Implementation of Medical Cannabis in Pennsylvania and Ohio

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Since 1996, 33 states and the District of Columbia have adopted medical cannabis programs. Not all programs, however, are the same. This is even the case in states like Pennsylvania and Ohio who adopted medical cannabis in the same year and share many other social, political, and demographic characteristics. The purpose of this research is to compare these two similar cases with dissimilar outcomes. Pennsylvania has moved more quickly to implement medical cannabis, though it is not clear yet which program will be more effective in the long-run. Using implementation theory, we examine how policy design and political environment shape the implementation of medical cannabis in the two states.

**Motivations**
- Identify measurable independent and dependent variables for medical cannabis implementation
- Compare two cases with substantial political, social, and demographic similarities in order to identify specific differences that caused differences in implementation outcomes
- Develop a framework for a 33 state study

**Implementation Theory**
We rely on the third generation of implementation theory [1] as our framework for understanding medical cannabis implementation. Dependent variables include the speed and success of implementation. Table 1 displays the key variables expected to shape implementation outcomes and their specific components that can be measured.

**Table 1: Implementation Theory: Key Variables**

<table>
<thead>
<tr>
<th>Determinant Type</th>
<th>Variable</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Government</td>
<td>Inducements</td>
<td>+</td>
</tr>
<tr>
<td>Policy Design</td>
<td>Consistency</td>
<td>+</td>
</tr>
<tr>
<td>State Actors</td>
<td>Legislative Effort</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Gubernatorial Effort</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Advocacy Coalition Resources</td>
<td>-</td>
</tr>
<tr>
<td>Organizational Capacity</td>
<td>Number of organizational units</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Personnel Assigned</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Program Budget</td>
<td>+</td>
</tr>
<tr>
<td>Ecological Capacity</td>
<td>Fiscal Capacity</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Political Capacity</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Issue Salience</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Media Attention</td>
<td>+</td>
</tr>
</tbody>
</table>

**Policy Design**
Conditions Covered by Each State Law

Pennsylvania
- Intractable Spasticity
- Epilepsy
- Autism
- Parkinson’s
- Fibromyalgia
- OH: John Kasich (R)

Ohio
- Huntington’s Disease
- HIV/AIDS
- Tourette’s syndrome
- Traumatic brain injury
- Ulcerative colitis

**Supply Chain Integration**

**Local Control**
The Ohio medical cannabis law allows local governments the option of banning the presence of growers, processors, and dispensaries. Pennsylvania legal precedent and the Municipalities Planning Code likely bars local governments from prohibiting or unduly restricting a legitimate use, like medical cannabis operations.

**Outcomes**

**Federal Inducements**
Marijuana is still a Schedule I drug under the Controlled Substances Act of 1970, meaning it has no recognized medicinal use. However, federal enforcement signals have varied over time. Our previous research found no impact of federal enforcement signals on medical cannabis adoption [2].

**State Actors**
Legislatures
The Ohio legislature was reluctant and ultimately prompted to act because of a credible ballot initiative threat. The Pennsylvania legislature was reluctant to act until a Republican champion (Senator Mike Folmer) emerged. Pennsylvania does not have the direct initiative, thus more legislative effort is required to enact a law like medical cannabis.

Governors
PA: Tom Wolf (D)  OH: John Kasich (R)

**Dispensaries**

**Patients**

**Discussion**
Based on our preliminary research, it appears that differences in the pace of implementation of medical cannabis in Ohio and Pennsylvania are due to political and institutional contexts, as well as policy design. Furthermore, those differences in policy design are themselves likely due to political and institutional contexts. This case comparison points to important variation in policy design that can be measured in other states, including local control, supply chain integration, and condition coverage.

**References**