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Connecticut Lawmakers Weigh Hospital Medical Cannabis Bill

Connecticut Lawmakers Consider “Ryan’s Law” Proposal That Would Allow Terminally Ill Patients To Use Medical Marijuana In Hospitals, Nursing Homes And Hospices

Connecticut lawmakers are weighing legislation that would allow certain qualifying patients to access medical marijuana while receiving care in hospitals, nursing homes and hospices, joining a growing number of states taking up similar proposals.

Members of the legislature’s Joint Committee on Public Health held a hearing Monday on HB 5242, taking testimony from state agencies, medical institutions and advocates as they consider implementing a policy commonly known as “Ryan’s law.” The measure is named after Ryan Quarles, a young California medical cannabis patient whose family pushed for reforms after he was denied access to his medication in a hospital before his death.

Under the Connecticut proposal, patients with a terminal prognosis of one year or less would be permitted to use non-smokable cannabis products—such as tinctures, edibles and topicals—at covered health facilities. Smoking and vaporizing cannabis would remain prohibited, and the policy would not apply to patients receiving emergency care.

Bill Includes Federal Safeguards Allowing Hospitals To Suspend Cannabis Access If Agencies Such As DOJ Or CMS Take Enforcement Action

HB 5242 contains language designed to address potential conflicts with federal law. The bill specifies that health facilities could suspend the allowance of medical cannabis if a federal agency—such as the U.S. Department of Justice or the Centers for Medicare & Medicaid Services (CMS)—initiates enforcement action or issues guidance specifically prohibiting marijuana access on their premises.

Supporters argue that the legislation is necessary to prevent terminally ill patients from losing access to medicine they are legally authorized to use once they enter a regulated care setting.

Erin Gorman Kirk, Connecticut’s cannabis ombudsman, told lawmakers that under current policy “a registered patient facing a terminal prognosis may be forced to abandon their legally authorized regimen the moment they are admitted to a hospital or nursing home.”

“Patients who cannot or will not tolerate opioids, or who have found in medical cannabis the only effective relief for their pain, nausea, or anxiety, are left without options simply because of where they receive care,”

she said. “HB 5242 corrects this by requiring covered facilities to allow those with a terminal prognosis of one year or less to use non-smokable cannabis forms.”

Kirk described the proposal as “important, impactful, and morally necessary,” arguing that it protects vulnerable patients seeking alternatives to opioids and ensures they can “die with dignity.”

Hospital And Long-Term Care Associations Warn Proposal Would Force Providers To Navigate Conflicting Federal And State Laws

Not all stakeholders support the measure.

The Connecticut Hospital Association submitted testimony opposing the bill, stating that it “misapprehends several issues about the laws and regulations governing hospitals.”

The association argued that HB 5242 would effectively require hospitals to violate federal law, which still classifies marijuana as a Schedule I substance. It noted that the Connecticut Department of Public Health would be responsible for enforcing federal oversight requirements tied to CMS funding, while the state Department of Consumer Protection oversees controlled substances laws.

Similarly, the Connecticut Association of Health Care Facilities and the Connecticut Center for Assisted Living cautioned that compliance could place providers in an “untenable situation” as they attempt to reconcile conflicting federal and state requirements.

Connecticut Joins Colorado, Hawaii, Virginia And Washington State In Advancing Similar “Ryan’s Law” Measures

Connecticut is among the latest states to consider codifying “Ryan’s law” policies to ensure terminally ill patients can access medical marijuana in healthcare settings.

In recent weeks, similar proposals have advanced in at least four states: Colorado, Hawaii, Virginia and Washington.

Advocates across the country argue that such reforms are necessary to ensure patients retain access to physician-approved treatments regardless of where they receive care. Opponents, however, continue to raise concerns about federal compliance risks for facilities that rely on Medicare and Medicaid funding.

The Joint Committee on Public Health has not yet voted on HB 5242, and lawmakers are expected to continue reviewing testimony before deciding whether to advance the bill.

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