



# 2025 Center for Medical Cannabis annual report

State of Utah  
Center for Medical Cannabis  
November 2025

To: Health and Human Services (HHS) Interim Committee  
From: Richard Oborn, Office Director, Center for Medical Cannabis  
Subject: 2025 Annual Report for the Center for Medical Cannabis

## Purpose

The Utah Department of Health and Human Services (DHHS) Center for Medical Cannabis (CMC) is pleased to submit this annual report as required by [Utah Code Annotated 26B-4-222](#). This report provides general information and statistics about the Utah medical cannabis program as of September 30, 2025.

## Executive summary

Key program developments from the past year include the following:

- **Number of active medical cannabis cardholders increased by 17%.** There were 104,402 active medical cannabis cardholders as of September 30, 2025—an increase of 17% during the past year.
- **Number of participating medical providers increased by 12%.** There were 1,202 registered recommending medical providers (RMP<sup>1</sup>s) as of September 30, 2025. The number of RMPs increased by 12% during the past year.

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<sup>1</sup>Recommending medical providers include any provider who recommends medical cannabis (previously called qualifying medical providers (QMP) and limited medical providers (LMP)). Last year, this section of the report focused only on qualifying medical providers. The numbers reported above on percentage increase include QMPs and LMPs.

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## 1. Background and duties

Utah voters approved Proposition 2 on November 6, 2018, which legalized medical cannabis in Utah for qualifying patients. Since its passage, [Utah Code 26B-4-2](#) has been amended multiple times by Utah lawmakers.

The DHHS CMC performs the following responsibilities under [Utah Code 26B-4-2](#):

- Register medical cannabis cardholders (patients, guardians, and caregivers), recommending medical providers, and pharmacy medical providers.
- Regulate some aspects of the medical cannabis industry.
- Inspect, audit, and investigate complaints about medical cannabis cardholders, recommending medical providers and pharmacy medical providers.
- Manage the medical cannabis software used to run the electronic verification system and inventory control system.
- Provide administrative support to the Compassionate Use Board (CUB) and the Medical Cannabis Policy Advisory Board.

## 2. Achievements

Key achievements during the past year include the following:

### **Overhaul of the CMC website with a new and improved website design.**

- On July 1, 2025, the DHHS CMC, the Utah Department of Technology Services (DTS), and the Utah Digital Experience Team (DXP) launched the new CMC website that aims to enhance the patient and provider experience.
- Improvements include:
  - Simplifying navigation by reducing redundant links, improving website search methods, eliminating accordions.
  - Enhancing mobile-friendliness.
  - Reformatting and rewriting all content for clarity and conciseness, removing PDFs, and transferring information to webpages.
  - Separating patient and provider information.
  - Integrating a customized Service Navigator for the CMC website.

### **Updated the medical cannabis electronic verification software (EVS) system to be more user friendly and to comply with legislative changes.**

- Updated the language in the EVS to match legislative changes (ex: changing qualified medical provider (QMP) to recommending medical provider (RMP).
- Removed the RMP fee and reduced the patient fee.
- Allowed RMPs to self-certify that they completed 4 hours of medical cannabis

education.

- Updated the EVS homepage to be more mobile friendly.
- Redesigned the medical cannabis card to be easier to view on smartphones, have less personally identifiable information, match DHHS branding, increase readability, and include educational information related to safe medical cannabis use.
- Allowed patients to include multiple delivery addresses in their EVS account.
- Key successes:
  - Call volume reached an all-time low in May 2025, with only 1,053 calls.
  - Payments by phone dropped by more than half, from a monthly average of 155 in 2024 to just 76 this year.

#### **Continued education and outreach efforts throughout the state.**

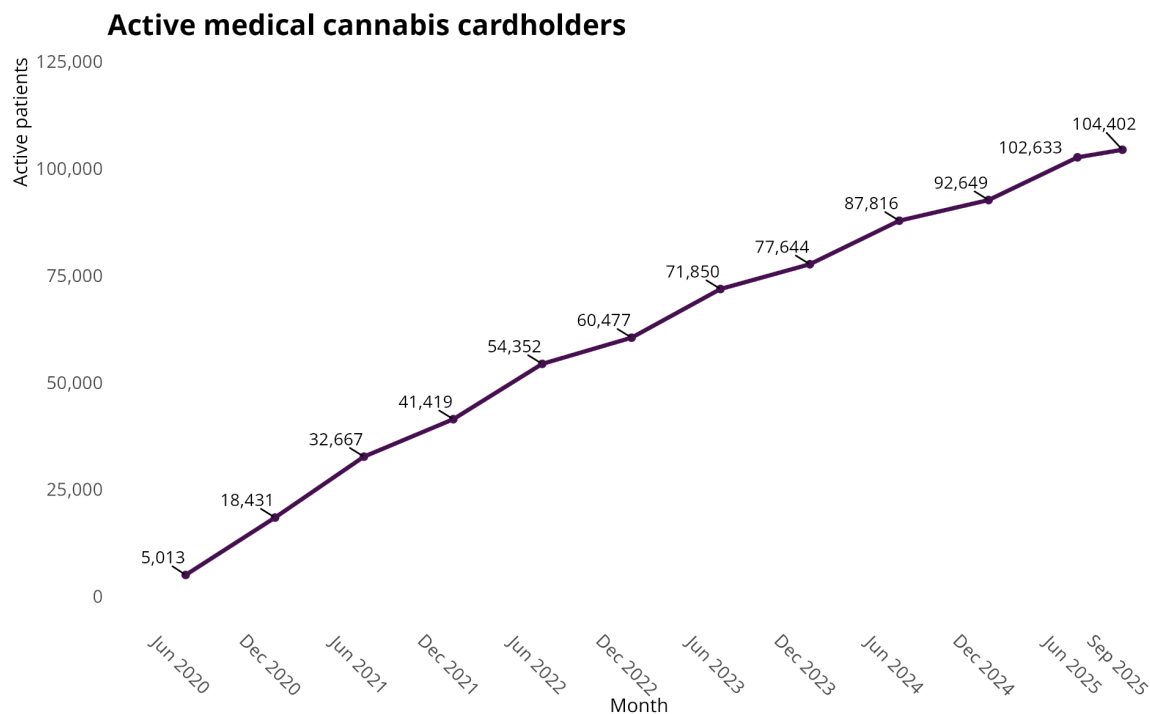
- Presented information about the program to various groups, including the Utah Nurse Practitioner's Pharmacology Conference, Ogden Surgical Medical Society, Utah Conference on Substance Use, and the Millcreek Rotary Club.
- Provided resources to patients and providers such as the [University of Utah video series](#) on how to talk to a medical cannabis patient, provider, or pharmacist and the [American Medical Association podcast series](#) on cannabis. We continue to send out quarterly email newsletters to provide targeted information to medical providers and patients more efficiently.
- Created process pages to assist patients and providers in navigating the online services offered by the CMC.
- Created the [patient product information webpage](#) and printable one pager that is provided by medical cannabis pharmacies to patients when they buy medical cannabis.

### 3. Medical cannabis cardholder registration

**Table 1. Statistics on medical cannabis cardholders (patients, caregivers, and guardians) as of September 30, 2025**

The number of initial applications filed for medical cannabis cards (March 2, 2020 to September 30, 2025).	190,873
The number of resident patients with an active medical cannabis card.	104,402
The total number of non-resident patients who received temporary medical cannabis cards.	3,868
The number of caregiver cardholders with an active medical cannabis card.	437
The number of guardian cardholders with an active medical cannabis card.	48
The number of unique patients who submitted medical cannabis renewal applications (March 2, 2020, to September 30, 2025).	119,776
The number of medical cannabis cards revoked by DHHS (March 2, 2020 to September 30, 2025).	1

**Figure 1. Active patient cardholder growth, June 30, 2020 to September 30, 2025**



**Table 2. Patient cardholder demographics by age as of September 30, 2025**

Patient age	Number of patients	Percentage of total patients
13 and younger*	18	<1%
14-17*	21	<1%
18-20	45	<1%
21-30	22,761	22%
31-40	27,201	26%
41-50	23,379	22%
51-60	13,501	13%
61-70	11,307	11%
71 and older	6,169	6%
<b>Total</b>	<b>104,402</b>	<b>100%</b>

\*Patients younger than 18 years require a guardian who has a medical cannabis guardian card.

**Table 3. Patient cardholders by county of residence as of September 30, 2025**

<b>County</b>	<b>Number of patients</b>	<b>Percentage of total patients</b>
Beaver	222	<1%
Box Elder	2,115	2%
Cache	3,707	4%
Carbon	959	<1%
Daggett	19	<1%
Davis	11,633	11%
Duchesne	346	<1%
Emery	315	<1%
Garfield	133	<1%
Grand	165	<1%
Iron	1,941	2%
Juab	299	<1%
Kane	179	<1%
Millard	242	<1%
Morgan	270	<1%
Other	148	<1%
Piute	20	<1%
Rich	59	<1%
Salt Lake	42,697	41%
San Juan	60	<1%
Sanpete	621	<1%
Sevier	423	<1%
Summit	1,525	1%
Tooele	2,110	2%
Uintah	567	<1%
Utah	16,395	16%
Wasatch	1,087	1%
Washington	5,371	5%
Wayne	28	<1%
Weber	10,746	10%
<b>Total</b>	<b>104,402</b>	<b>100%</b>

\*"Other" includes out of state medical cannabis cards and invalid addresses

**Table 4. Patient cardholders by medical conditions as of September 30, 2025**

Medical condition	Number of patients	Percentage of total patients
AIDS	53	<1%
ALS	22	<1%
Alzheimer's disease	50	<1%
Autism	734	<1%
Cachexia	51	<1%
Cancer	2,071	2%
Crohn's disease	573	<1%
Debilitating seizures	131	<1%
Epilepsy	684	<1%
HIV	170	<1%
Hospice care	58	<1%
MS	737	<1%
Nausea	2,151	2%
Other	35	<1%
Pain - acute (30 days only)	19	<1%
Pain - persistent	89,979	86%
Persistent muscle spasms	453	<1%
PTSD	5,993	6%
Rare condition	97	<1%
Terminal illness	36	<1%
Ulcerative colitis	305	<1%
<b>Total</b>	<b>104,402</b>	<b>100%</b>



## 4. Compassionate Use Board (CUB)

Utah law requires patients younger than 21 years and patients who do not have a qualifying medical condition listed in [Utah Code 26B-4-203](#) to submit a petition to the CUB. The CUB reviews each petition and recommends if it should be approved or denied. We follow the board's recommendations for each petition and provide medical cannabis cards to patients whose petitions are approved.

[26B-4-245\(2\)](#) allows recommending medical providers to request a waiver for patients to purchase more medical cannabis each month than the state limit allows. Waivers can only be requested for patients who are diagnosed with a terminal illness, have a life expectancy of 6 months or less, and are using medical cannabis for palliative care. We consult with the CUB to issue these waivers. So far, we have not received any waiver requests.

### Petition outcomes

The following tables report the number of CUB petitions that were approved or denied in the past 12 months (October 2024 to September 2025) and the medical condition listed on each petition.

The CUB received 121 medical cannabis card applications that needed petitions and were not completed during this time period. This number includes patients who submitted an application but did not submit a petition and patients who did not respond to requests for more information about their petitions.

Table 5. CUB petition approvals and denials, past 12 months.

	Approvals		Denials	
	Under 21 years	Over 21 years	Under 21 years	Over 21 years
October 2024	2	0	2	0
November 2024	2	0	2	0
December 2024	2	0	1	0
January 2025	2	0	0	0
February 2025	1	0	2	0
March 2025	2	0	0	0
April 2025	3	0	0	0
May 2025	1	0	0	0
June 2025	6	0	1	0
July 2025	0	0	0	0
August 2025	6	0	2	0
September 2025	6	0	1	0
<b>Total</b>	<b>33</b>	<b>0</b>	<b>11</b>	<b>0</b>

Table 6. Medical conditions for which petitions were approved or denied.

Medical condition	Approved	Denied
Autism	6	2
Cancer	5	1
Crohn's Disease	0	0
Epilepsy	1	1
Nausea	1	0
Pain - Persistent	8	2
Persistent muscle spasms	3	0
PTSD	9	4
Rare condition	0	1
<b>Total</b>	<b>33</b>	<b>11</b>

## 5. Recommending medical providers (RMPs)

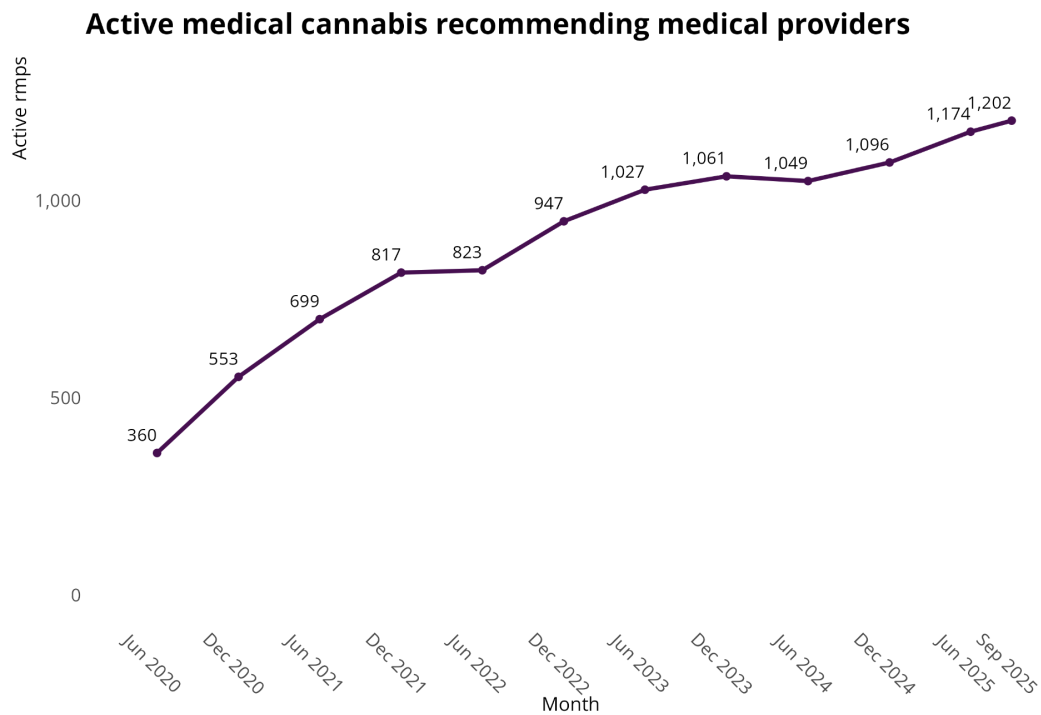
RMPs are licensed healthcare professionals who recommend medical cannabis to their patients. Utah-licensed physicians (MD, DO), advanced practice registered nurses (APRN), physician assistants (PA), and podiatrists (DPM) with a state controlled substance license may recommend medical cannabis to 1.5% of the total number of medical cannabis patients. Patients with health insurance that covers their visit aren't included in the patient limit.

**Table 7. RMP office locations by region as of September 30, 2025**

Region	Number of RMP office locations	Percent of total RMP office locations in each region
Greater Salt Lake	1,062	88%
Uintah Basin	9	<1%
West Central	12	1%
East Central	6	<1%
Southwest	92	8%
Southeast	3	<1%
Other*	18	2%
<b>Total</b>	<b>1,202</b>	<b>100%</b>

\*Indicates that the zip code provided by the RMP is either invalid or out of state.

**Figure 2. RMP totals as of September 30, 2025**



**Table 8. RMPs by Division of Professional Licensing (DOPL) license type as of September 30, 2025**

RMP DOPL license type	Number of RMPs
Osteopathic Doctor (DO)	81
Physician Assistant (PA)	185
Advanced Practice Registered Nurse (APRN)	638
Medical Doctor (MD)	296
Doctor of Podiatric Medicine (DPM)	2
<b>Total</b>	<b>1,202</b>

## 6. CMC expenses and revenues

**Table 9. CMC expenses—FY 2025 actual and FY 2026 projected**

Expense description	FY 2025 (actual)	FY 2026 (projected)
CMC personnel	\$1,763,400	\$1,864,600
Electronic systems (license fees, development, enhancements, and maintenance of electronic verification and inventory control systems)	\$2,196,400	\$2,383,200
Travel (in state and out of state)	\$21,300	\$18,000
Current expense (payment processing fees, AG legal fees, contractual services, education, and misc.)	\$787,400	\$855,800
Department overhead charges	\$61,100	\$104,000
Transfers (Center for Medical Cannabis Research, State Division of Finance)	\$652,500	\$652,500
<b>Total expenses</b>	<b>\$5,482,100</b>	<b>\$5,878,100</b>

**Table 10. CMC revenues—FY 2025 actual and FY 2026 projected**

Revenue description	FY 2025 (actual)	FY 2026 (projected)
General fund provided	\$0	\$0
Business fees	\$47,700	\$5,100
Patient fees	\$1,713,100	\$1,013,700
Sales fees	\$4,827,800	\$2,425,500
Interest income	\$421,400	\$350,000
<b>Total revenues</b>	<b>\$7,010,000</b>	<b>\$3,794,300</b>

## 7. University of Utah Center for Medical Cannabis Research

The Center for Medical Cannabis Research (CMCR) is a state-sponsored research center focused on securing funding and overseeing research about the health effects of cannabis. [HB 230](#) and [Utah Code 53B-17-1402](#) describe its responsibilities. Some specific responsibilities include the following:

- analyzing cannabis research literature, clinical studies, and clinical trials;
- updating medical professionals about new research findings; and
- maintaining a comprehensive database of published scientific reports on medical cannabis.

### Implementation of the CMCR

#### Stakeholders

The CMCR is focused on creating a network of experts in multiple areas, including academic researchers across Utah, external research experts, non-academic researchers, public health advisors, outside organizations, and community collaborators.

#### Internal team

The CMCR uses a layered governance structure. Daily operations are managed by the following people:

- **Gerald Cochran, MSW, PhD**, Interim Director, Professor of Internal Medicine and Director of Research for the Program on Addiction Research, Clinical Care, Knowledge, and Advocacy, Division of Epidemiology, University of Utah
- **Valerie Ahanonu, BS**, SVPHS Center for Medical Cannabis Research Senior Manager

The CMCR steering committee oversees the strategic development and implementation of the center's goals. Current committee members include the following people:

- **Bruce Bugbee, PhD**, Director, Crop Physiology Laboratory; Professor, Crop Physiology, Department of Plants, Soils and Climate, Utah State University
- **Deborah Yurgelun-Todd, PhD**, Professor, Psychiatry, Department of Psychiatry; Vice Chair, Research, Huntsman Mental Health Institute, University of Utah
- **Guangzhen Wu, PhD**, Assistant Professor, Department of Sociology, University of Utah
- **Karen Wilcox, PhD**, Professor and Chair, Department of Pharmacology and Toxicology, Richard L. Stimson Presidential Endowed Chair, Pharmacy, University of Utah
- **Meeyoung Min, PhD, MSW**, Associate Professor and the Belle S. Spafford Endowed Chair in Women and Families, College of Social Work, University of Utah

- **Michael Moss, MD, FAACT**, Medical Director, Utah Poison Control Center; Assistant Professor, Department of Emergency Medicine, University of Utah
- **Misty Smith, PhD**, Co-investigator, Anticonvulsant Drug Development (ADD) Program; Research Assistant Professor, Department of Pharmacology and Toxicology; Assistant Professor in the Oral Biology, Medicine, and Pathology, Section of the School of Dentistry, University of Utah
- **Perry Fine, MD**, Professor, Anesthesiology, School of Medicine; Faculty, Pain Research Center; Attending Physician, Pain Management Center, University of Utah
- **Ray Merrill, PhD, MPH, MS, FAAHB, FACE**, Professor, Gerontology Program Director, Brigham Young University
- **Rico Del Sesto, PhD**, Professor, Department of Chemistry and Biochemistry, Director, Center for Climate Resilience and Sustainability, Utah Tech University

The CMCR looks for researchers with varied areas of expertise in order to create a multifaceted committee.

### External advisory board

The external advisory board includes professionals outside University of Utah staff. The board supports and advises on the center's goals and direction. Current board members include the following people:

- **Representative Jennifer Dailey-Provost, MBA**, Utah House of Representatives 22nd district; PhD Candidate, Division of Public Health, University of Utah
- **Richard Oborn, MPA, Office Director**, Center for Medical Cannabis, Utah Department of Health and Human Services
- **Russell H. Cashin, PhD, CBGT**, Adjunct Professor, Psychology, Mohave Community College; Faculty Instructor, Utah Tech University Continuing Education
- **Ethan Russo, MD**, Founder and CEO, CReDO Science

The center's focus over the next year will be to identify a network of additional researchers and cannabis experts (both internally and externally) to serve in an advisory capacity in line with CMCR developmental goals.

### Milestones

Funding for the center began on July 1, 2023. During the CMCR's second year of operation, they have accomplished the following milestones:

- Received \$25,000 in philanthropic donations to apply to CMCR research projects.

- Developed Spanish versions of [educational videos](#) that support providers, pharmacists, and patients in initiating conversations surrounding access to and safe use of medical cannabis with the Genetics Science Learning Center (GSLC).
- Dr. Lirit Franks completed an evidence-based review focused on pain to provide updated information in support of DHHS guidelines regarding pain and cannabis use.
- Dr. Lauren Heath and Dr. Franks completed a review of Amyotrophic Lateral Sclerosis (ALS) and cannabis use to support updating DHHS guidelines.
- Promoted innovative medical cannabis research studies at the University of Utah and Utah State University (USU) by awarding \$150K in seed grant funding to 3 awardees (\$50K each).
- Hosted the CMCR's second annual symposium on January 21, 2025, which included two keynote speakers, presentations from 2024 seed grant awardees, and internal talks from subject matter experts.
- Provided a 2024 legislative update focused on the progress of the CMCR to legislators involved in Utah cannabis policy development and Utah DHHS.
- Developed a survey to evaluate the economic requirements and potential research customer base to inform the DEA Approved Bulk Manufacturer in collaboration with Dr. Bruce Bugbee, Director, USU Crop Physiology Laboratory and Dr. Tanner McCarty, Assistant Professor, USU Department of Applied Economics. This project created opportunities for Utah to support cannabis research nationally.
- Began outlining a data-linking project in collaboration with the Medical Cannabis Outcome Research and Evaluation (MCORE) team, which evaluates patient experiences within the Utah State Medical Cannabis Program.
- Supported the MCORE in submitting a research proposal for the Ben B. and Iris M. Margolis Foundation's Transformational Research Project, a philanthropic funding opportunity. The proposal was selected and awarded \$85,000 for the project. This project is designed with two aims: (1) Create a database of novel data linkage of medical cannabis (MC) patient health outcomes, MC use, MC characteristics, and information from medical records. (2) Analyze the effect of MC products used and specific patient outcomes.
- Partnered with the Colorado State University Institute of Cannabis Research 9<sup>th</sup> Annual Cannabis Research conference.
- Began discussions with Weber State University (WSU) to develop a mentor/training program that offers research opportunities to students and faculty interested in cannabis research. Additionally, the CMCR will work with WSU to develop education modules about medical cannabis for medical professionals.



## Budget

The CMCR is allocated \$650 thousand each year from the Qualified Patient Enterprise Fund managed by the DHHS CMC. Allocated funds are managed by the center's interim director and the senior manager.

**Table 11: University of Utah CMCR current budget FY25**

<b>Expense description</b>	<b>Total</b>
CMCR personnel	\$165,000
Literature review and GSLC education outreach	\$100,000
Pilot grants	\$150,000
<b>Flexible spending and legislative projects</b>	
DEA manufacturers application strategic development	\$130,000
Travel to other cannabis research centers	\$8,000
Cannabis research conference attendance	\$7,000
Faculty outreach and engagement	\$10,000
RMP outreach and engagement	\$5,000
Public communications and engagement	\$5,000
Clinical cannabis research database development	\$40,000
Events	\$20,000
General operations	\$10,000
FY24 encumbered	\$41,000
Philanthropic donation	\$25,000
<b>Budget total</b>	<b>\$716,000</b>

**Table 12: University of Utah CMCR proposed budget FY26**

<b>Expense description</b>	<b>Total</b>
CMCR personnel	\$211,000
Literature review and GSLC education outreach	\$120,000
Pilot grants	\$150,000
<b>Flexible spending and legislative projects</b>	
DEA manufacturers application strategic development	\$50,000
Research review committee stipends	\$10,000
Travel to other cannabis research centers	\$8,000
Cannabis research conference attendance	\$7,000
Faculty outreach and engagement	\$10,000
RMP outreach and engagement	\$5,000
Public communications and engagement	\$5,000
Clinical cannabis research database development	\$75,000
Events	\$20,000
General operations	\$10,000
<b>Budget total</b>	<b>\$681,000</b>

\*FY26 proposed spending reflects allocation of encumbered and philanthropic donations.

### **Future priorities**

The mission of the CMCR is to lead methodologically sound research evaluating the safety and efficacy of cannabis and cannabis products used with therapeutic intent.

In the upcoming year, the CMCR will continue to prioritize its efforts to advance medical cannabis research through the following activities:

- Hire a nationally recognized cannabis researcher to serve as the permanent faculty director of the CMCR. The CMCR will lead a national search to identify candidates for this position.
- Continue to provide seed grant funding for cannabis and cannabis-related research to expand the footprint of cannabis research in the state of Utah.
- Lead evidence-based literature reviews in coordination with the Eccles Health Sciences Library librarians and CMCR affiliated faculty experts to create cannabis research materials as a resource for researchers and opportunities for publications.
- Assess scientific evidence on indications for using cannabis as a potential treatment. This will be done by utilizing evidence based literature review resources and engaging experts within the field. In addition, the established committees will serve as a sounding

board to elevate concerns from Utah cannabis researchers to the Utah Medical Cannabis Policy Advisory Board (MCPAB).

- Conduct a national survey for cannabis researchers to provide economic data about cannabis product cost and availability. This data will support analytical evaluation of the outcome potential of the CMCR and USU applying to become a DEA Approved Bulk Manufacturer. It may lead to opportunities for Utah to support cannabis research nationally.
- Collaborate with the GSLC team to produce research-based learning modules for researchers and the general public.
- Work with Weber State University (WSU) to create mentorship and training opportunities for students and faculty members interested in participating in cannabis research projects. They will also support a collaborative working group of nurses in developing continuing education materials about cannabis that specifically represents real-world patient interactions.
- Continue developing partnerships with other established cannabis research centers throughout the country for collaborative research projects and additional grant funding opportunities.
- Develop data sharing resources with MCORE that provide correlative insight into patient outcomes, Utah Medical Cannabis Program interactions, and public health data. These resources may lead to a unique and impactful tool for researchers, providers, patients, and public health offices.