

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
2 Representative Rodrigues, R. offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:
6 Section 1. Paragraph (j) of subsection (1), subsection
7 (4), paragraphs (b) and (e) of subsection (8), and subsection
8 (15) of section 381.986, Florida Statutes, are amended to read:
9 381.986 Medical use of marijuana.—

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

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

14 1. Possession, use, or administration of marijuana that
15 was not purchased or acquired from a medical marijuana treatment
16 center.

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17 2. Possession, use, or administration of marijuana in a
18 form for smoking other than prerolled marijuana cigarettes, in
19 the form of commercially produced food items other than edibles,
20 or of marijuana seeds or flower, except for flower in a sealed,
21 tamper-proof receptacle for vaping or flower in prerolled
22 marijuana cigarettes.

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

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

29 5. Use or administration of marijuana in the following
30 locations:

31 a. On any form of public transportation, except for low-
32 THC cannabis not in a form for smoking.

33 b. In any public place, except for low-THC cannabis not in
34 a form for smoking.

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

37 d. In a state correctional institution, as defined in s.
38 944.02, or a correctional institution, as defined in s. 944.241.

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

41 f. In a school bus, a vehicle, an aircraft, or a

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42 motorboat, except for low-THC cannabis not in a form for
43 smoking.

44 6. The smoking of marijuana in an enclosed indoor workplace
45 as defined in s. 386.203(5).

46 (4) PHYSICIAN CERTIFICATION.—

47 (a) A qualified physician may issue a physician
48 certification only if the qualified physician:

49 1. Conducted a physical examination while physically
50 present in the same room as the patient and a full assessment of
51 the medical history of the patient.

52 2. Diagnosed the patient with at least one qualifying
53 medical condition.

54 3. Determined that the medical use of marijuana would
55 likely outweigh the potential health risks for the patient, and
56 such determination must be documented in the patient's medical
57 record. If a patient is younger than 18 years of age, a second
58 physician must concur with this determination, and such
59 concurrence must be documented in the patient's medical record.

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

64 5. Reviewed the patient's controlled drug prescription
65 history in the prescription drug monitoring program database
66 established pursuant to s. 893.055.

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67 6. Reviews the medical marijuana use registry and
68 confirmed that the patient does not have an active physician
69 certification from another qualified physician.

70 7. Registers as the issuer of the physician certification
71 for the named qualified patient on the medical marijuana use
72 registry in an electronic manner determined by the department,
73 and:

74 a. Enters into the registry the contents of the physician
75 certification, including the patient's qualifying condition and
76 the dosage not to exceed the daily dose amount determined by the
77 department, the amount and forms of marijuana authorized for the
78 patient, and any types of marijuana delivery devices needed by
79 the patient for the medical use of marijuana.

80 b. Updates the registry within 7 days after any change is
81 made to the original physician certification to reflect such
82 change.

83 c. Deactivates the registration of the qualified patient
84 and the patient's caregiver when the physician no longer
85 recommends the medical use of marijuana for the patient.

86 8. Obtains the voluntary and informed written consent of
87 the patient for medical use of marijuana each time the qualified
88 physician issues a physician certification for the patient,
89 which shall be maintained in the patient's medical record. The
90 patient, or the patient's parent or legal guardian if the
91 patient is a minor, must sign the informed consent acknowledging

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92 that the qualified physician has sufficiently explained its
93 content. The qualified physician must use a standardized
94 informed consent form adopted in rule by the Board of Medicine
95 and the Board of Osteopathic Medicine, which must include, at a
96 minimum, information related to:

97 a. The Federal Government's classification of marijuana as
98 a Schedule I controlled substance.

99 b. The approval and oversight status of marijuana by the
100 Food and Drug Administration.

101 c. The current state of research on the efficacy of
102 marijuana to treat the qualifying conditions set forth in this
103 section.

104 d. The potential for addiction.

105 e. The potential effect that marijuana may have on a
106 patient's coordination, motor skills, and cognition, including a
107 warning against operating heavy machinery, operating a motor
108 vehicle, or engaging in activities that require a person to be
109 alert or respond quickly.

110 f. The potential side effects of marijuana use, including
111 the negative health risks associated with smoking.

112 g. The risks, benefits, and drug interactions of
113 marijuana.

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

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117 (b) If a qualified physician issues a physician
118 certification for a qualified patient diagnosed with a
119 qualifying medical condition pursuant to paragraph (2)(k), the
120 physician must submit the following to the applicable board
121 within 14 days after issuing the physician certification:

122 1. Documentation supporting the qualified physician's
123 opinion that the medical condition is of the same kind or class
124 as the conditions in paragraphs (2)(a)-(j).

125 2. Documentation that establishes the efficacy of
126 marijuana as treatment for the condition.

127 3. Documentation supporting the qualified physician's
128 opinion that the benefits of medical use of marijuana would
129 likely outweigh the potential health risks for the patient.

130 4. Any other documentation as required by board rule.
131

132 The department must submit such documentation to the Consortium
133 ~~Coalition~~ for Medical Marijuana Clinical Outcomes Research and
134 ~~Education~~ established pursuant to s. 1004.4351.

135 (c) If a qualified physician determines smoking is an
136 appropriate route of administration for a qualified patient,
137 other than a terminally ill patient, the qualified physician
138 must submit the following documentation to the applicable board:

139 1. A list of other routes of administration, if any,
140 certified by a qualified physician that the patient has tried,
141 the length of time the patient used such routes of

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142 administration, and an assessment of the effectiveness of those
143 routes of administration in treating the qualified patient's
144 qualifying condition.

145 2. Research documenting the effectiveness of smoking as a
146 route of administration to treat similarly situated patients
147 with the same qualifying condition as the qualified patient.

148 3. A statement signed by the qualified physician
149 documenting the qualified physician's opinion that the benefits
150 of smoking as a route of administration outweigh the risks for
151 the qualified patient.

152 (d) A physician may not authorize marijuana in a form for
153 smoking for a patient under 18 years of age.

154 (e) The Board of Medicine and the Board of Osteopathic
155 Medicine shall review the documentation submitted pursuant to
156 paragraph (c) and shall each, by July 1, 2021, adopt by rule
157 practice standards for the certification of smoking as a route
158 of administration.

159 (f)-(e) A qualified physician may not issue a physician
160 certification for more than three 70-day supply limits of
161 marijuana. The department shall quantify by rule a daily dose
162 amount with equivalent dose amounts for each allowable form of
163 marijuana dispensed by a medical marijuana treatment center. The
164 department shall use the daily dose amount to calculate a 70-day
165 supply.

166 1. A qualified physician may request an exception to the

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167 daily dose amount limit. The request shall be made
168 electronically on a form adopted by the department in rule and
169 must include, at a minimum:

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

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

173 c. A description of how the patient will benefit from an
174 increased amount.

175 d. The minimum daily dose amount of marijuana that would
176 be sufficient for the treatment of the qualified patient's
177 qualifying medical condition.

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

180 3. The department shall approve or disapprove the request
181 within 14 days after receipt of the complete documentation
182 required by this paragraph. The request shall be deemed approved
183 if the department fails to act within this time period.

184 ~~(g)~~ A qualified physician must evaluate an existing
185 qualified patient at least once every 30 weeks before issuing a
186 new physician certification. A physician must:

187 1. Determine if the patient still meets the requirements
188 to be issued a physician certification under paragraph (a).

189 2. Identify and document in the qualified patient's
190 medical records whether the qualified patient experienced either
191 of the following related to the medical use of marijuana:

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192 a. An adverse drug interaction with any prescription or
193 nonprescription medication; or

194 b. A reduction in the use of, or dependence on, other
195 types of controlled substances as defined in s. 893.02.

196 3. Submit a report with the findings required pursuant to
197 subparagraph 2. to the department. The department shall submit
198 such reports to the Consortium ~~Coalition~~ for Medical Marijuana
199 Clinical Outcomes Research and Education established pursuant to
200 s. 1004.4351.

201 (h) ~~(e)~~ An active order for low-THC cannabis or medical
202 cannabis issued pursuant to former s. 381.986, Florida Statutes
203 2016, and registered with the compassionate use registry before
204 June 23, 2017, is deemed a physician certification, and all
205 patients possessing such orders are deemed qualified patients
206 until the department begins issuing medical marijuana use
207 registry identification cards.

208 (i) ~~(f)~~ The department shall monitor physician registration
209 in the medical marijuana use registry and the issuance of
210 physician certifications for practices that could facilitate
211 unlawful diversion or misuse of marijuana or a marijuana
212 delivery device and shall take disciplinary action as
213 appropriate.

214 (j) ~~(g)~~ The Board of Medicine and the Board of Osteopathic
215 Medicine shall jointly create a physician certification pattern
216 review panel that shall review all physician certifications

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217 submitted to the medical marijuana use registry. The panel shall
218 track and report the number of physician certifications and the
219 qualifying medical conditions, dosage, supply amount, and form
220 of marijuana certified. The panel shall report the data both by
221 individual qualified physician and in the aggregate, by county,
222 and statewide. The physician certification pattern review panel
223 shall, beginning January 1, 2018, submit an annual report of its
224 findings and recommendations to the Governor, the President of
225 the Senate, and the Speaker of the House of Representatives.

226 (k)~~(h)~~ The department, the Board of Medicine, and the
227 Board of Osteopathic Medicine may adopt rules pursuant to ss.
228 120.536(1) and 120.54 to implement this subsection.

229 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

230 (b) An applicant for licensure as a medical marijuana
231 treatment center shall apply to the department on a form
232 prescribed by the department and adopted in rule. The department
233 shall adopt rules pursuant to ss. 120.536(1) and 120.54
234 establishing a procedure for the issuance and biennial renewal
235 of licenses, including initial application and biennial renewal
236 fees sufficient to cover the costs of implementing and
237 administering this section, and establishing supplemental
238 licensure fees for payment beginning May 1, 2018, sufficient to
239 cover the costs of administering ss. 381.989 and ~~1004.4351~~. The
240 department shall identify applicants with strong diversity plans
241 reflecting this state's commitment to diversity and implement

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242 training programs and other educational programs to enable
243 minority persons and minority business enterprises, as defined
244 in s. 288.703, and veteran business enterprises, as defined in
245 s. 295.187, to compete for medical marijuana treatment center
246 licensure and contracts. Subject to the requirements in
247 subparagraphs (a)2.-4., the department shall issue a license to
248 an applicant if the applicant meets the requirements of this
249 section and pays the initial application fee. The department
250 shall renew the licensure of a medical marijuana treatment
251 center biennially if the licensee meets the requirements of this
252 section and pays the biennial renewal fee. An individual may not
253 be an applicant, owner, officer, board member, or manager on
254 more than one application for licensure as a medical marijuana
255 treatment center. An individual or entity may not be awarded
256 more than one license as a medical marijuana treatment center.
257 An applicant for licensure as a medical marijuana treatment
258 center must demonstrate:

259 1. That, for the 5 consecutive years before submitting the
260 application, the applicant has been registered to do business in
261 the state.

262 2. Possession of a valid certificate of registration issued
263 by the Department of Agriculture and Consumer Services pursuant
264 to s. 581.131.

265 3. The technical and technological ability to cultivate and
266 produce marijuana, including, but not limited to, low-THC

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267 | cannabis.

268 | 4. The ability to secure the premises, resources, and
269 | personnel necessary to operate as a medical marijuana treatment
270 | center.

271 | 5. The ability to maintain accountability of all raw
272 | materials, finished products, and any byproducts to prevent
273 | diversion or unlawful access to or possession of these
274 | substances.

275 | 6. An infrastructure reasonably located to dispense
276 | marijuana to registered qualified patients statewide or
277 | regionally as determined by the department.

278 | 7. The financial ability to maintain operations for the
279 | duration of the 2-year approval cycle, including the provision
280 | of certified financial statements to the department.

281 | a. Upon approval, the applicant must post a \$5 million
282 | performance bond issued by an authorized surety insurance
283 | company rated in one of the three highest rating categories by a
284 | nationally recognized rating service. However, a medical
285 | marijuana treatment center serving at least 1,000 qualified
286 | patients is only required to maintain a \$2 million performance
287 | bond.

288 | b. In lieu of the performance bond required under sub-
289 | subparagraph a., the applicant may provide an irrevocable letter
290 | of credit payable to the department or provide cash to the
291 | department. If provided with cash under this sub-subparagraph,

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292 the department shall deposit the cash in the Grants and
293 Donations Trust Fund within the Department of Health, subject to
294 the same conditions as the bond regarding requirements for the
295 applicant to forfeit ownership of the funds. If the funds
296 deposited under this sub-subparagraph generate interest, the
297 amount of that interest shall be used by the department for the
298 administration of this section.

299 8. That all owners, officers, board members, and managers
300 have passed a background screening pursuant to subsection (9).

301 9. The employment of a medical director to supervise the
302 activities of the medical marijuana treatment center.

303 10. A diversity plan that promotes and ensures the
304 involvement of minority persons and minority business
305 enterprises, as defined in s. 288.703, or veteran business
306 enterprises, as defined in s. 295.187, in ownership, management,
307 and employment. An applicant for licensure renewal must show the
308 effectiveness of the diversity plan by including the following
309 with his or her application for renewal:

310 a. Representation of minority persons and veterans in the
311 medical marijuana treatment center's workforce;

312 b. Efforts to recruit minority persons and veterans for
313 employment; and

314 c. A record of contracts for services with minority
315 business enterprises and veteran business enterprises.

316 (e) A licensed medical marijuana treatment center shall

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317 cultivate, process, transport, and dispense marijuana for
318 medical use. A licensed medical marijuana treatment center may
319 not contract for services directly related to the cultivation,
320 processing, and dispensing of marijuana or marijuana delivery
321 devices, except that a medical marijuana treatment center
322 licensed pursuant to subparagraph (a)1. may contract with a
323 single entity for the cultivation, processing, transporting, and
324 dispensing of marijuana and marijuana delivery devices. A
325 licensed medical marijuana treatment center must, at all times,
326 maintain compliance with the criteria demonstrated and
327 representations made in the initial application and the criteria
328 established in this subsection. Upon request, the department may
329 grant a medical marijuana treatment center a variance from the
330 representations made in the initial application. Consideration
331 of such a request shall be based upon the individual facts and
332 circumstances surrounding the request. A variance may not be
333 granted unless the requesting medical marijuana treatment center
334 can demonstrate to the department that it has a proposed
335 alternative to the specific representation made in its
336 application which fulfills the same or a similar purpose as the
337 specific representation in a way that the department can
338 reasonably determine will not be a lower standard than the
339 specific representation in the application. A variance may not
340 be granted from the requirements in subparagraph 2. and
341 subparagraphs (b)1. and 2.

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342 1. A licensed medical marijuana treatment center may
343 transfer ownership to an individual or entity who meets the
344 requirements of this section. A publicly traded corporation or
345 publicly traded company that meets the requirements of this
346 section is not precluded from ownership of a medical marijuana
347 treatment center. To accommodate a change in ownership:

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

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

355 c. Upon receipt of an application for a license, the
356 department shall examine the application and, within 30 days
357 after receipt, notify the applicant in writing of any apparent
358 errors or omissions and request any additional information
359 required.

360 d. Requested information omitted from an application for
361 licensure must be filed with the department within 21 days after
362 the department's request for omitted information or the
363 application shall be deemed incomplete and shall be withdrawn
364 from further consideration and the fees shall be forfeited.

365
366 Within 30 days after the receipt of a complete application, the

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367 department shall approve or deny the application.

368 2. A medical marijuana treatment center, and any
369 individual or entity who directly or indirectly owns, controls,
370 or holds with power to vote 5 percent or more of the voting
371 shares of a medical marijuana treatment center, may not acquire
372 direct or indirect ownership or control of any voting shares or
373 other form of ownership of any other medical marijuana treatment
374 center.

375 3. A medical marijuana treatment center may not enter into
376 any form of profit-sharing arrangement with the property owner
377 or lessor of any of its facilities where cultivation,
378 processing, storing, or dispensing of marijuana and marijuana
379 delivery devices occurs.

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

383 5. Each medical marijuana treatment center must adopt and
384 enforce policies and procedures to ensure employees and
385 volunteers receive training on the legal requirements to
386 dispense marijuana to qualified patients.

387 6. When growing marijuana, a medical marijuana treatment
388 center:

389 a. May use pesticides determined by the department, after
390 consultation with the Department of Agriculture and Consumer
391 Services, to be safely applied to plants intended for human

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392 consumption, but may not use pesticides designated as
393 restricted-use pesticides pursuant to s. 487.042.

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

396 c. Must inspect seeds and growing plants for plant pests
397 that endanger or threaten the horticultural and agricultural
398 interests of the state in accordance with chapter 581 and any
399 rules adopted thereunder.

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

403 7. Each medical marijuana treatment center must produce
404 and make available for purchase at least one low-THC cannabis
405 product.

406 8. A medical marijuana treatment center that produces
407 edibles must hold a permit to operate as a food establishment
408 pursuant to chapter 500, the Florida Food Safety Act, and must
409 comply with all the requirements for food establishments
410 pursuant to chapter 500 and any rules adopted thereunder.
411 Edibles may not contain more than 200 milligrams of
412 tetrahydrocannabinol, and a single serving portion of an edible
413 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles
414 may have a potency variance of no greater than 15 percent.
415 Edibles may not be attractive to children; be manufactured in
416 the shape of humans, cartoons, or animals; be manufactured in a

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417 form that bears any reasonable resemblance to products available
418 for consumption as commercially available candy; or contain any
419 color additives. To discourage consumption of edibles by
420 children, the department shall determine by rule any shapes,
421 forms, and ingredients allowed and prohibited for edibles.
422 Medical marijuana treatment centers may not begin processing or
423 dispensing edibles until after the effective date of the rule.
424 The department shall also adopt sanitation rules providing the
425 standards and requirements for the storage, display, or
426 dispensing of edibles.

427 9. Within 12 months after licensure, a medical marijuana
428 treatment center must demonstrate to the department that all of
429 its processing facilities have passed a Food Safety Good
430 Manufacturing Practices, such as Global Food Safety Initiative
431 or equivalent, inspection by a nationally accredited certifying
432 body. A medical marijuana treatment center must immediately stop
433 processing at any facility which fails to pass this inspection
434 until it demonstrates to the department that such facility has
435 met this requirement.

436 10. A medical marijuana treatment center that produces
437 prerolled marijuana cigarettes may not use wrapping paper made
438 with tobacco or hemp.

439 ~~11.10.~~ When processing marijuana, a medical marijuana
440 treatment center must:

441 a. Process the marijuana within an enclosed structure and

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442 in a room separate from other plants or products.

443 b. Comply with department rules when processing marijuana
444 with hydrocarbon solvents or other solvents or gases exhibiting
445 potential toxicity to humans. The department shall determine by
446 rule the requirements for medical marijuana treatment centers to
447 use such solvents or gases exhibiting potential toxicity to
448 humans.

449 c. Comply with federal and state laws and regulations and
450 department rules for solid and liquid wastes. The department
451 shall determine by rule procedures for the storage, handling,
452 transportation, management, and disposal of solid and liquid
453 waste generated during marijuana production and processing. The
454 Department of Environmental Protection shall assist the
455 department in developing such rules.

456 d. Test the processed marijuana using a medical marijuana
457 testing laboratory before it is dispensed. Results must be
458 verified and signed by two medical marijuana treatment center
459 employees. Before dispensing, the medical marijuana treatment
460 center must determine that the test results indicate that low-
461 THC cannabis meets the definition of low-THC cannabis, the
462 concentration of tetrahydrocannabinol meets the potency
463 requirements of this section, the labeling of the concentration
464 of tetrahydrocannabinol and cannabidiol is accurate, and all
465 marijuana is safe for human consumption and free from
466 contaminants that are unsafe for human consumption. The

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467 department shall determine by rule which contaminants must be
468 tested for and the maximum levels of each contaminant which are
469 safe for human consumption. The Department of Agriculture and
470 Consumer Services shall assist the department in developing the
471 testing requirements for contaminants that are unsafe for human
472 consumption in edibles. The department shall also determine by
473 rule the procedures for the treatment of marijuana that fails to
474 meet the testing requirements of this section, s. 381.988, or
475 department rule. The department may select a random sample from
476 edibles available for purchase in a dispensing facility which
477 shall be tested by the department to determine that the edible
478 meets the potency requirements of this section, is safe for
479 human consumption, and the labeling of the tetrahydrocannabinol
480 and cannabidiol concentration is accurate. A medical marijuana
481 treatment center may not require payment from the department for
482 the sample. A medical marijuana treatment center must recall
483 edibles, including all edibles made from the same batch of
484 marijuana, which fail to meet the potency requirements of this
485 section, which are unsafe for human consumption, or for which
486 the labeling of the tetrahydrocannabinol and cannabidiol
487 concentration is inaccurate. The medical marijuana treatment
488 center must retain records of all testing and samples of each
489 homogenous batch of marijuana for at least 9 months. The medical
490 marijuana treatment center must contract with a marijuana
491 testing laboratory to perform audits on the medical marijuana

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492 treatment center's standard operating procedures, testing
493 records, and samples and provide the results to the department
494 to confirm that the marijuana or low-THC cannabis meets the
495 requirements of this section and that the marijuana or low-THC
496 cannabis is safe for human consumption. A medical marijuana
497 treatment center shall reserve two processed samples from each
498 batch and retain such samples for at least 9 months for the
499 purpose of such audits. A medical marijuana treatment center may
500 use a laboratory that has not been certified by the department
501 under s. 381.988 until such time as at least one laboratory
502 holds the required certification, but in no event later than
503 July 1, 2018.

504 e. Package the marijuana in compliance with the United
505 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
506 1471 et seq.

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

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

511 (II) The name of the medical marijuana treatment center
512 from which the marijuana originates.

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

515 (IV) The name of the physician who issued the physician
516 certification.

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517 (V) The name of the patient.

518 (VI) The product name, if applicable, and dosage form,
519 including concentration of tetrahydrocannabinol and cannabidiol.
520 The product name may not contain wording commonly associated
521 with products marketed by or to children.

522 (VII) The recommended dose.

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

525 (IX) A marijuana universal symbol developed by the
526 department.

527 ~~12.11.~~ The medical marijuana treatment center shall
528 include in each package a patient package insert with
529 information on the specific product dispensed related to:

- 530 a. Clinical pharmacology.
531 b. Indications and use.
532 c. Dosage and administration.
533 d. Dosage forms and strengths.
534 e. Contraindications.
535 f. Warnings and precautions.
536 g. Adverse reactions.

537 13. In addition to the packaging and labeling requirements
538 in subparagraphs 11. and 12., marijuana in a form for smoking
539 must be packaged in a sealed receptacle with a legible and
540 prominent warning to keep away from children and a warning that
541 states marijuana smoke contains carcinogens and may negatively

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542 affect health. Receptacles for marijuana in a form for smoking
543 must be plain, opaque, and white without depictions of the
544 product or images other than the medical marijuana treatment
545 center's department-approved logo and the marijuana universal
546 symbol.

547 ~~14.12.~~ Each edible shall be individually sealed in plain,
548 opaque wrapping marked only with the marijuana universal symbol.
549 Where practical, each edible shall be marked with the marijuana
550 universal symbol. In addition to the packaging and labeling
551 requirements in subparagraphs ~~11. 10.~~ and ~~12. 11.~~, edible
552 receptacles must be plain, opaque, and white without depictions
553 of the product or images other than the medical marijuana
554 treatment center's department-approved logo and the marijuana
555 universal symbol. The receptacle must also include a list all of
556 the edible's ingredients, storage instructions, an expiration
557 date, a legible and prominent warning to keep away from children
558 and pets, and a warning that the edible has not been produced or
559 inspected pursuant to federal food safety laws.

560 ~~15.13.~~ When dispensing marijuana or a marijuana delivery
561 device, a medical marijuana treatment center:

562 a. May dispense any active, valid order for low-THC
563 cannabis, medical cannabis and cannabis delivery devices issued
564 pursuant to former s. 381.986, Florida Statutes 2016, which was
565 entered into the medical marijuana use registry before July 1,
566 2017.

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

569 c. Must have the medical marijuana treatment center's
570 employee who dispenses the marijuana or a marijuana delivery
571 device enter into the medical marijuana use registry his or her
572 name or unique employee identifier.

573 d. Must verify that the qualified patient and the
574 caregiver, if applicable, each have an active registration in
575 the medical marijuana use registry and an active and valid
576 medical marijuana use registry identification card, the amount
577 and type of marijuana dispensed matches the physician
578 certification in the medical marijuana use registry for that
579 qualified patient, and the physician certification has not
580 already been filled.

581 e. May not dispense marijuana to a qualified patient who
582 is younger than 18 years of age. If the qualified patient is
583 younger than 18 years of age, marijuana may only be dispensed to
584 the qualified patient's caregiver.

585 f. May not dispense or sell any other type of cannabis,
586 alcohol, or illicit drug-related product, including pipes,
587 bongs, or wrapping papers, other than a marijuana delivery
588 device required for the medical use of marijuana and which is
589 specified in a physician certification.

590 g. Must, upon dispensing the marijuana or marijuana
591 delivery device, record in the registry the date, time,

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592 quantity, and form of marijuana dispensed; the type of marijuana
593 delivery device dispensed; and the name and medical marijuana
594 use registry identification number of the qualified patient or
595 caregiver to whom the marijuana delivery device was dispensed.

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

599 (15) APPLICABILITY.—

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

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

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

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

610 (e) This section does not prohibit the medical use of
611 marijuana, or a caregiver assisting with the medical use of
612 marijuana, in a nursing home, licensed under part II of chapter
613 400; in a hospice facility, licensed under part IV of chapter
614 400; or in an assisted living facility, licensed under part I of
615 chapter 429, if the medical use of marijuana is not prohibited
616 in the facility's policies.

617 (f) Marijuana, as defined in this section, is not

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618 reimbursable under chapter 440.

619 Section 1. Paragraph (h) of subsection (2) and paragraph
620 (b) of subsection (3) of section 381.987, Florida Statutes, are
621 amended to read:

622 381.987 Public records exemption for personal identifying
623 information relating to medical marijuana held by the
624 department.—

625 (2) The department shall allow access to the confidential
626 and exempt information in the medical marijuana use registry to:

627 (h) The Consortium ~~Coalition~~ for Medical Marijuana
628 Clinical Outcomes Research and Education established in s.
629 1004.4351(4).

630 (3) The department shall allow access to the confidential
631 and exempt information pertaining to the physician certification
632 for marijuana and the dispensing thereof, whether in the
633 registry or otherwise held by the department, to:

634 (b) The Consortium ~~Coalition~~ for Medical Marijuana
635 Clinical Outcomes Research and Education pursuant to s. 381.986
636 for the purpose of conducting research regarding the medical use
637 of marijuana.

638 Section 2. Section 1004.4351, Florida Statutes, is amended
639 to read:

640 1004.4351 Medical marijuana research ~~and education~~.—

641 (1) SHORT TITLE.—This section shall be known and may be
642 cited as the "Medical Marijuana Research ~~and Education~~ Act."

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643 (2) LEGISLATIVE FINDINGS.—The Legislature finds that:

644 (a) The present state of knowledge concerning the use of
645 marijuana to alleviate pain and treat illnesses is limited
646 because permission to perform clinical studies on marijuana is
647 difficult to obtain, with access to research-grade marijuana so
648 restricted that little or no unbiased studies have been
649 performed.

650 (b) Under the State Constitution, marijuana is available
651 for the treatment of certain debilitating medical conditions.

652 (c) Additional clinical studies are needed to ensure that
653 the residents of this state obtain the correct dosing,
654 formulation, route, modality, frequency, quantity, and quality
655 of marijuana for specific illnesses.

656 (d) An effective medical marijuana research ~~and education~~
657 program would mobilize the scientific, ~~educational,~~ and medical
658 resources that presently exist in this state to determine the
659 appropriate and best use of marijuana to treat illness.

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

661 (a) "Board" means the Medical Marijuana Research ~~and~~
662 ~~Education~~ Board.

663 (b) "Consortium" "~~Coalition~~" means the Consortium
664 ~~Coalition~~ for Medical Marijuana Clinical Outcomes Research ~~and~~
665 ~~Education~~.

666 (c) "Marijuana" has the same meaning as provided in s. 29,
667 Art. X of the State Constitution.

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668 (4) CONSORTIUM COALITION FOR MEDICAL MARIJUANA CLINICAL
669 OUTCOMES RESEARCH AND EDUCATION.—

670 (a) There is established ~~within the H. Lee Moffitt Cancer~~
671 ~~Center and Research Institute, Inc.,~~ the Consortium Coalition
672 for Medical Marijuana Clinical Outcomes Research and Education
673 consisting of public and private universities within a state
674 university designated by the Board of Governors. The purpose of
675 the consortium coalition is to conduct rigorous scientific
676 research ~~and, provide education,~~ disseminate such research, ~~and~~
677 ~~guide policy for the adoption of a statewide policy on ordering~~
678 ~~and dosing practices for the medical use of marijuana.~~ The
679 ~~coalition shall be physically located at the H. Lee Moffitt~~
680 ~~Cancer Center and Research Institute, Inc.~~

681 (b) The Medical Marijuana Research ~~and Education~~ Board is
682 established to direct the operations of the consortium
683 ~~coalition~~. The board shall be composed of ~~seven~~ members
684 representing each participating university appointed by the
685 president of each participating university ~~the chief executive~~
686 ~~officer of the H. Lee Moffitt Cancer Center and Research~~
687 ~~Institute, Inc.~~ Board members must have experience in a variety
688 of scientific and medical fields, including, but not limited to,
689 oncology, neurology, psychology, pediatrics, nutrition, and
690 addiction. Members shall be appointed to 4-year terms and may be
691 reappointed to serve additional terms. The chair shall be
692 elected by the board from among its members to serve a 2-year

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693 term. The board shall meet at least semiannually at the call of
694 the chair or, in his or her absence or incapacity, the vice
695 chair. Four members constitute a quorum. A majority vote of the
696 members present is required for all actions of the board. The
697 board may prescribe, amend, and repeal a charter governing the
698 manner in which it conducts its business. A board member shall
699 serve without compensation but is entitled to be reimbursed for
700 travel expenses by the consortium ~~coalition~~ or the organization
701 he or she represents in accordance with s. 112.061.

702 (c) The consortium ~~coalition~~ shall be administered by a
703 ~~coalition~~ director, who shall be appointed by and serve at the
704 pleasure of the board. The ~~coalition~~ director shall, subject to
705 the approval of the board:

706 1. Propose a budget for the consortium ~~coalition~~.

707 2. Foster the collaboration of scientists, researchers,
708 and other appropriate personnel in accordance with the
709 consortium's ~~coalition's~~ charter.

710 3. Engage individuals in public and private university
711 programs relevant to the consortium's work to participate in the
712 consortium.

713 ~~4.3.~~ Identify and prioritize the research to be conducted
714 by the consortium ~~coalition~~.

715 ~~5.4.~~ Prepare a plan for medical marijuana research ~~the~~
716 ~~Medical Marijuana Research and Education Plan~~ for submission to
717 the board.

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718 ~~6.5.~~ Apply for grants to obtain funding for research
719 conducted by the consortium coalition.

720 ~~7.6.~~ Perform other duties as determined by the board.

721 ~~(d) The board shall advise the Board of Governors, the~~
722 ~~State Surgeon General, the Governor, and the Legislature with~~
723 ~~respect to medical marijuana research and education in this~~
724 ~~state. The board shall explore methods of implementing and~~
725 ~~enforcing medical marijuana laws in relation to cancer control,~~
726 ~~research, treatment, and education.~~

727 ~~(d)(e)~~ The board shall annually adopt a plan for medical
728 marijuana research. The plan shall organize a program of
729 research that contributes to the body of scientific knowledge on
730 the effects of the medical use of marijuana and informs both
731 policy and medical practice related to the treatment of
732 debilitating medical conditions with marijuana. Research shall
733 include tracking clinical outcomes, certification standards,
734 dosing standards, routes of administration, efficacy, and side
735 effects. Research must also include the study of the effects of
736 smoking marijuana to treat debilitating medical conditions. The
737 board must award funds to members of the consortium to perform
738 research consistent with the plan, ~~known as the "Medical~~
739 ~~Marijuana Research and Education Plan,"~~ which must be in
740 accordance with state law and coordinate with existing programs
741 in this state. The plan must include recommendations for the
742 coordination and integration of medical, pharmacological,

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743 ~~nursing, paramedical, community, and other resources connected~~
744 ~~with the treatment of debilitating medical conditions; research~~
745 ~~related to the treatment of such medical conditions; and~~
746 ~~education.~~

747 (e)(f) By February 15 of each year, the board shall issue
748 a report to the Governor, the President of the Senate, and the
749 Speaker of the House of Representatives on research projects,
750 research findings, community outreach initiatives, and future
751 plans for the consortium coalition.

752 (f)(g) Beginning August 1, 2019 ~~January 15, 2018~~, and
753 quarterly thereafter, the Department of Health shall submit to
754 the board a data set that includes, for each patient registered
755 in the medical marijuana use registry, the patient's qualifying
756 medical condition and the daily dose amount, routes of
757 administration, and forms of marijuana certified for the
758 patient. The department shall also provide the board with such
759 data for all patients registered in the medical marijuana use
760 registry before August 1, 2019.

761 ~~(5) RESPONSIBILITIES OF THE H. LEE MOFFITT CANCER CENTER~~
762 ~~AND RESEARCH INSTITUTE, INC. The H. Lee Moffitt Cancer Center~~
763 ~~and Research Institute, Inc., shall allocate staff and provide~~
764 ~~information and assistance, as the coalition's budget permits,~~
765 ~~to assist the board in fulfilling its responsibilities.~~

766 Section 3. (1) For the 2019-2020 fiscal year, the sum of
767 \$1.5 million in recurring funds is appropriated from the General

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768 Revenue Fund to the Board of Governors for the purpose of
769 implementing the Consortium for Medical Marijuana Clinical
770 Research Outcomes established under s. 1004.4351, Florida
771 Statutes.

772 (2) For the 2019-2020 fiscal year the sums of \$705,331 in
773 recurring and \$215,000 in nonrecurring funds from the Grants and
774 Donations Trust Fund are appropriated to the Department of
775 Health for the purpose of implementing the requirements of this
776 act.

777 Section 4. This act shall take effect upon becoming law.

778

779 -----

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

781 Remove everything before the enacting clause and insert:
782 An act relating to the medical use of marijuana; amending s.
783 381.986, F.S.; revising a definition; requiring a qualified
784 patient's informed consent to include the negative health risks
785 associated with smoking; requiring a qualified physician to
786 submit specified documentation to the Board of Medicine and the
787 Board of Osteopathic Medicine upon determination that smoking is
788 an appropriate route of administration for a qualified patient,
789 other than a terminally ill patient; prohibiting a physician
790 from authorizing marijuana in a form for smoking for qualified
791 patients under 18 years of age; requiring the Board of Medicine
792 and the Board of Osteopathic Medicine to adopt by rule practice

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793 standards for certifying smoking as a route of administration;
794 requiring certain medical marijuana treatment centers to comply
795 with certain standards in the production and packaging of
796 marijuana in a form for smoking; limiting application of the
797 bill regarding certain property and health care facilities;
798 amending s. 381.987, F.S.; conforming provisions to changes made
799 by the act; amending s. 1004.4351, F.S.; renaming the Coalition
800 for Medical Marijuana Research and Education as the Consortium
801 for Medical Marijuana Clinical Outcomes Research; establishing
802 the consortium within a state university designated by the Board
803 of Governors; renaming the Medical Marijuana Research and
804 Education Board as the Medical Marijuana Research Board;
805 requiring the board to direct the operations of the consortium;
806 requiring the board to annually adopt a plan for medical
807 marijuana research; providing duties of the consortium director;
808 providing research requirements for the plan; requiring the
809 board to issue an annual report to the Governor and Legislature
810 by a specified date; requiring the Department of Health to
811 submit reports to the board containing specified data; deleting
812 responsibilities of the H. Lee Moffitt Cancer Center and
813 Research Institute, Inc.; providing appropriations; providing an
814 effective date.