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A bill to be entitled An act relating to medical use of marijuana; amending s. 212.08, F.S.; providing an exemption from the state tax on sales, use, and other transactions for marijuana and marijuana delivery devices used for medical purposes; amending s. 381.986, F.S.; providing, revising, and deleting definitions; providing qualifying medical conditions for a patient to be eligible to receive marijuana or a marijuana delivery device; providing requirements for designating a qualified physician or medical director; providing criteria for certification of a patient for medical marijuana treatment by a qualified physician; providing for certain patients registered with the medical marijuana use registry to be deemed qualified; requiring the Department of Health to monitor physician registration and certifications in the medical marijuana use registry; requiring the Board of Medicine and the Board of Osteopathic Medicine to create a physician certification pattern review panel; providing rulemaking authority to the department and the boards; requiring the department to establish a medical marijuana use registry; specifying entities and persons who have access to the registry; providing requirements for registration of, and maintenance of

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registered status by, qualified patients and caregivers; providing criteria for nonresidents to prove residency for registration as a qualified patient; defining the term "seasonal resident"; authorizing the department to suspend or revoke the registration of a patient or caregiver under certain circumstances; providing requirements for the issuance of medical marijuana use registry identification cards; requiring the department to issue licenses to a certain number of medical marijuana treatment centers; providing for license renewal and revocation; providing conditions for change of ownership; providing for continuance of certain entities authorized to dispense low-THC cannabis, medical cannabis, and cannabis delivery devices; requiring a medical marijuana treatment center to comply with certain standards in the production and distribution of edibles; requiring the department to establish, maintain, and control a computer seed-to-sale marijuana tracking system; requiring background screening of owners, officers, board members, and managers of medical marijuana treatment centers; requiring the department to establish protocols and procedures for operation, conduct periodic inspections, and restrict location of medical

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marijuana treatment centers; providing a limit on county and municipal permit fees; authorizing counties and municipalities to determine the location of medical marijuana treatment centers by ordinance under certain conditions; providing penalties; authorizing the department to impose sanctions on persons or entities engaging in unlicensed activities; providing that a person is not exempt from prosecution for certain offenses and is not relieved from certain requirements of law under certain circumstances; providing for certain school personnel to possess marijuana pursuant to certain established policies and procedures; providing that certain research institutions may possess, test, transport, and dispose of marijuana subject to certain conditions; providing applicability with respect to employer-instituted drug-free workplace programs; amending ss. 458.331 and 459.015, F.S.; providing additional acts by a physician or an osteopathic physician which constitute grounds for denial of a license or disciplinary action to which penalties apply; creating s. 381.988, F.S.; providing for the establishment of medical marijuana testing laboratories; requiring the Department of Health, in collaboration with the Department of Agriculture and Consumer Services and the Department

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of Environmental Protection, to develop certification standards and rules; providing limitations on the acquisition and distribution of marijuana by a testing laboratory; providing an exception for transfer of marijuana under certain conditions; requiring a testing laboratory to use a department-selected computer tracking system; providing grounds for disciplinary and administrative action; authorizing the department to refuse to issue or renew, or suspend or revoke, a testing laboratory license; creating s. 381.989, F.S.; defining terms; directing the department and the Department of Highway Safety and Motor Vehicles to institute public education campaigns relating to cannabis and marijuana and impaired driving; requiring evaluations of public education campaigns; authorizing the department and the Department of Highway Safety and Motor Vehicles to contract with vendors to implement and evaluate the campaigns; amending ss. 385.211, 499.0295, and 893.02, F.S.; conforming provisions to changes made by the act; creating s. 1004.4351, F.S.; providing a short title; providing legislative findings; defining terms; establishing the Coalition for Medical Marijuana Research and Education within the H. Lee Moffitt Cancer Center and Research Institute, Inc.; providing

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a purpose for the coalition; establishing the Medical
Marijuana Research and Education Board to direct the
operations of the coalition; providing for the
appointment of board members; providing for terms of
office, reimbursement for certain expenses, and
meetings of the board; authorizing the board to
appoint a coalition director; prescribing the duties
of the coalition director; requiring the board to
advise specified entities and officials regarding
medical marijuana research and education in this
state; requiring the board to annually adopt a Medical
Marijuana Research and Education Plan; providing
requirements for the plan; requiring the board to
issue an annual report to the Governor and the
Legislature by a specified date; requiring the
Department of Health to submit reports to the board
containing specified data; specifying responsibilities
of the H. Lee Moffitt Cancer Center and Research
Institute, Inc.; amending s. 1004.441, F.S.; revising
a definition; amending s. 1006.062, F.S.; requiring
district school boards to adopt policies and
procedures for access to medical marijuana by
qualified patients who are students; providing
emergency rulemaking authority; providing for venue
for a cause of action against the department;

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L26	providing for defense against certain causes of
L27	action; directing the Department of Law Enforcement to
L28	develop training for law enforcement officers and
L29	agencies; amending s. 385.212, F.S.; renaming the
L30	department's Office of Compassionate Use; providing
L31	appropriations; providing an effective date.
L32	
L33	Be It Enacted by the Legislature of the State of Florida:
L34	
L35	Section 1. Paragraph (1) of subsection (2) of section
L36	212.08, Florida Statutes, is redesignated as paragraph (m), and
L37	a new paragraph (1) is added to that subsection, to read:
L38	212.08 Sales, rental, use, consumption, distribution, and
L39	storage tax; specified exemptions.—The sale at retail, the
L40	rental, the use, the consumption, the distribution, and the
L41	storage to be used or consumed in this state of the following
L42	are hereby specifically exempt from the tax imposed by this
L43	chapter.
L44	(2) EXEMPTIONS; MEDICAL.—
L45	(1) Marijuana and marijuana delivery devices, as defined
146	in s. 381.986, are exempt from the taxes imposed under this
L47	chapter.
L48	Section 2. Section 381.986, Florida Statutes, is amended
L49	to read:
L50	(Substantial rewording of section. See

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151	s. 381.986, F.S., for present text.)
152	381.986 Medical use of marijuana.—
153	(1) DEFINITIONS.—As used in this section, the term:
154	(a) "Caregiver" means a resident of this state who has
155	agreed to assist with a qualified patient's medical use of
156	marijuana, has a caregiver identification card, and meets the
157	requirements of subsection (6).
158	(b) "Chronic nonmalignant pain" means pain that is caused
159	by a qualifying medical condition or that originates from a
160	qualifying medical condition and persists beyond the usual
161	course of that qualifying medical condition.
162	(c) "Close relative" means a spouse, parent, sibling,
163	grandparent, child, or grandchild, whether related by whole or
164	half blood, by marriage, or by adoption.
165	(d) "Edibles" means commercially produced food items made
166	with marijuana oil, but no other form of marijuana, that are
167	produced and dispensed by a medical marijuana treatment center.
168	(e) "Low-THC cannabis" means a plant of the genus
169	Cannabis, the dried flowers of which contain 0.8 percent or less
170	of tetrahydrocannabinol and more than 10 percent of cannabidiol
171	weight for weight; the seeds thereof; the resin extracted from
172	any part of such plant; or any compound, manufacture, salt,
173	derivative, mixture, or preparation of such plant or its seeds
174	or resin that is dispensed from a medical marijuana treatment
175	center.

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- (f) "Marijuana" means all parts of any plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin, including low-THC cannabis, which are dispensed from a medical marijuana treatment center for medical use by a qualified patient.
- (g) "Marijuana delivery device" means an object used, intended for use, or designed for use in preparing, storing, ingesting, inhaling, or otherwise introducing marijuana into the human body, and which is dispensed from a medical marijuana treatment center for medical use by a qualified patient.
- (h) "Marijuana testing laboratory" means a facility that collects and analyzes marijuana samples from a medical marijuana treatment center and has been certified by the department pursuant to s. 381.988.
- (i) "Medical director" means a person who holds an active, unrestricted license as an allopathic physician under chapter

 458 or osteopathic physician under chapter 459 and is in compliance with the requirements of paragraph (3)(c).
- (j) "Medical use" means the acquisition, possession, use, delivery, transfer, or administration of marijuana authorized by a physician certification. The term does not include:
- 1. Possession, use, or administration of marijuana that was not purchased or acquired from a medical marijuana treatment

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201	<u>center.</u>
202	2. Possession, use, or administration of marijuana in a
203	form for smoking, in the form of commercially produced food
204	items other than edibles, or of marijuana seeds or flower,
205	except for flower in a sealed receptacle for vaping.
206	3. Use or administration of any form or amount of
207	marijuana in a manner that is inconsistent with the qualified
208	physician's directions or physician certification.
209	4. Transfer of marijuana to a person other than the
210	qualified patient for whom it was authorized or the qualified
211	patient's caregiver on behalf of the qualified patient.
212	5. Use or administration of marijuana in the following
213	locations:
214	a. On any form of public transportation, except for low-
215	THC cannabis.
216	b. In any public place, except for low-THC cannabis.
217	c. In a qualified patient's place of employment, except
218	when permitted by his or her employer.
219	d. In a state correctional institution, as defined in s.
220	944.02, or a correctional institution, as defined in s. 944.241.
221	e. On the grounds of a preschool, primary school, or
222	secondary school, except as provided in s. 1006.062.
223	f. In a school bus, a vehicle, an aircraft, or a
224	motorboat, except for low-THC cannabis.
225	(k) "Physician certification" means a qualified

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226	physician's authorization for a qualified patient to receive
227	marijuana and a marijuana delivery device from a medical
228	marijuana treatment center.
229	(1) "Qualified patient" means a resident of this state who
230	has been added to the medical marijuana use registry by a
231	qualified physician to receive marijuana or a marijuana delivery
232	device for a medical use and who has a qualified patient

- device for a medical use and who has a qualified patient identification card.
- "Qualified physician" means a person who holds an active, unrestricted license as an allopathic physician under chapter 458 or as an osteopathic physician under chapter 459 and is in compliance with the physician education requirements of subsection (3).
- "Smoking" means burning or igniting a substance and (n) inhaling the smoke.
- (o) "Terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.
- (2) QUALIFYING MEDICAL CONDITIONS.—A patient must be diagnosed with at least one of the following conditions to qualify to receive marijuana or a marijuana delivery device:
 - Cancer. (a)

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251	(b) Epilepsy.
252	(c) Glaucoma.
253	(d) Positive status for human immunodeficiency virus.
254	(e) Acquired immune deficiency syndrome.
255	(f) Post-traumatic stress disorder.
256	(g) Amyotrophic lateral sclerosis.
257	(h) Crohn's disease.
258	(i) Parkinson's disease.
259	(j) Multiple sclerosis.
260	(k) Medical conditions of the same kind or class as or
261	comparable to those enumerated in paragraphs (a)-(j).
262	(1) A terminal condition diagnosed by a physician other
263	than the qualified physician issuing the physician
264	certification.
265	(m) Chronic nonmalignant pain.
266	(3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS
267	(a) To be approved as a qualified physician, as defined in
268	paragraph (1)(m), a physician must successfully complete a 2-
269	hour course and subsequent examination offered by the Florida
270	Medical Association or the Florida Osteopathic Medical
271	Association which encompass the requirements of this section and
272	any rules adopted hereunder. The course and examination shall be
273	administered at least annually and may be offered in a distance
274	learning format, including an electronic, online format that is
275	available upon request. The price of the course may not exceed

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- \$500. A physician who has met the physician education requirements of former s. 381.986(4), Florida Statutes 2016, before the effective date of this section, shall be deemed to be in compliance with this paragraph from the effective date of this act until 90 days after the course and examination required by this paragraph become available.
- (b) A qualified physician may not be employed by, or have any direct or indirect economic interest in, a medical marijuana treatment center or marijuana testing laboratory.
- (c) A medical director as defined in paragraph (1)(i) must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida

 Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. The course and examination shall be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed \$500.
 - (4) PHYSICIAN CERTIFICATION.-
- (a) A qualified physician may issue a physician certification only if the qualified physician:
- 1. Conducted a physical examination while physically present in the same room as the patient and a full assessment of the medical history of the patient.
 - 2. Diagnosed the patient with at least one qualifying

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- 3. Determined that the medical use of marijuana would likely outweigh the potential health risks for the patient, and such determination must be documented in the patient's medical record. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such concurrence must be documented in the patient's medical record.
- 4. Determined whether the patient is pregnant and documented such determination in the patient's medical record. A physician may not issue a physician certification, except for low-THC cannabis, to a patient who is pregnant.
- 5. Reviewed the patient's controlled drug prescription history in the prescription drug monitoring program database established pursuant to s. 893.055.
- 6. Reviewed the medical marijuana use registry and confirmed that the patient does not have an active physician certification from another qualified physician.
- 7. Registers as the issuer of the physician certification for the named qualified patient on the medical marijuana use registry in an electronic manner determined by the department, and:
- a. Enters into the registry the contents of the physician certification, including the patient's qualifying condition and the dosage not to exceed the daily dose amount determined by the department, the amount and forms of marijuana authorized for the

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- patient, and any types of marijuana delivery devices needed by
 the patient for the medical use of marijuana.
 - b. Updates the registry within 7 days after any change is made to the original physician certification to reflect such change.
 - c. Deactivates the registration of the qualified patient and the patient's caregiver when the physician no longer recommends the medical use of marijuana for the patient.
 - 8. Obtains the voluntary and informed written consent of the patient for medical use of marijuana each time the qualified physician issues a physician certification for the patient, which shall be maintained in the patient's medical record. The patient, or the patient's parent or legal guardian if the patient is a minor, must sign the informed consent acknowledging that the qualified physician has sufficiently explained its content. The qualified physician must use a standardized informed consent form adopted in rule by the Board of Medicine and the Board of Osteopathic Medicine, which must include, at a minimum, information related to:
 - <u>a. The Federal Government's classification of marijuana as</u> a Schedule I controlled substance.
 - b. The approval and oversight status of marijuana by the Food and Drug Administration.
 - c. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this

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351	section.
352	d. The potential for addiction.
353	e. The potential effect that marijuana may have on a
354	patient's coordination, motor skills, and cognition, including a
355	warning against operating heavy machinery, operating a motor
356	vehicle, or engaging in activities that require a person to be
357	alert or respond quickly.
358	f. The potential side effects of marijuana use.
359	g. The risks, benefits, and drug interactions of
360	marijuana.
361	h. That the patient's de-identified health information
362	contained in the physician certification and medical marijuana
363	use registry may be used for research purposes.
364	(b) If a qualified physician issues a physician
365	certification for a qualified patient diagnosed with a
366	qualifying medical condition pursuant to paragraph (2)(k), the
367	physician must submit the following to the applicable board
368	within 14 days after issuing the physician certification:
369	1. Documentation supporting the qualified physician's
370	opinion that the medical condition is of the same kind or class
371	as the conditions in paragraphs (2)(a)-(j).
372	2. Documentation that establishes the efficacy of

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opinion that the benefits of medical use of marijuana would

Documentation supporting the qualified physician's

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marijuana as treatment for the condition.



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376	likely outweigh the potential health risks for the patient.
377	4. Any other documentation as required by board rule.
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379	The department must submit such documentation to the Coalition
380	for Medical Marijuana Research and Education established
381	pursuant to s. 1004.4351.
382	(c) A qualified physician may not issue a physician
383	certification for more than three 70-day supply limits of
384	marijuana. The department shall quantify by rule a daily dose
385	amount with equivalent dose amounts for each allowable form of
386	marijuana dispensed by a medical marijuana treatment center. The
387	department shall use the daily dose amount to calculate a 70-day
388	supply.
389	1. A qualified physician may request an exception to the
390	daily dose amount limit. The request shall be made
391	electronically on a form adopted by the department in rule and
392	<pre>must include, at a minimum:</pre>
393	a. The qualified patient's qualifying medical condition.
394	b. The dosage and route of administration that was
395	insufficient to provide relief to the qualified patient.
396	c. A description of how the patient will benefit from an
397	increased amount.
398	d. The minimum daily dose amount of marijuana that would
399	be sufficient for the treatment of the qualified patient's
400	qualifying medical condition.

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- 2. A qualified physician must provide the qualified patient's records upon the request of the department.
- 3. The department shall approve or disapprove the request within 14 days after receipt of the complete documentation required by this paragraph. The request shall be deemed approved if the department fails to act within this time period.
- (d) A qualified physician must evaluate and recertify an existing qualified patient at least once every 30 weeks prior to issuing a new physician certification. A physician must:
- 1. Determine if the patient still meets the requirements of a qualified patient under paragraph (a).
- 2. Assess and document in the qualified patient's medical records the qualified patient's progress toward treatment objectives, tolerance of or reaction to the medical use of marijuana, and risk of aberrant drug-related behavior.
- 3. Identify and document in the qualified patient's medical records whether the qualified patient experienced either of the following related to the medical use of marijuana:
- a. An adverse drug interaction with any prescription or nonprescription medication; or
 - b. A reduction in the use of opioid analgesics.
- 4. Submit a report with the findings required pursuant to subparagraph 3. to the department. The department shall submit such reports to the Coalition for Medical Marijuana Research and Education established pursuant to s. 1004.4351.

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- (e) An active order for low-THC cannabis or medical cannabis issued pursuant to former s. 381.986, Florida Statutes 2016, and registered with the compassionate use registry before the effective date of this section, is deemed a physician certification, and all patients possessing such orders are deemed qualified patients until the department begins issuing medical marijuana use registry identification cards.
- (f) The department shall monitor physician registration in the medical marijuana use registry and the issuance of physician certifications for practices that could facilitate unlawful diversion or misuse of marijuana or a marijuana delivery device and shall take disciplinary action as appropriate.
- (g) The Board of Medicine and the Board of Osteopathic

 Medicine shall jointly create a physician certification pattern
 review panel that shall review all physician certifications
 submitted to the medical marijuana use registry. The panel shall
 track and report the number of physician certifications and the
 qualifying medical conditions, dosage, supply amount, and form
 of marijuana certified. The panel shall report the data both by
 individual qualified physician and in the aggregate, by county,
 and statewide. The physician certification pattern review panel
 shall, beginning January 1, 2018, submit an annual report of its
 findings and recommendations to the Governor, the President of
 the Senate, and the Speaker of the House of Representatives.
 - (h) The department, the Board of Medicine, and the Board

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- of Osteopathic Medicine may adopt rules pursuant to ss.

 120.536(1) and 120.54 to implement this subsection.
 - (5) MEDICAL MARIJUANA USE REGISTRY.-
 - (a) The department shall create and maintain a secure, electronic, and online medical marijuana use registry for physicians, patients, and caregivers as provided under this section. The medical marijuana use registry must be accessible to law enforcement agencies, qualified physicians, and medical marijuana treatment centers to verify the authorization of a qualified patient or a caregiver to possess marijuana or a marijuana delivery device and record the marijuana or marijuana delivery device dispensed. The medical marijuana use registry must also be accessible to practitioners licensed to prescribe prescription drugs to ensure proper care for patients before medications that may interact with the medical use of marijuana are prescribed. The medical marijuana use registry must prevent an active registration of a qualified patient by multiple physicians.
 - (b) The department shall determine whether an individual is a resident of this state for the purpose of registration of qualified patients and caregivers in the medical marijuana use registry. To prove residency:
 - 1. An adult resident must provide the department with a copy of his or her valid Florida driver license issued under s. 322.18 or a copy of a valid Florida identification card issued

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under s. 322.051.

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477	2. An adult seasonal resident who cannot meet the
478	requirements of subparagraph 1. may provide the department with
479	a copy of two of the following that show proof of residential
480	address:
481	a. A deed, mortgage, monthly mortgage statement, mortgage
482	payment booklet or residential rental or lease agreement.
483	b. One proof of residential address from the seasonal
484	resident's parent, step-parent, legal guardian or other person
485	with whom the seasonal resident resides and a statement from the
486	person with whom the seasonal resident resides stating that the
487	seasonal resident does reside with him or her.
488	c. A utility hook up or work order dated within 60 days
489	prior to registration in the medical use registry.
490	d. A utility bill, not more than 2 months old.
491	e. Mail from a financial institution, including checking,
492	savings, or investment account statements, not more than 2
493	months old.
494	f. Mail from a federal, state, county, or municipal

3. "Seasonal resident" means any person who:

residential address as determined by department rule.

government agency, not more than 2 months old.

<u>a. Temporarily resides in this state for a period of at</u>

<u>least 31 consecutive days in each calendar year;</u>

g. Any other documentation that provides proof of

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501	b. Maintains a temporary residence in this state;
502	c. Returns to the state or jurisdiction of his or her
503	residence at least one time during each calendar year; and
504	d. Is registered to vote or pays income tax in another
505	state or jurisdiction.
506	4. A minor must provide the department with a certified
507	copy of a birth certificate or a current record of registration
508	from a Florida K-12 school and must have a parent or legal
509	guardian who meets the requirements of subparagraph 1.
510	(c) The department may suspend or revoke the registration
511	of a qualified patient or caregiver if the qualified patient or
512	<pre>caregiver:</pre>
513	1. Provides misleading, incorrect, false, or fraudulent
514	information to the department;
515	2. Obtains a supply of marijuana in an amount greater than
516	the amount authorized by the physician certification;
517	3. Falsifies, alters, or otherwise modifies an
518	<pre>identification card;</pre>
519	4. Fails to timely notify the department of any changes to
520	his or her qualified patient status; or
521	5. Violates the requirements of this section or any rule
522	adopted under this section.
523	(d) The department shall immediately suspend the
524	registration of a qualified patient charged with a violation of
525	chapter 803 until final disposition of any alloged offense

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320	inerearcer, the department may extend the suspension, revoke the
527	registration, or reinstate the registration.
528	(e) The department shall immediately suspend the
529	registration of any caregiver charged with a violation of
530	chapter 893 until final disposition of any alleged offense. The
531	department shall revoke a caregiver registration if the
532	caregiver does not meet the requirements of subparagraph
533	(6) (b) 6.
534	(f) The department may revoke the registration of a
535	qualified patient or caregiver who cultivates marijuana or who
536	acquires, possesses, or delivers marijuana from any person or
537	entity other than a medical marijuana treatment center.
538	(g) The department shall revoke the registration of a
539	qualified patient, and the patient's associated caregiver, upon
540	notification that the patient no longer meets the criteria of a
541	qualified patient.
542	(h) The department may adopt rules pursuant to ss.
543	120.536(1) and 120.54 to implement this subsection.
544	(6) CAREGIVERS.—
545	(a) The department must register an individual as a
546	caregiver on the medical marijuana use registry and issue a

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caregiver identification card if an individual designated by a

qualified patient meets all of the requirements of this

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subsection and department rule.

(b) A caregiver must:



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	1.	Not be a	a qualifie	ed ph	ysician	and	not	be	employed	by	or
have	an	economic	interest	in a	medical	l mai	rijua	ana	treatment	t	
center or a marijuana testing laboratory.											

- $\underline{\text{2.}}$ Be 21 years of age or older and a resident of this state.
- 3. Agree in writing to assist with the qualified patient's medical use of marijuana.
- 4. Be registered in the medical marijuana use registry as a caregiver for no more than one qualified patient, except as provided in this paragraph.
- 5. Successfully complete a caregiver certification course developed and administered by the department or its designee, which must be renewed biennially. The price of the course may not exceed \$100.
- 6. Pass a background screening pursuant to subsection (9), unless the patient is a close relative of the caregiver.
- (c) A qualified patient may designate no more than one caregiver to assist with the qualified patient's medical use of marijuana, unless:
- 1. The qualified patient is a minor and the designated caregivers are parents or legal guardians of the qualified patient;
- 2. The qualified patient is an adult who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or

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herself without	assistance	or	superv	vision and	the	e des	signated
caregivers are t	the parents	or	legal	guardians	of	the	qualified
patient; or							

- 3. The qualified patient is admitted to a hospice program.
- (d) A caregiver may be registered in the medical marijuana use registry as a designated caregiver for no more than one qualified patient, unless:
- 1. The caregiver is a parent or legal guardian of more than one minor who is a qualified patient;
- 2. The caregiver is a parent or legal guardian of more than one adult who is a qualified patient and who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or herself without assistance or supervision; or
- 3. All qualified patients the caregiver has agreed to assist are admitted to a hospice program and have requested the assistance of that caregiver with the medical use of marijuana; the caregiver is an employee of the hospice; and the caregiver provides personal care or other services directly to clients of the hospice in the scope of that employment.
- (e) A caregiver may not receive compensation, other than actual expenses incurred, for any services provided to the qualified patient.
- (f) If a qualified patient is younger than 18 years of age, only a caregiver may purchase or administer marijuana for

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- medical use by the qualified patient. The qualified patient may not purchase marijuana.
 - (g) A caregiver must be in immediate possession of his or her medical marijuana use registry identification card at all times when in possession of marijuana or a marijuana delivery device and must present his or her medical marijuana use registry identification card upon the request of a law enforcement officer.
 - (h) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.
 - (7) IDENTIFICATION CARDS.-
 - (a) The department shall issue medical marijuana use registry identification cards for qualified patients and caregivers who are residents of this state, which must be renewed annually. The identification cards must be resistant to counterfeiting and tampering and must include, at a minimum, the following:
 - 1. The name, address, and date of birth of the qualified patient or caregiver.
 - 2. A full-face, passport-type, color photograph of the qualified patient or caregiver taken within the 90 days immediately preceding registration or the Florida driver license or Florida identification card photograph of the qualified patient or caregiver obtained directly from the Department of Highway Safety and Motor Vehicles.

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- 3. Identification as a qualified patient or a caregiver.
- 4. The unique numeric identifier used for the qualified patient in the medical marijuana use registry.
- 5. For a caregiver, the name and unique numeric identifier of the caregiver and the qualified patient or patients that the caregiver is assisting.
 - 6. The expiration date of the identification card.
- (b) The department must receive written consent from a qualified patient's parent or legal guardian before it may issue an identification card to a qualified patient who is a minor.
- (c) The department shall, by July 3, 2017, adopt rules pursuant to ss. 120.536(1) and 120.54 establishing procedures for the issuance, renewal, suspension, replacement, surrender, and revocation of medical marijuana use registry identification cards and shall begin issuing qualified patient identification cards by October 3, 2017.
- (d) Applications for identification cards must be submitted on a form prescribed by the department. The department may charge a reasonable fee associated with the issuance, replacement, and renewal of identification cards. The department may contract with a third-party vendor to issue identification cards. The vendor selected by the department must have experience performing similar functions for other state agencies.
 - (e) A qualified patient or caregiver must return his or

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- her identification card to the department within 5 business days after revocation.
 - (8) MEDICAL MARIJUANA TREATMENT CENTERS.-
 - (a) The department shall license medical marijuana treatment centers to ensure reasonable statewide accessibility and availability as necessary for qualified patients registered in the medical marijuana use registry and who are issued a physician certification under this section.
 - 1. The department shall license as a medical marijuana treatment center any entity that holds an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices, under former s. 381.986, Florida Statutes 2016, before July 1, 2017, and which meets the requirements of this section. In addition to the authority granted under this section, these entities are authorized to dispense low-THC cannabis, medical cannabis, and cannabis delivery devices ordered pursuant to former s. 381.986, Florida Statutes 2016, which were entered into the compassionate use registry before July 1, 2017. The department may grant variances from the representations made in such an entity's original application for approval under former s. 381.986, Florida Statutes 2014, pursuant to paragraph (e).
 - 2. The department shall also license as a medical marijuana treatment center any applicant that was denied a dispensing organization license by the department under former

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- s. 381.986, Florida Statutes 2014, if the applicant is awarded a license pursuant to an administrative or legal challenge filed prior to January 1, 2017, and meets the requirements of this section.
- 3. As soon as practicable, but no later than July 1, 2018, the department shall license as medical marijuana treatment centers ten applicants that meet the requirements of this section, except as provided in sub-subparagraph b., including:
- a. One applicant per region which was a qualified dispensing organization applicant under former s. 381.986,

 Florida Statutes 2014; was the next-highest scoring applicant after the applicant or applicants that were awarded a license for that region; was not a litigant in an administrative challenge on or after March 31, 2017; and is not licensed in another region.
- b. One applicant that is a recognized class member of Pigford v. Glickman, 185 F.R.D. 82 (D.D.C. 1999), or In Re Black Farmers Litig., 856 F. Supp. 2d 1 (D.D.C. 2011); is a member of the Black Farmers and Agriculturalists Association-Florida Chapter; and meets the requirements of subparagraphs (b) 3.-9.
- 4. Within 6 months after the registration of 100,000 active qualified patients in the medical marijuana use registry, the department shall license four additional medical marijuana treatment centers that meet the requirements of this section.

 Thereafter, the department shall license four medical marijuana

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demonstrate:

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701 treatment centers within 6 months after the registration of each 702 additional 100,000 active qualified patients in the medical 703 marijuana use registry that meet the requirements of this 704 section. 705 (b) An applicant for licensure as a medical marijuana 706 treatment center shall apply to the department on a form 707 prescribed by the department and adopted in rule. The department 708 shall adopt rules pursuant to ss. 120.536(1) and 120.54 709 establishing a procedure for the issuance and biennial renewal of licenses, including initial application and biennial renewal 710 711 fees sufficient to cover the costs of administering this 712 licensure program. Subject to the requirements in subparagraphs 713 (a) 2.-4., the department shall issue a license to an applicant 714 if the applicant meets the requirements of this section and pays 715 the initial application fee. The department shall renew the 716 licensure of a medical marijuana treatment center biennially if 717 the licensee meets the requirements of this section and pays the 718 biennial renewal fee. An individual may not be an applicant, 719 owner, officer, board member, or manager on more than one 720 application for licensure as a medical marijuana treatment 721 center. An individual or entity may not be awarded more than one 722 license as a medical marijuana treatment center. An applicant 723 for licensure as a medical marijuana treatment center must

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That, for the 5 consecutive years before submitting the



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- application, the applicant has been registered to do business in in the state.
 - 2. Possession of a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131.
 - 3. The technical and technological ability to cultivate and produce marijuana, including, but not limited to, low-THC cannabis.
 - 4. The ability to secure the premises, resources, and personnel necessary to operate as a medical marijuana treatment center.
 - 5. The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.
 - 6. An infrastructure reasonably located to dispense marijuana to registered qualified patients statewide or regionally as determined by the department.
 - 7. The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financial statements to the department. Upon approval, the applicant must post a \$5 million performance bond. However, a medical marijuana treatment center serving at least 1,000 qualified patients is only required to maintain a \$2 million performance bond.

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- 8. That all owners, officers, board members, and managers have passed a background screening pursuant to subsection (9).
- 9. The employment of a medical director to supervise the activities of the medical marijuana treatment center.
- (c) A medical marijuana treatment center may not make a wholesale purchase of marijuana from, or a distribution of marijuana to, another medical marijuana treatment center, unless the medical marijuana treatment center seeking to make a wholesale purchase of marijuana submits proof of harvest failure to the department.
- The department shall establish, maintain, and control (d) a computer software tracking system that traces marijuana from seed to sale and allows real-time, 24-hour access by the department to data from all medical marijuana treatment centers and marijuana testing laboratories. The tracking system must allow for integration of other seed-to-sale systems and, at a minimum, include notification of when marijuana seeds are planted, when marijuana plants are harvested and destroyed, and when marijuana is transported, sold, stolen, diverted, or lost. Each medical marijuana treatment center shall use the seed-tosale tracking system established by the department or integrate its own seed-to-sale tracking system with the seed-to-sale tracking system established by the department. Each medical marijuana treatment center may use its own seed-to-sale system until the department establishes a seed-to-sale tracking system.

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The department may contract with a vendor to establish the seed-to-sale tracking system. The vendor selected by the department may not have a contractual relationship with the department to perform any services pursuant to this section other than the seed-to-sale tracking system. The vendor may not have a direct or indirect financial interest in a medical marijuana treatment center or a marijuana testing laboratory.

(e) A licensed medical marijuana treatment center shall cultivate, process, transport, and dispense marijuana for medical use. A licensed medical marijuana treatment center may not contract for services directly related to the cultivation, processing, and dispensing of marijuana or marijuana delivery devices. A licensed medical marijuana treatment center must, at all times, maintain compliance with the criteria demonstrated and representations made in the initial application and the criteria established in this subsection. Upon request, the department may grant a medical marijuana treatment center a variance from the representations made in the initial application. Consideration of such a request shall be based upon the individual facts and circumstances surrounding the request. A variance may not be granted unless the requesting medical marijuana treatment center can demonstrate to the department that it has a proposed alternative to the specific representation made in its application which fulfills the same or a similar purpose as the specific representation in a way

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- that the department can reasonably determine will not be a lower standard than the specific representation in the application. A variance may not be granted from the requirements in subparagraph 2. and subparagraphs (b) 1. and 2.
- 1. A licensed medical marijuana treatment center may transfer ownership to an individual or entity who meets the requirements of this section. To accommodate a change in ownership:
- a. The licensed medical marijuana treatment center shall notify the department in writing at least 60 days before the anticipated date of the change of ownership.
- b. The individual or entity applying for initial licensure due to a change of ownership must submit an application that must be received by the department at least 60 days prior to the date of change of ownership.
- c. Upon receipt of an application for a license, the department shall examine the application and, within 30 days after receipt, notify the applicant in writing of any apparent errors or omissions and request any additional information required.
- d. Requested information omitted from an application for licensure must be filed with the department within 21 days after the department's request for omitted information or the application shall be deemed incomplete and shall be withdrawn from further consideration and the fees shall be forfeited.

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center.

- Within 30 days after the receipt of a complete application, the department shall approve or deny the application.
- 2. A medical marijuana treatment center, and any individual or entity who directly or indirectly owns, controls, or holds with power to vote 25 percent or more of the voting shares of a medical marijuana treatment center, may not acquire direct or indirect ownership or control of any voting shares or other form of ownership of any other medical marijuana treatment
 - 3. All employees of a medical marijuana treatment center must be 21 years of age or older and have passed a background screening pursuant to subsection (9).
 - 4. Each medical marijuana treatment center must adopt and enforce policies and procedures to ensure employees and volunteers receive training on the legal requirements to dispense marijuana to qualified patients.
 - 5. When growing marijuana, a medical marijuana treatment center:
 - a. May use pesticides determined by the department, after consultation with the Department of Agriculture and Consumer Services, to be safely applied to plants intended for human consumption, but may not use pesticides designated as restricted-use pesticides pursuant to s. 487.042.
 - $\underline{\text{b.}}$ Must grow marijuana within an enclosed structure and in

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- a room separate from any other plant.
 - c. Must inspect seeds and growing plants for plant pests that endanger or threaten the horticultural and agricultural interests of the state in accordance with chapter 581 and any rules adopted thereunder.
 - d. Must perform fumigation or treatment of plants, or remove and destroy infested or infected plants, in accordance with chapter 581 and any rules adopted thereunder.
 - 6. Each medical marijuana treatment center must produce and make available for purchase at least one low-THC cannabis product.
 - 7. A medical marijuana treatment center that produces edibles must hold a permit to operate as a food establishment pursuant to chapter 500, the Florida Food Safety Act, and must comply with all the requirements for food establishments pursuant to chapter 500 and any rules adopted thereunder.

 Edibles may not contain more than 200 milligrams of tetrahydrocannabinol and a single serving portion of an edible may not exceed 10 milligrams of tetrahydrocannabinol. Edibles may have a potency variance of no greater than 15 percent.

 Edibles may not be attractive to children; be manufactured in the shape of humans, cartoons, or animals; be manufactured in a form that bears any reasonable resemblance to products available for consumption as commercially available candy; or contain any color additives. To discourage consumption of edibles by

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- children, the department shall determine by rule any shapes, forms, and ingredients allowed and prohibited for edibles.

 Medical marijuana treatment centers may not begin processing or dispensing edibles until after the effective date of the rule.

 The department shall also adopt sanitation rules providing the standards and requirements for the storage, display, or dispensing of edibles.
- 8. When processing marijuana, a medical marijuana treatment center must:
- a. Process the marijuana within an enclosed structure and in a room separate from other plants or products.
- b. Not use a hydrocarbon based solvent, such as butane, hexane, or propane, to extract or separate resin from marijuana.
- c. Test the processed marijuana using a medical marijuana testing laboratory before it is dispensed. Results must be verified and signed by two medical marijuana treatment center employees. Before dispensing, the medical marijuana treatment center must determine that the test results indicate that low-THC cannabis meets the definition of low-THC cannabis, the concentration of tetrahydrocannabinol meets the potency requirements of this section, the labeling of the concentration of tetrahydrocannabinol and cannabidiol is accurate, and all marijuana is safe for human consumption and free from contaminants that are unsafe for human consumption. The department shall determine by rule which contaminants must be

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tested for and the maximum levels of each contaminant which are safe for human consumption. The Department of Agriculture and Consumer Services shall assist the department in developing the testing requirements for contaminants that are unsafe for human consumption in edibles. The department shall also determine by rule the procedures for the treatment of marijuana that fails to meet the testing requirements of this section, s. 381.988, or department rule. The department may select a random sample from edibles available for purchase in a dispensing facility that shall be tested by the department to determine that the edible meets the potency requirements of this section, is safe for human consumption, and the labeling of the tetrahydrocannabinol and cannabidiol concentration is accurate. A medical marijuana treatment center may not require payment from the department for the sample. A medical marijuana treatment center must recall edibles, including all edibles made from the same batch of marijuana, which fail to meet the potency requirements of this section, which are unsafe for human consumption, or for which the labeling of the tetrahydrocannabinol and cannabidiol concentration is inaccurate. The medical marijuana treatment center must retain records of all testing and samples of each homogenous batch of marijuana for at least 9 months. The medical marijuana treatment center must contract with a marijuana testing laboratory to perform audits on the medical marijuana treatment center's standard operating procedures, testing

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(V)

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records, and samples and provide the results to the department
to confirm that the marijuana or low-THC cannabis-meets the
requirements of this section and that the marijuana or low-THC
cannabis is safe for human consumption. A medical marijuana
treatment center shall reserve two processed samples from each
batch and retain such samples for at least 9 months for the
purpose such audits. A medical marijuana treatment center may
use a laboratory that has not been certified by the department
under s. 381.988 until such time as at least one laboratory
holds the required certification, but in no event later than
July 1, 2018.
d. Package the marijuana in compliance with the United
States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
1471 et seq.
e. Package the marijuana in a receptacle that has a firmly
affixed and legible label stating the following information:
(I) The marijuana or low-THC cannabis meets the
requirements of sub-subparagraph c.
(II) The name of the medical marijuana treatment center
from which the marijuana originates.
(III) The batch number and harvest number from which the
marijuana originates and the date dispensed.
(IV) The name of the physician who issued the physician
certification.

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The name of the patient.



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951	(VI) The product name, if applicable, and dosage form,
952	including concentration of tetrahydrocannabinol and cannabidiol.
953	The product name may not contain wording commonly associated
954	with products marketed by or to children.
955	(VII) The recommended dose.
956	(VIII) A warning that it is illegal to transfer medical
957	marijuana to another person.
958	(IX) A marijuana universal symbol developed by the
959	department.
960	9. The medical marijuana treatment center shall include in
961	each package a patient package insert with information on the
962	specific product dispensed related to:
963	a. Clinical pharmacology.
964	b. Indications and use.
965	c. Dosage and administration.
966	d. Dosage forms and strengths.
967	e. Contraindications.
968	f. Warnings and precautions.
969	g. Adverse reactions.
970	10. Each edible shall be individually sealed in plain,
971	opaque wrapping marked only with the marijuana universal symbol.
972	Where practical, each edible shall be marked with the marijuana
973	universal symbol. In addition to the packaging and labeling
974	requirements in subparagraphs 8. and 9., edible receptacles must
975	be plain, opaque, and white without depictions of the product or

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images other than the medical marijuana treatment center's
department-approved logo and the marijuana universal symbol. The
receptacle must also include a list all of the edible's
ingredients, storage instructions, an expiration date, a legible
and prominent warning to keep away from children and pets, and a
warning that the edible has not been produced or inspected
pursuant to federal food safety laws.

- 11. When dispensing marijuana or a marijuana delivery device, a medical marijuana treatment center:
- a. May dispense any active, valid order for low-THC cannabis, medical cannabis and cannabis delivery devices issued pursuant to former s. 381.986, Florida Statutes 2016, which was been entered into the medical marijuana use registry before July 1, 2017.
- b. May not dispense more than a 70-day supply of marijuana to a qualified patient or caregiver.
- c. Must have the medical marijuana treatment center's employee who dispenses the marijuana or a marijuana delivery device enter into the medical marijuana use registry his or her name or unique employee identifier.
- d. Must verify that the qualified patient and the caregiver, if applicable, each has an active registration in the medical marijuana use registry and an active and valid medical marijuana use registry identification card, the amount and type of marijuana dispensed matches the physician's certification in

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- the medical marijuana use registry for that qualified patient,

 and the physician certification has not already been filled.

 e. May not dispense marijuana to a qualified patient who

 is younger than 18 years of age. If the qualified patient is
 - is younger than 18 years of age. If the qualified patient is younger than 18 years of age, marijuana may only be dispensed to the qualified patient's caregiver.
 - f. May not dispense or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes, bongs, or wrapping papers, other than a marijuana delivery device required for the medical use of marijuana and which is specified in a physician certification.
 - g. Must, upon dispensing the marijuana or marijuana delivery device, record in the registry the date, time, quantity, and form of marijuana dispensed; the type of marijuana delivery device dispensed; and the name and medical marijuana use registry identification number of the qualified patient or caregiver to whom the marijuana delivery device was dispensed.
 - h. Must ensure that patient records are not visible to anyone other than the qualified patient, his or her caregiver, and authorized medical marijuana treatment center employees.
 - (f) To ensure the safety and security of premises where the cultivation, processing, storing, or dispensing of marijuana occurs, and to maintain adequate controls against the diversion, theft, and loss of marijuana or marijuana delivery devices, a medical marijuana treatment center shall:

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1026	1.a. Maintain a fully operational security alarm system
1027	that secures all entry points and perimeter windows and is
1028	equipped with motion detectors; pressure switches; and duress,
1029	panic, and hold-up alarms; and
1030	b. Maintain a video surveillance system that records
1031	continuously 24 hours a day and meets the following criteria:
1032	(I) Cameras are fixed in a place that allows for the clear
1033	identification of persons and activities in controlled areas of
1034	the premises. Controlled areas include grow rooms, processing
1035	rooms, storage rooms, disposal rooms or areas, and point-of-sale
1036	rooms.
1037	(II) Cameras are fixed in entrances and exits to the
1038	premises, which shall record from both indoor and outdoor, or
1039	ingress and egress, vantage points.
1040	(III) Recorded images must clearly and accurately display
1041	the time and date.
1042	(IV) Retain video surveillance recordings for at least 45
1043	days or longer upon the request of a law enforcement agency.
1044	2. Ensure that the medical marijuana treatment center's
1045	outdoor premises have sufficient lighting from dusk until dawn.
1046	3. Ensure that the indoor premises where dispensing occurs
1047	includes a waiting area with sufficient space and seating to
1048	accommodate qualified patients and caregivers and at least one
1049	private consultation area that is isolated from the waiting area
1050	and area where dispensing occurs. A medical marijuana treatment

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- center may not display products or dispense marijuana or marijuana delivery devices in the waiting area.
 - 4. Not dispense from its premises marijuana or a marijuana delivery device between the hours of 9 p.m. and 7 a.m., but may perform all other operations and deliver marijuana to qualified patients 24 hours a day.
 - 5. Store marijuana in a secured, locked room or a vault.
 - 6. Require at least two of its employees, or two employees of a security agency with whom it contracts, to be on the premises at all times where cultivation, processing, or storing of marijuana occurs.
 - 7. Require each employee or contractor to wear a photo identification badge at all times while on the premises.
 - 8. Require each visitor to wear a visitor pass at all times while on the premises.
 - 9. Implement an alcohol and drug-free workplace policy.
 - 10. Report to local law enforcement within 24 hours after the medical marijuana treatment center is notified or becomes aware of the theft, diversion, or loss of marijuana.
 - (g) To ensure the safe transport of marijuana and marijuana delivery devices to medical marijuana treatment centers, marijuana testing laboratories, or qualified patients, a medical marijuana treatment center must:
 - 1. Maintain a marijuana transportation manifest in any vehicle transporting marijuana. The marijuana transportation

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1076	manifest must be generated from a medical marijuana treatment
1077	center's seed-to-sale tracking system and include the:
1078	a. Departure date and approximate time of departure.
1079	b. Name, location address, and license number of the
1080	originating medical marijuana treatment center.
1081	c. Name and address of the recipient of the delivery.
1082	d. Quantity and form of any marijuana or marijuana
1083	delivery device being transported.
1084	e. Arrival date and estimated time of arrival.
1085	f. Delivery vehicle make and model and license plate
1086	number.
1087	g. Name and signature of the medical marijuana treatment
1088	center employees delivering the product.
1089	(I) A copy of the marijuana transportation manifest must
1090	be provided to each individual, medical marijuana treatment
1091	center, or marijuana testing laboratory that receives a
1092	delivery. The individual, or a representative of the center or
1093	laboratory, must sign a copy of the marijuana transportation
1094	manifest acknowledging receipt.
1095	(II) An individual transporting marijuana or a marijuana
1096	delivery device must present a copy of the relevant marijuana
1097	transportation manifest and his or her employee identification
1098	card to a law enforcement officer upon request.
1099	(III) Medical marijuana treatment centers and marijuana

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testing laboratories must retain copies of all marijuana

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1101	transportation	manifests	for	at	least	3	years.

- 2. Ensure only vehicles in good working order are used to transport marijuana.
- 3. Lock marijuana and marijuana delivery devices in a separate compartment or container within the vehicle.
- 4. Require employees to have possession of their employee identification card at all times when transporting marijuana or marijuana delivery devices.
- 5. Require at least two persons to be in a vehicle transporting marijuana or marijuana delivery devices, and require at least one person to remain in the vehicle while the marijuana or marijuana delivery device is being delivered.
- 6. Provide specific safety and security training to employees transporting or delivering marijuana and marijuana delivery devices.
- (h) A medical marijuana treatment center may not engage in advertising that is visible to members of the public from any street, sidewalk, park, or other public place, except:
- 1. The dispensing location of a medical marijuana treatment center may have a sign that is affixed to the outside or hanging in the window of the premises which identifies the dispensary by the licensee's business name, a department-approved trade name, or a department-approved logo. A medical marijuana treatment center's trade name and logo may not contain wording or images commonly associated with marketing targeted

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1126	toward children or which promote recreational use of marijuana.
1127	2. A medical marijuana treatment center may engage in
1128	Internet advertising and marketing under the following
1129	conditions:
1130	a. All advertisements must be approved by the department.
1131	b. An advertisement may not have any content that
1132	specifically targets individuals under the age of 18, including
1133	cartoon characters or similar images.
1134	c. An advertisement may not be an unsolicited pop-up
1135	advertisement.
1136	d. Opt-in marketing must include an easy and permanent
1137	opt-out feature.
1138	(i) Each medical marijuana treatment center that dispenses
1139	marijuana and marijuana delivery devices shall make available to
1140	the public on its website:
1141	1. Each marijuana and low-THC product available for
1142	purchase, including the form, strain of marijuana from which it
1143	was extracted, cannabidiol content, tetrahydrocannabinol
1144	content, dose unit, total number of doses available, and the
1145	ratio of cannabidiol to tetrahydrocannabinol for each product.
1146	2. The price for a 30-day, 50-day, and 70-day supply at a
1147	standard dose for each marijuana and low-THC product available
1148	for purchase.
1149	3. The price for each marijuana delivery device available

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for purchase.



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1151 4. If applicable, any discount policies and eligibility 1152 criteria for such discounts. 1153 (j) Medical marijuana treatment centers are the sole 1154 source from which a qualified patient may legally obtain 1155 marijuana. 1156 (k) The department may adopt rules pursuant to ss. 1157 120.536(1) and 120.54 to implement this subsection. 1158 (9) BACKGROUND SCREENING.-An individual required to 1159 undergo a background screening pursuant to this section must 1160 pass a level 2 background screening as provided under chapter 435, which, in addition to the disqualifying offenses provided 1161 1162 in s. 435.04, shall exclude an individual who has an arrest awaiting final disposition for, has been found guilty of, 1163 1164 regardless of adjudication, or has entered a plea of nolo 1165 contendere or guilty to an offense under chapter 837, chapter 1166 895, or chapter 896 or similar law of another jurisdiction. 1167 (a) Such individual must submit a full set of fingerprints 1168 to the department or to a vendor, entity, or agency authorized 1169 by s. 943.053(13). The department, vendor, entity, or agency 1170 shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law 1171 1172 Enforcement shall forward the fingerprints to the Federal Bureau 1173 of Investigation for national processing. Fees for state and federal fingerprint processing and 1174

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retention shall be borne by the individual. The state cost for

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1176 fingerprint processing shall be as provided in s. 943.053(3)(e) 1177 for records provided to persons or entities other than those 1178 specified as exceptions therein. 1179 Fingerprints submitted to the Department of Law (C) 1180 Enforcement pursuant to this subsection shall be retained by the 1181 Department of Law Enforcement as provided in s. 943.05(2)(g) and 1182 (h) and, when the Department of Law Enforcement begins 1183 participation in the program, enrolled in the Federal Bureau of 1184 Investigation's national retained print arrest notification 1185 program. Any arrest record identified shall be reported to the 1186 department. 1187 (10) MEDICAL MARIJUANA TREATMENT CENTER INSPECTIONS; 1188 ADMINISTRATIVE ACTIONS.-1189 The department shall conduct announced or unannounced 1190 inspections of medical marijuana treatment centers to determine 1191 compliance with this section or rules adopted pursuant to this 1192 section. 1193 The department shall inspect a medical marijuana (b) 1194 treatment center upon receiving a complaint or notice that the

medical marijuana treatment center has dispensed marijuana

or has caused an adverse effect to human health or the

inspection of each medical marijuana treatment center to

containing mold, bacteria, or other contaminant that may cause

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The department shall conduct at least a biennial



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- evaluate the medical marijuana treatment center's records,

 personnel, equipment, processes, security measures, sanitation

 practices, and quality assurance practices.
 - and the department shall enter into an interagency agreement to ensure cooperation and coordination in the performance of their obligations under this section and their respective regulatory and authorizing laws. The department, the Department of Highway Safety and Motor Vehicles, and the Department of Law Enforcement may enter into interagency agreements for the purposes specified in this subsection or subsection (7).
 - (e) The department shall publish a list of all approved medical marijuana treatment centers, medical directors, and qualified physicians on its website.
 - (f) The department may impose reasonable fines not to exceed \$10,000 on a medical marijuana treatment center for any of the following violations:
 - 1. Violating this section or department rule.
 - 2. Failing to maintain qualifications for approval.
 - 3. Endangering the health, safety, or security of a qualified patient.
 - 4. Improperly disclosing personal and confidential information of the qualified patient.
 - 5. Attempting to procure medical marijuana treatment center approval by bribery, fraudulent misrepresentation, or

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1226	extortion.

- 6. Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the business of a medical marijuana treatment center.
- 7. Making or filing a report or record that the medical marijuana treatment center knows to be false.
- 8. Willfully failing to maintain a record required by this section or department rule.
- 9. Willfully impeding or obstructing an employee or agent of the department in the furtherance of his or her official duties.
- 10. Engaging in fraud or deceit, negligence, incompetence, or misconduct in the business practices of a medical marijuana treatment center.
- 11. Making misleading, deceptive, or fraudulent representations in or related to the business practices of a medical marijuana treatment center.
- 12. Having a license or the authority to engage in any regulated profession, occupation, or business that is related to the business practices of a medical marijuana treatment center suspended, revoked, or otherwise acted against by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.

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1251 13. Violating a lawful order of the department or an 1252 agency of the state, or failing to comply with a lawfully issued 1253 subpoena of the department or an agency of the state. 1254 The department may suspend, revoke, or refuse to renew (g) 1255 a medical marijuana treatment center license if the medical 1256 marijuana treatment center commits any of the violations in 1257 paragraph (f). (h) 1258 The department may adopt rules pursuant to ss. 1259 120.536(1) and 120.54 to implement this subsection. 1260 (11) PREEMPTION.—Regulation of cultivation, processing, 1261 and delivery of marijuana by medical marijuana treatment centers 1262 is preempted to the state except as provided in this subsection. 1263 (a) A medical marijuana treatment center cultivating or 1264 processing facility may not be located within 500 feet of the 1265 real property that comprises a public or private elementary 1266 school, middle school, or secondary school. 1267 (b) A municipality may determine by ordinance the criteria for the number and location of, and other permitting 1268 requirements that do not conflict with state law or department 1269 1270 rule for, medical marijuana treatment center dispensing facilities located within the boundaries of the municipality. A 1271 1272 county may determine by ordinance the criteria for the number 1273 and location of, and other permitting requirements that do not conflict with state law or department rule for, all such 1274

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dispensing facilities located within the unincorporated areas of

CODING: Words stricken are deletions; words underlined are additions.

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that county. However, a medical marijuana treatment center dispensing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school unless the county or municipality approves the location through a formal proceeding open to the public at which the county or municipality determines that the location promotes the public health, safety, and general welfare of the community. A dispensing facility location approved by a municipality or county pursuant to former s. 381.986(8)(b), Florida Statutes 2016, is not subject to the location requirements of this subsection. (c) Except as provided in paragraph (b), a county or municipality may not enact ordinances for permitting or for determining the location of dispensing facilities which are more restrictive than that its ordinances permitting or determining the locations for pharmacies licensed under chapter 465. A municipality or county may not charge a medical marijuana treatment center a license or permit fee in an amount greater than the fee charged by such municipality or county to pharmacies. (d) This subsection does not prohibit any local

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jurisdiction from ensuring medical marijuana treatment center

facilities comply with the Florida Building Code, the Florida

Fire Prevention Code, or any local amendments to the Florida

Building Code or the Florida Fire Prevention Code.



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1301	(12) PENALTIES.—
1302	(a) A qualified physician commits a misdemeanor of the
1303	first degree, punishable as provided in s. 775.082 or s.
1304	775.083, if the qualified physician issues a physician
1305	certification for the medical use of marijuana for a patient
1306	without a reasonable belief that the patient is suffering from a
1307	qualifying medical condition.
1308	(b) A person who fraudulently represents that he or she
1309	has a qualifying medical condition to a qualified physician for
1310	the purpose of being issued a physician certification commits a
1311	misdemeanor of the first degree, punishable as provided in s.
1312	775.082 or s. 775.083.
1313	(c) A qualified patient who uses marijuana, not including
1314	low-THC cannabis, or a caregiver who administers marijuana, not
1315	including low-THC cannabis, in plain view of or in a place open
1316	to the general public; in a school bus, a vehicle, an aircraft,
1317	or a boat; or on the grounds of a school except as provided in
1318	s. 1006.062, commits a misdemeanor of the first degree,
1319	punishable as provided in s. 775.082 or s. 775.083.
1320	(d) A qualified patient or caregiver who cultivates
1321	marijuana or who purchases or acquires marijuana from any person
1322	or entity other than a medical marijuana treatment center
1323	violates s. 893.13 and is subject to the penalties provided
1324	therein.
1325	(e)1. A qualified patient or caregiver in possession of

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marijuana or a marijuana delivery device who fails or refuses to
present his or her marijuana use registry identification card
upon the request of a law enforcement officer commits a
misdemeanor of the second degree, punishable as provided in s.
775.082 or s. 775.083, unless it can be determined through the
medical marijuana use registry that the person is authorized to
be in possession of that marijuana or marijuana delivery device.
2. A person charged with a violation of this paragraph may
not be convicted if, before or at the time of his or her court
or hearing appearance, the person produces in court or to the
clerk of the court in which the charge is pending a medical
marijuana use registry identification card issued to him or her
which is valid at the time of his or her arrest. The clerk of
the court is authorized to dismiss such case at any time before
the defendant's appearance in court. The clerk of the court may
assess a fee of \$5 for dismissing the case under this paragraph.
(f) A caregiver who violates any of the applicable
provisions of this section or applicable department rules, for
the first offense, commits a misdemeanor of the second degree,
punishable as provided in s. 775.082 or s. 775.083 and, for a
second or subsequent offense, commits a misdemeanor of the first
degree, punishable as provided in s. 775.082 or s. 775.083.
(g) A qualified physician who issues a physician
certification for marijuana or a marijuana delivery device and
receives compensation from a medical marijuana treatment center

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- related to the issuance of a physician certification for
 marijuana or a marijuana delivery device is subject to
 disciplinary action under the applicable practice act and s.
 456.072(1)(n).
 - (h) A person transporting marijuana or marijuana delivery devices on behalf of a medical marijuana treatment center or marijuana testing laboratory who fails or refuses to present a transportation manifest upon the request of a law enforcement officer commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
 - (i) Persons and entities conducting activities authorized and governed by this section and s. 381.988 are subject to the provisions of ss. 456.053, 456.054, and 817.505, as applicable.
 - (j) A person or entity that cultivates, processes, distributes, sells, or dispenses marijuana, as defined in s. 29(b)(4), Art. X of the State Constitution, and is not licensed as a medical marijuana treatment center violates s. 893.13 and is subject to the penalties provided therein.
 - (13) UNLICENSED ACTIVITY.-
 - (a) If the department has probable cause to believe that a person or entity that is not registered or licensed with the department has violated this section, s. 381.988, or any rule adopted pursuant to this section, the department may issue and deliver to such person or entity a notice to cease and desist from such violation. The department also may issue and deliver a

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notice to cease and desist to any person or entity who aids and abets such unlicensed activity. The issuance of a notice to cease and desist does not constitute agency action for which a hearing under s. 120.569 or s. 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person or entity who violates any provisions of such order. In addition to the remedies under paragraph (a), the department may impose by citation an administrative penalty not to exceed \$5,000 per incident. The citation shall be issued to the subject and shall contain the subject's name and any other information the department determines to be necessary to identify the subject, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. If the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation shall become a final order of the department. The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section. Each day that the unlicensed activity continues after issuance of a notice to cease and desist constitutes a separate violation. The department shall be entitled to recover the costs of investigation and prosecution in addition to the fine levied pursuant to the citation. Service

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of a citation may be made by personal service or by mail to the



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- subject at the subject's last known address or place of
 practice. If the department is required to seek enforcement of
 the cease and desist or agency order, it shall be entitled to
 collect attorney fees and costs.

 (c) In addition to or in lieu of any other administrative
- remedy, the department may seek the imposition of a civil penalty through the circuit court for any violation for which the department may issue a notice to cease and desist. The civil penalty shall be no less than \$5,000 and no more than \$10,000 for each offense. The court may also award to the prevailing party court costs and reasonable attorney fees and, in the event the department prevails, may also award reasonable costs of investigation and prosecution.
- (d) In addition to the other remedies provided in this section, the department or any state attorney may bring an action for an injunction to restrain any unlicensed activity or to enjoin the future operation or maintenance of the unlicensed activity or the performance of any service in violation of this section.
- (e) The department must notify local law enforcement of such unlicensed activity for a determination of any criminal violation of chapter 893.
 - (14) EXCEPTIONS TO OTHER LAWS.-
- (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of

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1426 this section, a qualified patient and the qualified patient's 1427 caregiver may purchase from a medical marijuana treatment center 1428 for the patient's medical use a marijuana delivery device and up 1429 to the amount of marijuana authorized in the physician 1430 certification, but may not possess more than a 70-day supply of marijuana at any given time and all marijuana purchased must 1431 1432 remain in its original packaging. 1433 (b) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or 1434 any other provision of law, but subject to the requirements of this section, an approved medical marijuana treatment center and 1435 its owners, managers, and employees may manufacture, possess, 1436 1437 sell, deliver, distribute, dispense, and lawfully dispose of 1438 marijuana or a marijuana delivery device as provided in this 1439 section, s. 381.988, and by department rule. For purposes of this subsection, the terms "manufacture," "possession," 1440 "deliver," "distribute," and "dispense" have the same meanings 1441 1442 as provided in s. 893.02. 1443 (c) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or 1444 any other provision of law, but subject to the requirements of 1445 this section, a certified marijuana testing laboratory, 1446 including an employee of a certified marijuana testing 1447 laboratory acting within the scope of his or her employment, may 1448 acquire, possess, test, transport, and lawfully dispose of marijuana as provided in this section, in s. 381.988, and by 1449 1450 department rule.

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

 (e) This subsection does not exempt a person from prosecution for a criminal offense related to impairment or
- (e) This subsection does not exempt a person from prosecution for a criminal offense related to impairment or intoxication resulting from the medical use of marijuana or relieve a person from any requirement under law to submit to a breath, blood, urine, or other test to detect the presence of a controlled substance.
- (f) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section and pursuant to policies and procedures established pursuant to s. 1006.62(8), school personnel may possess marijuana that is obtained for medical use pursuant to this section by a student who is a qualified patient.
- (g) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a research institute established by a public postsecondary educational institution, such as the H. Lee Moffitt Cancer Center and Research Institute established under s. 1004.43, or a state university that has achieved the preeminent state research university designation under s.

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1476	1001.7065 may possess, test, transport, and lawfully dispose of
1477	marijuana for research purposes as provided by this section.
1478	(15) APPLICABILITY.—This section does not limit the
1479	ability of an employer to establish, continue, or enforce a
1480	drug-free workplace program or policy. This section does not
1481	require an employer to accommodate the medical use of marijuana
1482	in any workplace or any employee working while under the
1483	influence of marijuana. This section does not create a cause of
1484	action against an employer for wrongful discharge or
1485	discrimination.
1486	Section 3. Paragraph (uu) is added to subsection (1) of
1487	section 458.331, Florida Statutes, to read:
1488	458.331 Grounds for disciplinary action; action by the
1489	board and department
1490	(1) The following acts constitute grounds for denial of a
1491	license or disciplinary action, as specified in s. 456.072(2):
1492	(uu) Issuing a physician certification, as defined in s.
1493	381.986, in a manner out of compliance with the requirements of
1494	that section and rules adopted thereunder.
1495	Section 4. Paragraph (ww) is added to subsection (1) of
1496	section 459.015, Florida Statutes, to read:
1497	459.015 Grounds for disciplinary action; action by the
1498	board and department
1499	(1) The following acts constitute grounds for denial of a
1500	license or disciplinary action as specified in s. 456 072(2).

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1501	(ww) Issuing a physician certification, as defined in s.
1502	381.986, in a manner not in compliance with the requirements of
1503	that section and rules adopted thereunder.
1504	Section 5. Section 381.988, Florida Statutes, is created
1505	to read:
1506	381.988 Medical marijuana testing laboratories; marijuana
1507	tests conducted by a certified laboratory
1508	(1) A person or entity seeking to be a certified marijuana
1509	testing laboratory must:
1510	(a) Not be owned or controlled by a medical marijuana
1511	treatment center.
1512	(b) Submit a completed application accompanied by an
1513	application fee, as established by department rule.
1514	(c) Submit proof of an accreditation or a certification
1515	approved by the department issued by an accreditation or a
1516	certification organization approved by the department. The
1517	department shall adopt by rule a list of approved laboratory
1518	accreditations or certifications and accreditation or
1519	certification organizations.
1520	(d) Require all owners and managers to submit to and pass
1521	a level 2 background screening pursuant to s. 435.04 and shall
1522	deny certification if the person or entity has been found guilty
1523	of, or has entered a plea of guilty or nolo contendere to,
1524	regardless of adjudication, any offense listed in chapter 837,
1525	about or 905 or about or 906 or similar law of another

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- 1. Such owners and managers must submit a full set of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing.
- 2. Fees for state and federal fingerprint processing and retention shall be borne by such owners or managers. The state cost for fingerprint processing shall be as provided in s.

 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein.
- 3. Fingerprints submitted to the Department of Law Enforcement pursuant to this paragraph shall be retained by the Department of Law Enforcement as provided in s. 943.05(2)(g) and (h) and, when the Department of Law Enforcement begins participation in the program, enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. Any arrest record identified shall be reported to the department.
- (e) Demonstrate to the department the capability of meeting the standards for certification required by this subsection, and the testing requirements of s. 381.986 and this section and rules adopted thereunder.

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L551	(2) The department shall adopt rules pursuant to ss.
L552	120.536(1) and 120.54 establishing a procedure for initial
L553	certification and biennial renewal, including initial
L554	application and biennial renewal fees sufficient to cover the
L555	costs of administering this certification program. The
L556	department shall renew the certification biennially if the
L557	laboratory meets the requirements of this section and pays the
L558	biennial renewal fee.
L559	(3) The department shall adopt rules pursuant to ss.
L560	120.536(1) and 120.54 establishing the standards for
L561	certification of marijuana testing laboratories under this
L562	section. The Department of Agriculture and Consumer Services and
L563	the Department of Environmental Protection shall assist the
L564	department in developing the rule, which must include, but is
L565	<pre>not limited to:</pre>
L566	(a) Security standards.
L567	(b) Minimum standards for personnel.
L568	(c) Sample collection method and process standards.
L569	(d) Proficiency testing for tetrahydrocannabinol potency,
L570	concentration of cannabidiol, and contaminants unsafe for human
L571	consumption, as determined by department rule.
L572	(e) Reporting content, format, and frequency.
L573	(f) Audits and onsite inspections.
L574	(g) Quality assurance.
L575	(h) Equipment and methodology.

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L576	(i) Chain of custody.
L577	(j) Any other standard the department deems necessary to
L578	ensure the health and safety of the public.
L579	(4) A marijuana testing laboratory may acquire marijuana
L580	only from a medical marijuana treatment center. A marijuana
L581	testing laboratory is prohibited from selling, distributing, or
L582	transferring marijuana received from a marijuana treatment
L583	center, except that a marijuana testing laboratory may transfer
L584	a sample to another marijuana testing laboratory in this state.
L585	(5) A marijuana testing laboratory must properly dispose
L586	of all samples it receives, unless transferred to another
L587	marijuana testing laboratory, after all necessary tests have
L588	been conducted and any required period of storage has elapsed,
L589	as established by department rule.
L590	(6) A marijuana testing laboratory shall use the computer
L591	software tracking system selected by the department under s.
L592	<u>381.986.</u>
L593	(7) The following acts constitute grounds for which
L594	disciplinary action specified in subsection (8) may be taken
L595	against a certified marijuana testing laboratory:
L596	(a) Permitting unauthorized persons to perform technical
L597	procedures or issue reports.
L598	(b) Demonstrating incompetence or making consistent errors
L599	in the performance of testing or erroneous reporting.
1600	(c) Performing a test and rendering a report thereon to a

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	person of energy not authorized by law to receive such services.
1602	(d) Failing to file any report required under this section
1603	or s. 381.986 or the rules adopted thereunder.
1604	(e) Reporting a test result if the test was not performed.
1605	(f) Failing to correct deficiencies within the time
1606	required by the department.
1607	(g) Violating or aiding and abetting in the violation of
1608	any provision of s. 381.986 or this section or any rules adopted
1609	thereunder.
1610	(8) The department may refuse to issue or renew, or may
1611	suspend or revoke, the certification of a marijuana testing
1612	laboratory that is found to be in violation of this section or
1613	any rules adopted hereunder. The department may impose fines for
1614	violations of this section or rules adopted thereunder, based on
1615	a schedule adopted in rule. In determining the administrative
1616	action to be imposed for a violation, the department must
1617	consider the following factors:
1618	(a) The severity of the violation, including the
1619	probability of death or serious harm to the health or safety of
1620	any person that may result or has resulted; the severity or
1621	potential harm; and the extent to which the provisions of s.
1622	381.986 or this section were violated.
1623	(b) The actions taken by the marijuana testing laboratory
1624	to correct the violation or to remedy the complaint.
1625	(c) Any previous violation by the marijuana testing

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1626	<pre>laboratory.</pre>
1627	(d) The financial benefit to the marijuana testing
1628	laboratory of committing or continuing the violation.
1629	(9) The department may adopt rules pursuant to ss.
1630	120.536(1) and 120.54 to implement this section.
1631	Section 6. Section 381.989, Florida Statutes, is created
1632	to read:
1633	381.989 Public education campaigns
1634	(1) DEFINITIONS.—As used in this section, the term:
1635	(a) "Cannabis" has the same meaning as in s. 893.02.
1636	(b) "Department" means the Department of Health.
1637	(c) "Marijuana" has the same meaning as in s. 381.986.
1638	(2) STATEWIDE CANNABIS AND MARIJUANA EDUCATION AND ILLICIT
1639	USE PREVENTION CAMPAIGN
1640	(a) The department shall implement a statewide cannabis
1641	and marijuana education and illicit use prevention campaign to
1642	publicize accurate information regarding:
1643	1. The legal requirements for licit use and possession of
1644	marijuana in this state.
1645	2. Safe use of marijuana, including preventing access by
1646	persons other than qualified patients as defined in s. 381.986,
1647	particularly children.
1648	3. The short-term and long-term health effects of cannabis
1649	and marijuana use, particularly on minors and young adults.
1650	A Other carrabic-related and marijuana-related education

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- determined by the department to be necessary to the public health and safety.
 - (b) The department shall provide educational materials regarding the eligibility for medical use of marijuana by individuals diagnosed with a terminal condition to individuals that provide palliative care or hospice services.
 - c) The department may use television messaging, radio broadcasts, print media, digital strategies, social media, and any other form of messaging deemed necessary and appropriate by the department to implement the campaign. The department may work with school districts, community organizations, and businesses and business organizations and other entities to provide training and programming.
 - (d) The department may contract with one or more vendors to implement the campaign.
 - (e) The department shall contract with an independent entity to conduct annual evaluations of the campaign. The evaluations shall assess the reach and impact of the campaign, success in educating the citizens of the state regarding the legal parameters for marijuana use, success in preventing illicit access by adults and youth, and success in preventing negative health impacts from the legalization of marijuana. The first year of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and

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marijuana, and any other data deemed necessary for long-term analysis. By January 31 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives the annual evaluation of the campaign.

- (3) STATEWIDE IMPAIRED DRIVING EDUCATION CAMPAIGN.-
- (a) The Department of Highway Safety and Motor Vehicles shall implement a statewide impaired driving education campaign to raise awareness and prevent marijuana-related and cannabis-related impaired driving and may contract with one or more vendors to implement the campaign. The Department of Highway Safety and Motor Vehicles may use television messaging, radio broadcasts, print media, digital strategies, social media, and any other form of messaging deemed necessary and appropriate by the department to implement the campaign.
- (b) At a minimum, the Department of Highway Safety and Motor Vehicles or a contracted vendor shall establish baseline data on the number of marijuana-related citations for driving under the influence, marijuana-related traffic arrests, marijuana-related traffic accidents, and marijuana-related traffic fatalities, and shall track these measures annually thereafter. The Department of Highway Safety and Motor Vehicles or a contracted vendor shall annually evaluate and compile a report on the efficacy of the campaign based on those measures and other measures established by the Department of Highway

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1701	Safety and Motor Vehicles. By January 31 of each year, the
1702	Department of Highway Safety and Motor Vehicles shall submit the
1703	report on the evaluation of the campaign to the Governor, the
1704	President of the Senate, and the Speaker of the House of
1705	Representatives.
1706	Section 7. Subsection (1) of section 385.211, Florida
1707	Statutes, is amended to read:
1708	385.211 Refractory and intractable epilepsy treatment and
1709	research at recognized medical centers
1710	(1) As used in this section, the term "low-THC cannabis"
1711	means "low-THC cannabis" as defined in s. 381.986 that is
1712	dispensed only from a dispensing organization as defined in
1713	former s. 381.986, Florida Statutes 2016, or a medical marijuana
1714	treatment center as defined in s. 381.986.
1715	Section 8. Paragraphs (b) through (e) of subsection (2) of
1716	section 499.0295, Florida Statutes, are redesignated as
1717	paragraphs (a) through (d), respectively, and present paragraphs
1718	(a) and (c) of that subsection, and subsection (3) of that
1719	section are amended to read:
1720	499.0295 Experimental treatments for terminal conditions
1721	(2) As used in this section, the term:
1722	(a) "Dispensing organization" means an organization
1723	approved by the Department of Health under s. 381.986(5) to
1724	cultivate, process, transport, and dispense low-THC cannabis,
1725	medical cannabis, and cannabis delivery devices.

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(b) (c) "Investigational drug, biological product, or

- 1731 Administration and remains under investigation in a clinical
- 1732 trial approved by the United States Food and Drug
- 1733 Administration; or
- 2. Medical cannabis that is manufactured and sold by a dispensing organization.
- 1736 (3) Upon the request of an eligible patient, a
 1737 manufacturer may, or upon a physician's order pursuant to s.
 1738 381.986, a dispensing organization may:
 - (a) Make its investigational drug, biological product, or device available under this section.
 - (b) Provide an investigational drug, biological product, or device, or cannabis delivery device as defined in s. 381.986 to an eligible patient without receiving compensation.
 - (c) Require an eligible patient to pay the costs of, or the costs associated with, the manufacture of the investigational drug, biological product, or device, or cannabis delivery device as defined in s. 381.986.
 - Section 9. Subsection (3) of section 893.02, Florida Statutes, is amended to read:
- 1750 893.02 Definitions.—The following words and phrases as

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used in this chapter shall have the following meanings, unless the context otherwise requires:

(3) "Cannabis" means all parts of any plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin. The term does not include "marijuana," "low-THC cannabis," as defined in s. 381.986, if manufactured, possessed, sold, purchased, delivered, distributed, or dispensed, in conformance with s. 381.986.

Section 10. Section 1004.4351, Florida Statutes, is created to read:

- 1004.4351 Medical marijuana research and education.-
- (1) SHORT TITLE.—This section shall be known and may be cited as the "Medical Marijuana Research and Education Act."
 - (2) LEGISLATIVE FINDINGS.—The Legislature finds that:
- (a) The present state of knowledge concerning the use of marijuana to alleviate pain and treat illnesses is limited because permission to perform clinical studies on marijuana is difficult to obtain, with access to research-grade marijuana so restricted that little or no unbiased studies have been performed.
- (b) Under the State Constitution, marijuana is available for the treatment of certain debilitating medical conditions.
 - (c) Additional clinical studies are needed to ensure that

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1776	the residents of this state obtain the correct dosing,
1777	formulation, route, modality, frequency, quantity, and quality
1778	of marijuana for specific illnesses.
1779	(d) An effective medical marijuana research and education
1780	program would mobilize the scientific, educational, and medical
1781	resources that presently exist in this state to determine the
1782	appropriate and best use of marijuana to treat illness.
1783	(3) DEFINITIONS.—As used in this section, the term:
1784	(a) "Board" means the Medical Marijuana Research and
1785	Education Board.
1786	(b) "Coalition" means the Coalition for Medical Marijuana
1787	Research and Education.
1788	(c) "Marijuana" has the same meaning as provided in s. 29,
1789	Art. X of the State Constitution.
1790	(4) COALITION FOR MEDICAL MARIJUANA RESEARCH AND
1791	EDUCATION. —
1792	(a) There is established within the H. Lee Moffitt Cancer
1793	Center and Research Institute, Inc., the Coalition for Medical
1794	Marijuana Research and Education. The purpose of the coalition
1795	is to conduct rigorous scientific research, provide education,
1796	disseminate research, and guide policy for the adoption of a
1797	statewide policy on ordering and dosing practices for the
1798	medical use of marijuana. The coalition shall be physically
1799	located at the H. Lee Moffitt Cancer Center and Research

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1800

Institute, Inc.



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1801	(b) The Medical Marijuana Research and Education Board is
1802	established to direct the operations of the coalition. The board
1803	shall be composed of seven members appointed by the chief
1804	executive officer of the H. Lee Moffitt Cancer Center and
1805	Research Institute, Inc. Board members must have experience in a
1806	variety of scientific and medical fields, including, but not
1807	limited to, oncology, neurology, psychology, pediatrics,
1808	nutrition, and addiction. Members shall be appointed to 4-year
1809	terms and may be reappointed to serve additional terms. The
1810	chair shall be elected by the board from among its members to
1811	serve a 2-year term. The board shall meet no less than
1812	semiannually at the call of the chair or, in his or her absence
1813	or incapacity, the vice chair. Four members constitute a quorum.
1814	A majority vote of the members present is required for all
1815	actions of the board. The board may prescribe, amend, and repeal
1816	a charter governing the manner in which it conducts its
1817	business. A board member shall serve without compensation but is
1818	entitled to be reimbursed for travel expenses by the coalition
1819	or the organization he or she represents in accordance with s.
1820	112.061.
1821	(c) The coalition shall be administered by a coalition
1822	director, who shall be appointed by and serve at the pleasure of
1823	the board. The coalition director shall, subject to the approval
1824	of the board:
1825	1. Propose a budget for the coalition.

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- 2. Foster the collaboration of scientists, researchers,
 and other appropriate personnel in accordance with the
 coalition's charter.
 - 3. Identify and prioritize the research to be conducted by the coalition.
 - 4. Prepare the Medical Marijuana Research and Education Plan for submission to the board.
 - 5. Apply for grants to obtain funding for research conducted by the coalition.
 - 6. Perform other duties as determined by the board.
 - (d) The board shall advise the Board of Governors, the State Surgeon General, the Governor, and the Legislature with respect to medical marijuana research and education in this state. The board shall explore methods of implementing and enforcing medical marijuana laws in relation to cancer control, research, treatment, and education.
 - (e) The board shall annually adopt a plan for medical marijuana research, known as the "Medical Marijuana Research and Education Plan," which must be in accordance with state law and coordinate with existing programs in this state. The plan must include recommendations for the coordination and integration of medical, pharmacological, nursing, paramedical, community, and other resources connected with the treatment of debilitating medical conditions; research related to the treatment of such medical conditions; and education.

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- (f) By February 15 of each year, the board shall issue a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on research projects, community outreach initiatives, and future plans for the coalition.

 (g) Beginning January 15, 2018, and quarterly thereafter,
- (g) Beginning January 15, 2018, and quarterly thereafter, the Department of Health shall submit to the board a data set that includes, for each patient registered in the medical marijuana use registry, the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.
- (5) RESPONSIBILITIES OF THE H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.—The H. Lee Moffitt Cancer Center and Research Institute, Inc., shall allocate staff and provide information and assistance, as the coalition's budget permits, to assist the board in fulfilling its responsibilities.
- Section 11. Subsection (1) of section 1004.441, Florida Statutes, is amended to read:
- 1004.441 Refractory and intractable epilepsy treatment and research.—
- (1) As used in this section, the term "low-THC cannabis" means "low-THC cannabis" as defined in s. 381.986 that is dispensed only from a dispensing organization as defined in former s. 381.986, Florida Statutes 2016, or a medical marijuana treatment center as defined in s. 381.986.

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Section 12. Subsection (8) is added to section 1006.062,

Florida Statutes, to read:

1878

1006.062 Administration of medication and provision of

1006.062 Administration of medication and provision of medical services by district school board personnel.—

(8) Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section. Such policy and procedure shall ensure access by the qualified patient; identify how the marijuana will be received, accounted for, and stored; and establish processes to prevent access by other students and school personnel unnecessary to the implementation of the policy.

Section 13. Department of Health; authority to adopt rules; cause of action.—

- (1) EMERGENCY RULEMAKING.-
- (a) The Department of Health and the applicable boards shall adopt emergency rules pursuant to s. 120.54(4), Florida Statutes, and this section necessary to implement ss. 381.986 and 381.988, Florida Statutes. If an emergency rule adopted under this section is held to be unconstitutional or an invalid exercise of delegated legislative authority, and becomes void, the department or the applicable boards may adopt an emergency rule pursuant to this section to replace the rule that has become void. If the emergency rule adopted to replace the void emergency rule is also held to be unconstitutional or an invalid

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1901 exercise of delegated legislative authority and becomes void, 1902 the department and the applicable boards must follow the 1903 nonemergency rulemaking procedures of the Administrative 1904 Procedures Act to replace the rule that has become void. 1905 (b) For emergency rules adopted under this section, the 1906 department and the applicable boards need not make the findings 1907 required by s. 120.54(4)(a), Florida Statutes. Emergency rules 1908 adopted under this section are exempt from ss. 120.54(3)(b) and 1909 120.541, Florida Statutes. The department and the applicable 1910 boards shall meet the procedural requirements in s. 120.54(a), 1911 Florida Statutes, if the department or the applicable boards 1912 have, prior to the effective date of this act, held any public 1913 workshops or hearings on the subject matter of the emergency 1914 rules adopted under this subsection. Challenges to emergency 1915 rules adopted under this subsection shall be subject to the time 1916 schedules provided in s. 120.56(5), Florida Statutes. 1917 (c) Emergency rules adopted under this section are exempt 1918 from s. 120.54(4)(c), Florida Statutes, and shall remain in 1919 effect until replaced by rules adopted under the nonemergency 1920 rulemaking procedures of the Administrative Procedures Act. By 1921 January 1, 2018, the department and the applicable boards shall initiate nonemergency rulemaking pursuant to the Administrative 1922 1923 Procedures Act to replace all emergency rules adopted under this 1924 section by publishing a notice of rule development in the 1925 Florida Administrative Register. Except as provided in paragraph

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1926 (a), after January 1, 2018, the department and applicable boards 1927 may not adopt rules pursuant to the emergency rulemaking 1928 procedures provided in this section. 1929 (2) CAUSE OF ACTION. -1930 (a) As used in s. 29(d)(3), Art. X of the State 1931 Constitution, the term: 1932 1. "Issue regulations" means the filing by the department 1933 of a rule or emergency rule for adoption with the Department of 1934 State. 1935 "Judicial relief" means an action for declaratory 1936 judgment pursuant to chapter 86, Florida Statutes. 1937 (b) The venue for actions brought against the department pursuant to s. 29(d)(3), Art. X of the State Constitution shall 1938 1939 be in the circuit court in and for Leon County. If the department is not issuing patient and caregiver 1940 1941 identification cards or licensing medical marijuana treatment 1942 centers by October 3, 2017, the following shall be a defense to 1943 a cause of action brought under s. 29(d)(3), Art. X of the State 1944 Constitution: 1945 1. The department is unable to issue patient and caregiver 1946 identification cards or license medical marijuana treatment 1947 centers due to litigation challenging a rule as an invalid 1948 exercise of delegated legislative authority or unconstitutional. 1949 The department is unable to issue patient or caregiver

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identification cards or license medical marijuana treatment

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1951 centers due to a rule being held as an invalid exercise of 1952 delegated legislative authority or unconstitutional. 1953 Section 14. Department of Law Enforcement; training 1954 related to medical use of marijuana.-The Department of Law 1955 Enforcement shall develop a 4-hour online initial training 1956 course, and a 2-hour online continuing education course, which 1957 shall be made available for use by all law enforcement agencies 1958 in this state. Such training shall cover the legal parameters of 1959 marijuana-related activities governed by ss. 381.986 and 1960 381.988, Florida Statutes, relating to criminal laws governing 1961 marijuana. 1962 Section 15. Section 385.212, Florida Statutes, is amended 1963 to read: 1964 385.212 Powers and duties of the Department of Health; 1965 Office of Medical Marijuana Compassionate Use. -1966 The Department of Health shall establish an Office of 1967 Medical Marijuana Compassionate Use under the direction of the 1968 Deputy State Health Officer. 1969 The Office of Medical Marijuana Compassionate Use may 1970 enhance access to investigational new drugs for Florida patients 1971 through approved clinical treatment plans or studies. The Office 1972 of Medical Marijuana Compassionate Use may: Create a network of state universities and medical 1973 (a)

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(b) Make any necessary application to the United States

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centers recognized pursuant to s. 381.925.



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Food and Drug Administration or a pharmaceutical manufacturer to facilitate enhanced access to medical compassionate use of marijuana for Florida patients.

- (c) Enter into any agreements necessary to facilitate enhanced access to $\underline{\text{medical}}$ $\underline{\text{compassionate}}$ use $\underline{\text{of marijuana}}$ for Florida patients.
- (3) The department may adopt rules necessary to implement this section.
- (4) The Office of Medical Marijuana Use shall administer and enforce the provisions of s. 381.986.

Section 16. (1) For the 2017-2018 fiscal year, 55 fulltime equivalent positions, with associated salary rate of
2,198,860, are authorized and the sums of \$3.5 million in
nonrecurring funds from the General Revenue Fund and \$4,055,292
in recurring funds and \$1,238,148 in nonrecurring funds from the
Grants and Donations Trust Fund are appropriated to the
Department of Health for the purpose of implementing the
requirements of this act. Of the funds appropriated, \$3,158,572
in recurring funds and \$1,238,148 in nonrecurring funds from the
Grants and Donations Trust Fund and 27 full-time equivalent
positions shall be placed in reserve. The Department of Health
is authorized to submit budget amendments requesting the release
of funds being held in reserve pursuant to chapter 216, Florida
Statutes contingent upon need and demonstration of fee
collections to support the budget authority.

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- (2) For the 2017-2018 fiscal year, the sum of \$10 million in nonrecurring funds from the General Revenue Fund is appropriated to the Department of Health to implement the statewide cannabis and marijuana education and illicit use prevention campaign established under s. 381.989, Florida Statutes.

 (3) For the 2017-2018 fiscal year, the sum of \$5 million
- (3) For the 2017-2018 fiscal year, the sum of \$5 million in nonrecurring funds from the Highway Safety Operating Trust Fund are appropriated to the Department of Highway Safety and Motor Vehicles to implement the statewide impaired driving education campaign established under s. 381.989, Florida Statutes.
- (4) For the 2017-2018 fiscal year, the sum of \$100,000 in recurring funds from the Highway Safety Operating Trust Fund is appropriated to the Department of Highway Safety and Motor Vehicles for the purpose of training additional law enforcement officers as drug recognition experts.
- 2018 Section 17. This act shall take effect upon becoming a 2019 law.

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