysis, and no vote by this legislature. This bill puts that decision back where it belongs.

The same pattern appears a second time, in possession

Connecticut's possession limit, § 21a-279a(a), is one and one-half ounces on the person and five ounces in a locked container at home. Since July 1, 2023 that limit expressly excludes plant material a person grows themselves — but the exclusion reaches only cannabis cultivated "in accordance with the provisions of section 21a-278c," the adult-use statute.

Medical patients cultivate under § 21a-408d(b). That section is not referenced. Adult-use growers received the carve-out; medical patients were left out of it. A patient aged eighteen to twenty cannot cultivate under § 21a-278c at all, so on the face of the statute no exclusion is available to them. A single harvest from three lawful plants can exceed five ounces.

Section 12 of the bill fixes this with one cross-reference, adding § 21a-408d(b) alongside § 21a-278c in the existing exclusion. It creates no new right and changes no limit on what may be carried outside the home. It gives medical patients the treatment adult-use consumers already have.

> **IF YOU ARE ASKED WHERE THE INDOOR RULE COMES FROM**
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> The answer is that it is not in the statute. Neither § 21a-278c nor § 21a-408d(b) contains the word "indoors" or any visibility requirement. The requirement appears in § 21a-421j-39(a) of the department's policies and procedures, issued under § 21a-421j. That section lets the department issue rules with the force of law on fifteen days' notice while bypassing Regulation Review. Anyone who tells you the legislature already decided this can be asked to cite the section.

2. Who This Serves

From the Department of Consumer Protection's own certification data — 126,056 approved certifications between the fourth quarter of 2022 and the first quarter of 2026:

Finding	Figure
Post-traumatic stress disorder — the single largest qualifying condition	59,205 certifications
Chronic pain of at least six months' duration	31,676
Cancer	11,315
Patients aged 55 or older	41.9%
Patients aged 65 or older	21.3%
Registered caregivers, Jan 2023 → Jul 2026	4,372 → 2,591 (–40.7%)
Certifying practitioners over the same period	**1,643 → 2,009 (+22.3%)**
Months of the last 42 in which enrollment fell	40 of 42

The Office of the Cannabis Ombudsman testified in 2025 that the patients contacting her office were “the great majority … Veterans and Senior citizens with debilitating conditions.” These are the people least able to build an indoor grow room, and least able to pay Connecticut electricity rates to run one.

3. Why This Is Not a Partisan Bill

The conservative case	The progressive case
An agency wrote a rule the legislature never voted on. Section 21a-421j lets DCP make binding law on fifteen days' notice while bypassing the Regulation Review Committee. This bill closes that door.	Connecticut protects medical privacy by statute. P.A. 22-19 made this state the first in the nation to shield reproductive care, later extended to gender-affirming care. This is the same instrument for the same reason.
The home is where government needs the best reason to intervene. The bill expressly bars entry into a dwelling or its curtilage without a warrant or written consent.	The burden falls hardest on the least powerful. An indoor-only rule is, in practice, an electricity-cost test for who may grow their own medicine.
This is consistent with current federal policy. In April 2026 a Trump executive order and Justice Department final order placed state-licensed medical cannabis in Schedule III — a classification reserved for substances with accepted medical use.	Patient access is collapsing. Enrollment is down 43.5% since 2021 and falling by roughly 214 people a month, while a handful of producers supply the entire market.
It pays for itself, not for a program. The state collects nothing from caregiver registration today. This creates a fee-supported license with a tiered annual fee from $240 to $1,500.	It builds on authority that already exists. Section 21a-421j-39(b) already permits a caregiver to assist with cultivation; this bill gives that role a license, a scale and a statutory home. Maine, which licenses caregiver cultivation, reports administrative actions affecting 1.0% of registered caregivers in 2025.

4. What We Learned From the Psychedelic-Therapy Bill

In 2022 the General Assembly authorized a psychedelic-assisted therapy pilot using substances that were then federally Schedule I. Sister state agencies objected that the bill was “much more expansive than the report findings.” The Public Health Committee approved it unanimously anyway, and the 2026 extension passed the House 122–27.

Rep. Kathy Kennedy explained her support this way: the testimony was “compelling, it was compassionate, it was emotional and we owe something to our veterans who have served our country.” Rep. Michelle Cook said that “by sitting back and not doing something … is costing lives day after day after day.”

We have tried to build this bill the way that one was built: a narrow beneficiary class, a structure the agency can administer, reporting requirements, and a genuine effort to answer the agency's concerns in the text rather than argue with them at the microphone.

5. How We Answered the Department's 2025 Objections

DCP said in 2025	What is now in the bill
“A secondary market … on a commercial scale”	Five-patient cap. Written designation filed with DCP. No advertising. No sales. Single site. No license stacking. Annual report to General Law.
“Product diversion due to oversupply”	Plants derive per-patient, so every plant traces to a named patient. Canopy capped at 500 sq ft. Graduated civil penalties.
“Soil that may have heavy metals or other contaminants”	Subsidized voluntary testing with use immunity, plus a mandatory no-cost education module. Existing law already requires seedlings sold to home growers to be tested for heavy metals and pesticides — the bill widens that channel.
“Improper curing, handling and storage”	The same education module, as a condition of licensure.
“Private residences … DCP does not have authority to enter”	The bill asks for no entry authority. Enforcement runs through the license and the designation, with UAPA hearings.
“Whether the department will need additional resources”	A fee schedule of $240 to $1,500. Half of each fee goes to the department for administration, capped at its documented cost. The other half, and any amount above that cap, goes to the Connecticut Compassionate Care Fund. No fee may be used for enforcement.
“DCP does not regulate the pricing of medicine”	The laboratory fee cap is gone. It is replaced with a subsidy — different mechanism, same patient outcome.

Commissioner Cafferelli closed his 2025 testimony by saying the Department “welcomes conversations with the proponents of this bill.” We are taking him up on it before session rather than after.

6. The Part That Helps the Licensed Industry

Connecticut law currently provides that only micro-cultivators may sell cannabis seedlings, only through a delivery service, and § 21a-420p(f)(1) expressly excludes qualifying patients and caregivers from those sales. All 45 licensed medical outlets in 39 Connecticut towns are barred from selling a seedling to anyone.

The result is that state law tells a patient she may grow three plants, then makes it unlawful for any dispensary in Connecticut to sell her one. Patients buy untested genetics from out-of-state mail-order seed banks instead.

> **THIS IS WHERE THE INDUSTRY AND HOME GROWERS AGREE**
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> Opening seed and clone sales to licensed retailers creates a new margin line for Connecticut businesses that now benefit from federal 280E relief on their medical operations — and it means more Connecticut home grows begin with tested, tracked, Connecticut-grown material. That is a contamination-control measure and a small-business measure at the same time.

A licensed multi-location retailer testified in support of the 2025 bill in February 2025.

7. What Opponents Will Raise, and What Is True

If you support this bill you will hear these four objections in committee. Each one has something to it. Here is the accurate answer to each, so you are not hearing it for the first time at the microphone.

– **“This won't fix the enrollment collapse.”** Correct, and do not claim otherwise. At a realistic uptake of roughly 855 licensed caregivers serving five patients each, it reaches about 18% of the patients Connecticut has lost since 2021. The honest answer is that it slows the decline rather than undoing it, and that no single bill undoes it.

– **“This is a revenue grab.”** The opposite. Fee revenue in the realistic range is $130,000 to $660,000 a year against zero today, and half of it is committed to patient assistance rather than to the state. No portion may be used for enforcement. Because medical cannabis is tax-exempt under § 12-412(120), patients returning to the medical program will reduce other receipts — that offset is modeled and shared with the Office of Fiscal Analysis.

– **“There's a constitutional right to grow at home.”** Not in Connecticut, and do not argue it. Alaska's precedent rested on an express privacy clause our constitution does not contain. The reasoning about the home is persuasive; the holding is not controlling. That is precisely why the ask goes to the legislature and not to a court.

– **“Federal law makes this moot.”** It does not. The April 2026 order reaches state-licensed medical cannabis only, adult-use remains Schedule I, and the order is under challenge in the D.C. Circuit. The bill is drafted to operate as state law regardless of how that litigation ends.

8. What We Are Asking You For

Ask	Why it matters
Co-sponsor the bill — particularly if you are a Republican member	Every sponsor of the 2025 version was a Democrat. A bill whose central argument is legislative authority over agency rulemaking needs a messenger from both caucuses.
Ask General Law to raise it as a committee bill	The 2025 version was filed as a proposed bill. It directed that chapter 420f be amended and set out eight specific changes, but proposed bills do not carry the section-by-section amendatory language a committee votes on. DCP testified that “the details of this bill have not been set forth”; the Cannabis Ombudsman testified that it was “difficult to testify about a bill that only exists in bulleted summary form.” Both offices asked for text. A raised bill starts with statutory language, a fiscal note and an OLR analysis.
Ask the Department to put the indoor rule in writing	One letter. Ask the Commissioner to identify the statute or adopted regulation that requires medical cannabis to be cultivated indoors and out of view. If the answer is a policy issued under § 21a-421j, that is the whole argument for this bill, stated by the agency itself.
Meet with us before session	We would rather fix a problem you see in October than argue about it in March.

9. The Documents Behind This Brief

Every figure above is drawn from a source we can hand you:

Document	Contents
CT Cannabis Reform — Long Form Raised Bill	14 sections, 360 numbered lines, effective date table
CT Cannabis Reform — Short Form Proposed Bill	Statement of purpose, filing-ready
CT Cannabis Reform — Simulated OLR Bill Analysis	Section-by-section in OLR's format. Simulated — not an OLR product
CT Cannabis Reform — License Application Form	Model application form
CT Cannabis Reform — Fiscal Model and Maine Comparison	Fee revenue, the 50/50 split, the § 12-412(120) tax offset, break-even
CT Cannabis Reform — Participation and Fee Projection	CT DCP registrant data; Maine OCP 2025 Annual Report; adjustable assumptions
CT Cannabis Reform — Privacy and Precedent Brief	Ravin v. State and its limits; Doe v. Maher; the Geisler factors
CT Cannabis Reform — Genetics Supply and Industry Alignment	§ 21a-420p(f)(1) analysis; Massachusetts and New York models
CT Cannabis Reform — Federal Schedule III Update	The April 2026 order, its limits, and the pending litigation

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Prepared August 2026. Statutory text quoted from the current General Statutes and verified as of August 9, 2026. Enrollment figures from Department of Consumer Protection registrant and quarterly certification data. Departmental requirements from the policies and procedures effective November 12, 2024, at § 21a-421j-39. Testimony quotations are from written testimony filed with the General Law Committee for the February 14, 2025 public hearing on Proposed H.B. 5429. Other legislative quotations are from contemporaneous press accounts and should be confirmed against General Assembly transcripts before being relied upon. This document is advocacy and policy analysis; it is not legal advice and its author is not an attorney.