

CABINET FOR HEALTH AND FAMILY SERVICES
Office of Medical Cannabis
(New Administrative Regulation)

915 KAR 2:050. Qualifying Medical Conditions.

RELATES TO: KRS Chapter 218B

STATUTORY AUTHORITY: KRS 218B.020; 218B.140(1)(c); 218B.010(26)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 218B.020 charges the Cabinet for Health and Family Services with the implementation, operation, oversight, and regulation of the medicinal cannabis program established in KRS Chapter 218B. KRS 218B.140(1)(c)21 authorizes the Cabinet for Health and Family Services to promulgate administrative regulations that establish standards, procedures, or restrictions that the cabinet deems necessary to ensure the efficient, transparent, and safe operation of the medicinal cannabis program. This administrative regulation provides clarification regarding the definition of "qualifying medical condition" contained in KRS 218B.010(26).

Section 1. The definition of "qualifying medical condition."

(1) The definition of "qualifying medical condition" contained in KRS 218B.010(26) may encompass additional medical conditions if an underlying symptom of those conditions is:

- (a) Expressly defined as a "qualifying medical condition" in KRS 218B.010(26); and
 - (b) Properly diagnosed by a medical cannabis practitioner or the medical cannabis practitioner properly confirms the diagnosis provided by another health care provider.
- (2) The following list of medical conditions have been recommended for express inclusion within the definition of "qualifying medical condition" by the Kentucky Board of Physicians and Advisors and are recognized as having at least one (1) underlying symptom that is defined as a "qualifying medical condition" under KRS 218B.010(26):

- (a) Amyotrophic Lateral Sclerosis;
- (b) Parkinson's Disease;
- (c) Crohn's Disease;
- (d) Ulcerative Colitis;
- (e) Sickle Cell Anemia;
- (f) Cachexia or Wasting Syndrome;
- (g) Neuropathies;
- (h) Severe Arthritis;
- (i) Fibromyalgia;
- (j) Muscular Dystrophy;
- (k) Huntington's Disease;
- (l) Human Immunodeficiency Virus (HIV);
- (m) Acquired Immunodeficiency Syndrome (AIDS);
- (n) Glaucoma; and
- (o) Terminal Illness.

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CANNON ARMSTRONG, Executive Director

STEVEN J. STACK, MD, MBA, Secretary

APPROVED BY AGENCY: May 28, 2026

FILED WITH LRC: June 2, 2026 at 3:20 p.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on August 24, 2026, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by August 17, 2026, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends virtually will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation through August 31, 2026. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

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