THREE PLANTS, ONE QUESTION

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

A pre-session briefing for members of the Connecticut General Assembly | Prepared by Josiah Schlee, CT Cannawarriors | August 2026

30,505	–43.5%	214	9.6×
Medical patients today	Since the 2021 peak	Patients lost per month	Maine's per-capita rate

Connecticut's medical cannabis program is in its fourth consecutive year of decline. Maine has 38% of our population and 3.7 times as many patients — and Maine's number went *up* last year. The structural difference is that Maine lets a registered caregiver grow for a patient who cannot grow for themselves, and Connecticut does not.

THE ASK IS NARROWER THAN YOU EXPECT

This bill does **not** change how many plants anyone may grow. Three mature and three immature per adult, twelve per household — unchanged. It does not create a retail channel, authorize sales, or expand who may use cannabis.

It does three things: lets a licensed caregiver grow for up to five patients who ask them to; says in statute that plants already lawful may stand behind a locked fence in the back yard rather than only inside a dwelling; and lets licensed dispensaries sell tested seeds and seedlings to the patients who are currently barred by statute from buying them.

1. The Rule You Are Being Asked to Reclaim

Here is the complete text of Connecticut's adult home cultivation statute:

> **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-only rule appears in Department of Consumer Protection guidance, which directs readers to the department's policies and procedures. 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

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.**

WE ARE VERIFYING ONE THING BEFORE WE ASSERT IT

DCP adopted final cannabis regulations in January 2025. We have asked the Office of Legislative Research to confirm whether the indoor-only rule now sits in a formally adopted regulation — which would have cleared the Attorney General and the Regulation Review Committee — or remains in policies and procedures. We will share that answer either way, including if it weakens this argument.

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%)

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 using Maine's published schedule.	**It is modeled on a working program.** Maine has run caregiver cultivation for over a decade with administrative action affecting only 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, deposited to the Cannabis Regulatory and Investment Account and available for administration.
"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

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. We expect licensed operators to speak to this section directly.

7. What We Are Not Claiming

We would rather tell you the limits of this bill than have you find them later.

- **It does not reverse the enrollment collapse.** 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. It slows the decline; it does not undo it.
- **It is not a large revenue measure.** Fee revenue in the realistic range is $265,000 to $662,000 a year against zero today. Because medical cannabis is tax-exempt under § 12-412(120), some patients returning to the medical program will reduce other tax receipts. We have modeled that offset and will share it with the Office of Fiscal Analysis.
- **Alaska's constitutional privacy precedent does not transfer directly.** That case rested on an express privacy clause Connecticut's constitution does not contain. We cite it for its reasoning about the home, not as controlling law.
- **Federal Schedule III does not make this program federally compliant.** It applies to state-licensed medical cannabis, adult-use remains Schedule I, and the April order is under challenge in the D.C. Circuit. The bill is drafted to operate 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 a proposed bill — a concept with no text. Both DCP and the Cannabis Ombudsman said they could not evaluate it. A raised bill starts with statutory language, a fiscal note and an OLR analysis.
File the OLR research request	Three questions, no cost, available now: what is the statutory authority for the indoor-only rule; how do other states structure caregiver cultivation; and how does Connecticut's per-capita enrollment compare regionally.
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 in this brief is drawn from a source we can hand you:

Document	Contents
Long-form bill (raised bill format)	13 sections, full statutory text, effective date table
Short-form bill (proposed bill format)	Statement of purpose, filing-ready
Simulated OLR bill analysis	Section-by-section in OLR's own format
Enrollment and participation model	CT DCP registrant data; Maine OCP 2025 Annual Report; spreadsheet with adjustable assumptions
Fiscal analysis	Fee revenue, the § 12-412(120) tax offset, and the break-even calculation
Privacy and precedent brief	*Ravin v. State* and its limits; *Doe v. Maher*; the *Geisler* factors
Genetics and industry alignment brief	§ 21a-420p(f)(1) analysis; Massachusetts and New York models
Federal Schedule III supplement	The April 2026 order, its limits, and the pending litigation
Draft application and patient designation forms	Modeled on Maine's caregiver registration form

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