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LEGISLATIVE ACTION

Senate

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House

The Committee on Rules (Brandes) recommended the following:

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Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraphs (g) and (j) of subsection (1),
subsection (4), paragraph (e) of subsection (8), and subsections
(14) and (15) of section 381.986, Florida Statutes, are amended
to read:

381.986 Medical use of marijuana.—

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

(g) "Marijuana delivery device" means an object used,



168684

12 intended for use, or designed for use in preparing, storing,
13 ingesting, inhaling, or otherwise introducing marijuana into the
14 human body, and which is dispensed from a medical marijuana
15 treatment center for medical use by a qualified patient, except
16 that delivery devices intended for the medical use of marijuana
17 by smoking need not be dispensed from a medical marijuana
18 treatment center in order to qualify as marijuana delivery
19 devices.

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

23 1. Possession, use, or administration of marijuana that was
24 not purchased or acquired from a medical marijuana treatment
25 center.

26 2. Possession, use, or administration of marijuana in a
27 ~~form for smoking,~~ in the form of commercially produced food
28 items other than edibles, or of marijuana seeds ~~or flower,~~
29 ~~except for flower in a sealed, tamper-proof receptacle for~~
30 ~~vaping.~~

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

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

37 5. The smoking of marijuana in an enclosed indoor workplace
38 as defined in s. 386.203(5).

39 ~~6.5.~~ Use or administration of marijuana in the following
40 locations:



41 a. On any form of public transportation, except for low-THC
42 cannabis.

43 b. In any public place, except for low-THC cannabis.

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

46 d. In a state correctional institution, as defined in s.
47 944.02, or a correctional institution, as defined in s. 944.241.

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

50 f. In a school bus, a vehicle, an aircraft, or a motorboat,
51 except for low-THC cannabis.

52

53 For the purposes of this subparagraph, the exceptions for low-
54 THC cannabis do not include the smoking of low-THC cannabis.

55 (4) PHYSICIAN CERTIFICATION.—

56 (a) A qualified physician may issue a physician
57 certification only if the qualified physician:

58 1. Conducted a physical examination while physically
59 present in the same room as the patient and a full assessment of
60 the medical history of the patient.

61 2. Diagnosed the patient with at least one qualifying
62 medical condition.

63 3. Determined that the medical use of marijuana would
64 likely outweigh the potential health risks for the patient, and
65 such determination must be documented in the patient's medical
66 record. If a patient is younger than 18 years of age, a second
67 physician must concur with this determination, and such
68 concurrence must be documented in the patient's medical record.

69 4. Determined whether the patient is pregnant and



70 documented such determination in the patient's medical record. A
71 physician may not issue a physician certification, except for
72 low-THC cannabis, to a patient who is pregnant.

73 5. Reviewed the patient's controlled drug prescription
74 history in the prescription drug monitoring program database
75 established pursuant to s. 893.055.

76 6. Reviews the medical marijuana use registry and confirmed
77 that the patient does not have an active physician certification
78 from another qualified physician.

79 7. Registers as the issuer of the physician certification
80 for the named qualified patient on the medical marijuana use
81 registry in an electronic manner determined by the department,
82 and:

83 a. Enters into the registry the contents of the physician
84 certification, including the patient's qualifying condition and
85 the dosage not to exceed the daily dose amount determined by the
86 department, the amount and forms of marijuana authorized for the
87 patient, and any types of marijuana delivery devices needed by
88 the patient for the medical use of marijuana.

89 b. Updates the registry within 7 days after any change is
90 made to the original physician certification to reflect such
91 change.

92 c. Deactivates the registration of the qualified patient
93 and the patient's caregiver when the physician no longer
94 recommends the medical use of marijuana for the patient.

95 8. Obtains the voluntary and informed written consent of
96 the patient for medical use of marijuana each time the qualified
97 physician issues a physician certification for the patient,
98 which shall be maintained in the patient's medical record. The



168684

99 patient, or the patient's parent or legal guardian if the
100 patient is a minor, must sign the informed consent acknowledging
101 that the qualified physician has sufficiently explained its
102 content. The qualified physician must use a standardized
103 informed consent form adopted in rule by the Board of Medicine
104 and the Board of Osteopathic Medicine, which must include, at a
105 minimum, information related to:

106 a. The Federal Government's classification of marijuana as
107 a Schedule I controlled substance.

108 b. The approval and oversight status of marijuana by the
109 Food and Drug Administration.

110 c. The current state of research on the efficacy of
111 marijuana to treat the qualifying conditions set forth in this
112 section.

113 d. The potential for addiction.

114 e. The potential effect that marijuana may have on a
115 patient's coordination, motor skills, and cognition, including a
116 warning against operating heavy machinery, operating a motor
117 vehicle, or engaging in activities that require a person to be
118 alert or respond quickly.

119 f. The potential side effects of marijuana use.

120 g. The risks, benefits, and drug interactions of marijuana.

121 h. The risks specifically associated with smoking
122 marijuana.

123 ~~i.h.~~ That the patient's de-identified health information
124 contained in the physician certification and medical marijuana
125 use registry may be used for research purposes.

126
127 A physician may not certify the medical use of marijuana by



168684

128 smoking for a patient under 18 years of age unless the patient
129 is diagnosed with a terminal condition, the certifying physician
130 determines that smoking is the most effective means of
131 administering medical marijuana for the patient, and a second
132 physician who is a pediatrician concurs with that determination.
133 Such determination and concurrence must be documented in the
134 patient's medical record.

135 (b) If a qualified physician issues a physician
136 certification for a qualified patient diagnosed with a
137 qualifying medical condition pursuant to paragraph (2)(k), the
138 physician must submit the following to the applicable board
139 within 14 days after issuing the physician certification:

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

143 2. Documentation that establishes the efficacy of marijuana
144 as treatment for the condition.

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

148 4. Any other documentation as required by board rule.
149

150 The department must submit such documentation to the Consortium
151 Coalition for Medical Marijuana Clinical Outcomes Research and
152 Education established pursuant to s. 1004.4351.

153 (c) The Board of Medicine and the Board of Osteopathic
154 Medicine shall each, by July 1, 2021, adopt by rule practice
155 standards for the certification of smoking as a route of
156 administration. The department shall provide the Board of



168684

157 Medicine and the Board of Osteopathic Medicine information from
158 the medical marijuana use registry as necessary for the adoption
159 of practice standards under this paragraph. Such information may
160 not include a qualified physician's, a qualified patient's, or a
161 caregiver's personal identifying information.

162 (d)~~(e)~~ A qualified physician may not issue a physician
163 certification for more than three 70-day supply limits of
164 marijuana or six 35-day supply limits of marijuana in a form for
165 smoking. The department shall quantify by rule a daily dose
166 amount with equivalent dose amounts for each allowable form of
167 marijuana dispensed by a medical marijuana treatment center. The
168 department shall use the daily dose amount to calculate a 70-day
169 supply or a 35-day supply, as appropriate.

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

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

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

177 c. A description of how the patient will benefit from an
178 increased amount.

179 d. The minimum daily dose amount of marijuana that would be
180 sufficient for the treatment of the qualified patient's
181 qualifying medical condition.

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

184 3. The department shall approve or disapprove the request
185 within 14 days after receipt of the complete documentation



168684

186 required by this paragraph. The request shall be deemed approved
187 if the department fails to act within this time period.

188 (e)~~(d)~~ A qualified physician must evaluate an existing
189 qualified patient at least once every 30 weeks before issuing a
190 new physician certification. A physician must:

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

193 2. Identify and document in the qualified patient's medical
194 records whether the qualified patient experienced either of the
195 following related to the medical use of marijuana:

196 a. An adverse drug interaction with any prescription or
197 nonprescription medication; or

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

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

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

212 (g)~~(f)~~ The department shall monitor physician registration
213 in the medical marijuana use registry and the issuance of
214 physician certifications for practices that could facilitate



168684

215 unlawful diversion or misuse of marijuana or a marijuana
216 delivery device and shall take disciplinary action as
217 appropriate.

218 (h)~~(g)~~ The Board of Medicine and the Board of Osteopathic
219 Medicine shall jointly create a physician certification pattern
220 review panel that shall review all physician certifications
221 submitted to the medical marijuana use registry. The panel shall
222 track and report the number of physician certifications and the
223 qualifying medical conditions, dosage, supply amount, and form
224 of marijuana certified. The panel shall report the data both by
225 individual qualified physician and in the aggregate, by county,
226 and statewide. The physician certification pattern review panel
227 shall, beginning January 1, 2018, submit an annual report of its
228 findings and recommendations to the Governor, the President of
229 the Senate, and the Speaker of the House of Representatives.

230 (i)~~(h)~~ The department, the Board of Medicine, and the Board
231 of Osteopathic Medicine may adopt rules pursuant to ss.
232 120.536(1) and 120.54 to implement this subsection.

233 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

234 (e) A licensed medical marijuana treatment center shall
235 cultivate, process, transport, and dispense marijuana for
236 medical use. A licensed medical marijuana treatment center may
237 not contract for services directly related to the cultivation,
238 processing, and dispensing of marijuana or marijuana delivery
239 devices, except that a medical marijuana treatment center
240 licensed pursuant to subparagraph (a)1. may contract with a
241 single entity for the cultivation, processing, transporting, and
242 dispensing of marijuana and marijuana delivery devices. A
243 licensed medical marijuana treatment center must, at all times,



244 maintain compliance with the criteria demonstrated and
245 representations made in the initial application and the criteria
246 established in this subsection. Upon request, the department may
247 grant a medical marijuana treatment center a variance from the
248 representations made in the initial application. Consideration
249 of such a request shall be based upon the individual facts and
250 circumstances surrounding the request. A variance may not be
251 granted unless the requesting medical marijuana treatment center
252 can demonstrate to the department that it has a proposed
253 alternative to the specific representation made in its
254 application which fulfills the same or a similar purpose as the
255 specific representation in a way that the department can
256 reasonably determine will not be a lower standard than the
257 specific representation in the application. A variance may not
258 be granted from the requirements in subparagraph 2. and
259 subparagraphs (b)1. and 2.

260 1. A licensed medical marijuana treatment center may
261 transfer ownership to an individual or entity who meets the
262 requirements of this section. A publicly traded corporation or
263 publicly traded company that meets the requirements of this
264 section is not precluded from ownership of a medical marijuana
265 treatment center. To accommodate a change in ownership:

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

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



273 c. Upon receipt of an application for a license, the
274 department shall examine the application and, within 30 days
275 after receipt, notify the applicant in writing of any apparent
276 errors or omissions and request any additional information
277 required.

278 d. Requested information omitted from an application for
279 licensure must be filed with the department within 21 days after
280 the department's request for omitted information or the
281 application shall be deemed incomplete and shall be withdrawn
282 from further consideration and the fees shall be forfeited.

283
284 Within 30 days after the receipt of a complete application, the
285 department shall approve or deny the application.

286 2. A medical marijuana treatment center, and any individual
287 or entity who directly or indirectly owns, controls, or holds
288 with power to vote 5 percent or more of the voting shares of a
289 medical marijuana treatment center, may not acquire direct or
290 indirect ownership or control of any voting shares or other form
291 of ownership of any other medical marijuana treatment center.

292 3. A medical marijuana treatment center may not enter into
293 any form of profit-sharing arrangement with the property owner
294 or lessor of any of its facilities where cultivation,
295 processing, storing, or dispensing of marijuana and marijuana
296 delivery devices occurs.

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

300 5. Each medical marijuana treatment center must adopt and
301 enforce policies and procedures to ensure employees and



168684

302 volunteers receive training on the legal requirements to
303 dispense marijuana to qualified patients.

304 6. When growing marijuana, a medical marijuana treatment
305 center:

306 a. May use pesticides determined by the department, after
307 consultation with the Department of Agriculture and Consumer
308 Services, to be safely applied to plants intended for human
309 consumption, but may not use pesticides designated as
310 restricted-use pesticides pursuant to s. 487.042.

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

313 c. Must inspect seeds and growing plants for plant pests
314 that endanger or threaten the horticultural and agricultural
315 interests of the state in accordance with chapter 581 and any
316 rules adopted thereunder.

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

320 7. Each medical marijuana treatment center must produce and
321 make available for purchase at least one low-THC cannabis
322 product.

323 8. Each medical marijuana treatment center must produce and
324 make available for purchase at least one type of pre-rolled
325 marijuana cigarette.

326 9.8. A medical marijuana treatment center that produces
327 edibles must hold a permit to operate as a food establishment
328 pursuant to chapter 500, the Florida Food Safety Act, and must
329 comply with all the requirements for food establishments
330 pursuant to chapter 500 and any rules adopted thereunder.



168684

331 Edibles may not contain more than 200 milligrams of
332 tetrahydrocannabinol, and a single serving portion of an edible
333 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles
334 may have a potency variance of no greater than 15 percent.
335 Edibles may not be attractive to children; be manufactured in
336 the shape of humans, cartoons, or animals; be manufactured in a
337 form that bears any reasonable resemblance to products available
338 for consumption as commercially available candy; or contain any
339 color additives. To discourage consumption of edibles by
340 children, the department shall determine by rule any shapes,
341 forms, and ingredients allowed and prohibited for edibles.
342 Medical marijuana treatment centers may not begin processing or
343 dispensing edibles until after the effective date of the rule.
344 The department shall also adopt sanitation rules providing the
345 standards and requirements for the storage, display, or
346 dispensing of edibles.

347 ~~10.9.~~ Within 12 months after licensure, a medical marijuana
348 treatment center must demonstrate to the department that all of
349 its processing facilities have passed a Food Safety Good
350 Manufacturing Practices, such as Global Food Safety Initiative
351 or equivalent, inspection by a nationally accredited certifying
352 body. A medical marijuana treatment center must immediately stop
353 processing at any facility which fails to pass this inspection
354 until it demonstrates to the department that such facility has
355 met this requirement.

356 ~~11.10.~~ When processing marijuana, a medical marijuana
357 treatment center must:

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



168684

360 b. Comply with department rules when processing marijuana
361 with hydrocarbon solvents or other solvents or gases exhibiting
362 potential toxicity to humans. The department shall determine by
363 rule the requirements for medical marijuana treatment centers to
364 use such solvents or gases exhibiting potential toxicity to
365 humans.

366 c. Comply with federal and state laws and regulations and
367 department rules for solid and liquid wastes. The department
368 shall determine by rule procedures for the storage, handling,
369 transportation, management, and disposal of solid and liquid
370 waste generated during marijuana production and processing. The
371 Department of Environmental Protection shall assist the
372 department in developing such rules.

373 d. Test the processed marijuana using a medical marijuana
374 testing laboratory before it is dispensed. Results must be
375 verified and signed by two medical marijuana treatment center
376 employees. Before dispensing, the medical marijuana treatment
377 center must determine that the test results indicate that low-
378 THC cannabis meets the definition of low-THC cannabis, the
379 concentration of tetrahydrocannabinol meets the potency
380 requirements of this section, the labeling of the concentration
381 of tetrahydrocannabinol and cannabidiol is accurate, and all
382 marijuana is safe for human consumption and free from
383 contaminants that are unsafe for human consumption. The
384 department shall determine by rule which contaminants must be
385 tested for and the maximum levels of each contaminant which are
386 safe for human consumption. The Department of Agriculture and
387 Consumer Services shall assist the department in developing the
388 testing requirements for contaminants that are unsafe for human



168684

389 consumption in edibles. The department shall also determine by
390 rule the procedures for the treatment of marijuana that fails to
391 meet the testing requirements of this section, s. 381.988, or
392 department rule. The department may select a random sample from
393 edibles available for purchase in a dispensing facility which
394 shall be tested by the department to determine that the edible
395 meets the potency requirements of this section, is safe for
396 human consumption, and the labeling of the tetrahydrocannabinol
397 and cannabidiol concentration is accurate. A medical marijuana
398 treatment center may not require payment from the department for
399 the sample. A medical marijuana treatment center must recall
400 edibles, including all edibles made from the same batch of
401 marijuana, which fail to meet the potency requirements of this
402 section, which are unsafe for human consumption, or for which
403 the labeling of the tetrahydrocannabinol and cannabidiol
404 concentration is inaccurate. The medical marijuana treatment
405 center must retain records of all testing and samples of each
406 homogenous batch of marijuana for at least 9 months. The medical
407 marijuana treatment center must contract with a marijuana
408 testing laboratory to perform audits on the medical marijuana
409 treatment center's standard operating procedures, testing
410 records, and samples and provide the results to the department
411 to confirm that the marijuana or low-THC cannabis meets the
412 requirements of this section and that the marijuana or low-THC
413 cannabis is safe for human consumption. A medical marijuana
414 treatment center shall reserve two processed samples from each
415 batch and retain such samples for at least 9 months for the
416 purpose of such audits. A medical marijuana treatment center may
417 use a laboratory that has not been certified by the department



168684

418 under s. 381.988 until such time as at least one laboratory
419 holds the required certification, but in no event later than
420 July 1, 2018.

421 e. Package the marijuana in compliance with the United
422 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
423 1471 et seq.

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

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

428 (II) The name of the medical marijuana treatment center
429 from which the marijuana originates.

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

432 (IV) The name of the physician who issued the physician
433 certification.

434 (V) The name of the patient.

435 (VI) The product name, if applicable, and dosage form,
436 including concentration of tetrahydrocannabinol and cannabidiol.
437 The product name may not contain wording commonly associated
438 with products marketed by or to children.

439 (VII) The recommended dose.

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

442 (IX) A marijuana universal symbol developed by the
443 department.

444 ~~12.11~~ The medical marijuana treatment center shall include
445 in each package a patient package insert with information on the
446 specific product dispensed related to:



168684

- 447 a. Clinical pharmacology.
448 b. Indications and use.
449 c. Dosage and administration.
450 d. Dosage forms and strengths.
451 e. Contraindications.
452 f. Warnings and precautions.
453 g. Adverse reactions.
- 454 13. In addition to the packaging and labeling requirements
455 in subparagraphs 11. and 12., marijuana in a form for smoking
456 must be packaged in a sealed receptacle with a legible and
457 prominent warning to keep away from children and a warning that
458 states marijuana smoke contains carcinogens and may negatively
459 affect health. Such receptacles for marijuana in a form for
460 smoking must be plain, opaque, and white without depictions of
461 the product or images other than the medical marijuana treatment
462 center's department-approved logo and the marijuana universal
463 symbol.
- 464 14. Before dispensing a marijuana delivery device, a
465 medical marijuana treatment center must ensure that the
466 marijuana delivery device:
- 467 a. Has a firmly affixed, legible, and permanent label
468 showing the medical marijuana treatment center's department-
469 approved logo, including each individual marijuana cigarette or
470 wrapping paper.
- 471 b. Does not incorporate colors, shapes, forms, or designs
472 that are intended to make the marijuana delivery device
473 attractive to children or are likely, by their nature, to be
474 attractive to children. The department shall adopt rules
475 specifying allowable colors, shapes, forms, and designs for



168684

476 marijuana delivery devices.

477 ~~15.12.~~ Each edible shall be individually sealed in plain,
478 opaque wrapping marked only with the marijuana universal symbol.
479 Where practical, each edible shall be marked with the marijuana
480 universal symbol. In addition to the packaging and labeling
481 requirements in subparagraphs 11. and 12. ~~subparagraphs 10. and~~
482 ~~11.~~, edible receptacles must be plain, opaque, and white without
483 depictions of the product or images other than the medical
484 marijuana treatment center's department-approved logo and the
485 marijuana universal symbol. The receptacle must also include a
486 list all of the edible's ingredients, storage instructions, an
487 expiration date, a legible and prominent warning to keep away
488 from children and pets, and a warning that the edible has not
489 been produced or inspected pursuant to federal food safety laws.

490 ~~16.13.~~ When dispensing marijuana or a marijuana delivery
491 device, a medical marijuana treatment center:

492 a. May dispense any active, valid order for low-THC
493 cannabis, medical cannabis and cannabis delivery devices issued
494 pursuant to former s. 381.986, Florida Statutes 2016, which was
495 entered into the medical marijuana use registry before July 1,
496 2017.

497 b. May not dispense more than a 70-day supply of marijuana
498 or more than a 35-day supply of marijuana in a form for smoking
499 to a qualified patient or caregiver. A 35-day supply of
500 marijuana in a form for smoking may not exceed four ounces.

501 c. Must have the medical marijuana treatment center's
502 employee who dispenses the marijuana or a marijuana delivery
503 device enter into the medical marijuana use registry his or her
504 name or unique employee identifier.



168684

505 d. Must verify that the qualified patient and the
506 caregiver, if applicable, each have an active registration in
507 the medical marijuana use registry and an active and valid
508 medical marijuana use registry identification card, the amount
509 and type of marijuana dispensed matches the physician
510 certification in the medical marijuana use registry for that
511 qualified patient, and the physician certification has not
512 already been filled.

513 e. May not dispense marijuana to a qualified patient who is
514 younger than 18 years of age. If the qualified patient is
515 younger than 18 years of age, marijuana may ~~only~~ be dispensed
516 only to the qualified patient's caregiver.

517 f. May not dispense or sell any other type of cannabis,
518 alcohol, or illicit drug-related product, ~~including pipes,~~
519 ~~bongs, or wrapping papers,~~ other than a marijuana delivery
520 device required for the medical use of marijuana and which is
521 specified in a physician certification.

522 g. Must, upon dispensing the marijuana or marijuana
523 delivery device, record in the registry the date, time,
524 quantity, and form of marijuana dispensed; the type of marijuana
525 delivery device dispensed; and the name and medical marijuana
526 use registry identification number of the qualified patient or
527 caregiver to whom the marijuana delivery device was dispensed.

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

531 (14) EXCEPTIONS TO OTHER LAWS.—

532 (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or
533 any other provision of law, but subject to the requirements of



168684

534 this section, a qualified patient and the qualified patient's
535 caregiver may purchase from a medical marijuana treatment center
536 for the patient's medical use a marijuana delivery device and up
537 to the amount of marijuana authorized in the physician
538 certification, but may not possess more than a 70-day supply of
539 marijuana at any given time and all marijuana purchased must
540 remain in its original packaging.

541 (b) Notwithstanding paragraph (a), s. 893.13, s. 893.135,
542 s. 893.147, or any other provision of law, a qualified patient
543 and the qualified patient's caregiver may purchase and possess a
544 marijuana delivery device intended for the medical use of
545 marijuana by smoking from a vendor other than a medical
546 marijuana treatment center.

547 (c) ~~(b)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,
548 or any other provision of law, but subject to the requirements
549 of this section, an approved medical marijuana treatment center
550 and its owners, managers, and employees may manufacture,
551 possess, sell, deliver, distribute, dispense, and lawfully
552 dispose of marijuana or a marijuana delivery device as provided
553 in this section, s. 381.988, and by department rule. For the
554 purposes of this subsection, the terms "manufacture,"
555 "possession," "deliver," "distribute," and "dispense" have the
556 same meanings as provided in s. 893.02.

557 (d) ~~(c)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,
558 or any other provision of law, but subject to the requirements
559 of this section, a certified marijuana testing laboratory,
560 including an employee of a certified marijuana testing
561 laboratory acting within the scope of his or her employment, may
562 acquire, possess, test, transport, and lawfully dispose of



168684

563 marijuana as provided in this section, in s. 381.988, and by
564 department rule.

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

572 (f)~~(e)~~ This subsection does not exempt a person from
573 prosecution for a criminal offense related to impairment or
574 intoxication resulting from the medical use of marijuana or
575 relieve a person from any requirement under law to submit to a
576 breath, blood, urine, or other test to detect the presence of a
577 controlled substance.

578 (g)~~(f)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,
579 or any other provision of law, but subject to the requirements
580 of this section and pursuant to policies and procedures
581 established pursuant to s. 1006.62(8), school personnel may
582 possess marijuana that is obtained for medical use pursuant to
583 this section by a student who is a qualified patient.

584 (h)~~(g)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,
585 or any other provision of law, but subject to the requirements
586 of this section, a research institute established by a public
587 postsecondary educational institution, such as the H. Lee
588 Moffitt Cancer Center and Research Institute, Inc., established
589 under s. 1004.43, or a state university that has achieved the
590 preeminent state research university designation under s.
591 1001.7065 may possess, test, transport, and lawfully dispose of



168684

592 marijuana for research purposes as provided by this section.

593 (15) APPLICABILITY.—

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

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

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

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

604 (e) This section does not prohibit the medical use of
605 marijuana, or a caregiver assisting with the medical use of
606 marijuana, in a nursing home licensed under part II of chapter
607 400; in a hospice facility licensed under part IV of chapter
608 400; or in an assisted living facility licensed under part I of
609 chapter 429, if the medical use of marijuana is not prohibited
610 in the facility's policies.

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

613 Section 2. Section 1004.4351, Florida Statutes, is amended
614 to read:

615 1004.4351 Medical marijuana research ~~and education~~.—

616 (1) SHORT TITLE.—This section shall be known and may be
617 cited as the “Medical Marijuana Research ~~and Education~~ Act.”

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

619 (a) The present state of knowledge concerning the use of
620 marijuana to alleviate pain and treat illnesses is limited



168684

621 because permission to perform clinical studies on marijuana is
622 difficult to obtain, with access to research-grade marijuana so
623 restricted that little or no unbiased studies have been
624 performed.

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

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

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

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

636 (a) "Board" means the Medical Marijuana Research ~~and~~
637 ~~Education~~ Board.

638 (b) "Consortium" ~~"Coalition"~~ means the Consortium Coalition
639 for Medical Marijuana Clinical Outcomes Research ~~and Education~~.

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

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

644 (a) There is established within the H. Lee Moffitt Cancer
645 Center and Research Institute, Inc., the Consortium Coalition
646 for Medical Marijuana Clinical Outcomes Research consisting of
647 public and private universities ~~and Education~~. The purpose of
648 the consortium coalition is to conduct rigorous scientific
649 research ~~and, provide education,~~ disseminate such research, ~~and~~



168684

650 ~~guide policy for the adoption of a statewide policy on ordering~~
651 ~~and dosing practices for the medical use of marijuana.~~ The
652 consortium ~~coalition~~ shall be physically located at the H. Lee
653 Moffitt Cancer Center and Research Institute, Inc.

654 (b) The Medical Marijuana Research ~~and Education~~ Board is
655 established to direct the operations of the consortium
656 ~~coalition~~. The board shall be composed of a chairperson
657 appointed by the H. Lee Moffitt Cancer Center and Research
658 Institute, Inc., a member appointed by the University of
659 Florida, and a member representing each other participating
660 university ~~seven members~~ appointed by the president of the
661 university ~~the chief executive officer of the H. Lee Moffitt~~
662 ~~Cancer Center and Research Institute, Inc.~~ Board members must
663 have experience in a variety of scientific and medical fields,
664 including, but not limited to, oncology, neurology, psychology,
665 pediatrics, nutrition, and addiction. Members shall be appointed
666 to 4-year terms and may be reappointed to serve additional
667 terms. ~~The chair shall be elected by the board from among its~~
668 ~~members to serve a 2-year term.~~ The board shall meet at least
669 semiannually at the call of the chair or, in his or her absence
670 or incapacity, the vice chair. Four members constitute a quorum.
671 A majority vote of the members present is required for all
672 actions of the board. The board may prescribe, amend, and repeal
673 a charter governing the manner in which it conducts its
674 business. A board member shall serve without compensation but is
675 entitled to be reimbursed for travel expenses by the consortium
676 ~~coalition~~ or the organization he or she represents in accordance
677 with s. 112.061.

678 (c) The consortium ~~coalition~~ shall be administered by a



168684

679 ~~coalition~~ director, who shall be appointed by the H. Lee Moffitt
680 Cancer Center and Research Institute, Inc ~~and serve at the~~
681 ~~pleasure of the board.~~ The ~~coalition~~ director shall, subject to
682 the approval of the board:

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

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

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

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

692 ~~5.4.~~ Prepare a plan for medical marijuana research ~~the~~
693 ~~Medical Marijuana Research and Education Plan~~ for submission to
694 the board.

695 ~~6.5.~~ Apply for grants to obtain funding for research
696 conducted by the consortium ~~coalition~~.

697 ~~7.6.~~ Perform other duties as determined by the board.

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

704 ~~(d)~~ ~~(e)~~ The board shall annually adopt a plan for medical
705 marijuana research. The plan shall organize a program of
706 research that contributes to the body of scientific knowledge on
707 the effects of the medical use of marijuana and informs both



168684

708 policy and medical practice related to the treatment of
709 debilitating medical conditions with marijuana. Research shall
710 include tracking clinical outcomes, certification standards,
711 dosing standards, routes of administration, efficacy, and side
712 effects. Research must also include the study of the effects of
713 smoking marijuana to treat debilitating medical conditions. The
714 board must award funds to members of the consortium to perform
715 research consistent with the plan, ~~known as the "Medical~~
716 ~~Marijuana Research and Education Plan," which must be in~~
717 ~~accordance with state law and coordinate with existing programs~~
718 ~~in this state. The plan must include recommendations for the~~
719 ~~coordination and integration of medical, pharmacological,~~
720 ~~nursing, paramedical, community, and other resources connected~~
721 ~~with the treatment of debilitating medical conditions; research~~
722 ~~related to the treatment of such medical conditions; and~~
723 ~~education.~~

724 (e) ~~(f)~~ By February 15 of each year, the board shall issue a
725 report to the Governor, the President of the Senate, and the
726 Speaker of the House of Representatives on research projects,
727 research findings, community outreach initiatives, and future
728 plans for the consortium ~~coalition~~.

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



168684

737 registry before August 1, 2019.

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

744 Section 3. Paragraph (h) of subsection (2) and paragraph
745 (b) of subsection (3) of section 381.987, Florida Statutes, are
746 amended to read:

747 381.987 Public records exemption for personal identifying
748 information relating to medical marijuana held by the
749 department.—

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

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

754 (3) The department shall allow access to the confidential
755 and exempt information pertaining to the physician certification
756 for marijuana and the dispensing thereof, whether in the
757 registry or otherwise held by the department, to:

758 (b) The Consortium ~~Coalition~~ for Medical Marijuana Clinical
759 Outcomes Research ~~and Education~~ pursuant to s. 381.986 for the
760 purpose of conducting research regarding the medical use of
761 marijuana.

762 Section 4. The proviso following Specific Appropriation 422
763 in section 3 of chapter 2018-9, Laws of Florida, and the proviso
764 following Specific Appropriation 424 in section 3 of chapter
765 2018-9, Laws of Florida, are repealed and the funds appropriated



168684

766 by those specific appropriations which were affected by those
767 provisos are released from reserve.

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

769

770 ===== T I T L E A M E N D M E N T =====

771 And the title is amended as follows:

772 Delete everything before the enacting clause
773 and insert:

774 A bill to be entitled

775 An act relating to the medical use of marijuana;
776 amending s. 381.986, F.S.; redefining the term
777 "marijuana delivery device" to eliminate the
778 requirement that such devices must be purchased from a
779 medical marijuana treatment center; redefining the
780 term "medical use" to include the possession, use, or
781 administration of marijuana in a form for smoking;
782 restricting the smoking of marijuana in enclosed
783 indoor workplaces; conforming a provision to changes
784 made by the act; requiring a patient's informed
785 consent form to include the risks specifically
786 associated with smoking marijuana; prohibiting a
787 physician from certifying a patient under 18 years of
788 age to smoke marijuana for medical use unless the
789 patient is diagnosed with a terminal condition and the
790 physician makes a certain determination in concurrence
791 with a second physician who is a pediatrician;
792 conforming a provision to changes made by the act;
793 requiring the Board of Medicine and the Board of
794 Osteopathic Medicine to adopt certain practice



795 standards by rule; requiring the Department of Health
796 to provide the boards with certain information from
797 the medical marijuana use registry, as necessary;
798 establishing supply limits for physician
799 certifications for marijuana in a form for smoking;
800 requiring each medical marijuana treatment center to
801 produce and make available for purchase at least one
802 type of pre-rolled marijuana cigarette; requiring that
803 marijuana in a form for smoking meet certain packaging
804 and labeling requirements; requiring a medical
805 marijuana treatment center to ensure that a marijuana
806 delivery device meets certain packaging and labeling
807 requirements; requiring the department to adopt rules
808 specifying certain packaging and labeling requirements
809 for marijuana delivery devices; prohibiting a medical
810 marijuana treatment center from dispensing more than a
811 specified supply limit of marijuana in a form for
812 smoking; deleting a provision prohibiting a medical
813 marijuana treatment center from dispensing or selling
814 specified products; allowing marijuana delivery
815 devices to be purchased from a vendor other than a
816 medical marijuana treatment center; providing
817 applicability; amending s. 1004.4351, F.S.; renaming
818 the Coalition for Medical Marijuana Research and
819 Education as the Consortium for Medical Marijuana
820 Clinical Outcomes Research; establishing the
821 consortium for a specified purpose; renaming the
822 Medical Marijuana Research and Education Board as the
823 Medical Marijuana Research Board; requiring the board



168684

824 to direct the operations of the consortium; providing
825 membership of the board; providing for the appointment
826 of a consortium director; providing duties of the
827 consortium director; requiring the board to annually
828 adopt a plan for medical marijuana research; requiring
829 the plan to include specified information; providing
830 research requirements for the plan; requiring the
831 board to issue an annual report to the Governor and
832 Legislature by a specified date; requiring the
833 department to submit certain data sets to the board;
834 amending s. 381.987, F.S.; conforming provisions to
835 changes made by the act; repealing proviso language in
836 s. 3, ch. 2018-9, Laws of Florida, relating to
837 salaries and benefits positions and other personnel
838 services of the department; providing an effective
839 date.