

<b>Tab 1</b>	<b>CS/SB 182 by HP, Brandes; Smoking Marijuana for Medical Use</b>									
322608	D	S	RCS	IT, Brandes	Delete everything after 02/13 09:34 AM					

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**INNOVATION, INDUSTRY AND TECHNOLOGY**  
**Senator Simpson, Chair**  
**Senator Benacquisto, Vice Chair**

**MEETING DATE:** Tuesday, February 12, 2019  
**TIME:** 4:00—5:30 p.m.  
**PLACE:** *Toni Jennings Committee Room, 110 Senate Building*

**MEMBERS:** Senator Simpson, Chair; Senator Benacquisto, Vice Chair; Senators Bracy, Bradley, Brandes, Braynon, Farmer, Gibson, Hutson, and Passidomo

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>CS/SB 182</b> Health Policy / Brandes (Compare S 372)	Smoking Marijuana for Medical Use; Redefining the term "medical use" to include the possession, use, or administration of marijuana in a form for smoking; requiring a certifying physician to make a determination in concurrence with a second physician who meets specified requirements before certifying a patient not diagnosed with a terminal condition to smoke marijuana for medical use; deleting a provision prohibiting a medical marijuana treatment center from dispensing or selling specified products, etc.  HP 02/04/2019 Fav/CS IT 02/12/2019 Fav/CS RC	Fav/CS Yeas 10 Nays 0

Other Related Meeting Documents

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Innovation, Industry, and Technology

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BILL: CS/CS/SB 182

INTRODUCER: Innovation, Industry, and Technology Committee; Health Policy Committee and Senator Brandes

SUBJECT: Smoking Marijuana for Medical Use

DATE: February 12, 2019

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Oxamendi</u>	<u>Imhof</u>	<u>IT</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 182 amends s. 381.986, F.S., to eliminate the prohibition against the smoking of marijuana (cannabis) from the definition of the “medical use” of marijuana. The bill also revises current-law prohibitions against the medical use of marijuana in certain locations to specify that the smoking of low-THC cannabis remains prohibited in public; on any form of public transportation; or in various other vehicles, regardless of current-law exceptions allowing the medical use of low-THC cannabis in those places. It also prohibits the medical use of marijuana by smoking in an “enclosed indoor workplace,” as defined in the Florida Clean Indoor Air Act.<sup>1</sup> The bill permits a qualified patient and his or her caregiver to purchase and possess delivery devices for the medical use of marijuana by smoking from a vendor that is not a Medical Marijuana Treatment Center.

For a patient under 18 years of age not diagnosed with a terminal condition,<sup>2</sup> the bill requires a qualified physician to certify that smoking is the most effective means of administering medical marijuana to the qualified patient, and a second physician, who is a pediatrician, must concur with this determination. Additionally, the bill requires that the risks specifically associated with smoking marijuana be included in the informed consent each patient must sign prior to being

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<sup>1</sup> Part II of ch. 386, F.S.; see s. 386.203(5)(5), F.S., for definition of “enclosed indoor workplace.”

<sup>2</sup> Section 381.986(1)(o), F.S., defines “terminal condition” as a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

certified to receive medical marijuana. The bill also specifies packaging and warning label requirements for medical marijuana intended for smoking.

The bill provides that s. 381.986, F.S., does not impair the ability of a private party to restrict or limit smoking on his or her private property, and does not prohibit the medical use of marijuana in a nursing home, hospice, or assisted living facility if the facility's policies do not prohibit the medical use of marijuana.

The bill also repeals proviso language in the 2018 General Appropriations Act requiring that the Department of Health (DOH) adopt all rules required as a condition for the release of specified reserved funds to the DOH.

The bill's provisions take effect upon becoming law.

## II. Present Situation:

### Smoking Ban: Timeline of Events

#### *Amendment 2*

On November 4, 2016, Amendment 2 was voted into law and established Article X, section 29 of the Florida Constitution. This section of the constitution became effective on January 3, 2017, and created several exemptions from criminal and civil liability for:

- Qualifying patients medically using marijuana in compliance with the amendment;
- Physicians, solely for issuing physician certifications with reasonable care and in compliance with the amendment; and
- Medical marijuana treatment centers (MMTCs), their agents, and employees for actions or conduct under the amendment and in compliance with rules promulgated by the DOH.

#### *Implementation*

Subsequently, the Legislature passed SB 8-A in Special Session A of 2017.<sup>3</sup> The bill revised the Compassionate Medical Cannabis Act of 2014<sup>4</sup> in s. 381.986, F.S., to implement Article X, section 29 of the Florida Constitution.

#### *Constitutional Challenge of Smoking Ban*

SB 8-A defined the term "medical use" to exclude the "possession, use, or administration of marijuana in a form for smoking<sup>5</sup>...or of marijuana seeds or flower,<sup>6</sup> except for flower in a sealed, tamper-proof receptacle for vaping." This provision, which became colloquially known as the smoking ban, was challenged in the Circuit Court for the Second Judicial Circuit on July 6, 2017.

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<sup>3</sup> Chapter 2017-232, Laws of Fla.

<sup>4</sup> Chapter 2014-157, Laws of Fla.

<sup>5</sup> Smoking is defined in s. 381.986(1)(n), F.S., to mean "burning or igniting a substance and inhaling the smoke."

<sup>6</sup> Marijuana is a mixture of dried, shredded flowers of the cannabis plant, *Cannabis sativa*. See National Institute on Drug Abuse, *Want to Know More? Some FAQs about Marijuana*, available at: <https://www.drugabuse.gov/publications/marijuana-facts-teens/want-to-know-more-some-faqs-about-marijuana> (last visited on Feb. 6, 2019).

In its complaint, People United for Medical Marijuana, Inc., challenged the smoking ban on two counts:<sup>7</sup>

- That the smoking ban impermissibly altered the definition of “marijuana” established in Article X, section 29(b)(4), of the Florida Constitution, by excluding the right to possess forms of marijuana for smoking; and
- That Article X, section 29, of the Florida Constitution, implicitly authorized smoking marijuana in a private place by allowing the prohibition of smoking in public.

On May 25, 2018, Judge Karen Gievers issued an order agreeing with the plaintiffs on both counts and ruling the smoking ban unconstitutional. In her order, Judge Gievers held that “qualifying patients have the right to use the form of medical marijuana for treatment of their debilitating medical conditions as recommended by their certified physicians, including the use of smokable marijuana in private places.”<sup>8</sup>

The DOH appealed the ruling to the First District Court of Appeal on May 29, 2018. The appeal is ongoing. However, on January 17, 2019, newly-elected Governor Ron DeSantis held a press conference in which he announced his intention to withdraw the appeal should the Legislature not act to remove the smoking ban from Florida Statutes by mid-March 2019.<sup>9</sup> Additionally, both parties filed a motion to stay the appeal until March 15, 2019. The motion was granted on January 24, 2019.<sup>10</sup>

### **Prohibited Locations for the Use of Medical Marijuana**

The term medical marijuana includes two distinct forms of the plant genus *Cannabis*:

1. Marijuana without any limitation or restriction on the percentage of THC,<sup>11</sup> and
2. “Low-THC cannabis” in which the percentage of THC is limited to 0.8 percent or less and has more than 10 percent of cannabidiol<sup>12</sup> weight for weight.<sup>13</sup>

The medical use or administration of marijuana is prohibited in or on any of the following locations (with specific exceptions for low-THC cannabis as noted):<sup>14</sup>

- On any form of public transportation (low-THC cannabis is permitted in such a place).
- In any public place (low-THC cannabis is permitted in such a place).

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<sup>7</sup> *People United for Medical Marijuana, et al. v. Florida Dept. of Health, et al.*, Complaint, No. 2017-CA-1394, (Fl. 2<sup>nd</sup> Cir. Ct., July 7, 2017).

<sup>8</sup> Order and Final Judgement, *People United for Medical Marijuana, et al. v. Florida Dept. of Health, et al.*, No. 2017-CA-1394, (Fla 2<sup>nd</sup> Cir. Ct., May 5, 2018) p. 21.

<sup>9</sup> Governor’s Announcement on Medical Marijuana (Jan. 17, 2019), available at: <https://thefloridachannel.org/videos/1-17-19-governors-announcement-on-medical-marijuana/> (last visited on Feb. 6, 2019).

<sup>10</sup> Motion to Stay, *People United for Medical Marijuana, et al. v. Florida Dept. of Health, et al.*, No. ID18-2206 (Fla. 1<sup>st</sup> DCA Jan, 2019).

<sup>11</sup> THC, or tetrahydrocannabinol, is the main active ingredient in cannabis and is responsible for most of the psychological effects of cannabis.

<sup>12</sup> Cannabidiol (CBD) is a chemical compound, known as a cannabinoid, found in cannabis. CBD does not have the same psychoactivity as THC. See Michael J Breus, *Despite What You May Think... CBD Is Not Weed* (Sept. 20, 2018), Psychology Today, available at: <https://www.psychologytoday.com/us/blog/sleep-newzzz/201809/despite-what-you-may-think-cbd-is-not-weed> (last visited Feb. 6, 2019).

<sup>13</sup> See ss. 381.986(1)(e) and (f), F.S.

<sup>14</sup> Section 381.986(1)(j)5., F.S.

- In a qualified patient’s place of employment.
- In a state correctional institution, including facilities managed by the Department of Corrections or the Department of Juvenile Justice, a county or municipal detention facility, or a detention facility operated by a private entity.
- On the grounds of a preschool, primary school, or secondary school.
- In a school bus, a vehicle, an aircraft, or a motorboat (low-THC cannabis is permitted in such a place).

### **Effectiveness and Risks of Smoking Medical Marijuana**

Although much of the scientific research is inconclusive, studies have shown that there are both benefits and risks associated with smoking as a delivery method for marijuana.

Some studies have shown that the administration of marijuana by inhalation, either by smoking or by vaping, increases the rate and consistency of the uptake of the active ingredients in marijuana, specifically THC. In one randomized controlled trial, THC was detected in plasma immediately after the first inhalation of marijuana smoke, attesting to the efficient absorption of THC by the lungs.<sup>15</sup> This is likely because “THC is highly lipophilic, distributing rapidly to highly perfused tissues and later to fat.”<sup>16</sup> The study also found that “a trial of 11 healthy subjects administered  $\Delta^9$ -THC (Delta-9-THC) intravenously, by smoking, and by mouth demonstrated that plasma profiles of THC after smoking and intravenous injection were similar, whereas plasma levels after oral doses were low and irregular, indicating slow and erratic absorption.”<sup>17</sup> Additionally, there is evidence that the use of a cannabis preparation, such as would be delivered to the body by smoking cannabis, with multiple cannabinoids and terpenes,<sup>18</sup> versus a single molecule preparation (with pure THC or CBD) may be more effective in treating seizure disorders<sup>19</sup> and potentially breast cancer.<sup>20</sup>

Although potentially more efficacious than other methods of delivery, smoking as a method of delivery for marijuana does not allow for accurate or consistent dosing measures.<sup>21</sup> Also, as with any smoked substance, smoking marijuana has inherent risks that have been identified. The National Institutes of Health (NIH) states that:

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<sup>15</sup> Mary B. Bridgeman and Daniel T. Abazia, *Medicinal Cannabis: History, Pharmacology, and Implications for the Acute Care Setting*, Pharmacy and Therapeutics (March 2017), available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5312634/> (last visited Feb. 11, 2019).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> Terpenes are hydro-carbons largely found as constituents of essential oils. *See* Science Direct, *Terpene*, available at <https://www.sciencedirect.com/topics/medicine-and-dentistry/terpene> (last visited on Feb. 6, 2019).

<sup>19</sup> Ethan B. Russo, *The Case for the Entourage Effect and Conventional Breeding of Clinical Cannabis: No “Strain,” No Gain* (January 9, 2019), *Frontiers in Plant Science*, available at: <https://doi.org/10.3389/fpls.2018.01969> (last visited on Feb. 6, 2019).

<sup>20</sup> Blasco-Benito, et al., *Appraising the “entourage effect”: Antitumor action of a pure cannabinoid versus a botanical drug preparation in preclinical models of breast cancer*, *Biochemical Pharmacology*, Volume 157, November 2018, Pages 285-293.

<sup>21</sup> *See* Appellant’s Initial Brief, case no. 2017-CA-1394, Florida Circuit Court for the Second Judicial Circuit, Aug. 3, 2017, p. 5.

Marijuana smoking is associated with large airway inflammation, increased airway resistance, and lung hyperinflation, and those who smoke marijuana regularly report more symptoms of chronic bronchitis than those who do not smoke. One study found that people who frequently smoke marijuana had more outpatient medical visits for respiratory problems than those who do not smoke. Some case studies have suggested that, because of THC's immune-suppressing effects, smoking marijuana might increase susceptibility to lung infections, such as pneumonia, in people with immune deficiencies; however, a large AIDS cohort study did not confirm such an association. Smoking marijuana may also reduce the respiratory system's immune response, increasing the likelihood of the person acquiring respiratory infections, including pneumonia. Animal and human studies have not found that marijuana increases risk for emphysema.<sup>22</sup>

Additionally, the NIH indicates that smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar into the lungs that may raise concerns about the risk for cancer and lung disease. However, the association between smoking cannabis and the development of lung cancer is not decisive.<sup>23</sup>

One other risk that may be associated with smoking cannabis is the unintentional introduction of cannabis and other harmful chemicals to other people present by second-hand smoke. The NIH states that:

The known health risks of secondhand exposure to cigarette smoke—to the heart or lungs, for instance—raise questions about whether secondhand exposure to marijuana smoke poses similar health risks. At this point, very little research on this question has been conducted. A 2016 study in rats found that secondhand exposure to marijuana smoke affected a measure of blood vessel function as much as secondhand tobacco smoke, and the effects lasted longer. One minute of exposure to secondhand marijuana smoke impaired flow-mediated dilation (the extent to which arteries enlarge in response to increased blood flow) of the femoral artery that lasted for at least 90 minutes; impairment from 1 minute of secondhand tobacco exposure was recovered within 30 minutes. The effects of marijuana smoke were independent of THC concentration; i.e., when THC was removed, the impairment was still present. This research has not yet been conducted with human subjects, but the toxins and tar levels known to be present in marijuana smoke raise concerns about exposure among vulnerable populations, such as children and people with asthma.<sup>24</sup>

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<sup>22</sup> See National Institutes on Drug Abuse, *Marijuana, What are Marijuana's Effects on Lung Health?* (June 2018), available at: <https://www.drugabuse.gov/publications/research-reports/marijuana/what-are-marijuanas-effects-lung-health>, (last visited on Jan. 29, 2019).

<sup>23</sup> Josef Yayan and Kurt Rasche, *Damaging Effects of Cannabis Use on the Lungs*, *Advancements in Clinical Research. Advances in Experimental Medicine and Biology* (2016), vol. 952, Abstract. Available at [https://link.springer.com/chapter/10.1007/5584\\_2016\\_71](https://link.springer.com/chapter/10.1007/5584_2016_71) (last visited Feb. 6, 2019).

<sup>24</sup> National Institutes on Drug Abuse, *Marijuana, What are Marijuana's Effects of Secondhand Exposure to Marijuana Smoke?*, (June 2018), available at <https://www.drugabuse.gov/publications/research-reports/marijuana/what-are-effects-secondhand-exposure-to-marijuana-smoke>, (last visited on Feb 6, 2019).

## Smoking Medical Marijuana in Other States

As with most aspects of the implementation of medical marijuana laws, the treatment of smoking medical marijuana varies from state to state. Several states, including New York, Ohio, Minnesota, and Pennsylvania, prohibit patients from smoking marijuana but allow vaporization. Other states allow smoking but include time, place, and manner prohibitions. For example:

- Connecticut prohibits minor patients from smoking, inhaling, or vaporizing medical marijuana;
- Arkansas, New Hampshire, Maryland, and Illinois specifically allow landlords to prohibit the smoking of medical marijuana on their premises;
- New Hampshire also prohibits the smoking and vaporizing of medical marijuana in a public place;
- Massachusetts and Washington specify that nothing requires the accommodation of smoking marijuana in any public place; and
- Hawaii allows condominiums to prohibit smoking medical marijuana if they also prohibit smoking tobacco.<sup>25</sup>

## Florida Clean Indoor Air Act

The Florida Clean Indoor Air Act (act) in part II of ch. 386, F.S., implements the constitutional prohibition in Section 20, Art. X, Florida Constitution, to prohibit tobacco smoking in an enclosed indoor workplace. Specifically, s. 386.204, F.S., prohibits smoking in an enclosed indoor workplace, unless the act provides an exception. An “enclosed indoor workplace” is:

any place where one or more persons engages in work, and which place is predominantly or totally bounded on all sides and above by physical barriers, regardless of whether such barriers consist of or include, without limitation, uncovered openings; screened or otherwise partially covered openings; or open or closed windows, jalousies, doors, or the like. A place is “predominantly” bounded by physical barriers during any time when both of the following conditions exist:

- (a) It is more than 50 percent covered from above by a physical barrier that excludes rain, and
- (b) More than 50 percent of the combined surface area of its sides is covered by closed physical barriers. In calculating the percentage of side surface area covered by closed physical barriers, all solid surfaces that block air flow, except railings, must be considered as closed physical barriers. This section applies to all such enclosed indoor workplaces and enclosed parts thereof without regard to whether work is occurring at any given time.
- (c) The term does not include any facility owned or leased by and used exclusively for noncommercial activities performed by the members and guests of a membership association, including social gatherings, meetings,

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<sup>25</sup> Marijuana Policy Project, *State-by-State Medical Marijuana Laws Report*, available at: <https://www.mpp.org/issues/medical-marijuana/state-by-state-medical-marijuana-laws/state-by-state-medical-marijuana-laws-report/> (last visited on Feb. 6, 2019).



dining, and dances, if no person or persons are engaged in work as defined in [s. 386.203(12), F.S.]<sup>26</sup>

The act also provides exceptions for private residences whenever not being used for certain commercial purposes;<sup>27</sup> stand-alone bars;<sup>28</sup> designated smoking rooms in hotels and other public lodging establishments;<sup>29</sup> and retail tobacco shops, including businesses that manufacture, import, or distribute tobacco products and tobacco loose leaf dealers,<sup>30</sup> a smoking cessation program approved by the DOH, medical or scientific research conducted in such smoking cessation program,<sup>31</sup> and a customs smoking room in airport in-transit lounge.<sup>32</sup>

On November 6, 2018, the voters of Florida approved Amendment 9 to the Florida Constitution, to ban the use of vapor-generating electronic devices, such as electronic cigarettes (e-cigarettes), in enclosed indoor workplaces.<sup>33</sup>

### III. Effect of Proposed Changes:

CS/SB 182 amends s. 381.986, F.S., to:

- Provide that a delivery device intended for the medical use of marijuana by smoking need not to be dispensed from an MMTC in order to qualify as medical marijuana delivery device.
- Exempt a qualified patient and a qualified patient's caregiver from the criminal prohibitions against the purchase and possession of a marijuana delivery by smoking device from a vendor other than MMTC, if such device is specified in the patient's certification issued by a qualified physician.
- Permit the smoking of medical marijuana by amending the definition of the term "medical use" in s. 381.986(1)(j), F.S., to delete the prohibition against the possession, use, or administration of marijuana in a form for smoking and of marijuana flower.
- Prohibit the medical use of marijuana by smoking in an "enclosed indoor workplace," as defined in the Florida Clean Indoor Air Act.
- Specify that the smoking of low-THC cannabis is not permitted in or on the locations listed in s. s. 381.986(1)(j)5., F.S., which permit the use or administration of low-THC cannabis.
- Require the risks specifically associated with smoking marijuana be included in the informed consent each patient must sign prior to being certified to receive medical marijuana.
- Require the qualified physician for a patient, if the patient is under 18 years of age and not diagnosed with a terminal condition, to certify that the patient's smoking of medical marijuana is the most effective means of administering medical marijuana that is likely to benefit the qualified patient.
- For a patient under 18 years of age, require a second physician, who is a pediatrician, to concur with the initial certifying physician's determination.
- Require both physicians to document such determination and concurrence in the patient's medical record.

<sup>26</sup> Section 386.203(5), F.S.

<sup>27</sup> Section 386.2045(1), F.S. *See also* definition of the term "private residence" in s. 386.203(1), F.S.

<sup>28</sup> Section 386.2045(4), F.S. *See also* definition of the term "stand-alone bar" in s. 386.203(11), F.S.

<sup>29</sup> Section 386.2045(3), F.S. *See also* definition of the term "designated guest smoking room" in s. 386.203(4), F.S.

<sup>30</sup> Section 386.2045(2), F.S. *See also* definition of the term "retail tobacco shop" in s. 386.203(8), F.S.

<sup>31</sup> Section 386.2045(5), F.S.

<sup>32</sup> Section 386.2045(6), F.S.

<sup>33</sup> Amendment 9 also bans offshore oil and natural gas drilling on lands beneath state waters. *See* FLA. CONST. art II, s. 7.

- Requires marijuana in a form for smoking to be packaged in a sealed receptacle with a legible and prominent warning to keep away from children and that marijuana smoke contains carcinogens and may negatively affect health. Such receptacle must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's DOH-approved logo and the marijuana universal symbol.
- Allow a medical marijuana treatment center to dispense the following smoking-related items: pipes, bongs, and wrapping papers.
- Provides that s. 381.986, F.S., does not impair the ability of a private party to restrict or limit smoking on his or her private property.
- Provides that s. 381.986, F.S., does not prohibit the medical use of marijuana in a nursing home, hospice, or assisted living facility if the facility's policies do not prohibit the medical use of marijuana. However, smoking of medical marijuana in such facilities would be subject to the prohibition in the bill against smoking in an enclosed indoor workplace, as defined in s. 386.203(5), F.S.

The bill also repeals proviso language in the 2018 General Appropriations Act requiring the DOH to adopt all rules required under ss. 381.986, 381.987, and 381.988, F.S., solely and exclusively pursuant to the Administrative Procedure Act in ch. 120, F.S., as a condition for the release of specified reserved funds to the DOH.<sup>34</sup>

The bill's provisions take effect upon becoming law.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

##### **C. Trust Funds Restrictions:**

None.

##### **D. State Tax or Fee Increases:**

None.

##### **E. Other Constitutional Issues:**

None.

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<sup>34</sup> See Specific Appropriation 424 in ch. 2018-9, s. 3, Law of Fla., reserving \$108,172 from the General Revenue Fund and \$281,961 from the Administrative Trust Fund contingent on the DOH's adoption of the rules required under ss. 381.986, 381.987, and 381.988, F.S.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

None.

## C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 381.986 of the Florida Statutes.

**IX. Additional Information:**

## A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS/CS by Innovation, Industry, and Technology on February 12, 2019:**

The committee substitute for committee substitute (CS/CS):

- Revises the definition of “marijuana delivery device” in s. 381.986(1)(g), F.S., to provide that delivery devices intended for the medical use of marijuana by smoking need not to be purchased from an MMTC.
- Prohibits the medical use of marijuana by smoking in an “enclosed indoor workplace” as defined in s. 386.203(5), F.S., of the Florida Clean Indoor Air Act.
- Amends the certification requirements in s. 381.986(4)(a)8.i., F.S., to narrow the two-physician requirement for certifying the use of marijuana by smoking to limit the requirement to patients under the age of 18 and who are not terminally ill. The CS/CS allows the certification of smoking for patients under the age of 18 if two physicians concur that smoking is the method of medical use that will be the most effective (rather than the only beneficial method) for the patient. The CS/CS requires the second physician be a pediatrician and deletes the requirement that the second physician be registered with the medical marijuana program.
- Amends s. 381.986(8)(e)12., F.S., to provides packaging and warning label requirements for medical marijuana intended for smoking.

- Amends s. 381.986(14)(b), F.S., to exempt a qualified patient and a qualified patient's caregiver from the criminal prohibitions against the purchase and possession of a marijuana delivery by smoking device from a vendor other than an MMTC, if such device is specified in the patient's certification issued by a qualified physician.
- Provides that s. 381.986, F.S., does not impair the ability of a private party to restrict or limit smoking on his or her private property.
- Provides that s. 381.986, F.S., does not prohibit the medical use of marijuana in a nursing home, hospice, or assisted living facility if the facility's policies do not prohibit the medical use of marijuana.
- Repeals proviso language in the 2018 General Appropriations Act requiring that the DOH adopt all rules required under ss. 381.986, 381.987, and 381.988, F.S., solely and exclusively pursuant to ch. 120, F.S., as a condition for the release of specified reserved funds to the DOH.

**CS by Health Policy on February 4, 2019:**

The CS requires that, for a patient not diagnosed with a terminal condition, prior to issuing a certification in which the qualified physician intends to certify smoking, the certifying physician must determine that smoking is the only means of administering medical marijuana that is likely to benefit the qualified patient, and a second physician must concur with this determination. The second physician may not be registered with the DOH as a certifying physician for any qualified patients. Additionally, the bill adds that the risks specifically associated with smoking marijuana be included in the required informed consent that each patient must sign prior to being certified to receive medical marijuana.

**B. Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/13/2019	.	
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The Committee on Innovation, Industry, and Technology (Brandes) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Paragraphs (g) and (j) of subsection (1),  
paragraph (a) of subsection (4), paragraph (e) of subsection  
(8), subsection (14), and subsection (15) of section 381.986,  
Florida Statutes, are amended to read:

381.986 Medical use of marijuana.—

(1) DEFINITIONS.—As used in this section, the term:



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11 (g) "Marijuana delivery device" means an object used,  
12 intended for use, or designed for use in preparing, storing,  
13 ingesting, inhaling, or otherwise introducing marijuana into the  
14 human body, and which is dispensed from a medical marijuana  
15 treatment center for medical use by a qualified patient, except  
16 that delivery devices intended for the medical use of marijuana  
17 by smoking need not be dispensed from a medical marijuana  
18 treatment center in order to qualify as marijuana delivery  
19 devices.

20 (j) "Medical use" means the acquisition, possession, use,  
21 delivery, transfer, or administration of marijuana authorized by  
22 a physician certification. The term does not include:

23 1. Possession, use, or administration of marijuana that was  
24 not purchased or acquired from a medical marijuana treatment  
25 center.

26 2. Possession, use, or administration of marijuana in a  
27 ~~form for smoking, in~~ the form of commercially produced food  
28 items other than edibles, ~~or of marijuana seeds or flower,~~  
29 ~~except for flower in a sealed, tamper-proof receptacle for~~  
30 ~~vaping.~~

31 3. Use or administration of any form or amount of marijuana  
32 in a manner that is inconsistent with the qualified physician's  
33 directions or physician certification.

34 4. Transfer of marijuana to a person other than the  
35 qualified patient for whom it was authorized or the qualified  
36 patient's caregiver on behalf of the qualified patient.

37 5. The smoking of marijuana in an enclosed indoor workplace  
38 as defined in s. 386.203(5).

39 ~~6.5.~~ Use or administration of marijuana in the following



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40 locations:

41 a. On any form of public transportation, except for low-THC  
42 cannabis.

43 b. In any public place, except for low-THC cannabis.

44 c. In a qualified patient's place of employment, except  
45 when permitted by his or her employer.

46 d. In a state correctional institution, as defined in s.  
47 944.02, or a correctional institution, as defined in s. 944.241.

48 e. On the grounds of a preschool, primary school, or  
49 secondary school, except as provided in s. 1006.062.

50 f. In a school bus, a vehicle, an aircraft, or a motorboat,  
51 except for low-THC cannabis.

52

53 For the purposes of this subparagraph, the exceptions for low-  
54 THC cannabis do not include the smoking of low-THC cannabis.

55 (4) PHYSICIAN CERTIFICATION.—

56 (a) A qualified physician may issue a physician  
57 certification only if the qualified physician:

58 1. Conducted a physical examination while physically  
59 present in the same room as the patient and a full assessment of  
60 the medical history of the patient.

61 2. Diagnosed the patient with at least one qualifying  
62 medical condition.

63 3. Determined that the medical use of marijuana would  
64 likely outweigh the potential health risks for the patient, and  
65 such determination must be documented in the patient's medical  
66 record. If a patient is younger than 18 years of age, a second  
67 physician must concur with this determination, and such  
68 concurrence must be documented in the patient's medical record.



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69           4. Determined whether the patient is pregnant and  
70 documented such determination in the patient's medical record. A  
71 physician may not issue a physician certification, except for  
72 low-THC cannabis, to a patient who is pregnant.

73           5. Reviewed the patient's controlled drug prescription  
74 history in the prescription drug monitoring program database  
75 established pursuant to s. 893.055.

76           6. Reviews the medical marijuana use registry and confirmed  
77 that the patient does not have an active physician certification  
78 from another qualified physician.

79           7. Registers as the issuer of the physician certification  
80 for the named qualified patient on the medical marijuana use  
81 registry in an electronic manner determined by the department,  
82 and:

83           a. Enters into the registry the contents of the physician  
84 certification, including the patient's qualifying condition and  
85 the dosage not to exceed the daily dose amount determined by the  
86 department, the amount and forms of marijuana authorized for the  
87 patient, and any types of marijuana delivery devices needed by  
88 the patient for the medical use of marijuana.

89           b. Updates the registry within 7 days after any change is  
90 made to the original physician certification to reflect such  
91 change.

92           c. Deactivates the registration of the qualified patient  
93 and the patient's caregiver when the physician no longer  
94 recommends the medical use of marijuana for the patient.

95           8. Obtains the voluntary and informed written consent of  
96 the patient for medical use of marijuana each time the qualified  
97 physician issues a physician certification for the patient,





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98 which shall be maintained in the patient's medical record. The  
99 patient, or the patient's parent or legal guardian if the  
100 patient is a minor, must sign the informed consent acknowledging  
101 that the qualified physician has sufficiently explained its  
102 content. The qualified physician must use a standardized  
103 informed consent form adopted in rule by the Board of Medicine  
104 and the Board of Osteopathic Medicine, which must include, at a  
105 minimum, information related to:

106 a. The Federal Government's classification of marijuana as  
107 a Schedule I controlled substance.

108 b. The approval and oversight status of marijuana by the  
109 Food and Drug Administration.

110 c. The current state of research on the efficacy of  
111 marijuana to treat the qualifying conditions set forth in this  
112 section.

113 d. The potential for addiction.

114 e. The potential effect that marijuana may have on a  
115 patient's coordination, motor skills, and cognition, including a  
116 warning against operating heavy machinery, operating a motor  
117 vehicle, or engaging in activities that require a person to be  
118 alert or respond quickly.

119 f. The potential side effects of marijuana use.

120 g. The risks, benefits, and drug interactions of marijuana.

121 h. The risks specifically associated with smoking  
122 marijuana.

123 ~~i.h.~~ That the patient's de-identified health information  
124 contained in the physician certification and medical marijuana  
125 use registry may be used for research purposes.  
126



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127 For a patient not diagnosed with a terminal condition, if the  
128 patient is younger than 18 years of age and the certifying  
129 physician intends to certify the patient's medical use of  
130 marijuana by way of smoking, the certifying physician must  
131 determine that smoking is the most effective means of  
132 administering medical marijuana for the patient and a second  
133 physician must concur with that determination. The second  
134 physician must be a pediatrician. Such determination and  
135 concurrence must be documented in the patient's medical record.

136 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

137 (e) A licensed medical marijuana treatment center shall  
138 cultivate, process, transport, and dispense marijuana for  
139 medical use. A licensed medical marijuana treatment center may  
140 not contract for services directly related to the cultivation,  
141 processing, and dispensing of marijuana or marijuana delivery  
142 devices, except that a medical marijuana treatment center  
143 licensed pursuant to subparagraph (a)1. may contract with a  
144 single entity for the cultivation, processing, transporting, and  
145 dispensing of marijuana and marijuana delivery devices. A  
146 licensed medical marijuana treatment center must, at all times,  
147 maintain compliance with the criteria demonstrated and  
148 representations made in the initial application and the criteria  
149 established in this subsection. Upon request, the department may  
150 grant a medical marijuana treatment center a variance from the  
151 representations made in the initial application. Consideration  
152 of such a request shall be based upon the individual facts and  
153 circumstances surrounding the request. A variance may not be  
154 granted unless the requesting medical marijuana treatment center  
155 can demonstrate to the department that it has a proposed



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156 alternative to the specific representation made in its  
157 application which fulfills the same or a similar purpose as the  
158 specific representation in a way that the department can  
159 reasonably determine will not be a lower standard than the  
160 specific representation in the application. A variance may not  
161 be granted from the requirements in subparagraph 2. and  
162 subparagraphs (b)1. and 2.

163 1. A licensed medical marijuana treatment center may  
164 transfer ownership to an individual or entity who meets the  
165 requirements of this section. A publicly traded corporation or  
166 publicly traded company that meets the requirements of this  
167 section is not precluded from ownership of a medical marijuana  
168 treatment center. To accommodate a change in ownership:

169 a. The licensed medical marijuana treatment center shall  
170 notify the department in writing at least 60 days before the  
171 anticipated date of the change of ownership.

172 b. The individual or entity applying for initial licensure  
173 due to a change of ownership must submit an application that  
174 must be received by the department at least 60 days before the  
175 date of change of ownership.

176 c. Upon receipt of an application for a license, the  
177 department shall examine the application and, within 30 days  
178 after receipt, notify the applicant in writing of any apparent  
179 errors or omissions and request any additional information  
180 required.

181 d. Requested information omitted from an application for  
182 licensure must be filed with the department within 21 days after  
183 the department's request for omitted information or the  
184 application shall be deemed incomplete and shall be withdrawn



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185 from further consideration and the fees shall be forfeited.

186

187 Within 30 days after the receipt of a complete application, the  
188 department shall approve or deny the application.

189         2. A medical marijuana treatment center, and any individual  
190 or entity who directly or indirectly owns, controls, or holds  
191 with power to vote 5 percent or more of the voting shares of a  
192 medical marijuana treatment center, may not acquire direct or  
193 indirect ownership or control of any voting shares or other form  
194 of ownership of any other medical marijuana treatment center.

195         3. A medical marijuana treatment center may not enter into  
196 any form of profit-sharing arrangement with the property owner  
197 or lessor of any of its facilities where cultivation,  
198 processing, storing, or dispensing of marijuana and marijuana  
199 delivery devices occurs.

200         4. All employees of a medical marijuana treatment center  
201 must be 21 years of age or older and have passed a background  
202 screening pursuant to subsection (9).

203         5. Each medical marijuana treatment center must adopt and  
204 enforce policies and procedures to ensure employees and  
205 volunteers receive training on the legal requirements to  
206 dispense marijuana to qualified patients.

207         6. When growing marijuana, a medical marijuana treatment  
208 center:

209             a. May use pesticides determined by the department, after  
210 consultation with the Department of Agriculture and Consumer  
211 Services, to be safely applied to plants intended for human  
212 consumption, but may not use pesticides designated as  
213 restricted-use pesticides pursuant to s. 487.042.



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214           b. Must grow marijuana within an enclosed structure and in  
215 a room separate from any other plant.

216           c. Must inspect seeds and growing plants for plant pests  
217 that endanger or threaten the horticultural and agricultural  
218 interests of the state in accordance with chapter 581 and any  
219 rules adopted thereunder.

220           d. Must perform fumigation or treatment of plants, or  
221 remove and destroy infested or infected plants, in accordance  
222 with chapter 581 and any rules adopted thereunder.

223           7. Each medical marijuana treatment center must produce and  
224 make available for purchase at least one low-THC cannabis  
225 product.

226           8. A medical marijuana treatment center that produces  
227 edibles must hold a permit to operate as a food establishment  
228 pursuant to chapter 500, the Florida Food Safety Act, and must  
229 comply with all the requirements for food establishments  
230 pursuant to chapter 500 and any rules adopted thereunder.  
231 Edibles may not contain more than 200 milligrams of  
232 tetrahydrocannabinol, and a single serving portion of an edible  
233 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
234 may have a potency variance of no greater than 15 percent.  
235 Edibles may not be attractive to children; be manufactured in  
236 the shape of humans, cartoons, or animals; be manufactured in a  
237 form that bears any reasonable resemblance to products available  
238 for consumption as commercially available candy; or contain any  
239 color additives. To discourage consumption of edibles by  
240 children, the department shall determine by rule any shapes,  
241 forms, and ingredients allowed and prohibited for edibles.  
242 Medical marijuana treatment centers may not begin processing or



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243 dispensing edibles until after the effective date of the rule.  
244 The department shall also adopt sanitation rules providing the  
245 standards and requirements for the storage, display, or  
246 dispensing of edibles.

247 9. Within 12 months after licensure, a medical marijuana  
248 treatment center must demonstrate to the department that all of  
249 its processing facilities have passed a Food Safety Good  
250 Manufacturing Practices, such as Global Food Safety Initiative  
251 or equivalent, inspection by a nationally accredited certifying  
252 body. A medical marijuana treatment center must immediately stop  
253 processing at any facility which fails to pass this inspection  
254 until it demonstrates to the department that such facility has  
255 met this requirement.

256 10. When processing marijuana, a medical marijuana  
257 treatment center must:

258 a. Process the marijuana within an enclosed structure and  
259 in a room separate from other plants or products.

260 b. Comply with department rules when processing marijuana  
261 with hydrocarbon solvents or other solvents or gases exhibiting  
262 potential toxicity to humans. The department shall determine by  
263 rule the requirements for medical marijuana treatment centers to  
264 use such solvents or gases exhibiting potential toxicity to  
265 humans.

266 c. Comply with federal and state laws and regulations and  
267 department rules for solid and liquid wastes. The department  
268 shall determine by rule procedures for the storage, handling,  
269 transportation, management, and disposal of solid and liquid  
270 waste generated during marijuana production and processing. The  
271 Department of Environmental Protection shall assist the



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272 department in developing such rules.

273         d. Test the processed marijuana using a medical marijuana  
274 testing laboratory before it is dispensed. Results must be  
275 verified and signed by two medical marijuana treatment center  
276 employees. Before dispensing, the medical marijuana treatment  
277 center must determine that the test results indicate that low-  
278 THC cannabis meets the definition of low-THC cannabis, the  
279 concentration of tetrahydrocannabinol meets the potency  
280 requirements of this section, the labeling of the concentration  
281 of tetrahydrocannabinol and cannabidiol is accurate, and all  
282 marijuana is safe for human consumption and free from  
283 contaminants that are unsafe for human consumption. The  
284 department shall determine by rule which contaminants must be  
285 tested for and the maximum levels of each contaminant which are  
286 safe for human consumption. The Department of Agriculture and  
287 Consumer Services shall assist the department in developing the  
288 testing requirements for contaminants that are unsafe for human  
289 consumption in edibles. The department shall also determine by  
290 rule the procedures for the treatment of marijuana that fails to  
291 meet the testing requirements of this section, s. 381.988, or  
292 department rule. The department may select a random sample from  
293 edibles available for purchase in a dispensing facility which  
294 shall be tested by the department to determine that the edible  
295 meets the potency requirements of this section, is safe for  
296 human consumption, and the labeling of the tetrahydrocannabinol  
297 and cannabidiol concentration is accurate. A medical marijuana  
298 treatment center may not require payment from the department for  
299 the sample. A medical marijuana treatment center must recall  
300 edibles, including all edibles made from the same batch of



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301 marijuana, which fail to meet the potency requirements of this  
302 section, which are unsafe for human consumption, or for which  
303 the labeling of the tetrahydrocannabinol and cannabidiol  
304 concentration is inaccurate. The medical marijuana treatment  
305 center must retain records of all testing and samples of each  
306 homogenous batch of marijuana for at least 9 months. The medical  
307 marijuana treatment center must contract with a marijuana  
308 testing laboratory to perform audits on the medical marijuana  
309 treatment center's standard operating procedures, testing  
310 records, and samples and provide the results to the department  
311 to confirm that the marijuana or low-THC cannabis meets the  
312 requirements of this section and that the marijuana or low-THC  
313 cannabis is safe for human consumption. A medical marijuana  
314 treatment center shall reserve two processed samples from each  
315 batch and retain such samples for at least 9 months for the  
316 purpose of such audits. A medical marijuana treatment center may  
317 use a laboratory that has not been certified by the department  
318 under s. 381.988 until such time as at least one laboratory  
319 holds the required certification, but in no event later than  
320 July 1, 2018.

321 e. Package the marijuana in compliance with the United  
322 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
323 1471 et seq.

324 f. Package the marijuana in a receptacle that has a firmly  
325 affixed and legible label stating the following information:

326 (I) The marijuana or low-THC cannabis meets the  
327 requirements of sub-subparagraph d.

328 (II) The name of the medical marijuana treatment center  
329 from which the marijuana originates.





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330 (III) The batch number and harvest number from which the  
331 marijuana originates and the date dispensed.

332 (IV) The name of the physician who issued the physician  
333 certification.

334 (V) The name of the patient.

335 (VI) The product name, if applicable, and dosage form,  
336 including concentration of tetrahydrocannabinol and cannabidiol.  
337 The product name may not contain wording commonly associated  
338 with products marketed by or to children.

339 (VII) The recommended dose.

340 (VIII) A warning that it is illegal to transfer medical  
341 marijuana to another person.

342 (IX) A marijuana universal symbol developed by the  
343 department.

344 11. The medical marijuana treatment center shall include in  
345 each package a patient package insert with information on the  
346 specific product dispensed related to:

- 347 a. Clinical pharmacology.  
348 b. Indications and use.  
349 c. Dosage and administration.  
350 d. Dosage forms and strengths.  
351 e. Contraindications.  
352 f. Warnings and precautions.  
353 g. Adverse reactions.

354 12. In addition to the packaging and labeling requirements  
355 in subparagraphs 10. and 11., marijuana in a form for smoking  
356 must be packaged in a sealed receptacle with a legible and  
357 prominent warning to keep away from children and a warning that  
358 states marijuana smoke contains carcinogens and may negatively



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359 affect health. Such receptacles for marijuana in a form for  
360 smoking must be plain, opaque, and white without depictions of  
361 the product or images other than the medical marijuana treatment  
362 center's department-approved logo and the marijuana universal  
363 symbol.

364 ~~13.12.~~ Each edible shall be individually sealed in plain,  
365 opaque wrapping marked only with the marijuana universal symbol.  
366 Where practical, each edible shall be marked with the marijuana  
367 universal symbol. In addition to the packaging and labeling  
368 requirements in subparagraphs 10., ~~and 11., and 12.,~~ edible  
369 receptacles must be plain, opaque, and white without depictions  
370 of the product or images other than the medical marijuana  
371 treatment center's department-approved logo and the marijuana  
372 universal symbol. The receptacle must also include a list all of  
373 the edible's ingredients, storage instructions, an expiration  
374 date, a legible and prominent warning to keep away from children  
375 and pets, and a warning that the edible has not been produced or  
376 inspected pursuant to federal food safety laws.

377 ~~14.13.~~ When dispensing marijuana or a marijuana delivery  
378 device, a medical marijuana treatment center:

379 a. May dispense any active, valid order for low-THC  
380 cannabis, medical cannabis and cannabis delivery devices issued  
381 pursuant to former s. 381.986, Florida Statutes 2016, which was  
382 entered into the medical marijuana use registry before July 1,  
383 2017.

384 b. May not dispense more than a 70-day supply of marijuana  
385 to a qualified patient or caregiver.

386 c. Must have the medical marijuana treatment center's  
387 employee who dispenses the marijuana or a marijuana delivery



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388 device enter into the medical marijuana use registry his or her  
389 name or unique employee identifier.

390 d. Must verify that the qualified patient and the  
391 caregiver, if applicable, each have an active registration in  
392 the medical marijuana use registry and an active and valid  
393 medical marijuana use registry identification card, the amount  
394 and type of marijuana dispensed matches the physician  
395 certification in the medical marijuana use registry for that  
396 qualified patient, and the physician certification has not  
397 already been filled.

398 e. May not dispense marijuana to a qualified patient who is  
399 younger than 18 years of age. If the qualified patient is  
400 younger than 18 years of age, marijuana may only be dispensed to  
401 the qualified patient's caregiver.

402 f. May not dispense or sell any other type of cannabis,  
403 alcohol, or illicit drug-related product, ~~including pipes,~~  
404 ~~bongs, or wrapping papers,~~ other than a marijuana delivery  
405 device required for the medical use of marijuana and which is  
406 specified in a physician certification.

407 g. Must, upon dispensing the marijuana or marijuana  
408 delivery device, record in the registry the date, time,  
409 quantity, and form of marijuana dispensed; the type of marijuana  
410 delivery device dispensed; and the name and medical marijuana  
411 use registry identification number of the qualified patient or  
412 caregiver to whom the marijuana delivery device was dispensed.

413 h. Must ensure that patient records are not visible to  
414 anyone other than the qualified patient, his or her caregiver,  
415 and authorized medical marijuana treatment center employees.

416 (14) EXCEPTIONS TO OTHER LAWS.—



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417 (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or  
418 any other provision of law, but subject to the requirements of  
419 this section, a qualified patient and the qualified patient's  
420 caregiver may purchase from a medical marijuana treatment center  
421 for the patient's medical use a marijuana delivery device and up  
422 to the amount of marijuana authorized in the physician  
423 certification, but may not possess more than a 70-day supply of  
424 marijuana at any given time and all marijuana purchased must  
425 remain in its original packaging.

426 (b) Notwithstanding paragraph (a), s. 893.13, s. 893.135,  
427 s. 893.147, or any other provision of law, a qualified patient  
428 and the qualified patient's caregiver may purchase and possess a  
429 marijuana delivery device intended for the medical use of  
430 marijuana by smoking from a vendor other than a medical  
431 marijuana treatment center if such delivery device, or a similar  
432 delivery device, is specified in that patient's certification  
433 issued by a qualified physician.

434 (c)~~(b)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
435 or any other provision of law, but subject to the requirements  
436 of this section, an approved medical marijuana treatment center  
437 and its owners, managers, and employees may manufacture,  
438 possess, sell, deliver, distribute, dispense, and lawfully  
439 dispose of marijuana or a marijuana delivery device as provided  
440 in this section, s. 381.988, and by department rule. For the  
441 purposes of this subsection, the terms "manufacture,"  
442 "possession," "deliver," "distribute," and "dispense" have the  
443 same meanings as provided in s. 893.02.

444 (d)~~(e)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
445 or any other provision of law, but subject to the requirements



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446 of this section, a certified marijuana testing laboratory,  
447 including an employee of a certified marijuana testing  
448 laboratory acting within the scope of his or her employment, may  
449 acquire, possess, test, transport, and lawfully dispose of  
450 marijuana as provided in this section, in s. 381.988, and by  
451 department rule.

452 (e)~~(d)~~ A licensed medical marijuana treatment center and  
453 its owners, managers, and employees are not subject to licensure  
454 or regulation under chapter 465 or chapter 499 for  
455 manufacturing, possessing, selling, delivering, distributing,  
456 dispensing, or lawfully disposing of marijuana or a marijuana  
457 delivery device, as provided in this section, in s. 381.988, and  
458 by department rule.

459 (f)~~(e)~~ This subsection does not exempt a person from  
460 prosecution for a criminal offense related to impairment or  
461 intoxication resulting from the medical use of marijuana or  
462 relieve a person from any requirement under law to submit to a  
463 breath, blood, urine, or other test to detect the presence of a  
464 controlled substance.

465 (g)~~(f)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
466 or any other provision of law, but subject to the requirements  
467 of this section and pursuant to policies and procedures  
468 established pursuant to s. 1006.62(8), school personnel may  
469 possess marijuana that is obtained for medical use pursuant to  
470 this section by a student who is a qualified patient.

471 (h)~~(g)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
472 or any other provision of law, but subject to the requirements  
473 of this section, a research institute established by a public  
474 postsecondary educational institution, such as the H. Lee



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475 Moffitt Cancer Center and Research Institute, Inc., established  
476 under s. 1004.43, or a state university that has achieved the  
477 preeminent state research university designation under s.  
478 1001.7065 may possess, test, transport, and lawfully dispose of  
479 marijuana for research purposes as provided by this section.

480 (15) APPLICABILITY.—

481 (a) This section does not limit the ability of an employer  
482 to establish, continue, or enforce a drug-free workplace program  
483 or policy.

484 (b) This section does not require an employer to  
485 accommodate the medical use of marijuana in any workplace or any  
486 employee working while under the influence of marijuana.

487 (c) This section does not create a cause of action against  
488 an employer for wrongful discharge or discrimination.

489 (d) This section does not impair the ability of any party  
490 to restrict or limit smoking on his or her private property.

491 (e) This section does not prohibit the medical use of  
492 marijuana, or a caregiver assisting with the medical use of  
493 marijuana, in a nursing home, licensed under part II of chapter  
494 400; in a hospice facility, licensed under part IV of chapter  
495 400; or in an assisted living facility, licensed under part I of  
496 chapter 429, if the medical use of marijuana is not prohibited  
497 in the facility's policies.

498 (f) Marijuana, as defined in this section, is not  
499 reimbursable under chapter 440.

500 Section 2. The proviso following Specific Appropriation 422  
501 in section 3 of chapter 2018-9, Laws of Florida, and the proviso  
502 following Specific Appropriation 424 in section 3 of chapter  
503 2018-9, Laws of Florida, are repealed and the funds appropriated



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504 by those specific appropriations which were affected by those  
505 provisos are released from reserve.

506 Section 3. This act shall take effect upon becoming a law.

507

508 ===== T I T L E A M E N D M E N T =====

509 And the title is amended as follows:

510 Delete everything before the enacting clause

511 and insert:

512 A bill to be entitled

513 An act relating to the safe medical use of marijuana;  
514 amending s. 381.986, F.S.; redefining the term  
515 "marijuana delivery device" to eliminate the  
516 requirement that such devices must be purchased from a  
517 medical marijuana treatment center; redefining the  
518 term "medical use" to include the possession, use, or  
519 administration of marijuana in a form for smoking;  
520 restricting smoking of marijuana in enclosed indoor  
521 workplaces; conforming a provision to changes made by  
522 the act; requiring a patient's informed consent form  
523 to include the risks specifically associated with  
524 smoking marijuana; requiring a certifying physician to  
525 make a determination in concurrence with a second  
526 physician who meets specified requirements before  
527 certifying a patient under 18 years of age who is not  
528 diagnosed with a terminal condition to smoke marijuana  
529 for medical use; requiring that marijuana in a form  
530 for smoking meet certain packaging and labeling  
531 requirements; deleting a provision prohibiting a  
532 medical marijuana treatment center from dispensing or



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533 selling specified products; allowing marijuana  
534 delivery devices to be purchased from a vendor other  
535 than a medical marijuana treatment center; providing  
536 applicability; repealing proviso language in s. 3, ch.  
537 2018-9, Laws of Florida, relating to salaries and  
538 benefits positions and other personnel services of the  
539 Department of Health; providing an effective date.  
540



By the Committee on Health Policy; and Senator Brandes

588-02162-19

2019182c1

1                   A bill to be entitled  
2       An act relating to smoking marijuana for medical use;  
3       amending s. 381.986, F.S.; redefining the term  
4       "medical use" to include the possession, use, or  
5       administration of marijuana in a form for smoking;  
6       conforming a provision to changes made by the act;  
7       requiring a patient's informed consent form to include  
8       the risks specifically associated with smoking  
9       marijuana; requiring a certifying physician to make a  
10      determination in concurrence with a second physician  
11      who meets specified requirements before certifying a  
12      patient not diagnosed with a terminal condition to  
13      smoke marijuana for medical use; deleting a provision  
14      prohibiting a medical marijuana treatment center from  
15      dispensing or selling specified products; providing an  
16      effective date.

17  
18 Be It Enacted by the Legislature of the State of Florida:

19  
20       Section 1. Paragraph (j) of subsection (1), paragraph (a)  
21      of subsection (4), and paragraph (e) of subsection (8) of  
22      section 381.986, Florida Statutes, are amended to read:

23       381.986 Medical use of marijuana.—

24       (1) DEFINITIONS.—As used in this section, the term:

25       (j) "Medical use" means the acquisition, possession, use,  
26      delivery, transfer, or administration of marijuana authorized by  
27      a physician certification. The term does not include:

28       1. Possession, use, or administration of marijuana that was  
29      not purchased or acquired from a medical marijuana treatment

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30 center.

31 2. Possession, use, or administration of marijuana in a  
32 ~~form for smoking, in the form of commercially produced food~~  
33 ~~items other than edibles, or of marijuana seeds or flower,~~  
34 ~~except for flower in a sealed, tamper-proof receptacle for~~  
35 ~~vaping.~~

36 3. Use or administration of any form or amount of marijuana  
37 in a manner that is inconsistent with the qualified physician's  
38 directions or physician certification.

39 4. Transfer of marijuana to a person other than the  
40 qualified patient for whom it was authorized or the qualified  
41 patient's caregiver on behalf of the qualified patient.

42 5. Use or administration of marijuana in the following  
43 locations:

44 a. On any form of public transportation, except for low-THC  
45 cannabis.

46 b. In any public place, except for low-THC cannabis.

47 c. In a qualified patient's place of employment, except  
48 when permitted by his or her employer.

49 d. In a state correctional institution, as defined in s.  
50 944.02, or a correctional institution, as defined in s. 944.241.

51 e. On the grounds of a preschool, primary school, or  
52 secondary school, except as provided in s. 1006.062.

53 f. In a school bus, a vehicle, an aircraft, or a motorboat,  
54 except for low-THC cannabis.

55  
56 For the purposes of this subparagraph, the exceptions for low-  
57 THC cannabis do not include the smoking of low-THC cannabis.

58 (4) PHYSICIAN CERTIFICATION.—

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2019182c1

59 (a) A qualified physician may issue a physician  
60 certification only if the qualified physician:

61 1. Conducted a physical examination while physically  
62 present in the same room as the patient and a full assessment of  
63 the medical history of the patient.

64 2. Diagnosed the patient with at least one qualifying  
65 medical condition.

66 3. Determined that the medical use of marijuana would  
67 likely outweigh the potential health risks for the patient, and  
68 such determination must be documented in the patient's medical  
69 record. If a patient is younger than 18 years of age, a second  
70 physician must concur with this determination, and such  
71 concurrence must be documented in the patient's medical record.

72 4. Determined whether the patient is pregnant and  
73 documented such determination in the patient's medical record. A  
74 physician may not issue a physician certification, except for  
75 low-THC cannabis, to a patient who is pregnant.

76 5. Reviewed the patient's controlled drug prescription  
77 history in the prescription drug monitoring program database  
78 established pursuant to s. 893.055.

79 6. Reviews the medical marijuana use registry and confirmed  
80 that the patient does not have an active physician certification  
81 from another qualified physician.

82 7. Registers as the issuer of the physician certification  
83 for the named qualified patient on the medical marijuana use  
84 registry in an electronic manner determined by the department,  
85 and:

86 a. Enters into the registry the contents of the physician  
87 certification, including the patient's qualifying condition and

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88 the dosage not to exceed the daily dose amount determined by the  
89 department, the amount and forms of marijuana authorized for the  
90 patient, and any types of marijuana delivery devices needed by  
91 the patient for the medical use of marijuana.

92 b. Updates the registry within 7 days after any change is  
93 made to the original physician certification to reflect such  
94 change.

95 c. Deactivates the registration of the qualified patient  
96 and the patient's caregiver when the physician no longer  
97 recommends the medical use of marijuana for the patient.

98 8. Obtains the voluntary and informed written consent of  
99 the patient for medical use of marijuana each time the qualified  
100 physician issues a physician certification for the patient,  
101 which shall be maintained in the patient's medical record. The  
102 patient, or the patient's parent or legal guardian if the  
103 patient is a minor, must sign the informed consent acknowledging  
104 that the qualified physician has sufficiently explained its  
105 content. The qualified physician must use a standardized  
106 informed consent form adopted in rule by the Board of Medicine  
107 and the Board of Osteopathic Medicine, which must include, at a  
108 minimum, information related to:

109 a. The Federal Government's classification of marijuana as  
110 a Schedule I controlled substance.

111 b. The approval and oversight status of marijuana by the  
112 Food and Drug Administration.

113 c. The current state of research on the efficacy of  
114 marijuana to treat the qualifying conditions set forth in this  
115 section.

116 d. The potential for addiction.

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117 e. The potential effect that marijuana may have on a  
118 patient's coordination, motor skills, and cognition, including a  
119 warning against operating heavy machinery, operating a motor  
120 vehicle, or engaging in activities that require a person to be  
121 alert or respond quickly.

122 f. The potential side effects of marijuana use.

123 g. The risks, benefits, and drug interactions of marijuana.

124 h. The risks specifically associated with smoking  
125 marijuana.

126 ~~i.h.~~ That the patient's de-identified health information  
127 contained in the physician certification and medical marijuana  
128 use registry may be used for research purposes.

129  
130 For a patient not diagnosed with a terminal condition, if the  
131 certifying physician intends to certify the patient's medical  
132 use of marijuana by way of smoking, the certifying physician  
133 must determine that smoking is the only means of administering  
134 medical marijuana that is likely to benefit the patient and a  
135 second physician must concur with that determination. The second  
136 physician must not be registered with the department as a  
137 certifying physician for any qualified patients. Such  
138 determination and concurrence must be documented in the  
139 patient's medical record.

140 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

141 (e) A licensed medical marijuana treatment center shall  
142 cultivate, process, transport, and dispense marijuana for  
143 medical use. A licensed medical marijuana treatment center may  
144 not contract for services directly related to the cultivation,  
145 processing, and dispensing of marijuana or marijuana delivery

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146 devices, except that a medical marijuana treatment center  
147 licensed pursuant to subparagraph (a)1. may contract with a  
148 single entity for the cultivation, processing, transporting, and  
149 dispensing of marijuana and marijuana delivery devices. A  
150 licensed medical marijuana treatment center must, at all times,  
151 maintain compliance with the criteria demonstrated and  
152 representations made in the initial application and the criteria  
153 established in this subsection. Upon request, the department may  
154 grant a medical marijuana treatment center a variance from the  
155 representations made in the initial application. Consideration  
156 of such a request shall be based upon the individual facts and  
157 circumstances surrounding the request. A variance may not be  
158 granted unless the requesting medical marijuana treatment center  
159 can demonstrate to the department that it has a proposed  
160 alternative to the specific representation made in its  
161 application which fulfills the same or a similar purpose as the  
162 specific representation in a way that the department can  
163 reasonably determine will not be a lower standard than the  
164 specific representation in the application. A variance may not  
165 be granted from the requirements in subparagraph 2. and  
166 subparagraphs (b)1. and 2.

167 1. A licensed medical marijuana treatment center may  
168 transfer ownership to an individual or entity who meets the  
169 requirements of this section. A publicly traded corporation or  
170 publicly traded company that meets the requirements of this  
171 section is not precluded from ownership of a medical marijuana  
172 treatment center. To accommodate a change in ownership:

173 a. The licensed medical marijuana treatment center shall  
174 notify the department in writing at least 60 days before the

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175 anticipated date of the change of ownership.

176       b. The individual or entity applying for initial licensure  
177 due to a change of ownership must submit an application that  
178 must be received by the department at least 60 days before the  
179 date of change of ownership.

180       c. Upon receipt of an application for a license, the  
181 department shall examine the application and, within 30 days  
182 after receipt, notify the applicant in writing of any apparent  
183 errors or omissions and request any additional information  
184 required.

185       d. Requested information omitted from an application for  
186 licensure must be filed with the department within 21 days after  
187 the department's request for omitted information or the  
188 application shall be deemed incomplete and shall be withdrawn  
189 from further consideration and the fees shall be forfeited.

190  
191 Within 30 days after the receipt of a complete application, the  
192 department shall approve or deny the application.

193       2. A medical marijuana treatment center, and any individual  
194 or entity who directly or indirectly owns, controls, or holds  
195 with power to vote 5 percent or more of the voting shares of a  
196 medical marijuana treatment center, may not acquire direct or  
197 indirect ownership or control of any voting shares or other form  
198 of ownership of any other medical marijuana treatment center.

199       3. A medical marijuana treatment center may not enter into  
200 any form of profit-sharing arrangement with the property owner  
201 or lessor of any of its facilities where cultivation,  
202 processing, storing, or dispensing of marijuana and marijuana  
203 delivery devices occurs.

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204 4. All employees of a medical marijuana treatment center  
205 must be 21 years of age or older and have passed a background  
206 screening pursuant to subsection (9).

207 5. Each medical marijuana treatment center must adopt and  
208 enforce policies and procedures to ensure employees and  
209 volunteers receive training on the legal requirements to  
210 dispense marijuana to qualified patients.

211 6. When growing marijuana, a medical marijuana treatment  
212 center:

213 a. May use pesticides determined by the department, after  
214 consultation with the Department of Agriculture and Consumer  
215 Services, to be safely applied to plants intended for human  
216 consumption, but may not use pesticides designated as  
217 restricted-use pesticides pursuant to s. 487.042.

218 b. Must grow marijuana within an enclosed structure and in  
219 a room separate from any other plant.

220 c. Must inspect seeds and growing plants for plant pests  
221 that endanger or threaten the horticultural and agricultural  
222 interests of the state in accordance with chapter 581 and any  
223 rules adopted thereunder.

224 d. Must perform fumigation or treatment of plants, or  
225 remove and destroy infested or infected plants, in accordance  
226 with chapter 581 and any rules adopted thereunder.

227 7. Each medical marijuana treatment center must produce and  
228 make available for purchase at least one low-THC cannabis  
229 product.

230 8. A medical marijuana treatment center that produces  
231 edibles must hold a permit to operate as a food establishment  
232 pursuant to chapter 500, the Florida Food Safety Act, and must



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233 comply with all the requirements for food establishments  
234 pursuant to chapter 500 and any rules adopted thereunder.  
235 Edibles may not contain more than 200 milligrams of  
236 tetrahydrocannabinol, and a single serving portion of an edible  
237 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
238 may have a potency variance of no greater than 15 percent.  
239 Edibles may not be attractive to children; be manufactured in  
240 the shape of humans, cartoons, or animals; be manufactured in a  
241 form that bears any reasonable resemblance to products available  
242 for consumption as commercially available candy; or contain any  
243 color additives. To discourage consumption of edibles by  
244 children, the department shall determine by rule any shapes,  
245 forms, and ingredients allowed and prohibited for edibles.  
246 Medical marijuana treatment centers may not begin processing or  
247 dispensing edibles until after the effective date of the rule.  
248 The department shall also adopt sanitation rules providing the  
249 standards and requirements for the storage, display, or  
250 dispensing of edibles.

251       9. Within 12 months after licensure, a medical marijuana  
252 treatment center must demonstrate to the department that all of  
253 its processing facilities have passed a Food Safety Good  
254 Manufacturing Practices, such as Global Food Safety Initiative  
255 or equivalent, inspection by a nationally accredited certifying  
256 body. A medical marijuana treatment center must immediately stop  
257 processing at any facility which fails to pass this inspection  
258 until it demonstrates to the department that such facility has  
259 met this requirement.

260       10. When processing marijuana, a medical marijuana  
261 treatment center must:

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262 a. Process the marijuana within an enclosed structure and  
263 in a room separate from other plants or products.

264 b. Comply with department rules when processing marijuana  
265 with hydrocarbon solvents or other solvents or gases exhibiting  
266 potential toxicity to humans. The department shall determine by  
267 rule the requirements for medical marijuana treatment centers to  
268 use such solvents or gases exhibiting potential toxicity to  
269 humans.

270 c. Comply with federal and state laws and regulations and  
271 department rules for solid and liquid wastes. The department  
272 shall determine by rule procedures for the storage, handling,  
273 transportation, management, and disposal of solid and liquid  
274 waste generated during marijuana production and processing. The  
275 Department of Environmental Protection shall assist the  
276 department in developing such rules.

277 d. Test the processed marijuana using a medical marijuana  
278 testing laboratory before it is dispensed. Results must be  
279 verified and signed by two medical marijuana treatment center  
280 employees. Before dispensing, the medical marijuana treatment  
281 center must determine that the test results indicate that low-  
282 THC cannabis meets the definition of low-THC cannabis, the  
283 concentration of tetrahydrocannabinol meets the potency  
284 requirements of this section, the labeling of the concentration  
285 of tetrahydrocannabinol and cannabidiol is accurate, and all  
286 marijuana is safe for human consumption and free from  
287 contaminants that are unsafe for human consumption. The  
288 department shall determine by rule which contaminants must be  
289 tested for and the maximum levels of each contaminant which are  
290 safe for human consumption. The Department of Agriculture and

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291 Consumer Services shall assist the department in developing the  
292 testing requirements for contaminants that are unsafe for human  
293 consumption in edibles. The department shall also determine by  
294 rule the procedures for the treatment of marijuana that fails to  
295 meet the testing requirements of this section, s. 381.988, or  
296 department rule. The department may select a random sample from  
297 edibles available for purchase in a dispensing facility which  
298 shall be tested by the department to determine that the edible  
299 meets the potency requirements of this section, is safe for  
300 human consumption, and the labeling of the tetrahydrocannabinol  
301 and cannabidiol concentration is accurate. A medical marijuana  
302 treatment center may not require payment from the department for  
303 the sample. A medical marijuana treatment center must recall  
304 edibles, including all edibles made from the same batch of  
305 marijuana, which fail to meet the potency requirements of this  
306 section, which are unsafe for human consumption, or for which  
307 the labeling of the tetrahydrocannabinol and cannabidiol  
308 concentration is inaccurate. The medical marijuana treatment  
309 center must retain records of all testing and samples of each  
310 homogenous batch of marijuana for at least 9 months. The medical  
311 marijuana treatment center must contract with a marijuana  
312 testing laboratory to perform audits on the medical marijuana  
313 treatment center's standard operating procedures, testing  
314 records, and samples and provide the results to the department  
315 to confirm that the marijuana or low-THC cannabis meets the  
316 requirements of this section and that the marijuana or low-THC  
317 cannabis is safe for human consumption. A medical marijuana  
318 treatment center shall reserve two processed samples from each  
319 batch and retain such samples for at least 9 months for the

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320 purpose of such audits. A medical marijuana treatment center may  
321 use a laboratory that has not been certified by the department  
322 under s. 381.988 until such time as at least one laboratory  
323 holds the required certification, but in no event later than  
324 July 1, 2018.

325 e. Package the marijuana in compliance with the United  
326 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
327 1471 et seq.

328 f. Package the marijuana in a receptacle that has a firmly  
329 affixed and legible label stating the following information:

330 (I) The marijuana or low-THC cannabis meets the  
331 requirements of sub-subparagraph d.

332 (II) The name of the medical marijuana treatment center  
333 from which the marijuana originates.

334 (III) The batch number and harvest number from which the  
335 marijuana originates and the date dispensed.

336 (IV) The name of the physician who issued the physician  
337 certification.

338 (V) The name of the patient.

339 (VI) The product name, if applicable, and dosage form,  
340 including concentration of tetrahydrocannabinol and cannabidiol.  
341 The product name may not contain wording commonly associated  
342 with products marketed by or to children.

343 (VII) The recommended dose.

344 (VIII) A warning that it is illegal to transfer medical  
345 marijuana to another person.

346 (IX) A marijuana universal symbol developed by the  
347 department.

348 11. The medical marijuana treatment center shall include in

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349 each package a patient package insert with information on the  
350 specific product dispensed related to:

- 351 a. Clinical pharmacology.
- 352 b. Indications and use.
- 353 c. Dosage and administration.
- 354 d. Dosage forms and strengths.
- 355 e. Contraindications.
- 356 f. Warnings and precautions.
- 357 g. Adverse reactions.

358 12. Each edible shall be individually sealed in plain,  
359 opaque wrapping marked only with the marijuana universal symbol.  
360 Where practical, each edible shall be marked with the marijuana  
361 universal symbol. In addition to the packaging and labeling  
362 requirements in subparagraphs 10. and 11., edible receptacles  
363 must be plain, opaque, and white without depictions of the  
364 product or images other than the medical marijuana treatment  
365 center's department-approved logo and the marijuana universal  
366 symbol. The receptacle must also include a list all of the  
367 edible's ingredients, storage instructions, an expiration date,  
368 a legible and prominent warning to keep away from children and  
369 pets, and a warning that the edible has not been produced or  
370 inspected pursuant to federal food safety laws.

371 13. When dispensing marijuana or a marijuana delivery  
372 device, a medical marijuana treatment center:

- 373 a. May dispense any active, valid order for low-THC  
374 cannabis, medical cannabis and cannabis delivery devices issued  
375 pursuant to former s. 381.986, Florida Statutes 2016, which was  
376 entered into the medical marijuana use registry before July 1,  
377 2017.

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378           b. May not dispense more than a 70-day supply of marijuana  
379 to a qualified patient or caregiver.

380           c. Must have the medical marijuana treatment center's  
381 employee who dispenses the marijuana or a marijuana delivery  
382 device enter into the medical marijuana use registry his or her  
383 name or unique employee identifier.

384           d. Must verify that the qualified patient and the  
385 caregiver, if applicable, each have an active registration in  
386 the medical marijuana use registry and an active and valid  
387 medical marijuana use registry identification card, the amount  
388 and type of marijuana dispensed matches the physician  
389 certification in the medical marijuana use registry for that  
390 qualified patient, and the physician certification has not  
391 already been filled.

392           e. May not dispense marijuana to a qualified patient who is  
393 younger than 18 years of age. If the qualified patient is  
394 younger than 18 years of age, marijuana may only be dispensed to  
395 the qualified patient's caregiver.

396           f. May not dispense or sell any other type of cannabis,  
397 alcohol, or illicit drug-related product, ~~including pipes,~~  
398 ~~bongs, or wrapping papers,~~ other than a marijuana delivery  
399 device required for the medical use of marijuana and which is  
400 specified in a physician certification.

401           g. Must, upon dispensing the marijuana or marijuana  
402 delivery device, record in the registry the date, time,  
403 quantity, and form of marijuana dispensed; the type of marijuana  
404 delivery device dispensed; and the name and medical marijuana  
405 use registry identification number of the qualified patient or  
406 caregiver to whom the marijuana delivery device was dispensed.

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407           h. Must ensure that patient records are not visible to  
408 anyone other than the qualified patient, his or her caregiver,  
409 and authorized medical marijuana treatment center employees.

410           Section 2. This act shall take effect upon becoming a law.

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/12/18

Meeting Date

CS/SB 182

Bill Number (if applicable)

Topic \_\_\_\_\_

Amendment Barcode (if applicable)

Name Lisa McCortke

Job Title \_\_\_\_\_

Address 2303 La Rue CT  
Street

Phone 850 284 6832

Tallahassee FL 32303  
City State Zip

Email Lisamm77@hotmail.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing patients

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

182

Meeting Date \_\_\_\_\_

Bill Number (if applicable) \_\_\_\_\_

Topic Medical Marijuana

Amendment Barcode (if applicable) \_\_\_\_\_

Name ERIK RANGEL

Job Title Board Chair

Address \_\_\_\_\_

Phone \_\_\_\_\_

Street

Orlando FL

Email \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Minorities 4 Medical Marijuana

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-12-18

Meeting Date

182

Bill Number (if applicable)

322608

Amendment Barcode (if applicable)

Topic Smoking Marijuana

Name Teresa Miller

Job Title \_\_\_\_\_

Address 3608 W Corona St

Street

Phone 813-842-3073

Tampa

City

State

Zip

Email embracelife911@gmail.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Parents

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

*Spoke on  
Amendment  
182 Bill*

Feb 12, 2018  
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

182  
Bill Number (if applicable)

322608  
Amendment Barcode (if applicable)

Topic Medical Marijuana

Name Ellen Snelling

Job Title PARENT

Address 521 Lantern Circle

Phone 813-731-2696

Temple Terrace, FL 33617  
City State Zip

Email cr.snelling@verizon.net

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing \_\_\_\_\_

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/12/2019  
Meeting Date

182  
Bill Number (if applicable)

Topic MEDICAL COUNCIL

Amendment Barcode (if applicable)

Name GARY STEIN

Job Title EXEC. DIRECTOR

Address 7035 BOUL LINN LOOP

Phone (513) 305-8280

Street WESLEY LAUREL FL 33145

Email GSTEIN@CANNITYPAC.ORG

City State Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing CANNITY PAC

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2

Meeting Date

182  
Bill Number (if applicable)

Topic Smoking Bill 182

Amendment Barcode (if applicable)

Name Michael Minardi

Job Title Attorney

Address 5301 W. HABANA AVE

Phone 813-995-8227

Street

Tampa FL 33614

Email Michael@MinardiLaw.com

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida NORML, CEC

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

02/12/2019

*Meeting Date*

SB 182

*Bill Number (if applicable)*

Topic Discuss Medical Marijuana Smoke Exposure to Children

*Amendment Barcode (if applicable)*

Name Helen Robbins

Job Title Executive Manager Assistant

Address 117 Covington Circle

Phone 850-694-1382

*Street*

Crawfordville

FL

32327

Email abbeyrob1@gmail.com

*City*

*State*

*Zip*

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
*(The Chair will read this information into the record.)*

Representing N/A

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

***This form is part of the public record for this meeting.***

S-001 (10/14/14)

# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

CS/SB 112  
Bill Number (if applicable)

Meeting Date \_\_\_\_\_

Topic Smokeable Cannabis

Amendment Barcode (if applicable) \_\_\_\_\_

Name Josephine Annella-Krehl

Job Title Licensed Clinical Social Worker

Address 500 W. Sawyer St.

Phone (850) 653-6928

Street

S.G.F. Florida 32328

Email jo.krehl@gmail.com

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing MMJ Knowledge & FLCAN

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/12/19

Meeting Date

182

Bill Number (if applicable)

Strike-Ad-3221008

Amendment Barcode (if applicable)

Topic Smoking Marijuana for Medical

Name Melissa Villar

Job Title Executive Director / President

Address PO Box 11254

Street

Tallah

City

FL

State

32302

Zip

Phone (850) 354-8424

Email NORMLTallahusse@gmail.com

Speaking: [ ] For [ ] Against [x] Information

Waive Speaking: [ ] In Support [ ] Against (The Chair will read this information into the record.)

Representing NORMLTallahusse / The Holistic Cannabis Community

Appearing at request of Chair: [ ] Yes [x] No

Lobbyist registered with Legislature: [ ] Yes [x] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

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2/12/19  
Meeting Date

CS/182  
Bill Number (if applicable)  
322608

Amendment Barcode (if applicable)

Topic MMJ - Smoking

Name Jodi James

Job Title Executive Director

Address 1375 Cypress  
Street

Phone 321 890 7302

Melbourne FL 32935  
City State Zip

Email jodi@flcan.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing FLORIDA CANNABIS ACTION NETWORK

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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2/12/2019  
Meeting Date

182  
Bill Number (if applicable)  
322608  
Amendment Barcode (if applicable)

Topic MEDICAL CANNABIS

Name GARY STEIN

Job Title EXEC. DIRECTOR

Address 2035 BELT LINE LOOP

Phone (513) 305-8280

Street Wesley Center FL

Email GSTEIN@CLARITYPAC.ORG

City Wesley Center State FL Zip 33545

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing CLARITY PAC

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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**The Florida Senate**  
**COMMITTEE VOTE RECORD**

**COMMITTEE:** Innovation, Industry, and Technology  
**ITEM:** CS/SB 182  
**FINAL ACTION:** Favorable with Committee Substitute  
**MEETING DATE:** Tuesday, February 12, 2019  
**TIME:** 4:00—5:30 p.m.  
**PLACE:** 110 Senate Building

FINAL VOTE		SENATORS	2/12/2019 Amendment 322608					
Yea	Nay		Brandes		Yea	Nay	Yea	Nay
			Yea	Nay				
X		Bracy						
X		Bradley						
X		Brandes						
X		Braynon						
X		Farmer						
X		Gibson						
X		Hutson						
X		Passidomo						
X		Benacquisto, VICE CHAIR						
X		Simpson, CHAIR						
10	0							
<b>Yea</b>	<b>Nay</b>	<b>TOTALS</b>	RCS	-				
			<b>Yea</b>	<b>Nay</b>	<b>Yea</b>	<b>Nay</b>	<b>Yea</b>	<b>Nay</b>

CODES: FAV=Favorable      RCS=Replaced by Committee Substitute      TP=Temporarily Postponed      WD=Withdrawn  
 UNF=Unfavorable      RE=Replaced by Engrossed Amendment      VA=Vote After Roll Call      OO=Out of Order  
 -R=Reconsidered      RS=Replaced by Substitute Amendment      VC=Vote Change After Roll Call      AV=Abstain from Voting