

Amendment No.

CHAMBER ACTION

Senate

House

.

Representative Rodrigues, R. offered the following:

Amendment (with title amendment)

Between lines 1461 and 1462, insert:

Section 36. Paragraphs (a) and (f) of subsection (4), paragraph (e) of subsection (8), and paragraph (a) of subsection (14) of section 381.986, Florida Statutes, as amended by section 1 of chapter 2019-1, Laws of Florida, are amended, and paragraph (f) is added to subsection (7) and paragraph (h) is added to subsection (14) of that section, to read:

381.986 Medical use of marijuana.—

(4) PHYSICIAN CERTIFICATION.—

(a) A qualified physician may issue a physician

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14 certification only if the qualified physician:

15 1. Conducted a physical examination while physically
16 present in the same room as the patient and a full assessment of
17 the medical history of the patient.

18 2. Diagnosed the patient with at least one qualifying
19 medical condition.

20 3. Determined that the medical use of marijuana would
21 likely outweigh the potential health risks for the patient, and
22 such determination must be documented in the patient's medical
23 record. A physician may not issue a physician certification,
24 except for low-THC cannabis, to a patient younger than 18 years
25 of age, unless the qualified physician determines that marijuana
26 other than low-THC cannabis is the most effective treatment for
27 the patient, and a second physician who is a board-certified
28 pediatrician concurs with such determination. Such determination
29 and concurrence must be documented in the patient's medical
30 record and in the medical marijuana use registry ~~If a patient is~~
31 ~~younger than 18 years of age, a second physician must concur~~
32 ~~with this determination, and such concurrence must be documented~~
33 ~~in the patient's medical record.~~

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

38 5. Reviewed the patient's controlled drug prescription

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39 history in the prescription drug monitoring program database
40 established pursuant to s. 893.055.

41 6. Reviews the medical marijuana use registry and
42 confirmed that the patient does not have an active physician
43 certification from another qualified physician.

44 7. Registers as the issuer of the physician certification
45 for the named qualified patient on the medical marijuana use
46 registry in an electronic manner determined by the department,
47 and:

48 a. Enters into the registry the contents of the physician
49 certification, including all of the patient's qualifying
50 conditions ~~condition~~ and the dosage not to exceed the daily dose
51 amount authorized under paragraph (f) ~~determined by the~~
52 ~~department~~, the amount and forms of marijuana authorized for the
53 patient, and any types of marijuana delivery devices needed by
54 the patient for the medical use of marijuana.

55 b. Updates the registry within 7 days after any change is
56 made to the original physician certification to reflect such
57 change.

58 c. Deactivates the registration of the qualified patient
59 and the patient's caregiver when the physician no longer
60 recommends the medical use of marijuana for the patient.

61 8. Obtains the voluntary and informed written consent of
62 the patient for medical use of marijuana each time the qualified
63 physician issues a physician certification for the patient,

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64 which shall be maintained in the patient's medical record. The
65 patient, or the patient's parent or legal guardian if the
66 patient is a minor, must sign the informed consent acknowledging
67 that the qualified physician has sufficiently explained its
68 content. The qualified physician must use a standardized
69 informed consent form adopted in rule by the Board of Medicine
70 and the Board of Osteopathic Medicine, which must include, at a
71 minimum, information related to:

72 a. The Federal Government's classification of marijuana as
73 a Schedule I controlled substance.

74 b. The approval and oversight status of marijuana by the
75 Food and Drug Administration.

76 c. The current state of research on the efficacy of
77 marijuana to treat the qualifying conditions set forth in this
78 section.

79 d. The potential for addiction.

80 e. The potential effect that marijuana may have on a
81 patient's coordination, motor skills, and cognition, including a
82 warning against operating heavy machinery, operating a motor
83 vehicle, or engaging in activities that require a person to be
84 alert or respond quickly.

85 f. The potential side effects of marijuana use, including
86 the negative health risks associated with smoking and the
87 negative health effects of marijuana use on persons under 18
88 years of age.

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89 g. The risks, benefits, and drug interactions of
90 marijuana.

91 h. That the patient's de-identified health information
92 contained in the physician certification and medical marijuana
93 use registry may be used for research purposes.

94 (f) A qualified physician may not issue a physician
95 certification for more than three 70-day supply limits of
96 marijuana, more than six 35-day supply limits of edibles, or
97 more than six 35-day supply limits of marijuana in a form for
98 smoking. The department shall quantify by rule a daily dose
99 amount with equivalent dose amounts for each allowable form of
100 marijuana, other than edibles and marijuana in a form for
101 smoking, dispensed by a medical marijuana treatment center. The
102 department shall use the daily dose amount to calculate a 70-day
103 supply. The daily dose amount for edibles shall not exceed 200
104 mg of tetrahydrocannabinol. The daily dose amount for marijuana
105 in a form for smoking shall not exceed .08 ounces.

106 1. A qualified physician may request an exception to the
107 daily dose amount limit, the 35-day supply limit for edibles,
108 the 35-day supply limit of marijuana in a form for smoking, and
109 the 4-ounce possession limit of marijuana in a form for smoking
110 established in paragraph (14) (a). The request shall be made
111 electronically on a form adopted by the department in rule and
112 must include, at a minimum:

113 a. The qualified patient's qualifying medical condition.

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114 b. The dosage and route of administration that was
115 insufficient to provide relief to the qualified patient.

116 c. A description of how the patient will benefit from an
117 increased amount.

118 d. The minimum daily dose amount of marijuana that would
119 be sufficient for the treatment of the qualified patient's
120 qualifying medical condition.

121 2. A qualified physician must provide the qualified
122 patient's records upon the request of the department.

123 3. The department shall approve or disapprove the request
124 within 14 days after receipt of the complete documentation
125 required by this paragraph. The request shall be deemed approved
126 if the department fails to act within this time period.

127 (7) IDENTIFICATION CARDS.—

128 (f) A qualified patient who is a veteran, as defined in s.
129 1.01(14), is not required to pay the fee for the issuance or
130 renewal of an identification card. To demonstrate veteran
131 status, a qualified patient must provide the department with a
132 copy of one of the following:

133 1. The qualified patient's DD Form 214, issued by the
134 United States Department of Defense;

135 2. The qualified patient's veteran health identification
136 card, issued by the United States Department of Veterans
137 Affairs; or

138 3. The qualified patient's veteran identification card,

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139 issued by the United States Department of Veterans Affairs
140 pursuant to the Veterans Identification Card Act of 2015, Pub.
141 L. No. 114-31.

142 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

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

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164 specific representation in a way that the department can
165 reasonably determine will not be a lower standard than the
166 specific representation in the application. A variance may not
167 be granted from the requirements in subparagraph 2. and
168 subparagraphs (b)1. and 2.

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

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

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

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

187 d. Requested information omitted from an application for
188 licensure must be filed with the department within 21 days after

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189 the department's request for omitted information or the
190 application shall be deemed incomplete and shall be withdrawn
191 from further consideration and the fees shall be forfeited.

192

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

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

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

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

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

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214 6. When growing marijuana, a medical marijuana treatment
215 center:

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

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

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

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

230 7. Each medical marijuana treatment center must produce
231 and make available for purchase at least one low-THC cannabis
232 product.

233 8. A medical marijuana treatment center that produces
234 edibles must hold a permit to operate as a food establishment
235 pursuant to chapter 500, the Florida Food Safety Act, and must
236 comply with all the requirements for food establishments
237 pursuant to chapter 500 and any rules adopted thereunder.

238 Edibles may not contain more than 200 milligrams of

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

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

263 10. A medical marijuana treatment center that produces

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264 prerolled marijuana cigarettes may not use wrapping paper made
265 with tobacco or hemp.

266 11. When processing marijuana, a medical marijuana
267 treatment center must:

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

270 b. Comply with department rules when processing marijuana
271 with hydrocarbon solvents or other solvents or gases exhibiting
272 potential toxicity to humans. The department shall determine by
273 rule the requirements for medical marijuana treatment centers to
274 use such solvents or gases exhibiting potential toxicity to
275 humans.

276 c. Comply with federal and state laws and regulations and
277 department rules for solid and liquid wastes. The department
278 shall determine by rule procedures for the storage, handling,
279 transportation, management, and disposal of solid and liquid
280 waste generated during marijuana production and processing. The
281 Department of Environmental Protection shall assist the
282 department in developing such rules.

283 12.d. A medical marijuana treatment center must test the
284 ~~processed~~ marijuana using a medical marijuana testing laboratory
285 before it is dispensed. Results must be verified and signed by
286 two medical marijuana treatment center employees. Before
287 dispensing, the medical marijuana treatment center must
288 determine that the test results indicate that low-THC cannabis

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289 meets the definition of low-THC cannabis, the concentration of
290 tetrahydrocannabinol meets the potency requirements of this
291 section, the labeling of the concentration of
292 tetrahydrocannabinol and cannabidiol is accurate, and all
293 marijuana is safe for human consumption and free from
294 contaminants that are unsafe for human consumption. The
295 department shall determine by rule which contaminants must be
296 tested for and the maximum levels of each contaminant which are
297 safe for human consumption. The Department of Agriculture and
298 Consumer Services shall assist the department in developing the
299 testing requirements for contaminants that are unsafe for human
300 consumption in edibles. The department shall also determine by
301 rule the procedures for the treatment of marijuana that fails to
302 meet the testing requirements of this section, s. 381.988, or
303 department rule. The department may select a random samples of
304 marijuana, ~~sample from edibles,~~ available in a cultivation
305 facility, processing facility, or for purchase in a dispensing
306 facility, which shall be tested by the department to determine
307 that the marijuana edible meets the potency requirements of this
308 section, is safe for human consumption, and the labeling of the
309 tetrahydrocannabinol and cannabidiol concentration is accurate.
310 A medical marijuana treatment center may not require payment
311 from the department for the sample. A medical marijuana
312 treatment center must recall edibles, including all edibles made
313 from the same batch of marijuana, which fail to meet the potency

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314 requirements of this section, which are unsafe for human
315 consumption, or for which the labeling of the
316 tetrahydrocannabinol and cannabidiol concentration is
317 inaccurate. The medical marijuana treatment center must retain
318 records of all testing and samples of each homogenous batch of
319 marijuana for at least 9 months. The medical marijuana treatment
320 center must contract with a marijuana testing laboratory to
321 perform audits on the medical marijuana treatment center's
322 standard operating procedures, testing records, and samples and
323 provide the results to the department to confirm that the
324 marijuana or low-THC cannabis meets the requirements of this
325 section and that the marijuana or low-THC cannabis is safe for
326 human consumption. A medical marijuana treatment center shall
327 reserve two processed samples from each batch and retain such
328 samples for at least 9 months for the purpose of such audits. A
329 medical marijuana treatment center may use a laboratory that has
330 not been certified by the department under s. 381.988 until such
331 time as at least one laboratory holds the required
332 certification, but in no event later than July 1, 2020 ~~2018~~.

333 13. When packaging marijuana, a medical marijuana
334 treatment center must:

335 a.e. Package the marijuana in compliance with the United
336 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
337 1471 et seq.

338 b.f. Package the marijuana in a receptacle that has a

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339 firmly affixed and legible label stating the following
340 information:

341 (I) The marijuana or low-THC cannabis meets the
342 requirements of subparagraph 12 ~~sub-subparagraph d.~~

343 (II) The name of the medical marijuana treatment center
344 from which the marijuana originates.

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

347 (IV) The name of the physician who issued the physician
348 certification.

349 (V) The name of the patient.

350 (VI) The product name, if applicable, and dosage form,
351 including concentration of tetrahydrocannabinol and cannabidiol.
352 The product name may not contain wording commonly associated
353 with products marketed by or to children.

354 (VII) The recommended dose.

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

357 (IX) A marijuana universal symbol developed by the
358 department.

359 ~~14.12.~~ The medical marijuana treatment center shall
360 include in each package a patient package insert with
361 information on the specific product dispensed related to:

362 a. Clinical pharmacology.

363 b. Indications and use.

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364 c. Dosage and administration.

365 d. Dosage forms and strengths.

366 e. Contraindications.

367 f. Warnings and precautions.

368 g. Adverse reactions.

369 ~~15.13.~~ In addition to the packaging and labeling
370 requirements specified in subparagraphs 12., 13., and 14. ~~11.~~
371 ~~and 12.~~, marijuana in a form for smoking must be packaged in a
372 sealed receptacle with a legible and prominent warning to keep
373 away from children and a warning that states marijuana smoke
374 contains carcinogens and may negatively affect health. Such
375 receptacles for marijuana in a form for smoking must be plain,
376 opaque, and white without depictions of the product or images
377 other than the medical marijuana treatment center's department-
378 approved logo and the marijuana universal symbol.

379 ~~16.14.~~ The department shall adopt rules to regulate the
380 types, appearance, and labeling of marijuana delivery devices
381 dispensed from a medical marijuana treatment center. The rules
382 must require marijuana delivery devices to have an appearance
383 consistent with medical use.

384 ~~17.15.~~ Each edible shall be individually sealed in plain,
385 opaque wrapping marked only with the marijuana universal symbol.
386 Where practical, each edible shall be marked with the marijuana
387 universal symbol. In addition to the packaging and labeling
388 requirements in subparagraphs 13. and 14. ~~10. and 11.~~, edible

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389 receptacles must be plain, opaque, and white without depictions
390 of the product or images other than the medical marijuana
391 treatment center's department-approved logo and the marijuana
392 universal symbol. The receptacle must also include a list all of
393 the edible's ingredients, storage instructions, an expiration
394 date, a legible and prominent warning to keep away from children
395 and pets, and a warning that the edible has not been produced or
396 inspected pursuant to federal food safety laws.

397 ~~18.16.~~ When dispensing marijuana or a marijuana delivery
398 device, a medical marijuana treatment center:

399 a. May dispense any active, valid order for low-THC
400 cannabis, medical cannabis and cannabis delivery devices issued
401 pursuant to former s. 381.986, Florida Statutes 2016, which was
402 entered into the medical marijuana use registry before July 1,
403 2017.

404 b. May not dispense more than a 70-day supply of marijuana
405 within any 70-day period to a qualified patient or caregiver.
406 May not dispense more than a 35-day supply of edibles within any
407 35-day period to a qualified patient or caregiver. A 35-day
408 supply of edibles may not exceed 7000 mg of tetrahydrocannabinol
409 unless an exception to this amount is approved by the department
410 pursuant to paragraph (4) (f). May not dispense more than one 35-
411 day supply of marijuana in a form for smoking within any 35-day
412 period to a qualified patient or caregiver. A 35-day supply of
413 marijuana in a form for smoking may not exceed 2.5 ounces unless

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414 an exception to this amount is approved by the department
415 pursuant to paragraph (4) (f).

416 c. Beginning January 1, 2020, may not dispense dried
417 leaves and flowers of marijuana with a tetrahydrocannabinol
418 concentration greater than 10 percent.

419 d.e. Must have the medical marijuana treatment center's
420 employee who dispenses the marijuana or a marijuana delivery
421 device enter into the medical marijuana use registry his or her
422 name or unique employee identifier.

423 e.d. Must verify that the qualified patient and the
424 caregiver, if applicable, each have an active registration in
425 the medical marijuana use registry and an active and valid
426 medical marijuana use registry identification card, the amount
427 and type of marijuana dispensed matches the physician
428 certification in the medical marijuana use registry for that
429 qualified patient, and the physician certification has not
430 already been filled.

431 f.e. May not dispense marijuana to a qualified patient who
432 is younger than 18 years of age. If the qualified patient is
433 younger than 18 years of age, marijuana may only be dispensed to
434 the qualified patient's caregiver.

435 g.f. May not dispense or sell any other type of cannabis,
436 alcohol, or illicit drug-related product, including pipes or
437 wrapping papers made with tobacco or hemp, other than a
438 marijuana delivery device required for the medical use of

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439 marijuana and which is specified in a physician certification.

440 ~~h.g.~~ Must, upon dispensing the marijuana or marijuana
441 delivery device, record in the registry the date, time,
442 quantity, and form of marijuana dispensed; the type of marijuana
443 delivery device dispensed; and the name and medical marijuana
444 use registry identification number of the qualified patient or
445 caregiver to whom the marijuana delivery device was dispensed.

446 ~~i.h.~~ Must ensure that patient records are not visible to
447 anyone other than the qualified patient, his or her caregiver,
448 and authorized medical marijuana treatment center employees.

449 (14) EXCEPTIONS TO OTHER LAWS.—

450 (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or
451 any other provision of law, but subject to the requirements of
452 this section, a qualified patient and the qualified patient's
453 caregiver may purchase from a medical marijuana treatment center
454 for the patient's medical use a marijuana delivery device and up
455 to the amount of marijuana authorized in the physician
456 certification, but may not possess more than a 35-day supply of
457 edibles, a 70-day supply of marijuana, or the greater of 4
458 ounces of marijuana in a form for smoking or an amount of
459 marijuana in a form for smoking approved by the department
460 pursuant to paragraph (4)(f), at any given time and all
461 marijuana purchased must remain in its original packaging.

462 (h) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or
463 any other provision of law, but subject to the requirements of

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464 this section, the department, including an employee of the
465 department acting within the scope of his or her employment, may
466 acquire, possess, test, transport, and lawfully dispose of
467 marijuana as provided in this section.

468 Section 37. Subsection (12) is added to section 381.988,
469 Florida Statutes, to read:

470 381.988 Medical marijuana testing laboratories; marijuana
471 tests conducted by a certified laboratory.-

472 (12) A certified medical marijuana testing laboratory and
473 its officers, directors, and employees may not have a direct or
474 indirect economic interest in, or financial relationship with, a
475 medical marijuana treatment center. Nothing in this subsection
476 may be construed to prohibit a certified medical marijuana
477 testing laboratory from contracting with a medical marijuana
478 treatment center to provide testing services.

479 Section 38. Subsection (1) of section 14 of chapter 2017-
480 232, Laws of Florida, is amended to read:

481 Section 14. Department of Health; authority to adopt
482 rules; cause of action.-

483 (1) EMERGENCY RULEMAKING.-

484 (a) The Department of Health and the applicable boards
485 shall adopt emergency rules pursuant to s. 120.54(4), Florida
486 Statutes, and this section necessary to implement ss. 381.986
487 and 381.988, Florida Statutes. If an emergency rule adopted
488 under this section is held to be unconstitutional or an invalid

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489 exercise of delegated legislative authority, and becomes void,
490 the department or the applicable boards may adopt an emergency
491 rule pursuant to this section to replace the rule that has
492 become void. If the emergency rule adopted to replace the void
493 emergency rule is also held to be unconstitutional or an invalid
494 exercise of delegated legislative authority and becomes void,
495 the department and the applicable boards must follow the
496 nonemergency rulemaking procedures of the Administrative
497 Procedures Act to replace the rule that has become void.

498 (b) For emergency rules adopted under this section, the
499 department and the applicable boards need not make the findings
500 required by s. 120.54(4)(a), Florida Statutes. Emergency rules
501 adopted under this section are exempt from ss. 120.54(3)(b) and
502 120.541, Florida Statutes. The department and the applicable
503 boards shall meet the procedural requirements in s. 120.54(a),
504 Florida Statutes, if the department or the applicable boards
505 have, before July 1, 2019 ~~the effective date of this act~~, held
506 any public workshops or hearings on the subject matter of the
507 emergency rules adopted under this subsection. Challenges to
508 emergency rules adopted under this subsection are subject to the
509 time schedules provided in s. 120.56(5), Florida Statutes.

510 (c) Emergency rules adopted under this section are exempt
511 from s. 120.54(4)(c), Florida Statutes, and shall remain in
512 effect until replaced by rules adopted under the nonemergency
513 rulemaking procedures of the Administrative Procedures Act.

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514 Rules adopted under the nonemergency rulemaking procedures of
 515 the Administrative Procedures Act to replace emergency rules
 516 adopted under this section are exempt from ss. 120.54(3)(b) and
 517 120.541, Florida Statutes. By July 1, 2020 ~~January 1, 2018,~~ the
 518 department and the applicable boards shall initiate nonemergency
 519 rulemaking pursuant to the Administrative Procedures Act to
 520 replace all emergency rules adopted under this section by
 521 publishing a notice of rule development in the Florida
 522 Administrative Register. Except as provided in paragraph (a),
 523 after July 1, 2020 ~~January 1, 2018,~~ the department and
 524 applicable boards may not adopt rules pursuant to the emergency
 525 rulemaking procedures provided in this section.

526 Section 39. For the 2019-2020 fiscal year, the sum of
 527 \$350,000 in nonrecurring funds from the Grants and Donations
 528 Trust Fund is appropriated to the Department of Health for the
 529 purpose of implementing section 36 of this act.

530
 531 -----

532 **T I T L E A M E N D M E N T**

533 Remove line 105 and insert:
 534 cross-references; amending s. 381.986, F.S.;
 535 prohibiting a physician from certifying certain
 536 patients for marijuana other than low-THC cannabis
 537 under certain conditions; revising a provision
 538 requiring certain information to be entered into the

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539 medical marijuana use registry; revising a provision
540 relating to the informed consent form to include the
541 negative health effects of marijuana use on certain
542 persons; providing daily dose amount limits for
543 edibles and marijuana in a form for smoking; waiving
544 the medical marijuana identification card fee for
545 certain qualified patients who can demonstrate veteran
546 status; authorizing the Department of Health to
547 possess and test marijuana samples from medical
548 marijuana treatment centers; authorizing medical
549 marijuana treatment centers to contract with certain
550 medical marijuana testing laboratories; providing
551 limits on the amount of tetrahydrocannabinol content
552 in the dried leaves and flowers of marijuana and
553 edibles dispensed by a medical marijuana treatment
554 center; authorizing the department and certain
555 employees to acquire, possess, test, transport, and
556 dispose of marijuana; amending s. 381.988, F.S.;
557 prohibiting a certified medical marijuana testing
558 laboratory from having an economic interest in or
559 financial relationship with a medical marijuana
560 treatment center; providing construction; amending ch.
561 2017-232, Laws of Florida; revising provisions
562 authorizing emergency rulemaking; providing an
563 appropriation; providing an effective date.

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