SB 420 – The Medical Marijuana Program Act

A Critical Analysis of the Formulation of California’s Medical Marijuana Law

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***Abstract***

In 1996, California became the first state in the country to decriminalize marijuana for medical use through a voter referendum known as Proposition 215. Subsequently, in 2004, the state legislature passed SB 420, the Medical Marijuana Program Act, which created a structure to help implement the 1996 ballot initiative. By using Jack Kingdon's "Policy Streams Model," it is possible to analyze SB 420 by using a model-based approach to policy. Though in general the model is very successful, it does not fit perfectly, nor should it or any other model. However, the explanatory power the model gives helps better discern how the policy formulation process of SB 420 created the Medical Marijuana Program that is used across the entire state of California today.

**Policy Formulation**

***1. The Policy Streams Model***

In order to analyze the formulation stage of SB 420, John Kingdon’s “Policy Streams Model” will be applied. This model consists of three different streams: the Problem Stream, the Policy Stream, and the Politics Stream. When at any point at least two of the streams cross, a policy window is opened, creating an opportunity for legislative action.

The Problem Stream describes how different problems will cause an issue to be placed on the agenda of a decision-maker. This is done in a few different ways. First, through the use of indicators – e.g. the Consumer Price Index, infant mortality rates, etc. – legislators can not only be made aware of a problem, but they can also use these indicators to assess its magnitude.[[1]](#footnote-1) Problems also arise via focusing events. These instances are large-scale occurrences which make a problem so obvious, it is difficult to ignore.[[2]](#footnote-2) Such examples might include the Columbine shooting being a catalyst for discussions on gun control. Finally, feedback can also help to inform a policy-maker of an issue that needs addressing.[[3]](#footnote-3) This is often seen through public opinion polls, but other examples could include protests or mass mailings to elected officials. When the public has something on its mind or an issue it wants addressed, it will make decision-makers aware of their concerns through its feedback.

As Kingdon describes the Policy Stream, it is made up of all the ideas that some individuals or actors want to see acted upon. Essentially, this stream is a place where all kinds of ideas culminate and compete. In what is described as a “primeval soup,” many different policy ideas can originate from a plethora of different actors and networks, or as Kingdon refers to them, “policy communities.”[[4]](#footnote-4) Oftentimes various competing legislation seeking to address an issue find their home within the soup. For example, as various elected officials assert that the United States tax code is too complicated and filled with loopholes, they all put forward their own plans to simplify it. Each of these ideas (or, in later stages, bills) is part of the primeval soup. Also, as a part of this stream, actors must assess whether their policy or idea has even a remote chance of surviving by guaranteeing the following: it is technically feasible; it meets the criteria of value acceptability by experts; it anticipates future constraints.

Finally, one of the most useful streams in the political process is known as the Politics Stream. Here, different political factors and factions help shape and determine not only which issues are placed in front of decision-makers but also sometimes which issues have enough support to ensure passage. The public’s mood is a vital indicator in this stream.[[5]](#footnote-5) If an issue has widespread support or an imperative sense that something needs to be done, it is much likelier to garner the attention of policy-makers. The state of organized forces also matters, whether they be inside or outside of government.[[6]](#footnote-6) Issues with widespread support among interest groups, or at least strong support from a few groups, tend to have a much higher chance at survival. Finally, the make-up of the legislature and executive office are paramount to the outlook of a policy.[[7]](#footnote-7) When the same party controls both houses of the legislature and the governorship/presidency, they have much more leeway to not only pass bills they favor but to get more of what they want out of the legislation process.

Because of the inclusivity of this model – in that it takes into account several different factors of the policy-making process – it appears a strong fit for SB 420. However, the only way to verify this assertion is to fully test the model with the intricacies of the formulation process. After testing the sub-streams, an observation will be made for a policy window and the extent to which that opportunity for legislative action was utilized and was or was not successful.

***2. Testing the Model***

*The Problem Stream*

The Problem Stream has a fairly straightforward development. The clearest of its assumptions belongs to the focusing event, which was the passage of Proposition 215. The voter referendum made a clear statement that this was an issue which needed addressing. It was particularly evident, due to the previously mentioned big name players on the national level that had come out on both sides of the issue. All of a sudden, a conversation was taking place about the prospect of decriminalizing medical marijuana, something that had never before seriously occurred anywhere in the United States.

No sooner had the Proposition 215 passed than serious discrepancies in the language began to accumulate. As the elected officials who took note of these concerns stated, “...reports from across the state have revealed problems and uncertainties in the act that have impeded the ability of law enforcement officers to enforce its provisions as the voters intended and, therefore, have prevented qualified patients and designated primary caregivers from obtaining the protections [that are] afforded by the act.”[[8]](#footnote-8)

The ambiguities of Prop 215 were becoming more apparent to the public as arrests continued on an upward trend, even after its passage in 1996. Presumably, many people thought it was safe to access medical marijuana in light of the new law, and they would have been correct in that presumption. However, because there was no mechanism in place to help law enforcement discern which citizens had proper authorization to use medical marijuana and which ones did not, it was harder for those caught in possession of marijuana to prove their innocence.[[9]](#footnote-9) These arrest statistics comprised a major indicator for decision-makers, showing unintended consequences of Prop 215 that needed to be addressed.

One issue that the authors of Proposition 215 had not addressed was how the policy was to be carried out. No structure had been set in place to ensure the legal dissemination of medical marijuana to qualified individuals. Instead, the voter initiative had instructed both state and federal lawmakers to “develop a plan for the safe and affordable distribution of marijuana to all patients in medical need thereof.”[[10]](#footnote-10) With the third tenet of the Problem Stream being feedback, the mandate from the voters surely suffices. The mandate signaled to lawmakers that the body politic did not favor the current policy of prohibiting the possession and use of medical marijuana.

*The Policy Stream*

One of the central tenets of the Policy Stream is the primeval soup, where policies originate. In the case of SB 420, several policies originated here, though none but one were ultimately successful. In an attempt to address the concern brought about in the problem stream, an assortment of bills was introduced in the California State Legislature near the turn of the century: SB 535 in 1997, SB 1887 in 1998, SB 847 and SB 848 in 1999, and SB 187 in 2001.[[11]](#footnote-11) All had roughly the same intentions: clarify the ambiguities of Prop 215 and set in place a structure that could help with the implementation of a statewide medical marijuana program. The last one to be introduced was SB 420, *The Medical Marijuana Program Act*. All of these were introduced by one man, California State Senator John Vasconcellos, a Democrat from the Silicon Valley area. Vasconcellos is what Kingdon would refer to as a policy entrepreneur – an advocate for proposals or for the prominence of an idea.[[12]](#footnote-12) Vasconcellos was willing to invest his resources – time, energy, even reputation – in hope of a future return on these bills; namely, having one of them be signed into law.

In initiating the creation of SB 420, a policy community was created to fully develop the bill. Senator John Vasconcellos had long maintained a good relationship with then-Attorney General (AG) Bill Lockyer. Due to Vasconcellos’ prior failed attempts at passing medical marijuana legislation into law, AG Lockyer suggested the creation of a task force to work out the details of SB 420 and to give it a better chance of succeeding. The eventual task force was comprised of all key groups with a stake in the matter: patients, patient advocacy groups (such as Americans for Safe Access (ASA), Being Alive Los Angeles, Inc., Americans for Medical Rights (AMR)), law enforcement officials, and medical professionals.[[13]](#footnote-13) It also contained groups who were opposed to the measure, including district attorneys and The Narcotics Association.

During the discussions on bill language, one of the most contentious points arose when determining the amount of marijuana plants one could possess at one time. Marijuana advocates, such as ASA and AMR, were pushing for more liberal allowances, similar to those maintained by Santa Cruz County, which allowed for three pounds of cannabis and plants in an area of 100 square feet.[[14]](#footnote-14) Opponents, however, specifically the Narcotics Association, would not agree to any of the proposed amounts, arguing that they were much too lenient.

As time began to run out, all eyes shifted back to Vasconcellos and Lockyer for final proposed language. According to Dale Gieringer, of the California chapter of the National Organization for the Reform of Marijuana Laws (NORML), the final draft allowed for individuals to possess up to six mature and twelve immature medical cannabis plants and no more than half a pound of processed marijuana at one time.[[15]](#footnote-15) For marijuana proponents, these numbers were not satisfying, which did no favors for Vasconcellos and Lockyer, who thought they were close to a final deal.

Ultimately, the duo added a section to the bill which maintained that these numbers were not absolute but rather “floor numbers,” and gave each county in the state the ability to set their own limits should they choose to do so. They also inserted a loophole into the language which permitted caregivers and patients to exceed the floor numbers if they had a signed document from a physician specifying an amount that would be needed for medicinal purposes.[[16]](#footnote-16)

As discussions among the members of the policy community were nearing their end, the policy-makers took the opportunity to observe one of the fundamental aspects of the Policy Stream which was to ensure that there were criteria in place to increase the survival chances of their policy. In order to remedy some of the perceived conflicts from the 1996 language, Vasconcellos and his primary co-author, State Assemblyman Mark Leno, developed a plan to institute a statewide ID system for patients. The plan was designed in such a way to make the policy technically feasible. Every base needed to be covered because, as Kingdon mentions, it would be embarrassing to have “some stupid fatal flaw…come to light on the first day of hearing and have the whole thing discredited.”[[17]](#footnote-17)

The ID program was to be carried out by individual counties across the state.[[18]](#footnote-18) Those who were medical marijuana patients could obtain an identification card, allowing law enforcement to know the person was within their legal rights to possess marijuana. However, patients would not be required to join. Vasconcellos and Leno wanted to address any potential fears of a compulsory program in a letter of intent to the president pro tempore of the California Senate. “…[W]e have resisted all efforts to make the new identification card system created by SB 420 mandatory; and at least two times SB 420 contains specific language declaring our intent that this program is wholly voluntary.”[[19]](#footnote-19) As for law enforcement, a 24-hour hotline was to be created to allow police to verify the validity of an individual stopped with possession of marijuana for medical purposes.[[20]](#footnote-20)

Vasconcellos and Leno also introduced language permitting localities that already allow for higher possession or cultivation amounts to keep them at the same level. In pushing for support for their bill, they wanted to make clear to their fellow legislators that the guidelines they had set forth for the program were strong enough that several “credible knowledgeable supporters of the medical uses of marijuana” had endorsed the plan,[[21]](#footnote-21) including Dr. Marcus Conant (a well-respected HIV/AIDS doctor) and Jerry Uelman (a Professor of Law at Santa Clara University). The co-authors of SB 420 believed that this bill was the best that the task force could get in following up on the state referendum. They stated that the final language to be put forward for a vote was something broad enough to cover thousands of ill Californians and, at the same time, lessen their run-ins with police.[[22]](#footnote-22)

One of the most frequent concerns in discussions around the language of the proposal was the fact that federal law still trumped state law which could put California residents who chose to seek out medical marijuana in jeopardy.[[23]](#footnote-23) However, Assemblyman Leno clearly showed that he backed the viability of this policy in the long-run and that the authors had taken extra care in protecting against future constraints, an important part of the Policy Stream. He said that “although federal policy does not currently recognize the medicinal use of marijuana, federal case law has left open the possibility of additional, future challenges to this policy. Moreover, the California Supreme Court has interpreted the Compassionate Use Act (Proposition 215) as a matter of state law not impacted by interpretation of federal laws.”[[24]](#footnote-24) In anticipating further possible budgetary constraints down the road, Vasconcellos also noted that although the ID program would cost between $1 million and $2 million per year to run, the costs would be entirely offset by a $100-$200 fee from each of the 10,000 eligible individuals.[[25]](#footnote-25)

*The Politics Stream*

One of the key tenets of the Politics Stream is the mood of the public. This is perhaps the most obvious indicator of why SB 420 came to be. For the sake of the stream, public opinion was actually very easy to gauge. All one needed to do was look back to the results of the 1996 referendum. Around 56 percent of those who participated in the statewide election that year (totaling to roughly 5.5 million votes) voted to legalize medical marijuana under Proposition 215.[[26]](#footnote-26) Although there are no polling data for the state of California between 1996 and 2003, when SB 420 was proposed, national survey data showed a continuing upward trend at that time in support for marijuana decriminalization, jumping almost 10 percentage points by the time SB 420 was introduced.[[27]](#footnote-27) This was a clear enough indicator to put the issue on the radar of policy-makers.

Another vital aspect of the Politics Stream is the state of government and government personnel. When past legislation had tried to work its way through the California Legislature, it was either unable to garner enough votes or was ultimately vetoed by the Republican Governor, Pete Wilson.[[28]](#footnote-28) However, when SB 420 was brought forward in 2003, not only did the Democrats have control of both houses of the legislature, but the governor, Gray Davis, was also Democrat. Senator Vasconcellos was perhaps the most fervent supporter within the Democratic Party of SB 420. Vasconcellos was responsible for every previous piece of legislation brought forward to address the concerns of Prop 215. He was also in his final term as a state senator and had forged many friendships along the way, including that of then-Assemblyman Mark Leno.[[29]](#footnote-29) Another major ally to the cause was the AG Lockyer, who was willing to create a list of regulations and guidelines to help implement a medical marijuana program.

The third and final point of the Politics Stream deals with the state of organized political forces. While the magnitude of the groups was not nearly as important a factor as it had been in the 1996 debate – i.e. national figures were not making noise in this debate – there were certainly plenty of mobilized forces. However, during this debate, there were far more vocal proponents of the bill than there were opponents.

Americans for Safe Access (ASA) was one of the largest groups in the country advocating for medical marijuana and backing SB 420. As the organization says it is “made up of patients, medical professionals, scientists, and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research.”[[30]](#footnote-30) ASA distinguishes itself from other marijuana legalization advocacy groups by being one that focuses on decriminalization solely for the purpose of medicinal use. Don Duncan, the well-known director of the California chapter of ASA, says that while many other pro-marijuana legalization groups work for a complete repeal of all marijuana laws, he takes a less controversial approach by focusing specifically on medical marijuana. He said that this was a more effective way of garnering support from other politicians and from voters, too.[[31]](#footnote-31)

During the deliberation process over the language that would be in SB 420, Duncan brought forth the realization that it is difficult to build legislative consensus between various regions of the state when dealing with medical marijuana legislation. While ASA supported the goals of the bill, they were worried that this support would not be shared by legislators from different areas of the state. He found that one of the most effective methods of convincing other elected officials to keep an open mind on the issue could be by personalizing it. Instead of making it about personal freedoms and choices, they argued that “patients across California need SB 420 to help guarantee them the rights voters extended to them.”[[32]](#footnote-32)

The California Medical Association (CMA) also came out on the behalf of SB 420. They reiterated the points that had been made by Senator Vasconcellos that this bill would clarify the more confusing parts of Proposition 215, making life easier for both patients and law enforcement officials. They highly approved of the voluntary I.D. program that was being proposed and maintained that such a system “would reduce unnecessary criminal investigation of patients and the seizure of their medicine.”[[33]](#footnote-33)

The Offices of the Mayor, City, and County of San Francisco released a joint statement in support of the bill as well. San Francisco was one of the cities that had implemented a similar program at the local level and had been relatively successful in its efforts. Over 6,000 identification cards had been disseminated throughout the city and 3,000 were regularly active. Having had firsthand experience with this issue, the statement strongly supported implementing a similar system at the state level.[[34]](#footnote-34) By July of 2003, other groups that had declared their support for the bill consisted of Americans for Medical Rights, Being Alive Los Angeles, Inc., California NORML, Drug Policy Alliance Network, Marijuana Policy Project, the San Mateo County Board of Supervisors, Friends Committee on Legislation of California, the California Nurses Association, and the San Francisco AIDS Foundation.[[35]](#footnote-35)

Though they were not nearly as mobilized, nor did they have the same numbers, there still existed ardent opposition to SB 420. Many groups that informally voiced their opposition were more likely to be involved with the law in some way – law enforcement, district attorneys, narcotics, etc. However, there were a fair number of activist groups involved in the sharing of dissent as well.

Interestingly, some of the stiffest opposition did not come from the legal field but rather from family values groups. The Committee on Moral Concerns (CMC) was one such group, and they stated that SB 420 “includes as ‘caregiver' people who do nothing for patients but grow, transport, and sell marijuana." Furthermore, they assert that the bill would create a “statewide marijuana trafficking network,” and believed that the consequences of the proposal would be far beyond what the voters had originally envisioned.[[36]](#footnote-36)

Another group that opposed the bill in its current form was the California Conference of Local Health Officers (CCLHO). However, their opposition stemmed primarily from the fact that they saw the bill’s approach as inefficient, with different sections being assigned to improper government bodies. CCLHO argued that while the proposed ID card system might be a worthwhile approach, the dissemination of medical marijuana is a medical function, not a public health function, and should therefore be managed by a separate body from the state's public health system. In other words, they believed that this was a misallocation of responsibilities to the government when it could be left to individual medical facilities to decide how to carry out the system of identification cards. They did maintain, though, that if a registration program is necessary, a better organizational structure would be a simple, single, statewide program, operated by a state agency such as the Department of Justice or the Medical Board of California, as opposed to county public health systems.[[37]](#footnote-37)

The final group that went on the record as opposing this measure in its original form was the California Narcotic Officers' Association (CNOA). They had reservations with two general areas: “one related to the quantification of the acceptable levels of medical marijuana, and the second related to the voluntary nature of the registration card.” With regard to the first concern, they stated, "…are the appropriate amounts of marijuana different depending on the illness or symptoms of the individual? How might regulations allow for quantitative variance based on those different illnesses?"[[38]](#footnote-38) Furthermore, they maintained that a patient registration system must be doctor-driven and that it must be mandatory participation – they believed this was important so as to mitigate the chances of marijuana being diverted into illicit markets.[[39]](#footnote-39)

It was also their wish that all doctors notify their county health department whenever they receive new patients so that law enforcement knew the identities of both patients and caregivers. The authenticity of the doctor would be examined and the names of both the patient and the doctor could be forwarded to the DHS or the DOJ and compiled into a database. These names would be accessible to law enforcement via an 800 number. This would be done to enable law enforcement, upon encountering an individual in possession of marijuana, to make a quick phone call to discern whether the person was a patient or caregiver by the definitions laid out in Proposition 215. As CNOA stated, “this type of certainty would ensure that no one who is a Proposition 215 patient or caregiver would ever be arrested or cited again.”[[40]](#footnote-40)

In addition to the aforementioned groups, two others threw support behind the opposition: Recovery California Coalition (a Christian organization – a branch of the International Recovery Coalition) and Campaign for California Families. Though neither group came out with extensive, on-the-record statements, they were both verified by the State Senate as being in opposition to the bill.[[41]](#footnote-41)

*The Policy Window*

Due to several of the aforementioned factors happening at one time – or, as it can also be described, action within at least two of the policy streams caused them to conjoin – a policy window was created. An opportunity to address the issue of medical marijuana had been placed in front of decision-makers. With public opinion, the make-up of the state government, feedback, just the right policy proposal, as well as other factors all crossing paths at once, the opportunity was provided for SB 420 to come into action.

In the first State Senate hearing on the bill, Vasconcellos brought forward in SB 420 many of the concerns that different factions of the community wanted addressed. He stated that the citizens of California, through the passage of Prop 215, had made a clear policy statement which declared a wish to decriminalize marijuana for medicinal purposes. However, the referendum instructed the state legislature to draft a bill which laid out specifically how this process would take place and encouraged the federal government to do the same.[[42]](#footnote-42)

The bill had three main goals: better-identify qualified patients and caregivers through the creation of an ID card program, uniformly apply that program across the state, and give patients and caregivers easier access to medicinal marijuana. By creating an ID card system, Vasconcellos said this bill would make life easier on the main parties involved – namely, the patients, providers, doctors, and law enforcement. As he stated, “uniform guidelines and accurate identification of users will avoid the confusion and frustration police officers face in determining the validity of medical possession claims.”[[43]](#footnote-43) To ensure uniform application of the policy across the state, the bill directed the State Department of Health Services to help set up medical marijuana programs in every county in the state which will be discussed later.[[44]](#footnote-44)

Finally, though not addressed in the bill itself, SB 420 directed the Attorney General’s office to deal with the prospects of collectives and cooperatives which would be places for patients and caregivers to access medical marijuana. A section was added authorizing the Attorney General to “set forth and clarify details concerning possession and cultivation limits, and other regulations…the bill would also authorize the Attorney General to recommend modifications to the possession or cultivation limits set forth in the bill.”[[45]](#footnote-45)

The final bill called for a variety of tasks to be carried out. First, it sought to define the more ambiguous terms from Proposition 215, such as “attending physician,” “serious medical condition,” and “primary caregiver.” Second, it established a voluntary registration system by which patients could receive a state-approved identification card that would make any disputes with law enforcement much easier to resolve. Finally, to help ease the job of the law enforcement community, a 24-hour, toll-free number was put in place for police to verify the authenticity of an individual in possession of marijuana, claiming it is to be used for medicinal purposes.[[46]](#footnote-46)

SB 420, in its final form, was passed by the State Assembly on October 10, 2003, by a vote of 42 ayes to 32 noes. The State Senate passed it the very next day by a vote of 24 ayes to 14 noes. To the relief of many patients, doctors and law enforcement officials who had long struggled under the ambiguity of Proposition 215’s original language and structure, SB 420 was passed and signed into law by Governor Gray Davis on October 12, 2003.[[47]](#footnote-47)

***3. Analyzing the Model***

*Strengths*

In implementing Kingdon’s Policy Streams Model, it can be observed as a very successful – and useful – model. It contains excellent explanatory power, by taking into account everything from interest groups and governmental actors to both short-term (in the legislature) and long-term (withstanding legal challenges and being fully implemented) feasibility. The main tenets of each of the three streams were able to attach themselves to an event, group or a concept.

Within the Problem Stream, the most well-applied aspect of the model was with regard to the feedback from the public. According to Kingdon, governmental officials receive feedback about the operation of existing problems or policies.[[48]](#footnote-48) In this case, public feedback was easily identified through the statewide referendum, Proposition 215. As part of the proposition, the voters also called upon the state legislature to create and implement a program that would fully carry out the dissemination of medical marijuana to qualified individuals. From this perspective, the feedback tenet gives strong explanatory power as to why this issue was placed on the agenda of policy-makers.

With regard to the Policy Stream, the primeval soup addresses very well two major considerations. First, the policy community that helps create a policy is fully explained within the context of SB 420, as Senator Vasconcellos created a task force that helped craft the initial bill language. In adhering to Kingdon’s definition of a policy community, the task force was made up of individuals who have in common their interactions with one another.[[49]](#footnote-49) People in this “community” have to work with each other on a whole host of other subtopics within the same issue.

Another strong facet of this stream was its ability to account for survival criteria. Because so many previous bills had either seen difficulty in mustering support or in passing through the governor’s office, the process of deciding what language to include in the final bill was a tedious process. Once complete, however, technical feasibility, value acceptability, and anticipation of future constraints were all accounted for.

Finally, the Politics Stream also thoroughly explains how the political forces and factors surrounding SB 420 eventually propelled it onto the policy agenda. Particularly, the make-up of the government as compared to previous sessions of the legislature played a big role in determining that it would be viable to introduce this measure at this specific point in time. With a friendly (toward the policy) Democratic-controlled state legislature and a governor willing to sign on to the law, the scene was prime for advancing the bill. This was a different, friendlier set-up than the previous attempts at legalizing medicinal marijuana had seen.

*Weaknesses*

Though in general the model fits most aspects of the policy, it does still contain limitations. For example, as Kingdon explains, indicators are often not self-evident, and they sometimes need a little push to get the attention of people in and around government.[[50]](#footnote-50) The model does not really help explain how this happened with the arrest statistics. The data were there, but a focusing event or crisis typically needs to help propel the issue forward. In the case of SB 420, while there was a focusing event, it was not directly linked to the main indicator, so the model fails to provide a strong explanation as to how the arrest statistics were placed in front of the decision-makers.

Another shortcoming of the Policy Streams Model was its inability for all of the streams to act autonomously, including within an individual stream. On a micro level, as was just mentioned, the indicator needed to work in tandem with the focusing event to provide explanatory power. Within the same stream, the focusing event and feedback of the citizens are essentially one and the same: the passage of Proposition 215. This shows that certain tenets of the stream are not actually mutually exclusive with respect to SB 420 as the model assert they should be.

On a larger scale, when observing all three streams, one can make the observation that they are all semi-intertwined in their own manner before even reaching a policy window. For example, policies in the primeval soup and policy communities are typically formed in response to a problem. In this case, the previous bills and the task force for SB 420 were all created in response to a problem identified by the voters through the passage of their referendum. Also, within the primeval soup, certain policies are put forward, and these tend to be the result of the balance of organized political forces. An argument could even be made that there is a sort of cause-effect relationship between the streams in this case and that policy windows are created as a result of this, not due to happenstance of two or more streams crossing paths.

National mood also finds discrepancies within the context of the Policy Streams Model. In the case of SB 420, the national mood did not have that much influence as this was a state policy. Even on the national scale, though the prospect of medical marijuana was becoming more favorable, majority opinions were not at all on the side of medical marijuana advocates. The case that public opinion was on their side can be made by alluding to the results of the 1996 referendum, but the model specifically deals with the “national” mood, making it more difficult to apply to state policies. Also, unlike the lead-up to Prop 215, there was no clear sense of urgency permeating the state with regard to clarifying the scope of medical marijuana law.

Overall, though the model did have some gaps in explaining every step of the formulation process, it does carry very significant explanatory power for the policy as a whole. No model will ever fully explain every nuance of any policy’s journey, but certain ones can cover a lot more than others. Kingdon’s Policy Streams Model was, in this sense, a great fit for the formulation stage of SB 420.

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2. Ibid. – Page 94 [↑](#footnote-ref-2)
3. Ibid. – Page 100 [↑](#footnote-ref-3)
4. Ibid. – Pages 116-117 [↑](#footnote-ref-4)
5. Ibid. – Page 146 [↑](#footnote-ref-5)
6. Ibid. – Page 150 [↑](#footnote-ref-6)
7. Ibid. – Page 153 [↑](#footnote-ref-7)
8. SB 420 – Medical Marijuana, “An act to add Article 2.5 (commencing with Section 11362.7) to Chapter 6 of Division 10 of the Health and Safety Code, relating to controlled substances.” 2003. [↑](#footnote-ref-8)
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16. Ibid. – Page 8 [↑](#footnote-ref-16)
17. *Agendas, Alternatives, and Public Policy*. Page 131 [↑](#footnote-ref-17)
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