

Blog Post

# Georgia Widely Expands Patient Access to More Potent Medical Cannabis but Remains Smokeless

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The “Putting Georgia’s Patients First Act” ([Senate Bill 220](#) or the Act) brought sweeping changes to the state’s medical cannabis program on July 1, 2026, significantly expanding what had been one of the most restrictive medical cannabis programs in the country for more than a decade. Here’s what it means for the patients the program was designed to serve and the physicians who treat them.

## The History of Low THC Oil

In 2015, Georgia House Bill 1, Haleigh’s Hope Act, created a state registry for patients to receive

“low THC oil” to treat eight qualifying diagnoses: seizure disorders related to epilepsy or traumatic brain injuries, Crohn’s disease, and mitochondrial disease as well as cancer, Lou Gehrig’s disease, multiple sclerosis, Parkinson’s disease, and sickle cell anemia but only when severe or end-stage. The low THC oil worked for some people, such as effectively treating the seizures suffered by Georgians like the bill’s namesake, a young girl named Haleigh Cox. For many other patients, however, the medicine fell short because the 5% THC cap on what they were allowed to buy was simply too low to deliver medicinal effects.

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## The Replacement of the Low THC Oil Moniker

The first thing Georgians will notice is a name change. The Act replaces the clinical-sounding term “low THC oil” with “medical cannabis” throughout the Georgia Code. That may sound cosmetic, but statutory words matter. State regulators had long complained that “low THC oil” made the program sound like a watered-down hemp product rather than real medicine, perhaps a reason Georgia has the lowest patient-adoption rate among the dozens of states with medical cannabis programs. The new name signals a broader, more practical framework, and the “Low THC Oil Patient Registry” is now the “Medical Cannabis Patient Registry” to match. Importantly, low THC oil itself remains available to patients who find it beneficial.

## The 5% THC Potency Cap Is Gone

The headline reform is the retirement of the 5% THC cap, a ceiling that was reportedly too low for many patients to experience medicinal benefits. In its place, SB 220 installs a completely different metric. Instead of limiting how strong any single product can be, the law limits how much total THC a registered patient may possess at one time: a cumulative 12,000 mg, with no individual package exceeding 1,200 mg.

For consumers, full-strength products that were once off-limits are now available, but there is an accompanying burden to keep track of how much medical cannabis a patient possesses at any time. A tincture, a capsule pack, a topical patch, and a vape cartridge all count toward the same 12,000-mg running total. Everything must stay in its original, labeled pharmaceutical container, so patients just need to read the labels and do a little math to stay compliant.

## More Diagnoses Qualify for Georgia’s Medical Cannabis Patient Registry

Since 2015, the Georgia General Assembly amended the medical diagnoses that qualified for low THC oil to include epidermolysis bullosa, post-traumatic stress disorder, intractable pain, and autism spectrum disorder for patients 18 and older as well as Tourette's syndrome, Alzheimer's disease, AIDS, peripheral neuropathy, and autism for patients younger than 18 if diagnosed as severe and/or end-stage. SB 220 significantly expands the availability of the benefits of the new potent medicinal marijuana in Georgia in two important ways.

First, the law strips away the "severe" and "end-stage" restrictions that had been attached to qualifying medical conditions such as cancer, Lou Gehrig's disease, multiple sclerosis, Parkinson's disease, sickle cell anemia, HIV Stage III (AIDS), peripheral neuropathy, Tourette's syndrome, Alzheimer's disease, and autism for patients younger than 18. So, patients no longer have to wait until they are gravely ill to qualify; a documented diagnosis at an earlier, more moderate stage can now be enough to receive medical marijuana in Georgia.

Similarly, pursuant to SB 220 all cancer diagnoses qualify for the registry except non-metastatic skin cancer, so patients no longer need to be at the "end-stage" of cancer or endure wasting illness or recalcitrant nausea and vomiting to qualify for cannabis medication.

Second, the Act replaces the narrow qualifying condition of Crohn's disease with the broader term inflammatory bowel disease (IBD), which includes Crohn's disease, ulcerative colitis, and other unclassified IBDs. This change expands the previously narrow Crohn's-only eligibility into a wider range of diagnoses that captures the full spectrum of IBD patients. Because Crohn's and ulcerative colitis can be difficult to tell apart clinically, physicians can now certify a patient under the umbrella IBD diagnosis without having to pin down the exact subtype. SB 220 also adds lupus as a qualifying diagnosis without restrictions.

## Thank You for Not Smoking

Georgia joins a small group of states that allow patients to buy cannabis flower while prohibiting them from smoking it. The Act permits patients 21 and older to vaporize botanical flower in a dry-herb device in private settings, but it flatly prohibits consumption by combustion (i.e., lighting it on fire and smoking it). State legislators drew that line deliberately. Vaporization delivers the faster relief patients have asked for, but the continued ban on smoking marijuana addresses concerns about secondhand smoke and the paradox of “smoking your medicine.”

## Changes for Physicians

The gateway to Georgia’s Medical Cannabis Patient Registry remains the certifying physician, and the core requirements are essentially the same. Only a physician licensed to practice medicine in Georgia may certify a patient for the registry, and only after establishing a genuine doctor-patient relationship, diagnosing a qualifying condition, and actually treating the patient for that condition.

There are some important changes for physicians, however. Initially, physicians who certify patients for the registry must now have their principal places of business in Georgia. Also, the elimination of the THC potency cap gives doctors real latitude to recommend a medical cannabis regimen based upon milligrams, potency, and frequency, customized for each patient’s medical needs rather than fighting an arbitrary 5% ceiling, which better mirrors how medicine is actually prescribed.

Patient recertification is also less onerous, as patients with incurable or irreversible conditions no longer need a physician’s sign-off every year, which frees providers from rubber-stamping renewals for patients whose diagnoses are not going to change. Notably, the bill was sponsored in the Georgia House of Representatives by a physician-legislator, a detail

supporters point to as evidence that the reforms were written with clinical practice in mind.

## What Hasn't Changed

For all its sweeping changes, SB 220 is still a medical law, not a recreational one. Georgia has not legalized recreational cannabis, home cultivation by patients or caregivers remains prohibited, and the medical cannabis program remains firmly in the hands of licensed physicians, a state commission, and a limited network of in-state growers and dispensary-pharmacies. As noted, smoking and public use are still banned.

On the federal side, the landscape shifted in April 2026 when the U.S. Department of Justice issued a final order moving marijuana dispensed under a qualifying state medical license from Schedule I to Schedule III of the Controlled Substances Act. That change means Georgia's state-licensed medical cannabis is no longer grouped with drugs like heroin and LSD, but it is not legalization. Marijuana remains a federally controlled substance, recreational cannabis stays on Schedule I, and the rescheduling is still subject to ongoing administrative review and court challenges that leave the federal status of cannabis unsettled.

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In sum, the Putting Georgia's Patients First Act does what its name promises by providing for more clinically potent products, more qualifying conditions, and easier renewals, all routed through a physician who knows the patient. Allowing qualifying patients to buy cannabis flower but not light it likewise puts patients first by insisting upon more healthy means to consume medical cannabis. The focus is now on the Georgia Access to Medical Cannabis Commission, which continues to govern the state's medical cannabis program, to see how soon it can complete its rulemaking and implement the Act's sweeping changes.

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**Disclaimer:**

Possessing, using, distributing, and/or selling marijuana or marijuana-based products is illegal under federal law, regardless of any state law that may decriminalize such activity under certain circumstances. Although federal enforcement policy may at times defer to states' laws and not enforce conflicting federal laws, interested businesses and individuals should be aware that compliance with state law in no way assures compliance with federal law, and there is a risk that conflicting federal laws may be enforced in the future. No legal advice we give is intended to provide any guidance or assistance in violating federal law.

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