

1                                   A bill to be entitled  
 2           An act relating to medical use of marijuana; amending  
 3           s. 381.986, F.S.; redefining the term medical use;  
 4           requiring a qualified patient's informed consent to  
 5           include the negative health risks associated with  
 6           smoking; requiring a qualified physician to obtain  
 7           approval from the case review panel to certify smoking  
 8           as route of administration for a qualified patient,  
 9           other than a terminally ill patient; prohibiting  
 10          smoking as a route of administration for qualified  
 11          patients under 18 years of age; requiring the Board of  
 12          Medicine and the Board of Osteopathic medicine to  
 13          create a case review panel; requiring the case review  
 14          panel to approve or deny qualified physician's request  
 15          to certify smoking as a route of administration for  
 16          qualified patients; requiring medical marijuana  
 17          treatment centers to comply with certain standards in  
 18          the production and packaging of marijuana in a form  
 19          for smoking; amends s. 1004.4351, F.S.; establishing  
 20          the Consortium for Medical Marijuana Clinical Outcomes  
 21          Research within the University of Florida;  
 22          establishing the Medical Marijuana Research Board to  
 23          direct the operations of the consortium; requiring the  
 24          board annually adopt a research plan; providing  
 25          requirements for the plan; requiring the board to

26 | issue an annual report to the Governor and the  
 27 | Legislature by a specified date; requiring the  
 28 | Department of Health to submit reports to the board  
 29 | containing specified data; providing an effective  
 30 | date.

31 |  
 32 | Be It Enacted by the Legislature of the State of Florida:

33 |  
 34 | Section 1. Subsection (1) of section 381.986, Florida  
 35 | Statutes, is amended to read:

36 | 381.986 Medical use of marijuana.—

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

38 | (a) "Caregiver" means a resident of this state who has  
 39 | agreed to assist with a qualified patient's medical use of  
 40 | marijuana, has a caregiver identification card, and meets the  
 41 | requirements of subsection (6).

42 | (b) "Chronic nonmalignant pain" means pain that is caused  
 43 | by a qualifying medical condition or that originates from a  
 44 | qualifying medical condition and persists beyond the usual  
 45 | course of that qualifying medical condition.

46 | (c) "Close relative" means a spouse, parent, sibling,  
 47 | grandparent, child, or grandchild, whether related by whole or  
 48 | half blood, by marriage, or by adoption.

49 | (d) "Edibles" means commercially produced food items made  
 50 | with marijuana oil, but no other form of marijuana, that are

51 produced and dispensed by a medical marijuana treatment center.

52 (e) "Low-THC cannabis" means a plant of the genus  
 53 Cannabis, the dried flowers of which contain 0.8 percent or less  
 54 of tetrahydrocannabinol and more than 10 percent of cannabidiol  
 55 weight for weight; the seeds thereof; the resin extracted from  
 56 any part of such plant; or any compound, manufacture, salt,  
 57 derivative, mixture, or preparation of such plant or its seeds  
 58 or resin that is dispensed from a medical marijuana treatment  
 59 center.

60 (f) "Marijuana" means all parts of any plant of the genus  
 61 Cannabis, whether growing or not; the seeds thereof; the resin  
 62 extracted from any part of the plant; and every compound,  
 63 manufacture, salt, derivative, mixture, or preparation of the  
 64 plant or its seeds or resin, including low-THC cannabis, which  
 65 are dispensed from a medical marijuana treatment center for  
 66 medical use by a qualified patient.

67 (g) "Marijuana delivery device" means an object used,  
 68 intended for use, or designed for use in preparing, storing,  
 69 ingesting, inhaling, or otherwise introducing marijuana into the  
 70 human body, and which is dispensed from a medical marijuana  
 71 treatment center for medical use by a qualified patient.

72 (h) "Marijuana testing laboratory" means a facility that  
 73 collects and analyzes marijuana samples from a medical marijuana  
 74 treatment center and has been certified by the department  
 75 pursuant to s. 381.988.

76 (i) "Medical director" means a person who holds an active,  
 77 unrestricted license as an allopathic physician under chapter  
 78 458 or osteopathic physician under chapter 459 and is in  
 79 compliance with the requirements of paragraph (3)(c).

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

83 1. Possession, use, or administration of marijuana that  
 84 was not purchased or acquired from a medical marijuana treatment  
 85 center.

86 2. Possession, use, or administration of marijuana in a  
 87 form for smoking other than pre-rolled marijuana cigarettes, in  
 88 the form of commercially produced food items other than edibles,  
 89 or of marijuana seeds or flower, except for flower in a sealed,  
 90 tamper-proof receptacle for vaping or flower in pre-rolled  
 91 marijuana cigarettes.

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

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

98 5. Use or administration of marijuana in the following  
 99 locations:

100 a. On any form of public transportation, except for low-

101 | THC cannabis not in a form for smoking.

102 |       b. In any public place, except for low-THC cannabis not in  
 103 | a form for smoking.

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

106 |       d. In a state correctional institution, as defined in s.  
 107 | 944.02, or a correctional institution, as defined in s. 944.241.

108 |       e. On the grounds of a preschool, primary school, or  
 109 | secondary school, except as provided in s. 1006.062.

110 |       f. In a school bus, a vehicle, an aircraft, or a  
 111 | motorboat, except for low-THC cannabis not in a form for  
 112 | smoking.

113 |       (k) "Physician certification" means a qualified  
 114 | physician's authorization for a qualified patient to receive  
 115 | marijuana and a marijuana delivery device from a medical  
 116 | marijuana treatment center.

117 |       (l) "Qualified patient" means a resident of this state who  
 118 | has been added to the medical marijuana use registry by a  
 119 | qualified physician to receive marijuana or a marijuana delivery  
 120 | device for a medical use and who has a qualified patient  
 121 | identification card.

122 |       (m) "Qualified physician" means a person who holds an  
 123 | active, unrestricted license as an allopathic physician under  
 124 | chapter 458 or as an osteopathic physician under chapter 459 and  
 125 | is in compliance with the physician education requirements of

126 subsection (3).

127 (n) "Smoking" means burning or igniting a substance and  
 128 inhaling the smoke.

129 (o) "Terminal condition" means a progressive disease or  
 130 medical or surgical condition that causes significant functional  
 131 impairment, is not considered by a treating physician to be  
 132 reversible without the administration of life-sustaining  
 133 procedures, and will result in death within 1 year after  
 134 diagnosis if the condition runs its normal course.

135 Section 2. Subsection (4) of section 381.986, Florida  
 136 Statutes, is amended to read:

137 381.986 Medical use of marijuana.—

138 (4) PHYSICIAN CERTIFICATION.—

139 (a) A qualified physician may issue a physician  
 140 certification only if the qualified physician:

141 1. Conducted a physical examination while physically  
 142 present in the same room as the patient and a full assessment of  
 143 the medical history of the patient.

144 2. Diagnosed the patient with at least one qualifying  
 145 medical condition.

146 3. Determined that the medical use of marijuana would  
 147 likely outweigh the potential health risks for the patient, and  
 148 such determination must be documented in the patient's medical  
 149 record. If a patient is younger than 18 years of age, a second  
 150 physician must concur with this determination, and such

151 concurrence must be documented in the patient's medical record.

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

156 5. Reviewed the patient's controlled drug prescription  
157 history in the prescription drug monitoring program database  
158 established pursuant to s. 893.055.

159 6. Reviews the medical marijuana use registry and  
160 confirmed that the patient does not have an active physician  
161 certification from another qualified physician.

162 7. Registers as the issuer of the physician certification  
163 for the named qualified patient on the medical marijuana use  
164 registry in an electronic manner determined by the department,  
165 and:

166 a. Enters into the registry the contents of the physician  
167 certification, including the patient's qualifying condition and  
168 the dosage not to exceed the daily dose amount determined by the  
169 department, the amount and forms of marijuana authorized for the  
170 patient, and any types of marijuana delivery devices needed by  
171 the patient for the medical use of marijuana.

172 b. Updates the registry within 7 days after any change is  
173 made to the original physician certification to reflect such  
174 change.

175 c. Deactivates the registration of the qualified patient

176 and the patient's caregiver when the physician no longer  
 177 recommends the medical use of marijuana for the patient.

178 8. Obtains the voluntary and informed written consent of  
 179 the patient for medical use of marijuana each time the qualified  
 180 physician issues a physician certification for the patient,  
 181 which shall be maintained in the patient's medical record. The  
 182 patient, or the patient's parent or legal guardian if the  
 183 patient is a minor, must sign the informed consent acknowledging  
 184 that the qualified physician has sufficiently explained its  
 185 content. The qualified physician must use a standardized  
 186 informed consent form adopted in rule by the Board of Medicine  
 187 and the Board of Osteopathic Medicine, which must include, at a  
 188 minimum, information related to:

189 a. The Federal Government's classification of marijuana as  
 190 a Schedule I controlled substance.

191 b. The approval and oversight status of marijuana by the  
 192 Food and Drug Administration.

193 c. The current state of research on the efficacy of  
 194 marijuana to treat the qualifying conditions set forth in this  
 195 section.

196 d. The potential for addiction.

197 e. The potential effect that marijuana may have on a  
 198 patient's coordination, motor skills, and cognition, including a  
 199 warning against operating heavy machinery, operating a motor  
 200 vehicle, or engaging in activities that require a person to be

201 alert or respond quickly.

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

204 g. The risks, benefits, and drug interactions of  
 205 marijuana.

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

209 (b) If a qualified physician issues a physician  
 210 certification for a qualified patient diagnosed with a  
 211 qualifying medical condition pursuant to paragraph (2)(k), the  
 212 physician must submit the following to the applicable board  
 213 within 14 days after issuing the physician certification:

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

217 2. Documentation that establishes the efficacy of  
 218 marijuana as treatment for the condition.

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

222 4. Any other documentation as required by board rule.

223

224 The department must submit such documentation to the Consortium  
 225 ~~Coalition~~ for Medical Marijuana Research and Education

226 established pursuant to s. 1004.4351.

227 (c) If a qualified physician determines smoking is an  
228 appropriate route of administration for a qualified patient,  
229 other than a terminally ill patient, the qualified physician  
230 must obtain approval to issue such a certification to a  
231 qualified patient for smoking from the case review panel  
232 established by this section. A physician may certify any other  
233 route of administration for the qualified patient while a  
234 request is pending. A physician may not authorize marijuana in a  
235 form for smoking for a patient younger than 18 years of age. The  
236 physician must submit the following documentation to the panel:

237 1. A list of other routes of administration, if any,  
238 certified by a qualified physician that the patient has tried,  
239 the length of time the patient used the route of administration,  
240 and an assessment of the effectiveness of those routes of  
241 administration in treating the patient's qualifying condition.

242 2. Research documenting that smoking is an effective route  
243 of administration to treat the qualified patient's qualifying  
244 condition.

245 3. Documentation supporting the qualified physician's  
246 opinion that the benefits of smoking as a route of  
247 administration would likely outweigh the potential health risks  
248 for the qualified patient.

249 ~~(e)~~ A qualified physician may not issue a physician  
250 certification for more than three 70-day supply limits of

251 marijuana. The department shall quantify by rule a daily dose  
 252 amount with equivalent dose amounts for each allowable form of  
 253 marijuana dispensed by a medical marijuana treatment center. The  
 254 department shall use the daily dose amount to calculate a 70-day  
 255 supply.

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

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

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

263 c. A description of how the patient will benefit from an  
 264 increased amount.

265 d. The minimum daily dose amount of marijuana that would  
 266 be sufficient for the treatment of the qualified patient's  
 267 qualifying medical condition.

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

270 3. The department shall approve or disapprove the request  
 271 within 14 days after receipt of the complete documentation  
 272 required by this paragraph. The request shall be deemed approved  
 273 if the department fails to act within this time period.

274 ~~(d)~~ A qualified physician must evaluate an existing  
 275 qualified patient at least once every 30 weeks before issuing a

276 | new physician certification. A physician must:

277 |       1. Determine if the patient still meets the requirements  
278 | to be issued a physician certification under paragraph (a).

279 |       2. Identify and document in the qualified patient's  
280 | medical records whether the qualified patient experienced either  
281 | of the following related to the medical use of marijuana:

282 |           a. An adverse drug interaction with any prescription or  
283 | nonprescription medication; or

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

286 |       3. Submit a report with the findings required pursuant to  
287 | subparagraph 2. to the department. The department shall submit  
288 | such reports to the Coalition for Medical Marijuana Research and  
289 | Education established pursuant to s. 1004.4351.

290 |       ~~(e)~~ An active order for low-THC cannabis or medical  
291 | cannabis issued pursuant to former s. 381.986, Florida Statutes  
292 | 2016, and registered with the compassionate use registry before  
293 | June 23, 2017, is deemed a physician certification, and all  
294 | patients possessing such orders are deemed qualified patients  
295 | until the department begins issuing medical marijuana use  
296 | registry identification cards.

297 |       ~~(f)~~ The department shall monitor physician registration in  
298 | the medical marijuana use registry and the issuance of physician  
299 | certifications for practices that could facilitate unlawful  
300 | diversion or misuse of marijuana or a marijuana delivery device

301 and shall take disciplinary action as appropriate.

302 (g) The Board of Medicine and the Board of Osteopathic  
303 Medicine shall jointly create a physician certification pattern  
304 review panel that shall review all physician certifications  
305 submitted to the medical marijuana use registry. The panel shall  
306 track and report the number of physician certifications and the  
307 qualifying medical conditions, dosage, supply amount, and form  
308 of marijuana certified. The panel shall report the data both by  
309 individual qualified physician and in the aggregate, by county,  
310 and statewide. The physician certification pattern review panel  
311 shall, beginning January 1, 2018, submit an annual report of its  
312 findings and recommendations to the Governor, the President of  
313 the Senate, and the Speaker of the House of Representatives.

314 (h) The Board of Medicine and the Board of Osteopathic  
315 Medicine shall jointly create a case review panel to review and  
316 approve or deny qualified physician requests to certify smoking  
317 as a route of administration for qualified patients. The panel  
318 must review the documentation provided by the qualified  
319 physician and relevant research or practice standards in making  
320 its determination. The panel shall give great weight to high  
321 quality medical research conducted according to commonly  
322 accepted scientific standards. The panel must rule on a request  
323 for approval within ten days of submission of the request.

324 ~~(h)~~ The department, the Board of Medicine, and the Board  
325 of Osteopathic Medicine may adopt rules pursuant to ss.

326 | 120.536(1) and 120.54 to implement this subsection.

327 | Section 3. Paragraph (e) of subsection (8) of section  
 328 | 381.986, Florida Statutes, is amended to read:

329 | 381.986 Medical use of marijuana.—

330 | (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

331 | (e) A licensed medical marijuana treatment center shall  
 332 | cultivate, process, transport, and dispense marijuana for  
 333 | medical use. A licensed medical marijuana treatment center may  
 334 | not contract for services directly related to the cultivation,  
 335 | processing, and dispensing of marijuana or marijuana delivery  
 336 | devices, except that a medical marijuana treatment center  
 337 | licensed pursuant to subparagraph (a)1. may contract with a  
 338 | single entity for the cultivation, processing, transporting, and  
 339 | dispensing of marijuana and marijuana delivery devices. A  
 340 | licensed medical marijuana treatment center must, at all times,  
 341 | maintain compliance with the criteria demonstrated and  
 342 | representations made in the initial application and the criteria  
 343 | established in this subsection. Upon request, the department may  
 344 | grant a medical marijuana treatment center a variance from the  
 345 | representations made in the initial application. Consideration  
 346 | of such a request shall be based upon the individual facts and  
 347 | circumstances surrounding the request. A variance may not be  
 348 | granted unless the requesting medical marijuana treatment center  
 349 | can demonstrate to the department that it has a proposed  
 350 | alternative to the specific representation made in its

351 application which fulfills the same or a similar purpose as the  
 352 specific representation in a way that the department can  
 353 reasonably determine will not be a lower standard than the  
 354 specific representation in the application. A variance may not  
 355 be granted from the requirements in subparagraph 2. and  
 356 subparagraphs (b)1. and 2.

357 1. A licensed medical marijuana treatment center may  
 358 transfer ownership to an individual or entity who meets the  
 359 requirements of this section. A publicly traded corporation or  
 360 publicly traded company that meets the requirements of this  
 361 section is not precluded from ownership of a medical marijuana  
 362 treatment center. To accommodate a change in ownership:

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

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

370 c. Upon receipt of an application for a license, the  
 371 department shall examine the application and, within 30 days  
 372 after receipt, notify the applicant in writing of any apparent  
 373 errors or omissions and request any additional information  
 374 required.

375 d. Requested information omitted from an application for

376 licensure must be filed with the department within 21 days after  
 377 the department's request for omitted information or the  
 378 application shall be deemed incomplete and shall be withdrawn  
 379 from further consideration and the fees shall be forfeited.

380  
 381 Within 30 days after the receipt of a complete application, the  
 382 department shall approve or deny the application.

383 2. A medical marijuana treatment center, and any  
 384 individual or entity who directly or indirectly owns, controls,  
 385 or holds with power to vote 5 percent or more of the voting  
 386 shares of a medical marijuana treatment center, may not acquire  
 387 direct or indirect ownership or control of any voting shares or  
 388 other form of ownership of any other medical marijuana treatment  
 389 center.

390 3. A medical marijuana treatment center may not enter into  
 391 any form of profit-sharing arrangement with the property owner  
 392 or lessor of any of its facilities where cultivation,  
 393 processing, storing, or dispensing of marijuana and marijuana  
 394 delivery devices occurs.

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

398 5. Each medical marijuana treatment center must adopt and  
 399 enforce policies and procedures to ensure employees and  
 400 volunteers receive training on the legal requirements to

401 dispense marijuana to qualified patients.

402         6. When growing marijuana, a medical marijuana treatment  
403 center:

404             a. May use pesticides determined by the department, after  
405 consultation with the Department of Agriculture and Consumer  
406 Services, to be safely applied to plants intended for human  
407 consumption, but may not use pesticides designated as  
408 restricted-use pesticides pursuant to s. 487.042.

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

411             c. Must inspect seeds and growing plants for plant pests  
412 that endanger or threaten the horticultural and agricultural  
413 interests of the state in accordance with chapter 581 and any  
414 rules adopted thereunder.

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

418         7. Each medical marijuana treatment center must produce  
419 and make available for purchase at least one low-THC cannabis  
420 product.

421         8. A medical marijuana treatment center that produces  
422 edibles must hold a permit to operate as a food establishment  
423 pursuant to chapter 500, the Florida Food Safety Act, and must  
424 comply with all the requirements for food establishments  
425 pursuant to chapter 500 and any rules adopted thereunder.

426 Edibles may not contain more than 200 milligrams of  
427 tetrahydrocannabinol, and a single serving portion of an edible  
428 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
429 may have a potency variance of no greater than 15 percent.  
430 Edibles may not be attractive to children; be manufactured in  
431 the shape of humans, cartoons, or animals; be manufactured in a  
432 form that bears any reasonable resemblance to products available  
433 for consumption as commercially available candy; or contain any  
434 color additives. To discourage consumption of edibles by  
435 children, the department shall determine by rule any shapes,  
436 forms, and ingredients allowed and prohibited for edibles.  
437 Medical marijuana treatment centers may not begin processing or  
438 dispensing edibles until after the effective date of the rule.  
439 The department shall also adopt sanitation rules providing the  
440 standards and requirements for the storage, display, or  
441 dispensing of edibles.

442 9. Within 12 months after licensure, a medical marijuana  
443 treatment center must demonstrate to the department that all of  
444 its processing facilities have passed a Food Safety Good  
445 Manufacturing Practices, such as Global Food Safety Initiative  
446 or equivalent, inspection by a nationally accredited certifying  
447 body. A medical marijuana treatment center must immediately stop  
448 processing at any facility which fails to pass this inspection  
449 until it demonstrates to the department that such facility has  
450 met this requirement.

451 10. A medical marijuana treatment center that produces pre-  
 452 rolled marijuana cigarettes may only produce filtered pre-rolled  
 453 marijuana cigarettes and may not use wrapping paper made with  
 454 tobacco or hemp.

455 ~~11.10.~~ When processing marijuana, a medical marijuana  
 456 treatment center must:

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

459 b. Comply with department rules when processing marijuana  
 460 with hydrocarbon solvents or other solvents or gases exhibiting  
 461 potential toxicity to humans. The department shall determine by  
 462 rule the requirements for medical marijuana treatment centers to  
 463 use such solvents or gases exhibiting potential toxicity to  
 464 humans.

465 c. Comply with federal and state laws and regulations and  
 466 department rules for solid and liquid wastes. The department  
 467 shall determine by rule procedures for the storage, handling,  
 468 transportation, management, and disposal of solid and liquid  
 469 waste generated during marijuana production and processing. The  
 470 Department of Environmental Protection shall assist the  
 471 department in developing such rules.

472 d. Test the processed marijuana using a medical marijuana  
 473 testing laboratory before it is dispensed. Results must be  
 474 verified and signed by two medical marijuana treatment center  
 475 employees. Before dispensing, the medical marijuana treatment

476 center must determine that the test results indicate that low-  
477 THC cannabis meets the definition of low-THC cannabis, the  
478 concentration of tetrahydrocannabinol meets the potency  
479 requirements of this section, the labeling of the concentration  
480 of tetrahydrocannabinol and cannabidiol is accurate, and all  
481 marijuana is safe for human consumption and free from  
482 contaminants that are unsafe for human consumption. The  
483 department shall determine by rule which contaminants must be  
484 tested for and the maximum levels of each contaminant which are  
485 safe for human consumption. The Department of Agriculture and  
486 Consumer Services shall assist the department in developing the  
487 testing requirements for contaminants that are unsafe for human  
488 consumption in edibles. The department shall also determine by  
489 rule the procedures for the treatment of marijuana that fails to  
490 meet the testing requirements of this section, s. 381.988, or  
491 department rule. The department may select a random sample from  
492 edibles available for purchase in a dispensing facility which  
493 shall be tested by the department to determine that the edible  
494 meets the potency requirements of this section, is safe for  
495 human consumption, and the labeling of the tetrahydrocannabinol  
496 and cannabidiol concentration is accurate. A medical marijuana  
497 treatment center may not require payment from the department for  
498 the sample. A medical marijuana treatment center must recall  
499 edibles, including all edibles made from the same batch of  
500 marijuana, which fail to meet the potency requirements of this

501 section, which are unsafe for human consumption, or for which  
502 the labeling of the tetrahydrocannabinol and cannabidiol  
503 concentration is inaccurate. The medical marijuana treatment  
504 center must retain records of all testing and samples of each  
505 homogenous batch of marijuana for at least 9 months. The medical  
506 marijuana treatment center must contract with a marijuana  
507 testing laboratory to perform audits on the medical marijuana  
508 treatment center's standard operating procedures, testing  
509 records, and samples and provide the results to the department  
510 to confirm that the marijuana or low-THC cannabis meets the  
511 requirements of this section and that the marijuana or low-THC  
512 cannabis is safe for human consumption. A medical marijuana  
513 treatment center shall reserve two processed samples from each  
514 batch and retain such samples for at least 9 months for the  
515 purpose of such audits. A medical marijuana treatment center may  
516 use a laboratory that has not been certified by the department  
517 under s. 381.988 until such time as at least one laboratory  
518 holds the required certification, but in no event later than  
519 July 1, 2018.

520 e. Package the marijuana in compliance with the United  
521 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
522 1471 et seq.

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

525 (I) The marijuana or low-THC cannabis meets the

526 requirements of sub-subparagraph d.

527 (II) The name of the medical marijuana treatment center

528 from which the marijuana originates.

529 (III) The batch number and harvest number from which the

530 marijuana originates and the date dispensed.

531 (IV) The name of the physician who issued the physician

532 certification.

533 (V) The name of the patient.

534 (VI) The product name, if applicable, and dosage form,

535 including concentration of tetrahydrocannabinol and cannabidiol.

536 The product name may not contain wording commonly associated

537 with products marketed by or to children.

538 (VII) The recommended dose.

539 (VIII) A warning that it is illegal to transfer medical

540 marijuana to another person.

541 (IX) A marijuana universal symbol developed by the

542 department.

543 ~~12.11.~~ The medical marijuana treatment center shall

544 include in each package a patient package insert with

545 information on the specific product dispensed related to:

546 a. Clinical pharmacology.

547 b. Indications and use.

548 c. Dosage and administration.

549 d. Dosage forms and strengths.

550 e. Contraindications.

551 f. Warnings and precautions.

552 g. Adverse reactions.

553 13. In addition to the packaging and labeling requirements  
554 in subparagraphs 10. and 11., marijuana in a form for smoking  
555 must be packaged in a sealed receptacle with a legible and  
556 prominent warning to keep away from children and a warning that  
557 states marijuana smoke contains carcinogens and may negatively  
558 affect health. Receptacles for marijuana in a form for smoking  
559 must be plain, opaque, and white without depictions of the  
560 product or images other than the medical marijuana treatment  
561 center's department-approved logo and the marijuana universal  
562 symbol.

563 ~~14.12.~~ Each edible shall be individually sealed in plain,  
564 opaque wrapping marked only with the marijuana universal symbol.  
565 Where practical, each edible shall be marked with the marijuana  
566 universal symbol. In addition to the packaging and labeling  
567 requirements in subparagraphs 10. and 11., edible receptacles  
568 must be plain, opaque, and white without depictions of the  
569 product or images other than the medical marijuana treatment  
570 center's department-approved logo and the marijuana universal  
571 symbol. The receptacle must also include a list all of the  
572 edible's ingredients, storage instructions, an expiration date,  
573 a legible and prominent warning to keep away from children and  
574 pets, and a warning that the edible has not been produced or  
575 inspected pursuant to federal food safety laws.

576 |        15.13. When dispensing marijuana or a marijuana delivery  
 577 | device, a medical marijuana treatment center:

578 |            a. May dispense any active, valid order for low-THC  
 579 | cannabis, medical cannabis and cannabis delivery devices issued  
 580 | pursuant to former s. 381.986, Florida Statutes 2016, which was  
 581 | entered into the medical marijuana use registry before July 1,  
 582 | 2017.

583 |            b. May not dispense more than a 70-day supply of marijuana  
 584 | to a qualified patient or caregiver.

585 |            c. Must have the medical marijuana treatment center's  
 586 | employee who dispenses the marijuana or a marijuana delivery  
 587 | device enter into the medical marijuana use registry his or her  
 588 | name or unique employee identifier.

589 |            d. Must verify that the qualified patient and the  
 590 | caregiver, if applicable, each have an active registration in  
 591 | the medical marijuana use registry and an active and valid  
 592 | medical marijuana use registry identification card, the amount  
 593 | and type of marijuana dispensed matches the physician  
 594 | certification in the medical marijuana use registry for that  
 595 | qualified patient, and the physician certification has not  
 596 | already been filled.

597 |            e. May not dispense marijuana to a qualified patient who  
 598 | is younger than 18 years of age. If the qualified patient is  
 599 | younger than 18 years of age, marijuana may only be dispensed to  
 600 | the qualified patient's caregiver.

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

606 g. Must, upon dispensing the marijuana or marijuana  
 607 delivery device, record in the registry the date, time,  
 608 quantity, and form of marijuana dispensed; the type of marijuana  
 609 delivery device dispensed; and the name and medical marijuana  
 610 use registry identification number of the qualified patient or  
 611 caregiver to whom the marijuana delivery device was dispensed.

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

615 Section 4. Section 1004.4351, Florida Statutes, is amended  
 616 to read:

617 1004.4351 Medical marijuana research and education.—

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

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

621 (a) The present state of knowledge concerning the use of  
 622 marijuana to alleviate pain and treat illnesses is limited  
 623 because permission to perform clinical studies on marijuana is  
 624 difficult to obtain, with access to research-grade marijuana so  
 625 restricted that little or no unbiased studies have been

626 performed.

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

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

633 (d) An effective medical marijuana research and education  
634 program would mobilize the scientific, educational, and medical  
635 resources that presently exist in this state to determine the  
636 appropriate and best use of marijuana to treat illness.

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

638 (a) "Board" means the Medical Marijuana Research and  
639 Education Board.

640 (b) "Consortium" ~~"Coalition"~~ means the Consortium  
641 ~~Coalition~~ for Medical Marijuana Clinical Outcomes Research ~~and~~  
642 ~~Education~~.

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

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

647 (a) There is established ~~within the H. Lee Moffitt Cancer~~  
648 ~~Center and Research Institute, Inc.,~~ the Consortium ~~Coalition~~  
649 for Medical Marijuana Clinical Outcomes Research ~~and Education~~  
650 within the University of Florida consisting of public and

651 private universities. The purpose of the coalition is to conduct  
652 rigorous scientific research, ~~provide education, and disseminate~~  
653 such research, ~~and guide policy for the adoption of a statewide~~  
654 ~~policy on ordering and dosing practices, for the medical use of~~  
655 ~~marijuana. The coalition shall be physically located at the H.~~  
656 ~~Lee Moffitt Cancer Center and Research Institute, Inc.~~

657 (b) The Medical Marijuana Research ~~and Education~~ Board is  
658 established to direct the operations of the coalition. The board  
659 shall be composed of ~~seven~~ members representing each  
660 participating university appointed by the President of each  
661 participating university ~~the chief executive officer of the H.~~  
662 ~~Lee Moffitt Cancer Center and Research Institute, Inc.~~ Board  
663 members must have experience in a variety of scientific and  
664 medical fields, including, but not limited to, oncology,  
665 neurology, psychology, pediatrics, nutrition, and addiction.  
666 Members shall be appointed to 4-year terms and may be  
667 reappointed to serve additional terms. The chair shall be  
668 elected by the board from among its members to serve a 2-year  
669 term. The board shall meet at least semiannually at the call of  
670 the chair or, in his or her absence or incapacity, the vice  
671 chair. Four members constitute a quorum. A majority vote of the  
672 members present is required for all actions of the board. The  
673 board may prescribe, amend, and repeal a charter governing the  
674 manner in which it conducts its business. A board member shall  
675 serve without compensation but is entitled to be reimbursed for

676 travel expenses by the coalition or the organization he or she  
677 represents in accordance with s. 112.061.

678 (c) The consortium ~~coalition~~ shall be administered by a  
679 ~~coalition~~ director, who shall be appointed by and serve at the  
680 pleasure of the board. The ~~coalition~~ director shall, subject to  
681 the approval of the board:

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

683 2. Foster the collaboration of scientists, researchers,  
684 and other appropriate personnel in accordance with the  
685 consortium's ~~coalition's~~ charter.

686 3. Engage individuals in public and private university  
687 programs relevant to the consortium's work to participate in the  
688 consortium.

689 ~~4.3.~~ Identify and prioritize the research to be conducted  
690 by the consortium ~~coalition~~.

691 ~~5.4.~~ Prepare the Medical Marijuana Research and Education  
692 Plan for submission to the board.

693 ~~6.5.~~ Apply for grants to obtain funding for research  
694 conducted by the consortium ~~coalition~~.

695 ~~7.6.~~ Perform other duties as determined by the board.

696 ~~(d) The board shall advise the Board of Governors, the~~  
697 ~~State Surgeon General, the Governor, and the Legislature with~~  
698 ~~respect to medical marijuana research and education in this~~  
699 ~~state. The board shall explore methods of implementing and~~  
700 ~~enforcing medical marijuana laws in relation to cancer control,~~

701 ~~research, treatment, and education.~~

702 (d)~~(e)~~ The board shall annually adopt a plan for medical  
703 marijuana research, ~~known as the "Medical Marijuana Research and~~  
704 ~~Education Plan,"~~ which must be in accordance with state law and  
705 coordinate with existing programs in this state. The plan must  
706 ~~include recommendations for the coordination and integration of~~  
707 ~~medical, pharmacological, nursing, paramedical, community, and~~  
708 ~~other resources connected with the treatment of debilitating~~  
709 ~~medical conditions; research related to the treatment of such~~  
710 ~~medical conditions; and education.~~ The plan shall organize a  
711 program of research that contributes to the body of scientific  
712 knowledge on the effects of the medical use of marijuana and  
713 informs both policy and medical practice related to the  
714 treatment of debilitating medical conditions with marijuana.  
715 Research shall include tracking clinical outcomes, certification  
716 standards, dosing standards, routes of administration, efficacy,  
717 and side effects. Research must also include the study of the  
718 effects of smoking marijuana to treat debilitating medical  
719 conditions. The board must award funds to members of the  
720 consortium to perform research consistent with the research  
721 plan.

722 (e)~~(f)~~ By February 15 of each year, the board shall issue  
723 a report to the Governor, the President of the Senate, and the  
724 Speaker of the House of Representatives on research projects,  
725 research findings, community outreach initiatives, and future

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726 plans for the consortium ~~coalition~~.

727 ~~(f)(g)~~ Beginning August 1, 2019 ~~January 15, 2018~~, and  
728 quarterly thereafter, the Department of Health shall submit to  
729 the board a data set that includes, for each patient registered  
730 in the medical marijuana use registry, the patient's qualifying  
731 medical condition and the daily dose amount, routes of  
732 administration and forms of marijuana certified for the patient.  
733 The department shall also provide the board such data for all  
734 patients registered in the medical marijuana use registry prior  
735 to August 1, 2019.

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

741 Section 5. This act shall take effect July 1, 2019.