

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.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 182

INTRODUCER: Health Policy Committee and Senator Brandes

SUBJECT: Smoking Marijuana for Medical Use

DATE: February 5, 2019 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			IT	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 182 amends s. 381.986, F.S., to eliminate the prohibition against the smoking of marijuana 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.

For a patient not diagnosed with a terminal condition,¹ the bill requires that, prior to issuing a certification in which the qualified physician intends to certify smoking, the 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 Department of Health (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.

The bill’s provisions take effect upon becoming law.

¹ 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.

II. Present Situation:

Smoking Ban: Timeline of Events

On November 4, 2016, Amendment 2 was voted into law and established article X, section 29 of the State 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.

Subsequently, the Legislature passed SB 8-A in Special Session A of 2017.² The bill rewrote and expanded upon the Compassionate Medical Cannabis Act of 2014³ and was designed to implement article X, section 29 of the State Constitution.

Included in the many provisions of SB 8-A, the bill defined the term “medical use” to exclude the “possession, use, or administration of marijuana in a form for smoking...or of marijuana seeds or flower, 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.

In its complaint, People United for Medical Marijuana, Inc., challenged the smoking ban on two counts:⁴

- That the smoking ban impermissibly altered the definition of “marijuana” established in article X, section 29(b)(4), of the State Constitution, by excluding the right to possess forms of marijuana for smoking; and
- That article X, section 29, of the State 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 declaring the smoking ban unconstitutional. In her order, Judge Gievers found 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.”⁵

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

² Chapter 2017-232, Laws of Fla.

³ Chapter 2014-157, Laws of Fla.

⁴ Complaint, case no. 2017-CA-1394, Florida Circuit Court for the Second Judicial Circuit, July 7, 2017.

⁵ Order and Final Judgement, case no. 2017-CA-1394, Florida Circuit Court for the Second Judicial Circuit, May 5, 2018, p. 21.

not act to remove the smoking ban from Florida Statutes by mid-March 2019.⁶ Additionally, both parties filed a motion to stay the appeal until March 15, 2019, that was granted on January 24, 2019.⁷

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 to the smoking of marijuana as a means of delivery.

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.⁸ 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 from the lungs.⁹ This is likely because “THC is highly lipophilic, distributing rapidly to highly perfused tissues and later to fat.”¹⁰ The study also found that “a trial of 11 healthy subjects administered Δ^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.”¹¹ 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, versus a single molecule preparation (with pure THC or CBD¹²) may be more effective in treating seizure disorders¹³ and potentially breast cancer.¹⁴

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.¹⁵ Also, as with any smoked substance, smoking marijuana has inherent risks that have been identified. The National Institutes of Health (NIH) states that:

Marijuana smoking is associated with large airway inflammation, increased airway resistance, and lung hyperinflation, and those who smoke marijuana

⁶ 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 Jan. 29, 2019).

⁷ Motion to Stay, case no. 1D18-2206, Florida First District Court of Appeal, Jan. 24, 2019.

⁸ THC, or tetrahydrocannabinol, is the main active ingredient in cannabis and is responsible for most of the psychological effects of cannabis.

⁹ Bridgeman MB, Abazia DT. Medicinal Cannabis: History, Pharmacology, and Implications for the Acute Care Setting. P T. 2017;42(3):180-188.

¹⁰ Id.

¹¹ Id.

¹² CBD, or cannabidiol, is another cannabinoid that is found in cannabis. In the form of the drug Epidiolex CBD has been approved by the Federal Food and Drug Administration to treat two childhood seizure disorders, Dravet syndrome and Lennox-Gastaut syndrome. (see <https://www.epidiolex.com/seizure-reduction-and-risk-information>, last visited on Jan. 31, 2019). CBD does not have the same psychoactivity as THC.

¹³ Russo EB. The Case for the Entourage Effect and Conventional Breeding of Clinical Cannabis: No “Strain,” No Gain. Front Plant Sci. 2019;9:1969. Published 2019 Jan 9. doi:10.3389/fpls.2018.01969.

¹⁴ 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

¹⁵ See Appellant’s Initial Brief, case no. 2017-CA-1394, Florida Circuit Court for the Second Judicial Circuit, Aug. 3, 2017, p. 5.

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.¹⁶

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 risk for cancer and lung disease. However, the association between smoking cannabis and the development of lung cancer is not decisive.¹⁷

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.¹⁸

¹⁶ National Institutes of Health, 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).

¹⁷ Ayan J., Rasche K. (2016) Damaging Effects of Cannabis Use on the Lungs. In: Pokorski M. (eds) *Advancements in Clinical Research. Advances in Experimental Medicine and Biology*, vol 952. Springer, Cham.

¹⁸ National Institutes of Health, 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 Jan 29, 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 state 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.¹⁹

III. Effect of Proposed Changes:

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

- Strike from the definition of “medical use” the prohibition against the possession, use, or administration of marijuana in a form for smoking and of marijuana flower.
- Specify that low-THC cannabis may not be smoked in the following locations:
 - In public;
 - On any form of public transportation; or
 - In a school bus, a vehicle, an aircraft, or a motorboat.
- Require 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 physician must determine that smoking is the only means of administering medical marijuana that is likely to benefit the qualified patient;
 - A second physician, who is not registered with the DOH as a certifying physician for any qualified patients, must concur with this determination; and
 - Both determinations must be documented in the patient’s medical record.
- Require that the risks specifically associated with smoking marijuana must be included in the informed consent that each patient must sign prior to being certified to receive medical marijuana.
- Remove the provision in current law that prohibits a medical marijuana treatment center from dispensing the following smoking-related items: pipes, bongs, and wrapping papers.

The bill’s provisions take effect upon becoming law.

¹⁹ State-by-State Medical Marijuana Laws Report, Marijuana Policy Project, *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 Jan. 30, 2019).

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.

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 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.