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Secretary

**KENTUCKY OFFICE OF MEDICAL CANNABIS**  
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February 5, 2026

*Sent via electronic mail*

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***RE: Recommendations – Qualifying Medical Conditions***

Dear Legislative Leadership:

I write to you on behalf of the Office of Medical Cannabis (“OMC”) to recommend the General Assembly pass legislation in the 2026 Regular Session to expand the list of “qualifying medical conditions” contained in KRS 218B.010(26). Specifically, we recommend passing legislation to provide Kentuckians with the serious medical conditions listed below with access to medical cannabis beginning in 2026:

1. Amyotrophic Lateral Sclerosis;
2. Parkinson’s Disease;
3. Irritable Bowel Disease
4. Crohn’s Disease
5. Ulcerative Colitis;
6. Sickle Cell Anemia;
7. Cachexia or Wasting Syndrome;
8. Neuropathies;
9. Arthritis;

10. Fibromyalgia;
11. Muscular Dystrophy;
12. Huntington's Disease;
13. Human Immunodeficiency virus (HIV);
14. Acquired Immunodeficiency Syndrome (AIDS);
15. Glaucoma; and
16. Terminal Illness

By amending KRS 218B.010(26) to include these conditions, the General Assembly will provide relief for the approximately 430,000 Kentuckians suffering from these conditions.

As you know, in 2023, the Kentucky Board of Physicians and Advisors (“the Board”) and the Team Kentucky Medical Cannabis Workgroup (“the Workgroup”) both voted, independently, to recommend expanding the list of qualifying medical conditions. *See* attached letters dated December 21, 2023. The conditions listed above were unanimously approved for recommended inclusion on the list by the Board for the following reason: “It is collective, unanimous medical opinion that medicinal cannabis may have a positive medical, therapeutic, or palliative impact on Kentuckians suffering from these conditions.”

Notably, the Kentucky Board of Physicians and Advisors is statutorily-created, appointed by the state medical licensing boards, and confirmed by the Senate. That Board is required to make recommendations about the list of qualifying conditions. **That Senate-confirmed Board recommends expanding the qualifying conditions.**

This letter echoes the recommendation of the Kentucky Board of Physicians and Advisors.

Furthermore, ongoing scientific research regarding the benefits of medical cannabis continue to support its use for a variety of conditions. Notably, the federal Food and Drug Administration has approved THC-based medications prescribed in pill form (e.g., dronabinol and nabilone) for the treatment of nausea in patients undergoing cancer chemotherapy and to stimulate appetite in patients with wasting syndrome due to AIDS. Additionally, President Trump recently signed an Executive Order entitled “Increasing Medical Marijuana and Cannabidiol Research” that directs the United States Attorney General to “take all necessary steps to complete the rulemaking process related to rescheduling marijuana to Schedule III of the [Controlled Substances Act] in the most expeditious manner in accordance with Federal law, including 21 U.S.C. 811.” Schedule III substances are defined as those with currently accepted medical use and with less potential for physical and psychological dependence than Schedule I or Schedule II drugs. 21 U.S.C. § 812. Finally, the OMC has continued to hear from numerous Kentuckians that support expanding the list of qualifying medical conditions, including patients with conditions like those listed above as well as patient advocacy groups like KYNORML and Mom’s for Medical Cannabis.

At present, KRS Chapter 218B does not authorize the OMC or any other state agency or board to add qualifying medical conditions to the list provided in KRS 218B.010(26). However, KRS 218B.145 does allow the Kentucky Center for Cannabis established in KRS 164.983 to unilaterally expand the qualifying medical conditions by determining that “sufficient scientific data and evidence exist to demonstrate that an individual diagnosed with that specific medical

condition or disease is likely to receive medical, therapeutic, or palliative benefits from the use of medicinal cannabis ...” To date, the Kentucky Center for Cannabis has repeatedly expressed that it will not be utilizing the authority provided in KRS 218B.145. Accordingly, if the General Assembly is not inclined to act on the OMC’s above recommendation, the OMC alternatively recommends the legislature amend KRS 218B.145 to remove the Kentucky Center for Cannabis and replace it with the Board of Physicians and Advisors established in KRS 218B.020. This shifting of authority from an unelected, unappointed academic center to a statutorily created board with members appointed by their respective state licensing boards and confirmed by the Senate makes good sense and places such an important decision in the hands of medical professionals.

Thank you for your consideration of our recommendations, and the Office of Medical Cannabis looks forward to continuing to work together to ensure qualified individuals have access to safe medical cannabis products in the Commonwealth.

Respectfully,

*/s/Cannon Armstrong*

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