

1 A bill to be entitled
2 An act relating to the medical use of marijuana;
3 amending s. 381.986, F.S.; revising a definition;
4 requiring a qualified patient's informed consent to
5 include the negative health risks associated with
6 smoking; requiring a qualified physician to submit
7 specified documentation to the Board of Medicine and
8 the Board of Osteopathic Medicine upon determination
9 that smoking is an appropriate route of administration
10 for a qualified patient, other than a terminally ill
11 patient; prohibiting a physician from authorizing
12 marijuana in a form for smoking for qualified patients
13 under 18 years of age; requiring the Board of Medicine
14 and the Board of Osteopathic Medicine to adopt by rule
15 practice standards for certifying smoking as a route
16 of administration; requiring certain medical marijuana
17 treatment centers to comply with certain standards in
18 the production and packaging of marijuana in a form
19 for smoking; providing applicability; amending s.
20 381.987, F.S.; conforming provisions to changes made
21 by the act; amending s. 1004.4351, F.S.; renaming the
22 Coalition for Medical Marijuana Research and Education
23 as the Consortium for Medical Marijuana Clinical
24 Outcomes Research; establishing the consortium within
25 a state university designated by the Board of

26 | Governors; renaming the Medical Marijuana Research and
 27 | Education Board as the Medical Marijuana Research
 28 | Board; requiring the board to direct the operations of
 29 | the consortium; requiring the board to annually adopt
 30 | a plan for medical marijuana research; providing
 31 | duties of the consortium director; providing research
 32 | requirements for the plan; requiring the board to
 33 | issue an annual report to the Governor and Legislature
 34 | by a specified date; requiring the Department of
 35 | Health to submit reports to the board containing
 36 | specified data; deleting responsibilities of the H.
 37 | Lee Moffitt Cancer Center and Research Institute,
 38 | Inc.; providing appropriations; providing an effective
 39 | date.

40 |

41 | Be It Enacted by the Legislature of the State of Florida:

42 |

43 | Section 1. Paragraph (j) of subsection (1), subsection
 44 | (4), paragraphs (b) and (e) of subsection (8), and subsection
 45 | (15) of section 381.986, Florida Statutes, are amended to read:
 46 | 381.986 Medical use of marijuana.—

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

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

51 1. Possession, use, or administration of marijuana that
52 was not purchased or acquired from a medical marijuana treatment
53 center.

54 2. Possession, use, or administration of marijuana in a
55 form for smoking other than prerolled marijuana cigarettes, in
56 the form of commercially produced food items other than edibles,
57 or of marijuana seeds or flower, except for flower in a sealed,
58 tamper-proof receptacle for vaping or flower in prerolled
59 marijuana cigarettes.

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

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

66 5. Use or administration of marijuana in the following
67 locations:

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

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

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

74 d. In a state correctional institution, as defined in s.
75 944.02, or a correctional institution, as defined in s. 944.241.

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

78 f. In a school bus, a vehicle, an aircraft, or a
79 motorboat, except for low-THC cannabis not in a form for
80 smoking.

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

83 (4) PHYSICIAN CERTIFICATION.—

84 (a) A qualified physician may issue a physician
85 certification only if the qualified physician:

86 1. Conducted a physical examination while physically
87 present in the same room as the patient and a full assessment of
88 the medical history of the patient.

89 2. Diagnosed the patient with at least one qualifying
90 medical condition.

91 3. Determined that the medical use of marijuana would
92 likely outweigh the potential health risks for the patient, and
93 such determination must be documented in the patient's medical
94 record. If a patient is younger than 18 years of age, a second
95 physician must concur with this determination, and such
96 concurrence must be documented in the patient's medical record.

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

101 5. Reviewed the patient's controlled drug prescription
102 history in the prescription drug monitoring program database
103 established pursuant to s. 893.055.

104 6. Reviews the medical marijuana use registry and
105 confirmed that the patient does not have an active physician
106 certification from another qualified physician.

107 7. Registers as the issuer of the physician certification
108 for the named qualified patient on the medical marijuana use
109 registry in an electronic manner determined by the department,
110 and:

111 a. Enters into the registry the contents of the physician
112 certification, including the patient's qualifying condition and
113 the dosage not to exceed the daily dose amount determined by the
114 department, the amount and forms of marijuana authorized for the
115 patient, and any types of marijuana delivery devices needed by
116 the patient for the medical use of marijuana.

117 b. Updates the registry within 7 days after any change is
118 made to the original physician certification to reflect such
119 change.

120 c. Deactivates the registration of the qualified patient
121 and the patient's caregiver when the physician no longer
122 recommends the medical use of marijuana for the patient.

123 8. Obtains the voluntary and informed written consent of
124 the patient for medical use of marijuana each time the qualified
125 physician issues a physician certification for the patient,

126 | which shall be maintained in the patient's medical record. The
127 | patient, or the patient's parent or legal guardian if the
128 | patient is a minor, must sign the informed consent acknowledging
129 | that the qualified physician has sufficiently explained its
130 | content. The qualified physician must use a standardized
131 | informed consent form adopted in rule by the Board of Medicine
132 | and the Board of Osteopathic Medicine, which must include, at a
133 | minimum, information related to:

134 | a. The Federal Government's classification of marijuana as
135 | a Schedule I controlled substance.

136 | b. The approval and oversight status of marijuana by the
137 | Food and Drug Administration.

138 | c. The current state of research on the efficacy of
139 | marijuana to treat the qualifying conditions set forth in this
140 | section.

141 | d. The potential for addiction.

142 | e. The potential effect that marijuana may have on a
143 | patient's coordination, motor skills, and cognition, including a
144 | warning against operating heavy machinery, operating a motor
145 | vehicle, or engaging in activities that require a person to be
146 | alert or respond quickly.

147 | f. The potential side effects of marijuana use, including
148 | the negative health risks associated with smoking.

149 | g. The risks, benefits, and drug interactions of
150 | marijuana.

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

154 (b) If a qualified physician issues a physician
155 certification for a qualified patient diagnosed with a
156 qualifying medical condition pursuant to paragraph (2)(k), the
157 physician must submit the following to the applicable board
158 within 14 days after issuing the physician certification:

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

162 2. Documentation that establishes the efficacy of
163 marijuana as treatment for the condition.

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

167 4. Any other documentation as required by board rule.
168

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

172 (c) If a qualified physician determines smoking is an
173 appropriate route of administration for a qualified patient,
174 other than a terminally ill patient, the qualified physician
175 must submit the following documentation to the applicable board:

176 1. A list of other routes of administration, if any,
177 certified by a qualified physician that the patient has tried,
178 the length of time the patient used such routes of
179 administration, and an assessment of the effectiveness of those
180 routes of administration in treating the qualified patient's
181 qualifying condition.

182 2. Research documenting the effectiveness of smoking as a
183 route of administration to treat similarly situated patients
184 with the same qualifying condition as the qualified patient.

185 3. A statement signed by the qualified physician
186 documenting the qualified physician's opinion that the benefits
187 of smoking as a route of administration outweigh the risks for
188 the qualified patient.

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

191 (e) The Board of Medicine and the Board of Osteopathic
192 Medicine shall review the documentation submitted pursuant to
193 paragraph (c) and shall each, by July 1, 2021, adopt by rule
194 practice standards for the certification of smoking as a route
195 of administration.

196 (f)-(e) A qualified physician may not issue a physician
197 certification for more than three 70-day supply limits of
198 marijuana. The department shall quantify by rule a daily dose
199 amount with equivalent dose amounts for each allowable form of
200 marijuana dispensed by a medical marijuana treatment center. The

201 department shall use the daily dose amount to calculate a 70-day
 202 supply.

203 1. A qualified physician may request an exception to the
 204 daily dose amount limit. The request shall be made
 205 electronically on a form adopted by the department in rule and
 206 must include, at a minimum:

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

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

210 c. A description of how the patient will benefit from an
 211 increased amount.

212 d. The minimum daily dose amount of marijuana that would
 213 be sufficient for the treatment of the qualified patient's
 214 qualifying medical condition.

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

217 3. The department shall approve or disapprove the request
 218 within 14 days after receipt of the complete documentation
 219 required by this paragraph. The request shall be deemed approved
 220 if the department fails to act within this time period.

221 (g)~~(d)~~ A qualified physician must evaluate an existing
 222 qualified patient at least once every 30 weeks before issuing a
 223 new physician certification. A physician must:

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

226 2. Identify and document in the qualified patient's
227 medical records whether the qualified patient experienced either
228 of the following related to the medical use of marijuana:

229 a. An adverse drug interaction with any prescription or
230 nonprescription medication; or

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

233 3. Submit a report with the findings required pursuant to
234 subparagraph 2. to the department. The department shall submit
235 such reports to the Consortium ~~Coalition~~ for Medical Marijuana
236 Clinical Outcomes Research and Education established pursuant to
237 s. 1004.4351.

238 (h) ~~(e)~~ An active order for low-THC cannabis or medical
239 cannabis issued pursuant to former s. 381.986, Florida Statutes
240 2016, and registered with the compassionate use registry before
241 June 23, 2017, is deemed a physician certification, and all
242 patients possessing such orders are deemed qualified patients
243 until the department begins issuing medical marijuana use
244 registry identification cards.

245 (i) ~~(f)~~ The department shall monitor physician registration
246 in the medical marijuana use registry and the issuance of
247 physician certifications for practices that could facilitate
248 unlawful diversion or misuse of marijuana or a marijuana
249 delivery device and shall take disciplinary action as
250 appropriate.

251 (j)~~(g)~~ The Board of Medicine and the Board of Osteopathic
252 Medicine shall jointly create a physician certification pattern
253 review panel that shall review all physician certifications
254 submitted to the medical marijuana use registry. The panel shall
255 track and report the number of physician certifications and the
256 qualifying medical conditions, dosage, supply amount, and form
257 of marijuana certified. The panel shall report the data both by
258 individual qualified physician and in the aggregate, by county,
259 and statewide. The physician certification pattern review panel
260 shall, beginning January 1, 2018, submit an annual report of its
261 findings and recommendations to the Governor, the President of
262 the Senate, and the Speaker of the House of Representatives.

263 (k)~~(h)~~ The department, the Board of Medicine, and the
264 Board of Osteopathic Medicine may adopt rules pursuant to ss.
265 120.536(1) and 120.54 to implement this subsection.

266 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

267 (b) An applicant for licensure as a medical marijuana
268 treatment center shall apply to the department on a form
269 prescribed by the department and adopted in rule. The department
270 shall adopt rules pursuant to ss. 120.536(1) and 120.54
271 establishing a procedure for the issuance and biennial renewal
272 of licenses, including initial application and biennial renewal
273 fees sufficient to cover the costs of implementing and
274 administering this section, and establishing supplemental
275 licensure fees for payment beginning May 1, 2018, sufficient to

276 cover the costs of administering s. 381.989 ~~ss. 381.989 and~~
277 ~~1004.4351~~. The department shall identify applicants with strong
278 diversity plans reflecting this state's commitment to diversity
279 and implement training programs and other educational programs
280 to enable minority persons and minority business enterprises, as
281 defined in s. 288.703, and veteran business enterprises, as
282 defined in s. 295.187, to compete for medical marijuana
283 treatment center licensure and contracts. Subject to the
284 requirements in subparagraphs (a)2.-4., the department shall
285 issue a license to an applicant if the applicant meets the
286 requirements of this section and pays the initial application
287 fee. The department shall renew the licensure of a medical
288 marijuana treatment center biennially if the licensee meets the
289 requirements of this section and pays the biennial renewal fee.
290 An individual may not be an applicant, owner, officer, board
291 member, or manager on more than one application for licensure as
292 a medical marijuana treatment center. An individual or entity
293 may not be awarded more than one license as a medical marijuana
294 treatment center. An applicant for licensure as a medical
295 marijuana treatment center must demonstrate:

- 296 1. That, for the 5 consecutive years before submitting the
297 application, the applicant has been registered to do business in
298 the state.
- 299 2. Possession of a valid certificate of registration
300 issued by the Department of Agriculture and Consumer Services

301 pursuant to s. 581.131.

302 3. The technical and technological ability to cultivate
303 and produce marijuana, including, but not limited to, low-THC
304 cannabis.

305 4. The ability to secure the premises, resources, and
306 personnel necessary to operate as a medical marijuana treatment
307 center.

308 5. The ability to maintain accountability of all raw
309 materials, finished products, and any byproducts to prevent
310 diversion or unlawful access to or possession of these
311 substances.

312 6. An infrastructure reasonably located to dispense
313 marijuana to registered qualified patients statewide or
314 regionally as determined by the department.

315 7. The financial ability to maintain operations for the
316 duration of the 2-year approval cycle, including the provision
317 of certified financial statements to the department.

318 a. Upon approval, the applicant must post a \$5 million
319 performance bond issued by an authorized surety insurance
320 company rated in one of the three highest rating categories by a
321 nationally recognized rating service. However, a medical
322 marijuana treatment center serving at least 1,000 qualified
323 patients is only required to maintain a \$2 million performance
324 bond.

325 b. In lieu of the performance bond required under sub-

326 subparagraph a., the applicant may provide an irrevocable letter
327 of credit payable to the department or provide cash to the
328 department. If provided with cash under this sub-subparagraph,
329 the department shall deposit the cash in the Grants and
330 Donations Trust Fund within the Department of Health, subject to
331 the same conditions as the bond regarding requirements for the
332 applicant to forfeit ownership of the funds. If the funds
333 deposited under this sub-subparagraph generate interest, the
334 amount of that interest shall be used by the department for the
335 administration of this section.

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

338 9. The employment of a medical director to supervise the
339 activities of the medical marijuana treatment center.

340 10. A diversity plan that promotes and ensures the
341 involvement of minority persons and minority business
342 enterprises, as defined in s. 288.703, or veteran business
343 enterprises, as defined in s. 295.187, in ownership, management,
344 and employment. An applicant for licensure renewal must show the
345 effectiveness of the diversity plan by including the following
346 with his or her application for renewal:

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

349 b. Efforts to recruit minority persons and veterans for
350 employment; and

351 c. A record of contracts for services with minority
352 business enterprises and veteran business enterprises.

353 (e) A licensed medical marijuana treatment center shall
354 cultivate, process, transport, and dispense marijuana for
355 medical use. A licensed medical marijuana treatment center may
356 not contract for services directly related to the cultivation,
357 processing, and dispensing of marijuana or marijuana delivery
358 devices, except that a medical marijuana treatment center
359 licensed pursuant to subparagraph (a)1. may contract with a
360 single entity for the cultivation, processing, transporting, and
361 dispensing of marijuana and marijuana delivery devices. A
362 licensed medical marijuana treatment center must, at all times,
363 maintain compliance with the criteria demonstrated and
364 representations made in the initial application and the criteria
365 established in this subsection. Upon request, the department may
366 grant a medical marijuana treatment center a variance from the
367 representations made in the initial application. Consideration
368 of such a request shall be based upon the individual facts and
369 circumstances surrounding the request. A variance may not be
370 granted unless the requesting medical marijuana treatment center
371 can demonstrate to the department that it has a proposed
372 alternative to the specific representation made in its
373 application which fulfills the same or a similar purpose as the
374 specific representation in a way that the department can
375 reasonably determine will not be a lower standard than the

376 specific representation in the application. A variance may not
377 be granted from the requirements in subparagraph 2. and
378 subparagraphs (b)1. and 2.

379 1. A licensed medical marijuana treatment center may
380 transfer ownership to an individual or entity who meets the
381 requirements of this section. A publicly traded corporation or
382 publicly traded company that meets the requirements of this
383 section is not precluded from ownership of a medical marijuana
384 treatment center. To accommodate a change in ownership:

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

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

392 c. Upon receipt of an application for a license, the
393 department shall examine the application and, within 30 days
394 after receipt, notify the applicant in writing of any apparent
395 errors or omissions and request any additional information
396 required.

397 d. Requested information omitted from an application for
398 licensure must be filed with the department within 21 days after
399 the department's request for omitted information or the
400 application shall be deemed incomplete and shall be withdrawn

401 from further consideration and the fees shall be forfeited.

402

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

405 2. A medical marijuana treatment center, and any
406 individual or entity who directly or indirectly owns, controls,
407 or holds with power to vote 5 percent or more of the voting
408 shares of a medical marijuana treatment center, may not acquire
409 direct or indirect ownership or control of any voting shares or
410 other form of ownership of any other medical marijuana treatment
411 center.

412 3. A medical marijuana treatment center may not enter into
413 any form of profit-sharing arrangement with the property owner
414 or lessor of any of its facilities where cultivation,
415 processing, storing, or dispensing of marijuana and marijuana
416 delivery devices occurs.

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

420 5. Each medical marijuana treatment center must adopt and
421 enforce policies and procedures to ensure employees and
422 volunteers receive training on the legal requirements to
423 dispense marijuana to qualified patients.

424 6. When growing marijuana, a medical marijuana treatment
425 center:

426 a. May use pesticides determined by the department, after
427 consultation with the Department of Agriculture and Consumer
428 Services, to be safely applied to plants intended for human
429 consumption, but may not use pesticides designated as
430 restricted-use pesticides pursuant to s. 487.042.

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

433 c. Must inspect seeds and growing plants for plant pests
434 that endanger or threaten the horticultural and agricultural
435 interests of the state in accordance with chapter 581 and any
436 rules adopted thereunder.

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

440 7. Each medical marijuana treatment center must produce
441 and make available for purchase at least one low-THC cannabis
442 product.

443 8. A medical marijuana treatment center that produces
444 edibles must hold a permit to operate as a food establishment
445 pursuant to chapter 500, the Florida Food Safety Act, and must
446 comply with all the requirements for food establishments
447 pursuant to chapter 500 and any rules adopted thereunder.
448 Edibles may not contain more than 200 milligrams of
449 tetrahydrocannabinol, and a single serving portion of an edible
450 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles

451 may have a potency variance of no greater than 15 percent.
452 Edibles may not be attractive to children; be manufactured in
453 the shape of humans, cartoons, or animals; be manufactured in a
454 form that bears any reasonable resemblance to products available
455 for consumption as commercially available candy; or contain any
456 color additives. To discourage consumption of edibles by
457 children, the department shall determine by rule any shapes,
458 forms, and ingredients allowed and prohibited for edibles.
459 Medical marijuana treatment centers may not begin processing or
460 dispensing edibles until after the effective date of the rule.
461 The department shall also adopt sanitation rules providing the
462 standards and requirements for the storage, display, or
463 dispensing of edibles.

464 9. Within 12 months after licensure, a medical marijuana
465 treatment center must demonstrate to the department that all of
466 its processing facilities have passed a Food Safety Good
467 Manufacturing Practices, such as Global Food Safety Initiative
468 or equivalent, inspection by a nationally accredited certifying
469 body. A medical marijuana treatment center must immediately stop
470 processing at any facility which fails to pass this inspection
471 until it demonstrates to the department that such facility has
472 met this requirement.

473 10. A medical marijuana treatment center that produces
474 prerolled marijuana cigarettes may not use wrapping paper made
475 with tobacco or hemp.

476 ~~11.10.~~ When processing marijuana, a medical marijuana
477 treatment center must:

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

480 b. Comply with department rules when processing marijuana
481 with hydrocarbon solvents or other solvents or gases exhibiting
482 potential toxicity to humans. The department shall determine by
483 rule the requirements for medical marijuana treatment centers to
484 use such solvents or gases exhibiting potential toxicity to
485 humans.

486 c. Comply with federal and state laws and regulations and
487 department rules for solid and liquid wastes. The department
488 shall determine by rule procedures for the storage, handling,
489 transportation, management, and disposal of solid and liquid
490 waste generated during marijuana production and processing. The
491 Department of Environmental Protection shall assist the
492 department in developing such rules.

493 d. Test the processed marijuana using a medical marijuana
494 testing laboratory before it is dispensed. Results must be
495 verified and signed by two medical marijuana treatment center
496 employees. Before dispensing, the medical marijuana treatment
497 center must determine that the test results indicate that low-
498 THC cannabis meets the definition of low-THC cannabis, the
499 concentration of tetrahydrocannabinol meets the potency
500 requirements of this section, the labeling of the concentration

501 of tetrahydrocannabinol and cannabidiol is accurate, and all
502 marijuana is safe for human consumption and free from
503 contaminants that are unsafe for human consumption. The
504 department shall determine by rule which contaminants must be
505 tested for and the maximum levels of each contaminant which are
506 safe for human consumption. The Department of Agriculture and
507 Consumer Services shall assist the department in developing the
508 testing requirements for contaminants that are unsafe for human
509 consumption in edibles. The department shall also determine by
510 rule the procedures for the treatment of marijuana that fails to
511 meet the testing requirements of this section, s. 381.988, or
512 department rule. The department may select a random sample from
513 edibles available for purchase in a dispensing facility which
514 shall be tested by the department to determine that the edible
515 meets the potency requirements of this section, is safe for
516 human consumption, and the labeling of the tetrahydrocannabinol
517 and cannabidiol concentration is accurate. A medical marijuana
518 treatment center may not require payment from the department for
519 the sample. A medical marijuana treatment center must recall
520 edibles, including all edibles made from the same batch of
521 marijuana, which fail to meet the potency requirements of this
522 section, which are unsafe for human consumption, or for which
523 the labeling of the tetrahydrocannabinol and cannabidiol
524 concentration is inaccurate. The medical marijuana treatment
525 center must retain records of all testing and samples of each

526 | homogenous batch of marijuana for at least 9 months. The medical
527 | marijuana treatment center must contract with a marijuana
528 | testing laboratory to perform audits on the medical marijuana
529 | treatment center's standard operating procedures, testing
530 | records, and samples and provide the results to the department
531 | to confirm that the marijuana or low-THC cannabis meets the
532 | requirements of this section and that the marijuana or low-THC
533 | cannabis is safe for human consumption. A medical marijuana
534 | treatment center shall reserve two processed samples from each
535 | batch and retain such samples for at least 9 months for the
536 | purpose of such audits. A medical marijuana treatment center may
537 | use a laboratory that has not been certified by the department
538 | under s. 381.988 until such time as at least one laboratory
539 | holds the required certification, but in no event later than
540 | July 1, 2018.

541 | e. Package the marijuana in compliance with the United
542 | States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
543 | 1471 et seq.

544 | f. Package the marijuana in a receptacle that has a firmly
545 | affixed and legible label stating the following information:

546 | (I) The marijuana or low-THC cannabis meets the
547 | requirements of sub-subparagraph d.

548 | (II) The name of the medical marijuana treatment center
549 | from which the marijuana originates.

550 | (III) The batch number and harvest number from which the

551 marijuana originates and the date dispensed.

552 (IV) The name of the physician who issued the physician
553 certification.

554 (V) The name of the patient.

555 (VI) The product name, if applicable, and dosage form,
556 including concentration of tetrahydrocannabinol and cannabidiol.
557 The product name may not contain wording commonly associated
558 with products marketed by or to children.

559 (VII) The recommended dose.

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

562 (IX) A marijuana universal symbol developed by the
563 department.

564 ~~12.11.~~ The medical marijuana treatment center shall
565 include in each package a patient package insert with
566 information on the specific product dispensed related to:

- 567 a. Clinical pharmacology.
- 568 b. Indications and use.
- 569 c. Dosage and administration.
- 570 d. Dosage forms and strengths.
- 571 e. Contraindications.
- 572 f. Warnings and precautions.
- 573 g. Adverse reactions.

574 13. In addition to the packaging and labeling requirements
575 in subparagraphs 11. and 12., marijuana in a form for smoking

576 must be packaged in a sealed receptacle with a legible and
577 prominent warning to keep away from children and a warning that
578 states marijuana smoke contains carcinogens and may negatively
579 affect health. Receptacles for marijuana in a form for smoking
580 must be plain, opaque, and white without depictions of the
581 product or images other than the medical marijuana treatment
582 center's department-approved logo and the marijuana universal
583 symbol.

584 14.12. Each edible shall be individually sealed in plain,
585 opaque wrapping marked only with the marijuana universal symbol.
586 Where practical, each edible shall be marked with the marijuana
587 universal symbol. In addition to the packaging and labeling
588 requirements in subparagraphs 11. 10. and 12. 11., edible
589 receptacles must be plain, opaque, and white without depictions
590 of the product or images other than the medical marijuana
591 treatment center's department-approved logo and the marijuana
592 universal symbol. The receptacle must also include a list all of
593 the edible's ingredients, storage instructions, an expiration
594 date, a legible and prominent warning to keep away from children
595 and pets, and a warning that the edible has not been produced or
596 inspected pursuant to federal food safety laws.

597 15.13. When dispensing marijuana or a marijuana delivery
598 device, a medical marijuana treatment center:

599 a. May dispense any active, valid order for low-THC
600 cannabis, medical cannabis and cannabis delivery devices issued

601 pursuant to former s. 381.986, Florida Statutes 2016, which was
602 entered into the medical marijuana use registry before July 1,
603 2017.

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

606 c. Must have the medical marijuana treatment center's
607 employee who dispenses the marijuana or a marijuana delivery
608 device enter into the medical marijuana use registry his or her
609 name or unique employee identifier.

610 d. Must verify that the qualified patient and the
611 caregiver, if applicable, each have an active registration in
612 the medical marijuana use registry and an active and valid
613 medical marijuana use registry identification card, the amount
614 and type of marijuana dispensed matches the physician
615 certification in the medical marijuana use registry for that
616 qualified patient, and the physician certification has not
617 already been filled.

618 e. May not dispense marijuana to a qualified patient who
619 is younger than 18 years of age. If the qualified patient is
620 younger than 18 years of age, marijuana may only be dispensed to
621 the qualified patient's caregiver.

622 f. May not dispense or sell any other type of cannabis,
623 alcohol, or illicit drug-related product, including pipes,
624 bongs, or wrapping papers, other than a marijuana delivery
625 device required for the medical use of marijuana and which is

626 | specified in a physician certification.

627 | g. Must, upon dispensing the marijuana or marijuana
628 | delivery device, record in the registry the date, time,
629 | quantity, and form of marijuana dispensed; the type of marijuana
630 | delivery device dispensed; and the name and medical marijuana
631 | use registry identification number of the qualified patient or
632 | caregiver to whom the marijuana delivery device was dispensed.

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

636 | (15) APPLICABILITY.—

637 | (a) This section does not limit the ability of an employer
638 | to establish, continue, or enforce a drug-free workplace program
639 | or policy.

640 | (b) This section does not require an employer to
641 | accommodate the medical use of marijuana in any workplace or any
642 | employee working while under the influence of marijuana.

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

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

647 | (e) This section does not prohibit the medical use of
648 | marijuana or a caregiver assisting with the medical use of
649 | marijuana in a nursing home facility licensed under part II of
650 | chapter 400, a hospice facility licensed under part IV of

651 chapter 400, or an assisted living facility licensed under part
652 I of chapter 429, if the medical use of marijuana is not
653 prohibited in the facility's policies.

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

656 Section 2. Paragraph (h) of subsection (2) and paragraph
657 (b) of subsection (3) of section 381.987, Florida Statutes, are
658 amended to read:

659 381.987 Public records exemption for personal identifying
660 information relating to medical marijuana held by the
661 department.—

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

664 (h) The Consortium ~~Coalition~~ for Medical Marijuana
665 Clinical Outcomes Research ~~and Education~~ established in s.
666 1004.4351(4).

667 (3) The department shall allow access to the confidential
668 and exempt information pertaining to the physician certification
669 for marijuana and the dispensing thereof, whether in the
670 registry or otherwise held by the department, to:

671 (b) The Consortium ~~Coalition~~ for Medical Marijuana
672 Clinical Outcomes Research ~~and Education~~ pursuant to s. 381.986
673 for the purpose of conducting research regarding the medical use
674 of marijuana.

675 Section 3. Section 1004.4351, Florida Statutes, is amended

676 to read:

677 1004.4351 Medical marijuana research ~~and education~~.—

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

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

681 (a) The present state of knowledge concerning the use of
682 marijuana to alleviate pain and treat illnesses is limited
683 because permission to perform clinical studies on marijuana is
684 difficult to obtain, with access to research-grade marijuana so
685 restricted that little or no unbiased studies have been
686 performed.

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

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

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

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

698 (a) "Board" means the Medical Marijuana Research ~~and~~
699 ~~Education~~ Board.

700 (b) "Consortium" ~~"Coalition"~~ means the Consortium

701 ~~Coalition~~ for Medical Marijuana Clinical Outcomes Research ~~and~~
 702 Education.

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

705 (4) CONSORTIUM ~~COALITION~~ FOR MEDICAL MARIJUANA CLINICAL
 706 OUTCOMES RESEARCH ~~AND EDUCATION~~.—

707 (a) There is established within a state university
 708 designated by the Board of Governors ~~the H. Lee Moffitt Cancer~~
 709 ~~Center and Research Institute, Inc.~~, the Consortium ~~Coalition~~
 710 for Medical Marijuana Clinical Outcomes Research which shall
 711 consist of public and private universities ~~and Education~~. The
 712 purpose of the consortium ~~coalition~~ is to conduct rigorous
 713 scientific research and, ~~provide education~~, disseminate such
 714 ~~research, and guide policy for the adoption of a statewide~~
 715 ~~policy on ordering and dosing practices for the medical use of~~
 716 ~~marijuana. The coalition shall be physically located at the H.~~
 717 ~~Lee Moffitt Cancer Center and Research Institute, Inc.~~

718 (b) The Medical Marijuana Research ~~and Education~~ Board is
 719 established to direct the operations of the consortium
 720 ~~coalition~~. The board shall be composed of ~~seven~~ members
 721 representing each participating university appointed by the
 722 president of each participating university ~~the chief executive~~
 723 ~~officer of the H. Lee Moffitt Cancer Center and Research~~
 724 ~~Institute, Inc.~~ Board members must have experience in a variety
 725 of scientific and medical fields, including, but not limited to,

726 oncology, neurology, psychology, pediatrics, nutrition, and
727 addiction. Members shall be appointed to 4-year terms and may be
728 reappointed to serve additional terms. The chair shall be
729 elected by the board from among its members to serve a 2-year
730 term. The board shall meet at least semiannually at the call of
731 the chair or, in his or her absence or incapacity, the vice
732 chair. Four members constitute a quorum. A majority vote of the
733 members present is required for all actions of the board. The
734 board may prescribe, amend, and repeal a charter governing the
735 manner in which it conducts its business. A board member shall
736 serve without compensation but is entitled to be reimbursed for
737 travel expenses by the consortium ~~coalition~~ or the organization
738 he or she represents in accordance with s. 112.061.

739 (c) The consortium ~~coalition~~ shall be administered by a
740 ~~coalition~~ director, who shall be appointed by and serve at the
741 pleasure of the board. The ~~coalition~~ director shall, subject to
742 the approval of the board:

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

744 2. Foster the collaboration of scientists, researchers,
745 and other appropriate personnel in accordance with the
746 consortium's ~~coalition's~~ charter.

747 3. Engage individuals in public and private university
748 programs relevant to the consortium's work to participate in the
749 consortium.

750 4.3- Identify and prioritize the research to be conducted

751 by the consortium ~~coalition~~.

752 ~~5.4.~~ Prepare a plan for medical marijuana research ~~the~~
753 ~~Medical Marijuana Research and Education Plan~~ for submission to
754 the board.

755 ~~6.5.~~ Apply for grants to obtain funding for research
756 conducted by the consortium ~~coalition~~.

757 ~~7.6.~~ Perform other duties as determined by the board.

758 ~~(d) The board shall advise the Board of Governors, the~~
759 ~~State Surgeon General, the Governor, and the Legislature with~~
760 ~~respect to medical marijuana research and education in this~~
761 ~~state. The board shall explore methods of implementing and~~
762 ~~enforcing medical marijuana laws in relation to cancer control,~~
763 ~~research, treatment, and education.~~

764 ~~(d)(e)~~ The board shall annually adopt a plan for medical
765 marijuana research. The plan shall organize a program of
766 research that contributes to the body of scientific knowledge on
767 the effects of the medical use of marijuana and informs both
768 policy and medical practice related to the treatment of
769 debilitating medical conditions with marijuana. Research shall
770 include tracking clinical outcomes, certification standards,
771 dosing standards, routes of administration, efficacy, and side
772 effects. Research must also include the study of the effects of
773 smoking marijuana to treat debilitating medical conditions. The
774 board must award funds to members of the consortium to perform
775 research consistent with the plan, ~~known as the "Medical~~

776 ~~Marijuana Research and Education Plan," which must be in~~
777 ~~accordance with state law and coordinate with existing programs~~
778 ~~in this state. The plan must include recommendations for the~~
779 ~~coordination and integration of medical, pharmacological,~~
780 ~~nursing, paramedical, community, and other resources connected~~
781 ~~with the treatment of debilitating medical conditions; research~~
782 ~~related to the treatment of such medical conditions; and~~
783 ~~education.~~

784 (e) ~~(f)~~ By February 15 of each year, the board shall issue
785 a report to the Governor, the President of the Senate, and the
786 Speaker of the House of Representatives on research projects,
787 research findings, community outreach initiatives, and future
788 plans for the consortium coalition.

789 (f) ~~(g)~~ Beginning August 1, 2019 ~~January 15, 2018~~, and
790 quarterly thereafter, the Department of Health shall submit to
791 the board a data set that includes, for each patient registered
792 in the medical marijuana use registry, the patient's qualifying
793 medical condition and the daily dose amount, routes of
794 administration, and forms of marijuana certified for the
795 patient. The department shall also provide the board with such
796 data for all patients registered in the medical marijuana use
797 registry before August 1, 2019.

798 ~~(5) RESPONSIBILITIES OF THE H. LEE MOFFITT CANCER CENTER~~
799 ~~AND RESEARCH INSTITUTE, INC.—The H. Lee Moffitt Cancer Center~~
800 ~~and Research Institute, Inc., shall allocate staff and provide~~

801 ~~information and assistance, as the coalition's budget permits,~~
802 ~~to assist the board in fulfilling its responsibilities.~~

803 Section 4. (1) For the 2019-2020 fiscal year, the sum of
804 \$1.5 million in recurring funds is appropriated from the General
805 Revenue Fund to the Board of Governors for the purpose of
806 implementing the Consortium for Medical Marijuana Clinical
807 Outcomes Research established under s. 1004.4351, Florida
808 Statutes.

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

814 Section 5. This act shall take effect upon becoming a law.