

The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**

HEALTH POLICY  
Senator Young, Chair  
Senator Passidomo, Vice Chair

**MEETING DATE:** Tuesday, December 13, 2016  
**TIME:** 10:00 a.m.—12:00 noon  
**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Book, Hukill, Hutson, Montford, and Powell

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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Workshop on the Implementation of Florida Constitutional Amendment 2 (2016) - Use of Marijuana for Debilitating Medical Conditions		Presented

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Other Related Meeting Documents

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# COMMITTEE ON HEALTH POLICY JURISDICTIONAL RESPONSIBILITIES

## **Agency Oversight**

- Agency for Health Care Administration
- Department of Health

## **Health Care Delivery Systems**

- Medicaid
- Children's Health Insurance (CHIP, KidCare, Florida Healthy Kids Corporation)
- Children's Medical Services
- Disease Interventions
- Federal Affordable Care Act
- County Health Departments, Federally Qualified Health Centers
- Rural Health

## **Licensure and Regulation of Health Care Practitioners**

- Licensure and Credentialing, Scope of Practice, Malpractice, and Discipline
- Workforce Adequacy and Education
- Emergency Medical Operations
- Background Screening

## **Licensure and Regulation of Health Care Facilities**

- Hospitals, ambulatory surgical centers, nursing homes, assisted living facilities, nurse registries, clinical laboratories, abortion clinics, health care clinics, etc.
- Background Screening
- Florida Center for Health Information and Transparency

## **Market Regulation & Health Care Ethics**

- Certificate of Need
- Trauma Center Allocation and Designation
- Health Care Provider Certificates
- Subscriber Assistance Program
- Provider and Health Plan Claim Dispute Resolution Program
- Abortion
- Advance Directives
- Health Care Surrogates
- Biomedical Research
- Human-Subject Medical Research
- Health Care Provider Conflicts of Interest and Referrals
- Health Care Fraud and Abuse

## COMMITTEE ON HEALTH POLICY JURISDICTIONAL RESPONSIBILITIES

- Right to Privacy
- End-of-Life Issues
- Medical Records / Electronic Health Records

### **Drugs and Medical Devices (DBPR)**

### **Environmental Health Programs (DOH)**

Biomedical waste disposal, food hygiene, group care facilities, lodging parks, migrant labor camps, mobile home parks, monitoring the safety of beach water, onsite sewage treatment and disposal systems, public swimming pools, recreational camps, and recreational vehicle parks

### **Medical Marijuana**

### **Medical Provider Sovereign Immunity**

### **Public Health Programs**

Bright Expectations; Early Steps; Healthy Start; emergency preparedness and response; injury and disease prevention programs; minority health; newborn screening; dental health; school health; public health laboratories; family planning and reproductive health services; tobacco; vital statistics; and Women Infants and Children's Program (WIC)

### **Telehealth / Telemedicine**

SECTION 29. Medical marijuana production, possession and use.—

(a) PUBLIC POLICY.

(1) The medical use of marijuana by a qualifying patient or caregiver in compliance with this section is not subject to criminal or civil liability or sanctions under Florida law.

(2) A physician shall not be subject to criminal or civil liability or sanctions under Florida law solely for issuing a physician certification with reasonable care to a person diagnosed with a debilitating medical condition in compliance with this section.

(3) Actions and conduct by a Medical Marijuana Treatment Center registered with the Department, or its agents or employees, and in compliance with this section and Department regulations, shall not be subject to criminal or civil liability or sanctions under Florida law.

(b) DEFINITIONS. For purposes of this section, the following words and terms shall have the following meanings:

(1) “Debilating Medical Condition” means cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn’s disease, Parkinson’s disease, multiple sclerosis, or other debilitating medical conditions of the same kind or class as or comparable to those enumerated, and for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient.

(2) “Department” means the Department of Health or its successor agency.

(3) “Identification card” means a document issued by the Department that identifies a qualifying patient or a caregiver.

(4) “Marijuana” has the meaning given cannabis in Section 893.02(3), Florida Statutes (2014), and, in addition, “Low-THC cannabis” as defined in Section 381.986(1)(b), Florida Statutes (2014), shall also be included in the meaning of the term “marijuana.”

(5) “Medical Marijuana Treatment Center” (MMTC) means an entity that acquires, cultivates, possesses, processes (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their caregivers and is registered by the Department.

(6) “Medical use” means the acquisition, possession, use, delivery, transfer, or administration of an amount of marijuana not in conflict with Department rules, or of related supplies by a qualifying patient or caregiver for use by the caregiver’s designated qualifying patient for the treatment of a debilitating medical condition.

(7) “Caregiver” means a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient’s medical use of marijuana and has qualified for and obtained a caregiver identification card issued by the Department. The Department may limit the number of qualifying patients a caregiver may assist at one time and the number of caregivers that a qualifying patient may have at one time. Caregivers are prohibited from consuming marijuana obtained for medical use by the qualifying patient.

(8) “Physician” means a person who is licensed to practice medicine in Florida.

(9) “Physician certification” means a written document signed by a physician, stating that in the physician’s professional opinion, the patient suffers from a debilitating medical condition, that the medical use of marijuana would likely outweigh the potential health risks for the patient, and for how long the physician recommends the medical use of marijuana for the patient. A physician certification may only be provided after the physician has conducted a physical examination and a full assessment of the medical history of the patient. In order for a physician certification to be issued to a minor, a parent or legal guardian of the minor must consent in writing.

(10) “Qualifying patient” means a person who has been diagnosed to have a debilitating medical condition, who has a physician certification and a valid qualifying patient identification card. If the Department does not begin issuing identification cards within nine (9) months after the effective date of this section, then a valid physician certification will serve as a patient identification card in order to allow a person to become a “qualifying patient” until the Department begins issuing identification cards.

(c) LIMITATIONS.

(1) Nothing in this section allows for a violation of any law other than for conduct in compliance with the provisions of this section.

(2) Nothing in this section shall affect or repeal laws relating to non-medical use, possession, production, or sale of marijuana.

(3) Nothing in this section authorizes the use of medical marijuana by anyone other than a qualifying patient.

(4) Nothing in this section shall permit the operation of any vehicle, aircraft, train or boat while under the influence of marijuana.

(5) Nothing in this section requires the violation of federal law or purports to give immunity under federal law.

(6) Nothing in this section shall require any accommodation of any on-site medical use of marijuana in any correctional institution or detention facility or place of education or employment, or of smoking medical marijuana in any public place.

(7) Nothing in this section shall require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the medical use of marijuana.

(8) Nothing in this section shall affect or repeal laws relating to negligence or professional malpractice on the part of a qualified patient, caregiver, physician, MMTC, or its agents or employees.

(d) **DUTIES OF THE DEPARTMENT.** The Department shall issue reasonable regulations necessary for the implementation and enforcement of this section. The purpose of the regulations is to ensure the availability and safe use of medical marijuana by qualifying patients. It is the duty of the Department to promulgate regulations in a timely fashion.

(1) **Implementing Regulations.** In order to allow the Department sufficient time after passage of this section, the following regulations shall be promulgated no later than six (6) months after the effective date of this section:

a. Procedures for the issuance and annual renewal of qualifying patient identification cards to people with physician certifications and standards for renewal of such identification cards. Before issuing an identification card to a minor, the Department must receive written consent from the minor's parent or legal guardian, in addition to the physician certification.

b. Procedures establishing qualifications and standards for caregivers, including conducting appropriate background checks, and procedures for the issuance and annual renewal of caregiver identification cards.

c. Procedures for the registration of MMTCs that include procedures for the issuance, renewal, suspension and revocation of registration, and standards to ensure proper security, record keeping, testing, labeling, inspection, and safety.

d. A regulation that defines the amount of marijuana that could reasonably be presumed to be an adequate supply for qualifying patients' medical use, based on the best available evidence. This presumption as to quantity may be overcome with evidence of a particular qualifying patient's appropriate medical use.

(2) **Identification cards and registrations.** The Department shall begin issuing qualifying patient and caregiver identification cards, and registering MMTCs no later than nine (9) months after the effective date of this section.

(3) If the Department does not issue regulations, or if the Department does not begin issuing identification cards and registering MMTCs within the time limits set in this section, any Florida citizen shall have standing to seek judicial relief to compel compliance with the Department's constitutional duties.

(4) The Department shall protect the confidentiality of all qualifying patients. All records containing the identity of qualifying patients shall be confidential and kept from public disclosure other than for valid medical or law enforcement purposes.

(e) LEGISLATION. Nothing in this section shall limit the legislature from enacting laws consistent with this section.

(f) SEVERABILITY. The provisions of this section are severable and if any clause, sentence, paragraph or section of this measure, or an application thereof, is adjudged invalid by a court of competent jurisdiction other provisions shall continue to be in effect to the fullest extent possible.

History.—Proposed by Initiative Petition filed with the Secretary of State January 9, 2015; adopted 2016.

# WORKSHOP ON THE IMPLEMENTATION OF AMENDMENT 2 - USE OF MARIJUANA FOR DEBILITATING MEDICAL CONDITIONS

## POLICY DECISIONS FOR THE SENATE

Initial Discussion - Health Policy Committee December 13, 2016

### GENERAL -

- Enact legislation or defer to constitutionally authorized rulemaking by the Department of Health
- Modify current law or develop new regulatory scheme
- Retain, either or both, low-THC authorization and authorization for terminally ill patients

### PATIENT AND PRODUCT ISSUES -

- Establish residency or similar conditions for patients
- Expressly prohibit self-cultivation
- Impose parameters on edibles or other delivery forms
- Expand the clean indoor air act
- Address issues with employers and drug-free workplace policies

### MEDICAL MARIJUANA TREATMENT CENTERS -

- Grandfather in approved dispensing organizations
- Impose restrictions on the number of registered MMTCs
- Vertical integration or defined functions
- Allow local control
- Ownership or change of ownership considerations
- Restrict location or proximity to other activities
- Requirements for security, recordkeeping, testing, labeling, inspection, and safety



## PHYSICIANS -

- Designate practice acts (ch. 458 and ch. 459, F.S.)
- Authorize or prohibit delegation to physician assistants and advanced registered nurse practitioners
- Establish standards of practice
- Add new practice violations related to patient certifications

## CAREGIVERS -

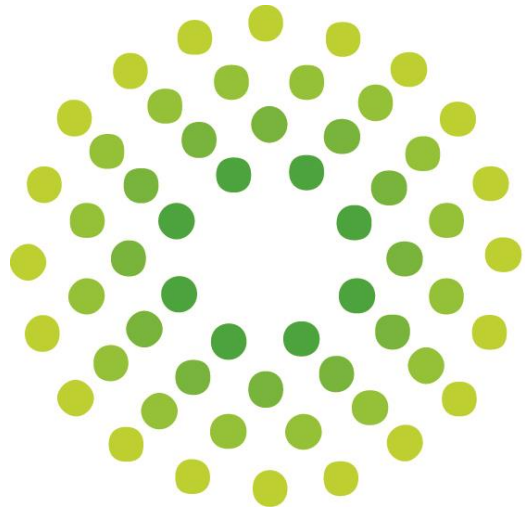
- Allow or prohibit professional caregivers
- Restrict number of caregivers per patient and patients per caregiver
- Determine disqualifying offenses, exceptions, and exemptions
- Sanctions for non-compliance

## LAW ENFORCEMENT AND PUBLIC SAFETY -

- DUI determinations
- Transport and delivery
- Statutory requirement to present ID cards
- Additional training and staff

## FISCAL IMPACTS -

- Taxation



Trulieve





# Senate Committee on Health Policy

12/13/16



# History

- 5 Dispensing Organizations were selected in November 2015:
  - George Hackney, Inc. d/b/a Trulieve (Northeast)
  - Chestnut Hill (Northwest)
  - Knox (Central)
  - Alpha Surterra (Southeast)
  - Costa Farms d/b/a Modern Health Concepts (Southwest)
- 1 additional license awarded in 2016- San Felasco
- Applications were over 1,000 pages long and required extremely detailed information regarding company structure, operations, security and financial viability
- 4 have received all authorizations and are selling product currently

# Trulieve



- Trulieve became the first fully licensed Dispensing Organization.
- Cultivation and processing facilities are located in Quincy, Florida
- Current dispensaries are located in Tallahassee and Clearwater with more to come soon.
- Focus on Product Quality and Safety

# Trulieve



- Team consists of:
  - Nurserymen
  - Experienced cannabis growers
  - Toxicologist
  - Nuclear engineer
  - Scientists
  - Physician
  - Lawyer
- Pesticide free
- Controlled, indoor environment
- Seed to sale tracking
- Laboratory on site: triple test cannabinoid profiles and safe for human consumption
- Products go through extraction process and made into an oil











# Trulieve Products

- Capsules
- Tinctures
- Oral syringes
- Vaporizer
- Topical





# TRULIEVE PRODUCT GUIDE

## Start Low and Go Slow

*This information is to be used as a guide. Final dosing is decided by the physician.*

### HIGH CBD/LOW THC PRODUCTS

Product	Registry Dosage	THC%	THC Weight	CBD%	CBD Weight	Dosing Unit	THC per dose	CBD per dose	Total Doses
Capsule Bottle 25ct 10mg Each CBD	250mg	<0.2%	19.25mg	1.5%	250mg	1 Capsule	<1mg	10mg	25
Capsule Bottle 25ct 50mg Each CBD	1,250mg	<0.6%	96mg	7.70%	1250mg	1 Capsule	<4mg	50mg	25
Capsule Bottle 5ct 10mg Each CBD	50mg	<0.2%	6.5mg	1.54%	50mg	1 Capsule	<1.3mg	10mg	5
Oral Syringe 200mg CBD	200mg	<0.1%	13mg	14%	200mg	1 Drop	<0.4mg	5mg	40
Tincture Droplet Bottle 500mg CBD	500mg	<0.1%	15mg	1.5%	500mg	1 Drop	<0.03mg	1mg	500
Vape Pen Cartridge 250mg CBD	250mg	<0.01%	<5mg	50%	250mg	3-Second Draw	<0.04mg	1.6mg	156

*The above numbers are established conservatively and are within a 2% variance.*



# Trulieve

- Quality product is paramount
  - Seed to Sale tracking of product
  - Testing
- Physicians are the gatekeeper
  - Pain points - 90 days and Treatment Plans
- Patient safety
  - Registry is key
  - Dosing and product consistency
  - Package and Labeling

## Medical Cannabis Florida Bullet Points

- The history of cannabis use dates back over 10,000 years. And yet, according to the CDC there are no deaths of marijuana overdose.
- Marijuana is non-addictive
- There is no evidence of this as a “gate-way drug”

**Medical Cannabis can be a complex and life-changing medical therapy. It should not be feared, but should be respected.**

- Cannabis acts at the endocannabinoid receptors. The cannabinoid system is one of the most important physiologic systems in maintaining human health. Endocannabinoids and cannabinoids allow communication among different cell types. And are major system regulators of endogenous immunoregulatory and inflammatory systems of the body, leading to multiple potential benefits.
- Including:
  - Epilepsy
  - Spasm (MS, ALS, Failed back Syndrome, etc)
  - Pain
  - PTSD
  - Brain trauma
  - Parkinson’s Disease
  - Anxiety and related disorders
  - Nausea/Vomiting/Anorexia
  - Arthritis
  - The list is ever growing...
- Plant compositions and consequently biological functions vary from strain to strain. We should work towards a communication system between dispensary scientists and physicians similar to that of pharmacists, physicians and patients today
- Medical Management
  - Proper physician training
    - Endocannabinoid biology and pathophysiology
    - Medical marijuana strain pharmacology and physiology
    - Concomitant therapies to complement medical cannabis
  - Sharing of information from the UF Registry and Department of Health (outcome measurements and tracking)
  - Appropriate patient monitoring (establish care with an in-person H & P and follow-up quarterly by phone or telehealth and annual re-visit.



13 December 2016

**Florida Senate Health Policy Committee  
Workshop on the Implementation of Florida Constitutional Amendment 2  
(2016)**

*Prepared Remarks of Ben Pollara, Executive Director of Florida for Care*

Thank you Madam Chair and the Committee for having me here today.

My name is Ben Pollara. I'm the executive director of Florida for Care, I was the manager of both the 2014 and 2016 campaigns to pass Amendment 2, and I was one of the primary authors of both iterations of the amendment in question.

As we are all aware, Amendment 2, "Use of Marijuana for Debilitating Medical Conditions", was recently approved by over 71% of Florida voters. The margin is historic - the largest of any medical marijuana initiative ever put before voters - but the breadth of support, I believe, is just as important as the margin. In 63 of 67 counties, 118 of 120 state house districts, every congressional district and every state senate district in Florida, medical marijuana received support in excess of the 60% required for passage. This expression of popular will was not regional, or partisan, or urban vs. suburban. This was a clear mandate of support from voters in every corner of our state.

An amendment is by its very nature a broad statement of principle that necessitates implementation by legislative and regulatory bodies. An amendment isn't statute and isn't supposed to be.

This amendment was designed to give implementing authorities discretion, within the clear parameters of the language, as to how to put in place a system of laws, rules and regulations best for the State of Florida.

It is my sincere desire - and that of the membership of Florida for Care that I represent today - to work as an honest partner with the legislature and Department of Health to do just that. The time for elections, and their accompanying rhetorical posturing, ended on November 9th. For us this has always been, from day one, about bringing a compassionate, comprehensive and well regulated medical marijuana law to Florida, for the simple beliefs that medical decisions should be made by doctors and patients, and that this is a piece of public policy that will,

virtually overnight, bring relief to hundreds of thousands of sick and suffering Floridians and their families.

But while the election is behind us, it is critical to not lose sight of the message and mandate that voters delivered with the passage of amendment 2.

As one of the authors of this law, as an advocate, and as an observer of politics, I believe strongly that the results speak to two essential mandates delivered by the electorate.

First - and at the most essential core of the amendment - that the decision of who qualifies for medical marijuana be one that occurs entirely within the context of the doctor-patient relationship.

Second, that the passage of Amendment 2 was likewise a message from voters to expand access to medical marijuana for those who qualify, and to do so by expanding the marketplace.

Voters did not approve this law in a vacuum, as would have been the case in 2014. Given the existence of the current, very limited, "medical marijuana" system in Florida, and the multi-front, multi-million dollar campaign warning of a "pot shop on every corner", I believe it is a more than fair assessment to say that a vote for amendment 2 was a vote to expand the marketplace here; at worst, a vote made with eyes wide open that it would be expanded by passage.

Amendment 2 provides very clear direction on the doctor-patient relationship.

It says who is authorized to certify the use of medical marijuana.  
Licensed Florida physicians.

It tells our doctors that the use of medical marijuana is only for individuals with debilitating conditions, and offers guidance on what is such a condition, but allows the doctor to make the ultimate decision.

And it proscribes precisely what a doctor must certify in writing to allow a patient to receive an ID card from the Department of Health, without which a patient is not a legal medical marijuana user.

The doctor-patient relationship is the most basic, essential, tenet of Amendment 2 and the plain language makes it patently sacrosanct.

Less clear is what a medical marijuana system and industry in Florida must look like, and by design; it is the job of the legislature and department to make that ultimate determination.

However, the law as written does provide some guidance to that effect.

It requires the adoption of reasonable regulations necessary for "the availability and safe use of medical marijuana by qualifying patients." It also defines Medical Marijuana Treatment Centers in such a way to require a multi-tiered business structure in the state, rather than the complete vertical integration required by current statute.

These factors, as well as the intent of the electorate in approving Amendment 2, should be considered, when contemplating implementation. Even putting aside the notion of serving a subjective "will of the people", the legislature should consider what it means simply to serve the people who will take advantage of this new law.

We are a geographically large state of over 20 million residents. The Department of Health has estimated a patient population of roughly 500,000 after a full year of implementation. The current system of "medical marijuana" businesses consists of six corporations, each of whom procured licenses through a competitive process designed to serve a patient population of under 100,000, which in practice has been less than 1000. To expect these half dozen businesses - not all of which are even serving patients under the current system - to serve a consumer base of five times or more the size of that which they were licensed to serve, simply doesn't make sense from a perspective of good public policy, truly competitive procurement practices, or free market principles.

Despite these challenges, there are many ways to circle the square between the plain language of the amendment, the expression of the voters' will, and the desire to put in place a strong regulatory structure, all while effectively serving Florida's patient population.

Nearly half the states have implemented such laws over the last two decades. We literally have dozens of examples to look towards for what works and what doesn't. There is no gold standard that I would say honestly our state should subscribe to. What the legislature now has is the opportunity to create the gold standard medical marijuana law for the state we all call home.

That is what I am here to advocate for and I look forward to working with the Florida Senate and the House of Representatives as they craft just such a law.

Thank you again for inviting me here today.

###

## **Amendment 2: Analysis of Intent**

**By John B. Morgan, Esq., Hon. Jon L. Mills, Esq., Tamar Todd, Esq., and Benjamin Pollara**

When interpreting new laws, courts frequently refer to the intent of the “framers”, or intent of the legislature. The concept is to understand the purposes behind the drafting of a statute or constitutional provision. In the case of initiatives in Florida, it is important for voters to be aware of intent and that once voters approve an amendment, courts know that the interpretations are in fact the intent of informed voters as well. Voters should vote for an amendment fully understanding the intent of the drafters. Fostering voter understanding is the central purpose of this memo, and we do so by expressing the intent of the individuals who drafted the language for Amendment 2.

Initiative proposals must present a unified and understandable purpose to even be allowed on the ballot. Amendments allowing the use of medical marijuana have passed the Florida Supreme Court’s test for clarity and unified purpose twice—in 2014 and 2016.

This Amendment, “Use of Marijuana for Debilitating Medical Conditions”, was drafted by John B Morgan, Esq., Jon L. Mills, Esq., Tamar Todd, Esq., and Benjamin Pollara. They are the primary authors of the Amendment’s text (and its predecessor, the 2014 Amendment 2). The political committee “PC”, People United for Medical Marijuana “PUFMM”, has Mr. Morgan as its Chairman, Mr. Pollara as its Treasurer (Chairman and Treasurer being the only two legal positions in a Florida PC), and has retained Mr. Mills’ counsel since early 2013. When each iteration of the Amendment came before the Florida Supreme Court, PUFMM was the sole proponent to submit briefs and arguments before the Court.

The understanding and intent of the voters is central to constitutional interpretation by the courts, legislature, and implementing agencies. This document is intended to provide background for voters and is meant to provide perspective as to the drafter’s intent. If Amendment 2 is approved by the voters, that affirmation can be viewed as agreement with the intent of this amendment as expressed in this memo and in other voter information materials.

We hope this document will be of assistance to voters, voter groups, and the media in describing the meaning and purpose of this amendment. Ultimately, we also hope that this background will assist and expedite the future work of the legislature and agencies working to implement this constitutional provision.



**BACKGROUND:** Citizen initiated amendments to the Florida Constitution must adhere to what is known as the “single subject rule” before the Florida Supreme Court approves their presentation to voters on an election ballot. In practice, what this means is an amendment must have a “unity of purpose” (a single subject), as well as have a “substantial impact” on no more than one function of state government (another element of the single subject rule). The purpose of this requirement is to avoid confusing voters as to the true intent of a proposed measure.

In addition, the court must determine that the ballot title and summary do not mislead the voters and fairly inform them of the principal purpose of the proposal.

The Supreme Court of Florida has now twice ruled that the 2014 and the 2016 amendment passed the “single subject” test and provided fair notice to the voters. The constitutionality of the 2014 iteration was affirmed in a 4-3 opinion by the Court; 2016’s was 7-0.

The following section “Public Policy”, items (a)(1)-(3) inform the most basic functions of Amendment 2, and guide the purpose of the rest of the amendment’s text. These three subsections are the “single subject” and principal purpose of this Amendment.

ARTICLE X, SECTION 29.– Medical marijuana production, possession and use.

(a) PUBLIC POLICY.

(1) The medical use of marijuana by a qualifying patient or caregiver in compliance with this section is not subject to criminal or civil liability or sanctions under Florida law.

- The purpose of this section is to prohibit the arrest, prosecution, and conviction of qualifying patients and caregivers or other penalty or sanction being levied against qualifying patients and caregivers for the medical use of medical marijuana as defined in the amendments or for other actions such as the purchase, possession or transport of marijuana taken in compliance with this Amendment. In addition to the simple function of making legal that which is not legal in the absence of this amendment, (i.e. “the medical use of marijuana”), this subsection also creates an important, clarifying, limitation to the law. The qualifying clause, “in compliance with this section”, informs the reader that the removal of “criminal or civil liability or sanctions” only applies to individuals acting in compliance with not only the text of the Amendment but with other legislation and regulations adopted as set forth in and consistent with the Amendment.

(2) A physician shall not be subject to criminal or civil liability or sanctions under Florida law solely for issuing a physician certification with reasonable care to a person diagnosed with a debilitating medical condition in compliance with this section.

- **This subsection prohibits the arrest, prosecution, and conviction of physicians or other penalty or sanction being levied against physicians for the act of writing a “Physician Certification” (defined in the subsequent section (b)), if the physician does so in a manner that is in compliance with the text of the Amendment and with a reasonable standard of professional care.**

(3) Actions and conduct by a Medical Marijuana Treatment Center registered with the Department, or its agents or employees, and in compliance with this section and Department regulations, shall not be subject to criminal or civil liability or sanctions under Florida law.

- **Finally, in order for patients and caregivers to have safe, reasonable access to medical marijuana under this law, and for physicians to be able to reasonably recommend marijuana to their patients with the knowledge they will be able to purchase a regulated, tested, and labeled product, the establishment of “Medical Marijuana Treatment Centers” [“MMTC’s”] is necessary. This subsection prohibits the arrest, prosecution, conviction, of owners, agents, and employees of MMTCs, or other penalty or sanction being levied against owners, agents, and employees of MMTCs, as long as they are registered with the Department of Health and are acting in compliance with not only the text of the amendment but with other legislation and regulations adopted as set forth in and consistent with the Amendment.**

(b) DEFINITIONS. For purposes of this section, the following words and terms shall have the following meanings:

(1) “Debilitating Medical Condition” means cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis, or other debilitating medical conditions of the same kind or class as or comparable to those enumerated, and for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient.

- **Qualifying Debilitating Medical Conditions includes the listed specific debilitating conditions, but also includes any comparable debilitating conditions for which the physician believes the potential benefit outweighs the known risk. An individual physician makes the determination if a condition is comparable to those listed in the text of the amendment. Individuals without a debilitating condition would not qualify to receive medical marijuana under this Amendment.**

(2) “Department” means the Department of Health or its successor agency.

(3) “Identification card” means a document issued by the Department that identifies a qualifying patient or a caregiver.

(4) “Marijuana” has the meaning given cannabis in Section 893.02(3), Florida Statutes (2014), and, in addition, “Low-THC cannabis” as defined in Section 381.986(1)(b), Florida Statutes (2014), shall also be included in the meaning of the term “marijuana.”

- **The definition of Medical Marijuana includes all current statutory definitions of cannabis (or medical marijuana). The effect of the language is to assure the definition cannot be changed in a way that limits the scope of the application of this provision. Section 893.02(3), Fla. Stat. (2014), defines “cannabis” as “all parts of the plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin.” Section 381.986(1)(b), Fla. Stat., describes “Low-THC cannabis” as: a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization.**

(5) “Medical Marijuana Treatment Center” (MMTC) means an entity that acquires, cultivates, possesses, processes (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their caregivers and is registered by the Department.

- **This Amendment allows for MMTCs to register with the Department of Health to engage in a variety of discrete activities, as outlined. MMTCs must be registered to engage in any of the activities listed in the definition, but do not have to engage in all of them. For example, a cultivator may be registered separately from a dispensary. Some of the activities listed may overlap between the various MMTCs (such as possessing medical marijuana). The Amendment provides for multiple types of MMTCs, including, but not necessarily limited to: cultivation; processing; distributing; dispensing; transportation; and administration. This language allows cross ownership of MMTCs, but does not require any cross ownership of MMTCs. A requirement that a single MMTC must perform all MMTC functions would be contrary to the language and intent of this Amendment, which clearly calls for a variety of business functions in the language. The Amendment also allows the legislature to set reasonable limits on ownership of multiple MMTCs by any operator. This ownership structure is intended to foster and support the sufficient**

**availability of medical marijuana, reasonable cost, and safe use for qualified patients.**

(6) “Medical use” means the acquisition, possession, use, delivery, transfer, or administration of an amount of marijuana not in conflict with Department rules, or of related supplies by a qualifying patient or caregiver for use by the caregiver’s designated qualifying patient for the treatment of a debilitating medical condition.

- **This definition intends to encompass all activity engaged in by a qualifying patient and his or her caregiver necessary for the treatment of the qualifying patient’s debilitating medical condition with medical marijuana that is consistent with the text of the Amendment.**

(7) “Caregiver” means a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient's medical use of marijuana and has qualified for and obtained a caregiver identification card issued by the Department. The Department may limit the number of qualifying patients a caregiver may assist at one time and the number of caregivers that a qualifying patient may have at one time. Caregivers are prohibited from consuming marijuana obtained for medical use by the qualifying patient.

- **This definition allows for the Department of Health to place reasonable limits on the number of qualifying patients one caregiver may be allowed to assist, and on the number of caregivers that one qualifying patient may be allowed to have at the same time. Under the text of the Amendment, the Department could not set either number at zero, but could set a higher number for the number of qualifying patients a caregiver may assist and the number of caregivers a qualifying patient may be allowed to have. This provision also requires that caregivers be at least 21 years old and that they obtain an identification card.**

(8) “Physician” means a person who is licensed to practice medicine in Florida.

(9) “Physician certification” means a written document signed by a physician, stating that in the physician's professional opinion, the patient suffers from a debilitating medical condition, that the medical use of marijuana would likely outweigh the potential health risks for the patient, and for how long the physician recommends the medical use of marijuana for the patient. A physician certification may only be provided after the physician has conducted a physical examination and a full assessment of the medical history of the patient. In order for a physician certification to be issued to a minor, a parent or legal guardian of the minor must consent in writing.

- **Under this amendment, minors may not receive Medical Marijuana without the written consent of their parent or legal guardian. Two parts of the Amendment provide this safeguard: first, physicians may only provide a certification to a minor**

**child when the parent or legal guardian has consented in writing; and second, the Department of Health also must receive written consent from the parent or legal guardian before issuing an identification card to a minor, in addition to the physician certification.**

(10) "Qualifying patient" means a person who has been diagnosed to have a debilitating medical condition, who has a physician certification and a valid qualifying patient identification card. If the Department does not begin issuing identification cards within nine (9) months after the effective date of this section, then a valid physician certification will serve as a patient identification card in order to allow a person to become a "qualifying patient" until the Department begins issuing identification cards.

- **A qualifying patient is a person who has been diagnosed with a debilitating medical condition, who has a physician certification, and a valid identification card. Under this Amendment, if the Department of Health delays issuing identification cards to qualifying patients and caregivers or refuses to do so, the valid physician certification issued to a patient will serve as a patient identification card for purposes of accessing medical marijuana and providing legal protection to the patient until such a time as the Department has complied with its obligations to issue identification cards.**

(c) LIMITATIONS.

- **The general purpose of this section is to make clear the limitations of this amendment. This Amendment is intended to facilitate the proper use of medical marijuana in the manner provided by the Amendment and to provide legal protections, and is not intended otherwise to affect criminal law (including other prohibitions on marijuana use, possession, production or sale), negligence law, medical ethics or malpractice, or insurance law.**

(1) Nothing in this section allows for a violation of any law other than for conduct in compliance with the provisions of this section.

(2) Nothing in this section shall affect or repeal laws relating to non-medical use, possession, production, or sale of marijuana.

(3) Nothing in this section authorizes the use of medical marijuana by anyone other than a qualifying patient.

(4) Nothing in this section shall permit the operation of any vehicle, aircraft, train or boat while under the influence of marijuana.

- **This Amendment does not affect the current statutory prohibition on the operation of a vehicle, aircraft, train or boat while under the influence of marijuana. The legislature may pass additional laws regarding operating motor vehicles under the influence of MMJ.**

(5) Nothing in this section requires the violation of federal law or purports to give immunity under federal law.

- **This provision is echoed in the Ballot Summary, and makes clear to Florida voters that this Amendment does not change Federal law, under which marijuana is currently prohibited, but which the Justice Department has stated it does not intend to devote resources to prosecute marijuana use complying with state medical marijuana states in most cases. A 2013 DOJ memo states that federal enforcement priorities for marijuana will include cases involving organized crime and the trafficking of other illicit substances, diversion of the marijuana to other states where it is prohibited, preventing the distribution of marijuana to minors, and preventing use of or production of marijuana on federal lands or property. Additionally, the “Rohrabacher-Farr Amendment” enacted by Congress as part of a federal appropriations bill prohibits the United States Department of Justice (“DOJ”) from expending funds to undermine state laws authorizing the use and distribution of medical marijuana.**

(6) Nothing in this section shall require any accommodation of any on-site medical use of marijuana in any correctional institution or detention facility or place of education or employment, or of smoking medical marijuana in any public place.

- **This section, makes clear that the Amendment does not require that the smoking of medical marijuana be allowed in public unlike the proper use of medical marijuana in a private place which is not illegal. This provision also makes clear that the amendment does not change current laws relating to the use of marijuana in schools, correction institutions, detention facilities, and places of employment. While the amendment only addresses “smoking” specifically, the legislature and/or local governments may enact restrictions on other forms of consumption of marijuana in a public place.**

(7) Nothing in this section shall require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the medical use of marijuana.

- **This section makes clear that no insurance provider or government agency will be required to pay for expenses related to the use of medical marijuana.**

(8) Nothing in this section shall affect or repeal laws relating to negligence or professional malpractice on the part of a qualified patient, caregiver, physician, MMTC, or its agents or employees.

- **This section is intended to make clear that existing laws relating to professional care, negligence or malpractice remain in effect. For example, a doctor remains potentially liable for other ethics violations or malpractice committed while treating a qualifying patient, and also remains potentially liable if the physician certification is made in a manner that does not comply with the requirements of this amendment. Additionally, qualifying patients remain liable for negligent conduct and professional malpractice regardless of the other protections in the Amendment for their medical use of marijuana.**

(d) DUTIES OF THE DEPARTMENT. The Department shall issue reasonable regulations necessary for the implementation and enforcement of this section. The purpose of the regulations is to ensure the availability and safe use of medical marijuana by qualifying patients. It is the duty of the Department to promulgate regulations in a timely fashion.

- **This section requires the Department of Health to adopt reasonable regulations to implement this Amendment and to provide for the availability and safe use of medical marijuana. The intent of these regulations is to facilitate the provision of medical marijuana to qualifying patients in a safe manner. The following subsections describe the duties of the Department with regard to issuing patient and caregiver identification cards, and registering MMTCs. The intent of this provision would prevent unnecessary and unreasonable burdens on access to medical marijuana such as arbitrary or overly restrictive limits on the number or size of MMTCs or an unreasonable delay in promulgating regulations and registering MMTCs. The final subsection allows for citizen enforcement in court if the Department does not issue reasonable and necessary regulations in a timely manner.**

(1) Implementing Regulations. In order to allow the Department sufficient time after passage of this section, the following regulations shall be promulgated no later than six (6) months after the effective date of this section:

- a. Procedures for the issuance and annual renewal of qualifying patient identification cards to people with physician certifications and standards for renewal of such identification cards. Before issuing an identification card to a minor, the Department must receive written consent from the minor's parent or legal guardian, in addition to the physician certification.
- b. Procedures establishing qualifications and standards for caregivers, including conducting appropriate background checks, and procedures for the issuance and annual renewal of caregiver identification cards.

- **The intent of this section is to ensure that the Department has adequate information about all caregivers and can ensure that caregivers are adequately responsible to serve as caregivers for qualified patients.**

c. Procedures for the registration of MMTCs that include procedures for the issuance, renewal, suspension and revocation of registration, and standards to ensure proper security, record keeping, testing, labeling, inspection, and safety.

- **This section requires the Department of Health to impose standards for registering and regulating MMTCs. The standards must be reasonable and necessary to ensure the availability and safe use of medical marijuana by qualifying patients. The Department of Health shall not register MMTCs until the MMTCs are in compliance with the established standards. The Department shall establish standards for proper security, record keeping, testing, labeling, inspection, and safety.**

d. A regulation that defines the amount of marijuana that could reasonably be presumed to be an adequate supply for qualifying patients' medical use, based on the best available evidence. This presumption as to quantity may be overcome with evidence of a particular qualifying patient's appropriate medical use.

- **The intent of this provision is to give the Department of Health the authority to limit the amount of medical marijuana a qualifying patient may purchase at any given time. In other states with medical marijuana programs, an "adequate supply" is a term that is generally understood to be a supply ranging from 30-90 days. However, this provision allows for qualifying patients to increase their supply beyond the limit established by the Department if a greater amount is appropriate for a particular qualifying patient's medical use.**

(2) Identification cards and registrations. The Department shall begin issuing qualifying patient and caregiver identification cards, and registering MMTCs no later than nine (9) months after the effective date of this section.

(3) If the Department does not issue regulations, or if the Department does not begin issuing identification cards and registering MMTCs within the time limits set in this section, any Florida citizen shall have standing to seek judicial relief to compel compliance with the Department's constitutional duties.

- **This provision gives any Florida citizen standing to seek judicial relief to compel the Department into compliance with its duty. Regulations that would have the effect of preventing successful, timely implementation of the program consistent with the intents and purposes of the Amendment would fail to satisfy the requirement for reasonable regulations.**



(4) The Department shall protect the confidentiality of all qualifying patients. All records containing the identity of qualifying patients shall be confidential and kept from public disclosure other than for valid medical or law enforcement purposes.

(e) LEGISLATION. Nothing in this section shall limit the legislature from enacting laws consistent with this section.

- **This Amendment does not require or need any legislative implementation to take effect. However, the Legislature may pass laws that further the intent and purposes of this amendment, and the Legislature may pass laws that otherwise expand access to marijuana. However, the Legislature may not pass laws that would be contrary to the purpose or nullify this Amendment.**

**Note also that the existing law allowing for “Compassionate use of low-THC and medical cannabis,” found in Section 381.986, Florida Statutes, first adopted in 2014 and amended in 2016, is not implementing legislation for this Amendment. This Amendment defines medical marijuana differently and the scope and standards for this amendment are intended to provide broader access to more qualifying patients than provided for in the existing statutes.**

(f) SEVERABILITY. The provisions of this section are severable and if any clause, sentence, paragraph or section of this measure, or an application thereof, is adjudged invalid by a court of competent jurisdiction other provisions shall continue to be in effect to the fullest extent possible.

**Short summary of the process by which someone accesses medical marijuana from an MMTC under this Amendment.**

Before a person may obtain medical marijuana, the following conditions must occur:

1. The patient must visit a licensed Florida physician, whereupon the physician shall conduct an examination and full assessment of the patient’s medical history to determine the whether the patient has a debilitating medical condition, and whether the use of medical marijuana should be considered.
2. The physician must conclude that: (a) in his or her professional opinion, the patient suffers from a debilitating medical condition; (b) that the potential benefits of using marijuana likely outweigh any health risks; and (c) the specified time period for which the physician recommends the use of medical marijuana.

3. The physician must certify the above in a signed, written statement.
4. Using the physician's certification, the patient must then obtain an identification card from the Florida Department of Health.
5. A qualifying patient is then permitted to go to an MMTC to obtain medical marijuana in an amount not in excess of the allowable limit as defined by the Florida Department of Health.

## **FINANCIAL IMPACT ESTIMATING CONFERENCE**

### ***SUMMARY OF INITIATIVE FINANCIAL INFORMATION STATEMENT: USE OF MARIJUANA FOR DEBILITATING MEDICAL CONDITIONS (15-01)***

The amendment allows the use of medical marijuana for certain specified debilitating medical conditions, and other debilitating medical conditions of the same kind or class as or comparable to the specified conditions, for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for the patient. The amendment also establishes a process for the sale of medical marijuana to qualifying patients and designated caregivers. Based on information provided through public workshops and staff research, the Financial Impact Estimating Conference expects the amendment to have the following financial effects:

- Based on Colorado's experience, the Department of Health estimates that it will incur \$2.7 million in annual costs for its regulatory responsibilities, upon full implementation. These costs may be offset by fees charged to the medical marijuana industry and users. However, the imposition of fees may require further action by the Legislature.
- The Department of Business and Professional Regulation, the Agency for Health Care Administration, the Department of Children and Families and the Department of Agriculture and Consumer Services do not expect the amendment to significantly affect their regulatory functions. Any regulatory impacts that occur will likely be offset by fees charged to the affected industries.
- The Department of Highway Safety and Motor Vehicles, the Department of Law Enforcement, the Police Chiefs Association, and the Sheriffs Association expect additional law enforcement costs based on the experience of other states with similar laws. The magnitude of such costs cannot be determined.
- Local governments were unable to quantify the amendment's impact, if any, on the services they provide.
- The Conference determined that medical marijuana is tangible personal property. Therefore, its purchase is subject to sales and use tax, unless a specific exemption exists.
- Based on the testimony from affected state agencies, the Conference determined that medical marijuana is currently not classified and likely will not be classified as a common household remedy entitled to a sales tax exemption.
- Based on information provided by the Department of Revenue and the Department of Agriculture and Consumer Services, the Conference determined that the applicability of agricultural-related exemptions to the sale or production of medical marijuana is uncertain. Should the exemptions apply, the direct sale or dispensation of medical marijuana in its raw form by the grower or cultivator to an end-user or designated caregiver would be exempt. This uncertainty also applies to exemptions for items used in the production of medical marijuana such as power farm equipment, fertilizer and pesticides.
- The increase in sales tax revenues to state and local governments cannot be determined precisely because too many unknowns affect the amount of taxable sales, but the increase will be substantial. For example, assuming Florida's medical marijuana consumption mirrors Colorado's experience, annual state and local government sales tax revenues could increase by an estimated \$67 million after taking into account lawful consumption of medical marijuana currently authorized in Florida.
- The impact on property taxes, either positive or negative, cannot be determined.

State	Patient Issues				Dispensing Organizations						Physician Issues				Caregiver Issues			Notes				
	Allowed Conditions	Self-Cultivation	Residency Requirements	Restrictions on Routes of Administration	Number of Patients Currently Enrolled	Number of Patients by Condition Type	Number Allowed	Location Restrictions	Vertical Integration	Personnel Requirements	Testing and Labeling Requirements	Specific Requirements	Number of Dispensaries in Operation	Who may certify	Required Training	Standards of Care	Diversion Control		Number of Caregivers per Patient	Number of Patients per Caregiver	Caregiver Compensation	Background Screening
Arizona	Cancer	A qualifying patient or the qualifying patient's designated caregiver may be approved by the Arizona Department of Health to cultivate medical marijuana if the qualifying patient lives more than 25 miles from the nearest dispensary	State law allows a visiting qualifying patient with a registry identification card or its equivalent, issued by the qualifying patient's home state, to possess or use marijuana. However, a visiting patient is not authorized to obtain marijuana from a dispensary because the dispensary is required in statute to access a verification system before dispensing marijuana.	None	As of May, 2016: 99,895	Alzheimer's	45	One medical marijuana dispensary registration certificate for every ten pharmacies that have obtained a pharmacy permit from the Arizona board of pharmacy and operate within the state. The number may exceed this limit if necessary to ensure that the department issues at least one nonprofit medical marijuana dispensary registration certificate in each county in which an application has been approved.	No	Background screening for principal and board member (as defined in Az. Rule)	Products required to be labeled with:  Dispensary's ID #; amount, strain, and batch #; health warning; where it was obtained from if not cultivated by the dispensary; date of manufacture, harvest, or sale; list of all chemical additives; the registry ID # of qualifying patient.	Rule contains requirements on:  Dispensing medical marijuana  Record keeping  Security  Inventory control  Cleaning and Sanitation  Physical Plant  Inspections	31	Allopathic (MD), Osteopathic (DO), Homeopathic (MD(H) or DO(H)), and Naturopathic (NMD or ND) physicians who have a physician-patient relationship and who are licensed in Az.	None specific to medical marijuana	None specific to medical marijuana other than establishing the required physician-patient relationship.	Az. DoH monitors physician certification behavior and can investigate.	1	Not Specified	May receive reimbursement for actual costs incurred in assisting a registered qualifying patient's medical use of marijuana if the registered designated caregiver is connected to the registered qualifying patient through the department's registration process. The designated caregiver may not be paid any fee or compensation for his service as a caregiver.	Yes.  May not have committed a felony offense within the prior 10 years or that involved a violent crime or a violation of state or federal controlled substance law	Additional conditions may be added to the list of allowed conditions by petitioning the Arizona Department of Health.
	Glaucoma					93																
	Human Immunodeficiency Virus (HIV)					2,719																
	Acquired Immune Deficiency Syndrome (AIDS)					81,082																
	Hepatitis C					409																
	Amyotrophic Lateral Sclerosis (ALS)					708																
	Crohn's Disease					837																
	Agitation of Alzheimer's disease					461																
	A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes:					671																
	Cachexia or wasting syndrome;					676																
Severe and chronic pain;	1,171																					
Severe nausea;	29																					
Seizures, including those characteristic of epilepsy;	858																					
Severe or persistent muscle spasms, including those characteristic of multiple sclerosis	10,136	Note: DOs must be non-profit organizations.																				



State	Patient Issues				Dispensing Organizations					Physician Issues				Caregiver Issues			Notes																						
	Allowed Conditions	Self-Cultivation	Residency Requirements	Restrictions on Routes of Administration	Number of Patients Currently Enrolled	Number of Patients by Condition Type	Number Allowed	Location Restrictions	Vertical Integration	Personnel Requirements	Testing and Labeling Requirements	Specific Requirements	Number of Dispensaries in Operation	Who may certify	Required Training	Standards of Care		Diversification Control	Number of Caregivers per Patient	Number of Patients per Caregiver	Caregiver Compensation	Background Screening																	
Colorado	Cancer. Glaucoma. HIV or AIDS. Cachexia. Persistent muscle spasms. Seizures. Severe nausea. Severe pain.  Since the Medical Marijuana Registry Program began in 2001, no new conditions have been added. Physicians or patients may petition the Colorado Department of Public Health and Environment to add a new condition.	Yes. Up to 6 plants with 3 or fewer mature.	Colorado residents only.	None.	As of Oct. 2016: 102,914	<table border="1"> <tr><td>Cachexia</td><td>1,069</td></tr> <tr><td>Cancer</td><td>4,374</td></tr> <tr><td>Glaucoma</td><td>1,264</td></tr> <tr><td>HIV/AIDS</td><td>546</td></tr> <tr><td>Muscle Spasms</td><td>26,197</td></tr> <tr><td>Seizures</td><td>2,692</td></tr> <tr><td>Severe Nausea</td><td>13,108</td></tr> <tr><td>Severe Pain</td><td>95,815</td></tr> </table>	Cachexia	1,069	Cancer	4,374	Glaucoma	1,264	HIV/AIDS	546	Muscle Spasms	26,197	Seizures	2,692	Severe Nausea	13,108	Severe Pain	95,815	Unlimited.	Local Control.	Four types of licenses: Centers (sales), Cultivators, Infused Product Manufacturers, and Testing Facilities.	Fingerprinting and background screening  Colorado residency for principal.  Any person who possess, cultivates, manufactures, tests, dispenses, sells, serves, transports, or delivers medical marijuana must be licensed.	Extensive testing and labeling requirements including sanitation requirements, documentation requirements, chemical restrictions, and inspection requirements.	Extensive specific requirements for all license types.	538 centers, 209 Cultivators, 288 Infused Product Manufacturers, 14 Testing Facilities.	M.D. or D.O. in good standing with a license to practice medicine issued by the state of Colorado and with a current DEA certificate.	None specific to medical marijuana	Colorado Board of Medicine has issued guidelines for certifying patients including: having a bona-fide physician-patient relationship, fully evaluating the patient prior to making a recommendation; confirming a diagnosis of a qualifying illness; considering alternatives; and minimum criteria for medical records.	Physician may be sanctioned for reasonable cause by the board of medicine and the DoH may revoke a physician's ability to certify debilitating medical conditions.	1	up to 5 with a waiver required for more than 5	<table border="1"> <tr> <td>Yes.</td> <td>No.</td> </tr> </table>	Yes.	No.	
Cachexia	1,069																																						
Cancer	4,374																																						
Glaucoma	1,264																																						
HIV/AIDS	546																																						
Muscle Spasms	26,197																																						
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Severe Pain	95,815																																						
Yes.	No.																																						

Patient Issues		Dispensing Organizations			Physician Issues			Caregiver Issues			Notes											
Allowed Conditions	Self-Cultivation	Residency Requirements	Restrictions on Routes of Administration	Number of Patents Currently Enrolled	Number of Patents by Condition Type	Location Restrictions	Vertical Integration	Personnel Requirements	Testing and Labeling Requirements	Specific Requirements	Number of Dispensaries in Operation	Who may certify	Required Training	Standards of Care	Diversions Control	Number of Caregivers per Patient	Number of Patents per Caregiver	Caregiver Compensation	Background Screening			
Cancer	No	Connecticut residents only.	Restricted to: (1) Jaw (natural); (2) Cigarettes; (3) Extracts, sprays, tincture or oils; (4) Topical applications, ointments or patches; (5) Transdermal patches; (6) Baked goods; and (7) Capsules or pills.	As of Dec. 4, 2016, 14,093	No data available.	Local Control.	All dispensaries must be licensed pharmacists	A dispensary facility may have no more than 5 dispensaries one of whom must be a manager.	Each dispensary may supervise up to 3 dispensary technicians who must be licensed pharmacy technicians.	Dispensary / Dispensary techs must be licensed.	All employees who interact with marijuana must have a background check.	Connecticut licensed MDs and DOs	None specific to medical marijuana	Physicians must have a bona-fide physician-patient relationship, conduct an assessment and evaluation of the patient to develop a treatment plan, diagnose the patient as having a debilitating medical condition, be of the opinion that the patient would benefit from the use of marijuana, have prescribed or have reasonable basis for believing that other prescriptions would not be in the best interest of the patient, comply with general medical standards of care, and explain the risks and benefits to the patient.	Additional penalties for physicians who are found not to comply with statutory or rule requirements including revocation of the physician's Connecticut controlled substance prescribing permit and refer of the physician's case to other regulatory and law enforcement agencies.	1	1, unless you are the parent, guardian, sibling or conservator of each of the patients.	No	Yes Convictions for the violation of any law pertaining to the illegal manufacture, sale or distribution of a controlled substance are disqualifying.			
Glaucoma																						
HIV/ AIDS																						
Parkinson's Disease																						
Multiple Sclerosis																						
Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological Indication of Intractable Spasticity																						
Epilepsy																						
Cachexia or Wasting Syndrome																						
Crohn's Disease																						
Post-Traumatic Stress Disorder																						
Sickle Cell Disease																						
Post Laminectomy Syndrome with Chronic Radiculopathy																						
Severe Psoriasis and Psoriatic Arthritis																						
Amyotrophic Lateral Sclerosis																						
Ulcerative Colitis																						
Complex Regional Pain Syndrome																						
Cerebral Palsy																						
Cystic Fibrosis																						
Terminal Illness Requiring End-Of-Life Care																						
Uncontrolled Intractable Seizure Disorder																						
Severe Epilepsy for patients under 18 only.																						

Connecticut

State

State	Patient Issues				Dispensing Organizations						Physician Issues				Caregiver Issues			Notes				
	Allowed Conditions	Self-Cultivation	Residency Requirements	Restrictions on Routes of Administration	Number of Patients Currently Enrolled	Number of Patients by Condition Type	Number Allowed	Location Restrictions	Vertical Integration	Personnel Requirements	Testing and Labeling Requirements	Specific Requirements	Number of Dispensaries in Operation	Who may certify	Required Training	Standards of Care	Diversion Control		Number of Caregivers per Patient	Number of Patients per Caregiver	Caregiver Compensation	Background Screening
New York	<p>Must have one of:</p> <ul style="list-style-type: none"> <li>cancer, HIV infection or AIDS, amyotrophic lateral sclerosis (ALS), Parkinson's disease, multiple sclerosis, spinal cord injury with spasticity, epilepsy, inflammatory bowel disease, neuropathy, and Huntington's disease</li> </ul> <p>AND one of:</p> <ul style="list-style-type: none"> <li>cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe or persistent muscle spasms</li> </ul>	No.	New York residents only.	Restricted to liquids and oil for vaporization or administration via inhaler as well as capsules to take orally. No smoking, no edibles.	As of Nov. 29, 10, 730	No recent data readily available, however data from 2015 indicates that highest usage rates are for neuropathy with the highest associated condition rate being for chronic pain.	5 registered organizations each with a maximum of 4 dispensing sites	<p>Local permitting control.</p> <p>Also, may not be located on the same street and within 1000 feet of a building used solely as a school or place of worship</p>	Yes	Specific personnel requirements include: 1 member of the staff with 1 year of agricultural best practice experience, a quality assurance officer, staff training in sanitation procedures, background screening	<p>Testing must be done by an independent lab.</p> <p>Testing must generate a cannabinoid panel</p> <p>Final product must be tested for specified contaminants.</p>	<p>Significant detailed requirements for both dispensary facilities and production facilities including, but not limited to: requirements for operation, security, inventory control, prohibited acts, and record keeping.</p>	5	Registered MDs and DOs.	4 hour course.	None specific to medical marijuana other than certain required statements on the certification.	None specified. Assumedly, could revoke practitioner's registration.	1	5	Actual costs only.	No.	





# Florida Police Chiefs Association

Serving Florida's Law Enforcement Since 1952



## CONSTITUTIONAL AMENDMENT No. 2

### Article X, Section 29

**The FPCA's recommendations regarding Amendment 2  
and its impact on law enforcement are in red.**

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**BALLOT TITLE:** Use of Marijuana for Debilitating Medical Conditions

**BALLOT SUMMARY:** Allows medical use of marijuana for individuals with debilitating medical conditions as determined by a licensed Florida physician. Allows caregivers to assist patients' medical use of marijuana. The Department of Health shall register and regulate centers that produce and distribute marijuana for medical purposes and shall issue identification cards to patients and caregivers. Applies only to Florida law. Does not immunize violations of federal law or any non-medical use, possession or production of marijuana.

**ARTICLE AND SECTION BEING CREATED OR AMENDED:** Article X, Section 29

**FULL TEXT OF THE PROPOSED CONSTITUTIONAL AMENDMENT:**

**ARTICLE X, SECTION 29.– Medical marijuana production, possession and use.**

(a) PUBLIC POLICY.

(1) The medical use of marijuana by a qualifying patient or caregiver in compliance with this section is not subject to criminal or civil liability or sanctions under Florida law.

(2) A physician shall not be subject to criminal or civil liability or sanctions under Florida law solely for issuing a physician certification with reasonable care to a person diagnosed with a debilitating medical condition in compliance with this section.

**The FPCA's Recommendation: The "reasonable care" language here provides ample leeway for either the Legislature or the Department of Health to establish very specific regulations for doctors who issue a "physician certification" to a medical marijuana user. Because this has been an area of very substantial abuse by some physicians in Colorado in particular, any finding by a physician that a patient meets the Amendment 2 criteria for medical marijuana should be based on thorough examination, a record of substantive treatment by the physician over an extended period of time, and ample documentation of the illness and the justification for marijuana as a viable treatment option. The Department of Health should fund and staff a robust inspection program to ensure compliance, with robust civil penalties for physicians who fail to comply.**

(3) Actions and conduct by a Medical Marijuana Treatment Center registered with the Department, or its agents or employees, and in compliance with this section and Department regulations, shall not be subject to criminal or civil liability or sanctions under Florida law.

(b) DEFINITIONS. For purposes of this section, the following words and terms shall have the following meanings:

(1) "Debilitating Medical Condition" means cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), post-traumatic stress disorder (PTSD), amyotrophic lateral sclerosis (ALS), Crohn's

disease, Parkinson's disease, multiple sclerosis, or other debilitating medical conditions of the same kind or class as or comparable to those enumerated, and for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient.

(2) "Department" means the Department of Health or its successor agency.

(3) "Identification card" means a document issued by the Department that identifies a qualifying patient or a caregiver.

**The FPCA's Recommendation: Any person who is a qualifying patient or caregiver, or involved in the ownership or operation of a Medical Marijuana Treatment Center (MMTC), including as an owner, investor, employee, distributor or transporter of medical marijuana, should be issued a state photo ID card similar to current ID cards and drivers licenses. Law enforcement must have unlimited 24-hour access to an accurate, up-to-date state registry to confirm that a person is a registered patient or caregiver, or an MMTC owner, investor, employee, distributor or transporter of medical marijuana. No such state photo ID card should be issued unless the applicant has undergone and passed a background check by an authorized agency. No person convicted of a state or federal felony and no person convicted of a misdemeanor drug offense within the past 10 years should be issued such a state photo ID card or permitted to be in possession of medical marijuana. If a person is in legal possession of medical marijuana but not carrying his/her medical marijuana state photo ID card, he/she should be subject to a non-criminal violation resulting in a \$250.00 fine, payable to the clerk of the court, and revocation of the state photo ID card and the authority to possess medical marijuana if the fine is not paid.**

**(Note: This background investigation should be conducted by either a state or local law enforcement agency. The cost of the background investigation should be borne by the applicant and paid up front, before the investigation is begun and without regard to the findings of the investigation.)**

**The FPCA's Recommendation: In the interest of full disclosure and to ensure that organized crime does not infiltrate the medical marijuana industry, all owners and investors in MMTCs in Florida should undergo a thorough financial background investigation. The designated**

**state department or agency should be staffed and funded to perform these background investigations properly and efficiently.**

**The FPCA's Recommendation: The state photo ID card for patients, caregivers and MMTC owners, investors, employees, distributors and transporters of medical marijuana should be applied for and reissued every year.**

(4) "Marijuana" has the meaning given cannabis in Section 893.02(3), Florida Statutes (2014), and, in addition, "Low-THC cannabis" as defined in Section 381.986(1)(b), Florida Statutes (2014), shall also be included in the meaning of the term "marijuana."

(5) "Medical Marijuana Treatment Center" (MMTC) means an entity that acquires, cultivates, possesses, processes (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their caregivers and is registered by the Department.

**The FPCA's Recommendation: The State should allow for maximum local municipal control over (do not "preempt") the operation of "Medical Marijuana Treatment Centers (MMTCs). The State should allow local municipalities to set their own standards for critical issues such as zoning, location, hours, licensing, fees, security requirements, signage, and requirements of owner/operators, etc. In the alternative, the State should set minimum requirements but also leave as much reasonable discretion to local municipalities to decide on these critical issues for their residents.**

**The FPCA's Recommendation: The State should consider allowing individual municipalities to "opt out" of allowing MMTCs within their jurisdiction by democratic process – either a vote of the electorate or a vote of the governing body of the local municipality. See below sample language from the "opt out" provision in the state's implementing statute when medical marijuana dispensaries were first opening in Colorado:**

**"The operation of this article shall be statewide unless a municipality, county, city, or city and county, by either a majority of the registered electors of the municipality, county, city, or city and county voting at a regular election or special election called in accordance with applicable Florida law or a majority of the members of the governing**

**board for the municipality, county, city, or city and county, vote to prohibit the operation of medical marijuana centers, optional premises cultivation operations, and medical marijuana-infused products manufacturers' licenses."**

**The FPCA's Recommendation: The State should prohibit all edible products with THC because of the potential for abuse, as has occurred in other states. In the alternative, if edibles are going to be allowed, the State should create strict regulations, including:**

- i. Restriction of edibles to single serving/dosage packaging.**
- ii. Prohibiting the addition of food coloring or artificial flavor to edibles.**
- iii. Requiring plain packaging of product that is child-proof and includes large warning labels with the accurate dosage amount.**

**The FPCA's Recommendation: Any person who is a qualifying patient or caregiver, or involved in the ownership or operation of a Medical Marijuana Treatment Center (MMTC), including as an owner, investor, employee, distributor or transporter of medical marijuana, should be issued a state photo ID card similar to current ID cards and drivers licenses. Law enforcement must have unlimited 24-hour access to an accurate, up-to-date state registry to confirm that a person is a registered patient or caregiver, or an MMTC owner, investor, employee, distributor or transporter of medical marijuana. No such state photo ID card should be issued unless the applicant has undergone and passed a background check by an authorized agency. No person convicted of a state or federal felony and no person convicted of a misdemeanor drug offense within the past 10 years should be issued such a state photo ID card or permitted to be in possession of medical marijuana. If a person is in legal possession of medical marijuana but not carrying his/her medical marijuana state photo ID card, he/she should be subject to a non-criminal violation resulting in a \$250.00 fine, payable to the clerk of the court, and revocation of the state photo ID card and the authority to possess medical marijuana if the fine is not paid.**

**(Note: This background investigation should be conducted by either a state or local law enforcement agency. The cost of the background investigation should be borne by the applicant and paid up front, before the investigation is begun and without regard to the findings of the investigation.)**

**The FPCA's Recommendation: The state photo ID card for patients, caregivers and MMTC owners, investors, employees, distributors and transporters of medical marijuana should be applied for and reissued every year.**

(6) “Medical use” means the acquisition, possession, use, delivery, transfer, or administration of an amount of marijuana not in conflict with Department rules, or of related supplies by a qualifying patient or caregiver for use by the caregiver’s designated qualifying patient for the treatment of a debilitating medical condition.

**The FPCA’s Recommendation: A person with a legal medical marijuana referral and a valid medical marijuana identification card, or a licensed medical marijuana caregiver may possess and transport medical marijuana in a motor vehicle upon the highways/roadways of the State of Florida. It should remain illegal to operate a motor vehicle in all circumstances in Florida under the influence marijuana.**

(7) “Caregiver” means a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient’s medical use of marijuana and has qualified for and obtained a caregiver identification card issued by the Department. The Department may limit the number of qualifying patients a caregiver may assist at one time and the number of caregivers that a qualifying patient may have at one time. Caregivers are prohibited from consuming marijuana obtained for medical use by the qualifying patient.

(8) “Physician” means a person who is licensed to practice medicine in Florida.

(9) “Physician certification” means a written document signed by a physician, stating that in the physician’s professional opinion, the patient suffers from a debilitating medical condition, that the medical use of marijuana would likely outweigh the potential health risks for the patient, and for how long the physician recommends the medical use of marijuana for the patient. A physician certification may only be provided after the physician has conducted a physical examination and a full assessment of the medical history of the patient. In order for a physician certification to be issued to a minor, a parent or legal guardian of the minor must consent in writing.

**The FPCA’s Recommendation: The “reasonable care” language here provides ample leeway for either the Legislature or the Department of Health to establish very specific regulations for doctors who issue a “physician certification” to a medical marijuana user. Because this has**

**been an area of very substantial abuse by some physicians in Colorado in particular, any finding by a physician that a patient meets the Amendment 2 criteria for medical marijuana should be based on thorough examination, a record of substantive treatment by the physician over an extended period of time, and ample documentation of the illness and the justification for marijuana as a viable treatment option. The Department of Health should fund and staff a robust inspection program to ensure compliance, with robust civil penalties for physicians who fail to comply.**

**The FPCA's Recommendation: The state photo ID card for patients, caregivers and MMTC owners, investors, employees, distributors and transporters of medical marijuana should be applied for and reissued every year.**

(10) "Qualifying patient" means a person who has been diagnosed to have a debilitating medical condition, who has a physician certification and a valid qualifying patient identification card. If the Department does not begin issuing identification cards within nine (9) months after the effective date of this section, then a valid physician certification will serve as a patient identification card in order to allow a person to become a "qualifying patient" until the Department begins issuing identification cards.

**The FPCA's Recommendation: The State should enact a specific statute or regulation that explicitly affirms law enforcement's ongoing right to disclosure of whether a specific person is a valid and currently licensed user or caregiver upon request. Law enforcement does not need to know the nature of any illness but must be able to confirm whether any marijuana is lawfully possessed.**

**The FPCA's Recommendation: Only individuals residing in the state of Florida for at least one year should be eligible to possess medical marijuana and to be issued a state photo ID card.**

**The FPCA's Recommendation: The state photo ID card for patients, caregivers and MMTC owners, investors, employees, distributors and transporters of medical marijuana should be applied for and reissued every year.**

**The FPCA's Recommendation: Any person who is a qualifying patient or caregiver, or involved in the ownership or operation of a Medical Marijuana Treatment Center (MMTC), including as an owner, investor, employee, distributor or transporter of medical marijuana, should be issued a state photo ID card similar to current ID cards and drivers licenses. Law enforcement must have unlimited 24-hour access to an accurate, up-to-date state registry to confirm that a person is a registered patient or caregiver, or an MMTC owner, investor, employee, distributor or transporter of medical marijuana. No such state photo ID card should be issued unless the applicant has undergone and passed a background check by an authorized agency. No person convicted of a state or federal felony and no person convicted of a misdemeanor drug offense within the past 10 years should be issued such a state photo ID card or permitted to be in possession of medical marijuana. If a person is in legal possession of medical marijuana but not carrying his/her medical marijuana state photo ID card, he/she should be subject to a non-criminal violation resulting in a \$250.00 fine, payable to the clerk of the court, and revocation of the state photo ID card and the authority to possess medical marijuana if the fine is not paid.**

**(Note: This background investigation should be conducted by either a state or local law enforcement agency. The cost of the background investigation should be borne by the applicant and paid up front, before the investigation is begun and without regard to the findings of the investigation.)**

**The FPCA's Recommendation: Information received and records kept shall be disclosed to police officers for the purpose of verifying that an individual in possession of a state photo ID card is registered, and determining that an individual in possession of medical marijuana is registered pursuant to the law.**

(c) LIMITATIONS.

(1) Nothing in this section allows for a violation of any law other than for conduct in compliance with the provisions of this section.

(2) Nothing in this section shall affect or repeal laws relating to non-medical use, possession, production, or sale of marijuana.



(3) Nothing in this section authorizes the use of medical marijuana by anyone other than a qualifying patient.

(4) Nothing in this section shall permit the operation of any vehicle, aircraft, train or boat while under the influence of marijuana.

**The FPCA's Recommendation: Given this explicit language in voter-approved Amendment 2, no level of THC should be permitted in a person operating a vehicle, aircraft, train or boat. It should be illegal to operate these conveyances while under the influence of any amount of THC. In the alternative, a reasonable standard for THC levels should be set by the state. If so, the FPCA recommends that the limit to operate a vehicle, aircraft, train or boat while under the influence marijuana should be less than 3 nanograms of THC / per ml of blood. Persons operating a vehicle, aircraft, train or boat at a level of 3 nanograms of THC / per ml of blood or higher should be subject to a presumption in any criminal prosecution that they were operating under the influence of THC in violation of Florida Statutes 316.193 (driving under the influence).**

(5) Nothing in this section requires the violation of federal law or purports to give immunity under federal law.

(6) Nothing in this section shall require any accommodation of any on-site medical use of marijuana in any correctional institution or detention facility or place of education or employment, or of smoking medical marijuana in any public place.

**The FPCA's Recommendation: The use of medical marijuana should not be allowed in or near public spaces, parks, schools, school buses, public transit facilities, or child care facilities, and use of medical marijuana shall comply with the provisions of the Florida Clean Indoor Air Act pursuant to chapter 386 part II, FS and the Florida health initiative in s. 20, Art. X of the State Constitution. The State should enact legislation making explicitly clear that use of marijuana in violation of these provisions remains a criminal offense under existing law and that Amendment 2 provides no protection from prosecution for these activities.**

**The FPCA's Recommendation: Nothing shall require an employer to permit or accommodate the use, consumption, possession, transfer, display, transportation, sale, or growing of**

**marijuana in any form, or to affect the ability of an employer to have a zero tolerance policy prohibiting the on-duty, and off-duty, use of marijuana, or prohibiting any employee from having a detectable amount of marijuana in such employee's system while at work.**

(7) Nothing in this section shall require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the medical use of marijuana.

(8) Nothing in this section shall affect or repeal laws relating to negligence or professional malpractice on the part of a qualified patient, caregiver, physician, MMTC, or its agents or employees.

(d) DUTIES OF THE DEPARTMENT. The Department shall issue reasonable regulations necessary for the implementation and enforcement of this section. The purpose of the regulations is to ensure the availability and safe use of medical marijuana by qualifying patients. It is the duty of the Department to promulgate regulations in a timely fashion.

(1) Implementing Regulations. In order to allow the Department sufficient time after passage of this section, the following regulations shall be promulgated no later than six (6) months after the effective date of this section:

a. Procedures for the issuance and annual renewal of qualifying patient identification cards to people with physician certifications and standards for renewal of such identification cards. Before issuing an identification card to a minor, the Department must receive written consent from the minor's parent or legal guardian, in addition to the physician certification.

b. Procedures establishing qualifications and standards for caregivers, including conducting appropriate background checks, and procedures for the issuance and annual renewal of caregiver identification cards.

c. Procedures for the registration of MMTCs that include procedures for the issuance, renewal, suspension and revocation of registration, and standards to ensure proper security, record keeping, testing, labeling, inspection, and safety.

d. A regulation that defines the amount of marijuana that could reasonably be presumed to be an adequate supply for qualifying patients' medical use, based on the best available evidence. This presumption as to quantity may be overcome with evidence of a particular qualifying patient's appropriate medical use.

**The FPCA's Recommendation: The State should require specific and defined amounts of allowable possession to ensure proper enforcement. For example, "Any medical marijuana patient with a referral from a physician can possess up to two ounces of medical marijuana and cannot purchase more than two ounces of medical marijuana from a licensed medical marijuana facility in any 14-day period."**

(2) Identification cards and registrations. The Department shall begin issuing qualifying patient and caregiver identification cards, and registering MMTCs no later than nine (9) months after the effective date of this section.

**The FPCA's Recommendation: Any person who is a qualifying patient or caregiver, or involved in the ownership or operation of a Medical Marijuana Treatment Center (MMTC), including as an owner, investor, employee, distributor or transporter of medical marijuana, should be issued a state photo ID card similar to current ID cards and drivers licenses. Law enforcement must have unlimited 24-hour access to an accurate, up-to-date state registry to confirm that a person is a registered patient or caregiver, or an MMTC owner, investor, employee, distributor or transporter of medical marijuana. No such state photo ID card should be issued unless the applicant has undergone and passed a background check by an authorized agency. No person convicted of a state or federal felony and no person convicted of a misdemeanor drug offense within the past 10 years should be issued such a state photo ID card or permitted to be in possession of medical marijuana. If a person is in legal possession of medical marijuana but not carrying his/her medical marijuana state photo ID card, he/she should be subject to a non-criminal violation resulting in a \$250.00 fine, payable to the clerk of the court, and revocation of the state photo ID card and the authority to possess medical marijuana if the fine is not paid.**

**(Note: This background investigation should be conducted by either a state or local law enforcement agency. The cost of the background investigation should be borne by the applicant and paid up front, before the investigation is begun and without regard to the findings of the investigation.)**

**The FPCA's Recommendation: The state photo ID card for patients, caregivers and MMTC owners, investors, employees, distributors and transporters of medical marijuana should be applied for and reissued every year.**

(3) If the Department does not issue regulations, or if the Department does not begin issuing identification cards and registering MMTCs within the time limits set in this section, any Florida citizen shall have standing to seek judicial relief to compel compliance with the Department's constitutional duties.

(4) The Department shall protect the confidentiality of all qualifying patients. All records containing the identity of qualifying patients shall be confidential and kept from public disclosure other than for valid medical or law enforcement purposes.

**The FPCA's Recommendation: Create, staff, and fund a statewide Marijuana Enforcement Division. Include provisions to address the need for local law enforcement training.**

**The FPCA's Recommendation: The state should permit a reasonable tax on the sale of Medical Marijuana that is sufficient to raise revenue needed to support a new Medical Marijuana Enforcement Division at the state level and to support the additional staff and any other state or local agencies that are given new responsibilities to ensure the lawful and proper regulation of Medical Marijuana.**

(e) LEGISLATION. Nothing in this section shall limit the legislature from enacting laws consistent with this section.

**The FPCA's Recommendation: The State should fund appropriate statewide training of local law enforcement officers on medical marijuana, including Amendment 2 and its accompanying infrastructure, regulations and mechanisms for enforcement and accountability of all parties.**

**The FPCA's Recommendation: No "homegrown" medical marijuana should be allowed. The State should enact legislation making explicitly clear that growing of marijuana in any location not authorized and sanctioned by the Department of Health remains a criminal offense under existing law and that Amendment 2 provides no protection from prosecution for this activity.**

(f) SEVERABILITY. The provisions of this section are severable and if any clause, sentence, paragraph or section of this measure, or an application thereof, is adjudged invalid by a court of competent jurisdiction other provisions shall continue to be in effect to the fullest extent possible.

**Christian Bax** is the Director of the Office of Compassionate Use for the Florida Department of Health. He is responsible for regulating the state's six dispensing organizations and overseeing the statewide Compassionate Use Registry. Mr. Bax has spent much of his career navigating heavily regulated business environments with previous experience in the fields of commercial agriculture, insurance, and cannabis licensure. Mr. Bax has a B.A. in Economics from the University of Alabama, a J.D. from the Florida State University College of Law, and a Masters of Business Administration from the The F.W. Olin Graduate School of Business at Babson College.

**Mark N. Hashim, M.D.** is a Board Certified Anesthesiologist and is a Diplomate of American Board of Anesthesiology (DABA) who specializes in Pain Management with over 23 years of experience helping thousands of patients manage their chronic painful medical conditions. Born and raised in Maryland, he is a graduate of Swarthmore College with a B.A. in Chemistry. He attended Medical School at The University of Pittsburgh where he graduated with honors and is a member of the Alpha Omega Alpha (AOA) Honor Society. He then attended The Medical College of Virginia for his surgical internship, and followed this with his anesthesia residency.

Currently he is a member of the American Society of Anesthesiologists (ASA), the Florida Society of Anesthesiologists (FSA), the American Medical Association (AMA), the Florida Medical Association (FMA), the American Society of Interventional Pain Physicians (ASIPP), the Florida Society of Interventional Pain Physicians (FSIPP), the American Academy of Pain Medicine (AAPM), Regenerative Network International and the Florida Wellcare Alliance (FWA). He has received numerous AACME credit hours for attending courses specializing in stem cell therapies and biologics, interventional pain management, and traditional pain management. Other interests include physical fitness, bodybuilding, and nutrition.

# **MARK N. HASHIM, M.D.**

## **DIPLOMATE OF THE AMERICAN BOARD OF ANESTHESIOLOGISTS**

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4433 HarborPointe Drive  
Port Richey, FL 34668  
727-816-8984  
352-634-1531

### **PROFESSIONAL EXPERIENCE:**

- 2000 to present:      Interventional Pain Institute of West Florida  
                            Lecanto, Florida
- Owner, private practice
  - Advanced pain management treatments
  - Spinal decompression therapy
  - Ambulatory anesthesia at outpatient surgery center
- 1998 to 2000:        Memorial Hospital West Volusia  
                            DeLand, Florida
- Supervision and coordination of anesthesia and surgical staff
  - Two hundred bed hospital
  - Independent contractor with anesthesia group
- 1994 to 1997         The Retreat Hospital  
                            Richmond, Virginia
- Owner, private practice
  - Supervision and coordination of anesthesia and surgical staff
  - Clinical Coordinator Medical College of Virginia
  - Two hundred fifty bed hospital
- 1994 to 1997         Hanover Outpatient Center  
                            Mechanicsville, Virginia
- Medical Director
  - Founder/Director Mid-Atlantic Pain Management Center
  - Supervision of anesthesia and surgical staff
  - Clinical Coordinator Medical College of Virginia
- 1990 to 1993         Stuart Circle Hospital  
                            Richmond, Virginia
- Emergency Department Physician
  - Busy, two hundred bed metropolitan hospital



## **POSTDOCTORAL TRAINING:**

1995 Diplomat of the American Board of Anesthesiologists  
1991 to 1994 Medical College of Virginia; Richmond, Virginia  
Resident, Department of Anesthesiology  
1989 to 1990 Medical College of Virginia; Richmond, Virginia  
Intern, Department of Surgery

## **EDUCATION:**

1985 to 1989 University of Pittsburgh  
Pittsburgh, Pennsylvania

- Doctor of Medicine, cum laude
- Alpha Omega Alpha Honor Medical Society

1981 to 1985 Swarthmore College  
Swarthmore, Pennsylvania

- Bachelor of Arts, Chemistry
- Sigma Xi Research Society

## **LICENSURE:**

Florida State Board of Medicine, #ME 0074355  
Drug Enforcement Agency, current

## **PROFESSIONAL AFFILIATIONS:**

2003 to present American Academy of Pain Management  
1998 to present Florida Society of Anesthesiologists  
1992 to present American Society of Anesthesiologists  
2013 to present American Society of Interventional Pain Practitioners  
2013 to present North American Neuromodulation Society

## **INTERESTS AND ACTIVITIES:**

- Windsurfing
- Weightlifting
- Travel

## LORA L. BROWN, MD



Dr. Brown serves as the medical director of Access Marijuana RX, LLC. She personally oversees the management of all patients treated. Dr. Brown has practiced over fifteen years in the field of chronic pain management and has witnessed the devastation caused by opioid prescription drugs. She believes strongly in the potential benefits of natural cannabis for many patients.

Dr. Brown is also the owner of TruWell, a new health, a practice in St. Petersburg specifically created to offer comprehensive functional regenerative medicine including stem cell therapy. In her stem cell practice, Dr. Brown has treated many patients suffering with neurodegenerative diseases such as Multiple Sclerosis, ALS, and Parkinson's Disease.

Dr. Brown began her vigorous career by graduating from the University of Texas Medical Branch in Galveston, completing her general surgery internship as well as her residency in anesthesiology at University Hospital in San Antonio. She completed her fellowship training in pain management at the prestigious Cleveland Clinic Foundation.

Dr. Brown has been practicing in Florida for more than fifteen years and has presented on several topics about chronic pain management and regenerative medicine. She is past president of her county medical society as well as the Florida Society of Interventional Pain Physicians. She has been a member of Governor Crist's and Governor Scott's Florida Drug Policy Advisory Board. She was the co-founder of WAKE UPI, a Florida based national non-profit organization dedicated to the education of teens, their parents, and their communities to the dangers of prescription drug abuse. She is a nationally renown speaker. Her specific clinical and research interests include neuromodulation, spinal augmentation, minimally invasive spine surgery, stem cell therapies, and most recently medical cannabis.



# LORA LEE BROWN, M.D.

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## SPECIALITY

Interventional Pain Management  
Functional and Anti-Aging Medicine  
Regenerative Medicine and Stem Cell Therapy

## EMPLOYMENT

Sept 16 – Present	Access Marijuana RX, (Medical Director)
Sept 13 – Present	TruWell, PLLC (Medical Director), St. Petersburg, FL
June 14 – Present	Florida Physical Medicine, St. Petersburg, FL
Sept 05 – June 12	Coastal Pain Management and Rehabilitation, Bradenton, FL (Senior Partner)
2008 – 2013	Coastal Research, LLC , Bradenton, FL (Clinical Research PI)
2006 – 2008	Lovelace Scientific Research, Sarasota, FL
Jan 05 – 2006	Bayside Anesthesia Services, LLC, St. Petersburg, FL
Aug 02 – Jan 05	West Florida Pain Management, St. Petersburg, FL

## AFFILIATIONS

2014 – Present	Center for Specialized Surgery, Tampa, FL
2013 – Present	St. Anthony's Hospital, St. Petersburg, FL
2013– Present	Westchase Ambulatory Surgical Center
2009– Present	Lakewood Ranch Medical Center
2008– 2010	Blake Hospital, Bradenton, FL
2005– 2006	Pointe West Ambulatory Surgery Center, Bradenton, FL
2003– 2005	Pinellas Bayside Surgery Center, St. Petersburg, FL
2003– 2005	Bellaire Surgery Center, Bellaire, FL
2002– 2006	Bayfront Medical Center, St. Petersburg, FL
2002– 2006	Bayfront Medical Plaza
2002– 2006	St. Anthony's Hospital, St. Petersburg, FL

## EDUCATION

1997 M.D. University of Texas Medical Branch – Galveston  
*(Member “Phi Rho Sigma” medical school fraternity)*  
1992 B.A. University of Texas– Austin *cum laude*

## HOSPITAL TRAINING

2001–2002 Fellowship, Pain Management, Cleveland Clinic Foundation  
*(Chief Fellow)*  
1998–2001 Residency, Anesthesiology, University Hospital, San Antonio, TX  
1997–1998 Internship, General Surgery, University Hospital, San Antonio, TX

## BOARD CERTIFICATION

In Progress A4M Regenerative Stem Cell Fellowship  
August 2007 Diplomat, American Board of Interventional Pain Physicians  
July 2006 Fellow, Interventional Pain Physicians  
March 2004 American Board of Pain Medicine, Recertified 2013  
September 2003 American Board of Anesthesiology– Certification in Pain Medicine  
October 2002 American Board of Anesthesiology

## MEDICAL LICENSES

2002– Present Florida (ME85743)  
2001– Present Texas (L3252)

## COMMITTEES

2011–2013 Governor Appointee to the Drug Policy Advisory Board, Gov Scott  
2009–2011 Governor Appointee to the PDMP Oversight Task Force, Gov Crist  
2009–2011 American Society of Interventional Pain Physicians,  
(Director at Large)  
2007–2009 American Society of Interventional Pain Physicians,  
*Executive Vice President of Strategic Planning*

2007–2009	Florida Medical Association, <i>Subspecialty Committee Member</i>
2006–2008	Florida Society of Interventional Pain Physicians, <i>Past President</i>
2005–Present	Medicare Carrier Advisory Committee, Alt–Representative Interventional Pain Medicine
2007–2010	FLAMPAC, <i>Board of Directors</i>
2009–2010	Manatee County Medical Society, <i>President</i>
2008–2010	American Board of Interventional Pain Physicians, <i>Board Examiner</i>
2007–Present	Manatee County Medical Society, <i>Board of Directors</i>
2004–2005	Bayfront Medical Center, <i>Pain Committee</i>
2008–Present	St. Anthony’s Hospital, <i>Pharmacy and Therapeutics Committee</i>

## CONSULTING

Vertos Medical, *Consultant/ Speaker/ Research/ Medical Advisory Board, 2010–2013*  
Nevro Corporation, *Consultant/ Speaker/ Research, 2011–2013*  
St. Jude Medical, *Consultant/Speaker/ Research, 2009–2013*  
Millennium Laboratories, *Consultant/Speaker, 2008–2013*  
Medtronic– *Interventional Spine Division, Medical Advisory Board 2011–2013*

## TEACHING

Cadaver Course Instructor, Minimally Invasive Disc Decompression. World Institute of Pain 2013, London, England

Cadaver Course Instructor, Kyphoplasty. WVSIPP Annual Meeting PAIN 2013. Boca Raton, Florida, 2013

Cadaver course Instructor, Vertebroplasty. The 15<sup>th</sup> Annual Cleveland Clinic Pain Symposium, Sarasota, Florida, 2013

Interventional Pain Medicine Cadaver Course Co–Chair, American Academy of Pain Annual Meeting, 2012

Interventional Pain Medicine Cadaver Course Co–Chair, American Academy of Pain Annual Meeting, 2011

Cadaver Course Instructor, The Cleveland Clinic Pain Management, Sarasota, 2010 Meeting

Course Instructor, Vertos Training Labs, 2009–Present

St. Jude Spinal Cord Stimulation Instructional Seminars, 2008–2010

Board Examiner. *2008 Fellowship of Interventional Pain Physicians*. Memphis, Tenn. March 2008

Cadaver Course Instructor. *Comprehensive Review of Interventional Pain Procedures*. Memphis, Tenn. March 2008

Spinal Cord Stimulation Cadaver Course, *Instructor*. Sponsored by ANS. Sarasota. 2006

Cadaver Course Instructor. *Percutaneous Adhesiolysis*. Fifth Annual Michael Stanton–Hicks Pain Management Conference, Key West, FL. March 2003

## **PRESENTATIONS**

“Clinical Pearls: Introducing Regenerative Medicine to a Chronic Pain Practice”. New York/New Jersey Society of Interventional Pain Physicians Annual Meeting. New Jersey, 2015

“New Non–Interventional Tools for the Pain Management Physician”, WVSIPP, Miami 2015

“Regenerative Orthopedics Treatments: Advances on Musculoskeletal Repair and Regeneration”. California Society of Interventional Pain Physicians Annual Meeting, Monterey, New Jersey, 2015

“Applying Regenerative Medicine in Musculoskeletal Diseases” The New York/New Jersey Society of Interventional Pain Physicians Annual Meeting, New Jersey 2014

“Adult Human Mesenchymal Stem Cell Therapy in the Treatment of Musculoskeletal Diseases”, The American Academy of Anti-Aging Medicine Fall Conference, Las Vegas, 2014

“Mesenchymal Stem Cell Therapies in Musculoskeletal Diseases”, Florida Society of Interventional Pain Physicians Annual Meeting, Orlando Florida, 2014

“Mesenchymal Stem Cell Therapies in Musculoskeletal Diseases”, The American Academy of Anti-Aging Medicine Spring Pre-Conference, Orlando, 2014

“Novel Treatments for Spinal Stenosis”, World Institute of Pain Meeting, 2013, London.

“High Frequency Spinal Cord Stimulation– The Data”, WVSIPP Annual Meeting PAIN , Boca Raton, Florida, 2013

“Pain Under Pressure”, Florida Society of Interventional Pain Physicians Annual Meeting, Orlando, Florida, 2013

“High Frequency Spinal Cord Stimulation – Pro vs Con”, 15<sup>th</sup> Annual Cleveland Clinic Pain Symposium, Sarasota, Florida, 2013

“Implications of New Florida pain Laws” Pinellas County Medical Association, Medical Education at Sea, April 2013

Poster Presentation, *WAKE UP! A Prescription Drug Abuse Prevention Campaign*. American Academy of Pain Medicine Annual Meeting, Fort Lauderdale, Florida, 2013

“Patient Centered Monitoring and Medication Taking Behaviors in the Pain Patient Population”, American Academy of Pain Medicine Annual Meeting, 2012

“New Breakthrough Technology in Spinal Cord Stimulation” International Neuromodulation Society Annual Meeting, London UK, 2011

“Clinical Research Breakthroughs and Updates”, The Florida Society of Interventional Pain Physicians Annual Meeting 2011

“In Pursuit of the Goal: Proposed Threats to Access to Care”, The American Academy of Pain Medicine Annual Meeting, Washington, DC, 2011

“Implantable Therapies: New Options with SCS–Is Perception of Stimulation Necessary?”, Pain 2011 Annual Meeting, Huntington Beach, CA.

“Diversion and Abuse in Pain Medicine”, The Cleveland Clinic Annual Pain Management Conference, 2011

“Spinal Stenosis and Decompression, Recent Research Advances”, The Florida Society of Interventional Pain Physicians Annual Meeting 2010

“Risk Management and Compliance in Utilization of Controlled Substances in Pain Management”  
An eight hour CME Symposium, Co-owner and Course Director, 2010

“Board Examiner. *2008 Fellowship of Interventional Pain Physicians*. Memphis, Tenn. March 2008

“Treatment of Metastatic Vertebral Compression Fractures Using Coblation” Florida Academy of  
Pain Medicine Annual Meeting, 2007

“Complimentary Pain Management” ASIPP Comprehensive Review Course for Controlled  
Substance Management and Coding, Compliance and Practice Management, May 2007

“Chronic Regional Pain Syndrome” Blake Hospital Grand Rounds (CME Presentation) 2007

“Interventional Pain Medicine” Blake Hospital Grand Rounds (CME Presentation) 2006

“Outpatient Chronic Pain Management” Bayfront Medical Center Grand Rounds (*CME  
Presentation*). September 2005

“Management of Chronic Regional Pain Syndromes” Bayfront Medical Center Grand Rounds.  
(*CME Presentation*). August 2005

“Pain Management for the Primary Care Physician” Annual Bayfront Family Medicine  
Review Conference. (*CME presentation*). March 2004

“Interventional Pain Management” Florida State Association of Occupational Nurses 2003  
Annual Conference. (*CME presentation*). October 2003.2–Feb–05

“The Management of IV–PCA; the Basics” Bayfront Medical Center Grand Rounds. (*CME  
presentation*). Aug 2003

“Current Trends in Opioid Prescribing” Bayfront Medical Center Grand Rounds. (*CME  
presentation*). July 2004

“Implantable Therapies for the Management of Chronic Pain” Bayfront Medical Center  
Grand Rounds. (*CME presentation*). June 2003

“*Complex Regional Pain Syndrome in Identical Twins*” Brown LL, Stanton–Hicks M  
Poster presentation, 2002 International Society for the Study of Pain Meeting, San Diego,  
August 2002



*“Kyphoplasty Physician Survey Results Regarding Implementation of a New Spinal Procedure”*  
Brown LL, Tarr S, Reinhardt MK, Lieberman IH. The Cleveland Clinic Foundation Spine Surgery  
Conference, January 2002

*“Transesophageal Echocardiographic Evidence of Asymptomatic Pulmonary Emboli during  
Kyphoplasty Treatment of Osteoporotic Vertebral Compression Fractures”* Brown LL,  
Lieberman IH, Mekhail NA, Lozada LA. Poster presentation, The Cleveland Clinic Foundation  
Minimally Invasive Surgery Research Day, March 2002

## **PUBLICATIONS**

Chapter 7: Adipose Derived Stromal Stem Cells. Atlas of Regenerative Medicine. Publication  
Pending.

Chapter 37: Percutaneous Lumbar Decompression. Atlas of Interventional Pain Management, Ed  
Diwan and Statts, 2015.

Kapural, L, Brown, LL et al. “Novel 10kHz High Frequency Therapy (HF10 Therapy) is Superior to  
Traditional Low Frequency Spinal Cord Stimulation for the Treatment of Chronic Low Back and  
Leg Pain: The SENZA–RCT Randomized Controlled Trial”. *Anesthesiology*, Vol 123, Vol 4, Oct  
2015

Brown, LL. “A Double–blind, Randomized Prospective Study of Epidural Steroid Injection vs The  
mild Procedure in Patients with Symptomatic Lumbar Spinal Stenosis”, *Pain Practice/The World  
Institute of Pain Journal*, Jan, 2012

Patel, N, Gross A, Brown, LL, Gekht, G. “ A Randomized, Placebo–Controlled Study to Assess the  
Efficacy of Lateral Branch Neurotomy for Chronic Sacroiliac Joint Pain”, *Pain Medicine*, Feb 2012

Brown, LL, Wisor, J. “Avoiding Legal Pitfalls in Physician Arrangements with Drug Testing  
Laboratories”, *The Journal of Healthcare Compliance*, Jan–Feb, 2012

Tiede J, Brown LL, Gekht G, Vallejo R, Yearwood T, Morgan D. “Novel Spinal Cord Stimulation  
Parameters in Patients with Predominant Back Pain”, *Neuromodulation*, Submitted for publication  
April 2012

## RESEARCH

2011–2013 Study Site PI for FDA sponsored Randomized Controlled Trial to Evaluate the Superiority of High Frequency 10kHz Spinal Cord Stimulation to Standard Therapy

2010–2012 Primary Investigator. Randomized double–blinded prospective study to evaluate compare minimally invasive lumbar decompression (mild) to epidural steroid injection for the treatment of spinal stenosis

2006–2007 A 4–week, Open–Label to evaluate the effect of treatment with fentanyl buccal tablets on pain anxiety symptoms when used for the management of breakthrough pain in opioid–tolerant patients with chronic pain

2007–2008 A Phase III, variable–dose titration followed by a randomized double–blind study of controlled–release OROS hydromorphone HCL (NMED 1077) compared to placebo in patients with chronic low back pain

2007–2008 A randomized, double blind, placebo–controlled multi–center study to evaluate the safety and efficacy of fentanyl sublingual spray (Fentanyl SL spray) for the treatment of breakthrough cancer pain

2007–2008 A multi–center, randomized, double–blind, placebo–controlled study with an open–label run–in to assess the efficacy, tolerability, and safety of BTDS 10 or BTDS 20 compared to placebo in opioid–naïve subjects with moderate to severe, chronic pain due to osteoarthritis of the knee

2007–2008 Open–label multi–center safety trial of fentanyl sublingual spray ( fentanyl SL spray) for the treatment of breakthrough cancer pain in opioid–treated subjects

2007–2008 A randomized, double blind, active–controlled crossover study to evaluate the efficacy and safety of fentanyl buccal tablets compared with immediate–release oxycodone for the management of breakthrough pain in opioid–tolerant patients with chronic pain.

2008 – 2009 A randomized multicenter double–blind placebo controlled two–week study to assess the efficacy and safety of HKT–500 in subjects with acute shoulder pain

2008 – 2009 The investigation of the efficacy and pharmacokinetics of XP13512 in subjects with neuropathic pain inadequate response to gabapentin treatment

2008 – 2009 A randomized double-blind, placebo-controlled study of the efficacy and safety of a diclofenac sodium patch for the topical treatment of acute pain due to mild to moderate soft tissue injuries

2009 Ortho-McNeil Jansen Scientific Affairs LLC “A prospective multi-center, observational registry of patients using prescription medication containing oxycodone immediate release for the treatment of pain

2009 – A prospective, multi-centered clinical evaluation of the EON mini 16-channel implantable pulse generator (IPG) in combination with percutaneous leads for the management of chronic intractable pain of the trunk and / or limbs

2009 – Comparative study of epidural steroid injection versus Mild (minimally invasive lumbar decompression) procedure in patients diagnosed with symptomatic moderate to severe lumbar central canal stenosis

2009–2011 A randomized, blinded, crossover study comparing the efficacy of lumbar epidural steroid injections to MILD (minimally Invasive Lumbar Decompression). *Publication Accepted: Pain Physician*

2010 – A multicenter, longitudinal, non-interventional observational study of adult patients being managed for chronic pain

2010 – A prospective, single arm study evaluating the effectiveness of implanted testosterone pellets in subjects with low testosterone pellets in subjects with low testosterone receiving chronic opioid therapy

2010 – An open label, non-randomized dose-escalation study assess safety and tolerability of SI-6603 in patients with lumbar disc herniation

2011 – A multicenter, randomized, placebo-controlled, double-blinded study of the efficacy and safety of lubiprostone in subjects with opioid-induced bowel dysfunction

2011 – A multi-center, randomized, prospective clinical study to compare patient outcomes following treatment with either the mild procedure or epidural steroid injection in patients with moderate to severe lumbar spinal stenosis exhibiting neurogenic claudication

## CONTINUING EDUCATION

GI Advanced Practice Module, IFM, Chicago, IL, October 2016.

Compassionate Medical Cannabis CME Course FMA/FOMA, September 2016.

Applying Functional Medicine in Clinical Practice, IFM, Austin, TX, March 2016.

Stem Cell Fellowship, American Board of Anti-Aging/Regenerative Medicine, Dec 2015–Dec 2016.

Transforaminal Endoscopic Discectomy Proctorship. Gabriel Jasper, MD and Gregory Flynn, MD  
Dec 2014–May 2015

Endoscopic Spine Surgery Training, JoiMax. Baltimore, 2014

Autologous Stem Cell Training. Ageless Regenerative Institute. Lead Instructor Kristen Comella, PhD. Adventura, FL, 2013

Bio-Identical Hormone Replacement Therapy, Courses 1–4. WorldLink Education (Neal Rouzier, MD), Salt Lake City, 2013

St. Jude Epidural Training Lab, Las Vegas, 2011

Elloquence Disc-FX Training Lab, Orlando Florida, 2011

Vertos Training Lab, MILD procedure, California, 2009

ASIPP Vertebroplasty and Kyphoplasty Review Course. Memphis, Tenn. February 2008

ABIPP Special Certification in Opioid Substance Management. Orlando, FL. May 2007

ABIPP Special Certification in Coding, Compliance, and Practice Management. Orlando, FL. May 2007

Arthrocare SPINE Lumbar and Cervical Disc Nucleoplasty Certificate of Training. July 2004

Medtronic Interventional Therapies Pain Fellows Workshop. Cleveland, OH. November 2001

Kyphon Kyphoplasty Certificate of Training. Cleveland, OH. 2001

## **SOCIETIES**

2015– Present	Institute of Functional Medicine
2013– Present	American Academy of Anti–Aging Medicine
2012 – Present	Pinellas County Medical Association
2005– 2012	Manatee County Medical Society
2004–Present	American Academy of Pain Medicine
2004–Present	American Society of Interventional Pain Physicians
2004–2011	American Society of Regional Anesthesia
2003–2104	North American Neuromodulation Society
2003– 2104	International Spinal Injection Society
2002–2006	Pinellas County Medical Society
2003–2014	Florida Academy of Pain Medicine
2002–Present	Florida Medical Association
2003–Present	Florida Society of Interventional Pain Physicians
1998–2012	American Society of Anesthesiologists
1996–2011	American Medical Association

## **HONORS**

2003	Ethelee R. Smith Pain Fellow of the Year
1995	Who’s Who Among Students in American Colleges and Universities
1995	CIBA UTMB–Galveston Community Service Award
2011	“70 Best Pain Management Physicians in America”, Becker’s ASC Review
2011	“Twelve Great Physicians in Florida”, Becker’s ASC Review
2012	“150 Pain Management Physicians to Know” Becker’s ASC Review

## **PERSONAL**

DOB 03–23–65

Place of birth: St. Petersburg, Florida

Interests include: boating, golf, polo, theater, music and travel

Ben Pollara is a founding partner of CTS Global Partners, and LSN Partners, a national government affairs and communications firm that provides strategic counsel to clients in both political campaigns and the private sector. He also oversees both firms' public affairs, and grassroots and grassroots advocacy practice. Ben services clients in a wide variety of political consulting, government affairs and business development capacities, including: political strategy and the planning and execution of issue advocacy campaigns, procurement, regulation, and business-to-business sales.

As one of the premier Democratic operatives and fundraisers in Florida over the last decade, Ben has relationships with elected officials both locally and nationally. He also runs a full-service political consulting and professional fundraising company that has represented numerous campaigns including: Senator Bill Nelson, Senator Kirsten Gillibrand, Representative Debbie Wasserman Schultz and Representative Ted Deutch, among others.

Ben managed the Florida medical marijuana campaign in 2014, and continues to manage those efforts after the passing of Amendment 2 in November 2016. He served as a member of Hillary Clinton's National Finance Committee and previously served as a member of President Obama's 2012 National Finance Committee. He was also previously the Florida finance director for Hillary Clinton for President and the co-finance director of Alex Sink for Governor. He maintains strong relationships throughout the Clinton campaign, Obama administration, and has excellent relationships with the Democratic members of the house and senate delegations as well as with their senior staff.

## **Benjamin Pollara**

801 Arthur Godfrey Rd. #401  
Miami Beach, FL 33140  
Cell Phone (305) 989-4901  
[bfgpollara@gmail.com](mailto:bfgpollara@gmail.com)

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### **EXPERIENCE**

#### **January 2013 to Present**

*Treasurer and Campaign Manager*

Oversees a statewide campaign with a multimillion dollar budget and staff of up to 20 people; manages all aspects of campaign: strategy, press, fundraising, advertising, etc; oversaw two statewide petition efforts, which collected over 1 million signatures each to place medical marijuana on 2014 and 2016 Florida ballots

#### **January 2010 to Present**

*Founding Partner, LSN Partners*

Advise clients on a wide range of government relations issues across the country; Manage the firm's grassroots and grassroots practice; Identify and manage lawyers, lobbyists and consultants on behalf of clients nationally.

#### **September 2013 to Present**

*Vice President and Co-Founder, CTS Global Partners*

Opened and manage a political consulting and government affairs company with former White House political director Craig T. Smith. Clients include: Ready for Hillary, American Bridge, People United for Medical Marijuana.

#### **November 2009 to March 2011**

*President and Co-Founder, The Wolfram Group*

Opened and managed a political consulting and government affairs company with clients including: GE Transportation, Sen. Bill Nelson, Sen. Kirsten Gillibrand, Florida is Not for Sale PAC, William J. Clinton Foundation, Dan Gelber for Attorney General; Advised clients on transportation procurements in South Florida; Managed fundraising efforts for political committees and non-profits.

#### **January 2009 to May 2009**

*Co-Finance Director, Alex Sink for CFO*

#### **May 2009 to August 2009**

*Finance Director, Alex Sink for Governor*

Raised over \$1 million in 60 days for CFO's reelection campaign; Created a budget and finance plan for Alex Sink's Governor's campaign; Hired and managed six staffers; Worked directly with CFO Sink, senior campaign consultants, and senior DFS staff.

#### **July 2008 to Present**

*President, Pollara Consulting Group, Inc.*

Opened and operate a political consulting & government affairs company with clients including: Hill PAC, William J. Clinton Foundation, CFO Alex Sink, Cong. Debbie Wasserman Schultz, Cong. Ron Klein, Florida House Minority Leader Franklin Sands,

Fmr. Mayor Raul Martinez, Dan Gelber for Attorney General, Ted Deutch for Congress; Advise clients on politics, business development and fundraising; Execute fundraising events and set up meetings between clients and potential donors, elected officials.

**January 2007 to July 2008**

*Florida Finance Director, Hillary Clinton for President*

Led a Florida fundraising team that raised over \$12 million, more than any previous candidate in a Presidential primary in Florida; Only member of Hillary Clinton staff who was allowed to interact with elected officials in Florida; Worked directly with Campaign Chairman, Terry McAuliffe and National Finance Director, Jonathan Mantz; Executed over three dozen fundraising events with President & Secretary Clinton.

**April 2005 to November 2006**

*South Florida Finance Director, Bill Nelson for U.S. Senate*

Part of a Florida fundraising team which raised over \$8 million; Responsible for all fundraising operations in Miami, Broward and Palm Beach counties.

**2005 – March**

*Finance Consultant, Scott Farrell for Congress*

Created a finance plan for first time congressional candidate; helped unknown candidate raise nearly \$50,000 in first two weeks in the race.

**2004 – February-November**

*Central Florida Finance Director, Betty Castor for U.S. Senate*

Responsible for all fundraising operations in Palm Beach, Orange, Brevard, and Indian River counties.

**2003/2004 – October-January**

*Central Florida Finance Director, Dick Gephardt for President*

Responsible all for non-Miami/Broward Gephardt for President fundraising.

**2003 – September-October**

*Fundraiser, J.P. Lieser Corp, Consulting*

Raised funds for three clients; assisted in organizing fundraisers.

**2003 – August-September**

*Finance Director, Dan Coleman for State House 54*

Devised a finance plan for State House special election; supervised call time with candidate; researched and organized all finance materials.

**REFERENCES**

*References available upon request.*



# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/16

Meeting Date

Bill Number (if applicable)

Topic Medical Marijuana

Amendment Barcode (if applicable)

Name Christian Bax

Job Title Director, Office of Compassionate Use

Address 3015 Windsor Way

Phone ~~850 245 4444~~ 850 245 4444

Street

Tallahassee

Florida

32312

City

State

Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida Department of Health

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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**This form is part of the public record for this meeting.**

Presenter

**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-2016

*Meeting Date*

*Bill Number (if applicable)*

Topic Workshop on the Implementation of Amendment 2

*Amendment Barcode (if applicable)*

Name Mike Adkinson

Job Title Sheriff of Walton County

Address 752 Triple G Road

Phone 850-892-8186

*Street*

DeFuniak Springs

FL

32433

Email madkinson@waltonso.org

*City*

*State*

*Zip*

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
*(The Chair will read this information into the record.)*

Representing Florida Sheriffs Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)

Presenter

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-16

Meeting Date

Bill Number (if applicable)

Topic Amendment 2 Workshop

Amendment Barcode (if applicable)

Name Kim Rivers

Job Title CEO

Address Street

Phone

City

State

Zip

Email

Speaking: For Against Information

Waive Speaking: In Support Against (The Chair will read this information into the record.)

Representing Trulieve

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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**THE FLORIDA SENATE**  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/2016

*Meeting Date*

*Bill Number (if applicable)*

Topic Amendment 2 implementation

*Amendment Barcode (if applicable)*

Name Dr. Jessica Spencer

Job Title Policy Director

Address 201 S Orange Ave #950

Phone 407-409-3538

*Street*

Orlando

FL

32801

Email drjessicaspencer@gmail.com

*City*

*State*

*Zip*

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
*(The Chair will read this information into the record.)*

Representing Drug Free Florida Committee

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-16

Meeting Date

Bill Number (if applicable)

Topic Amendment 2 - Recommendations

Amendment Barcode (if applicable)

Name Teresa Miller

Job Title Community Substance Abuse Prevention Volunteer

Address 3608 W Corona St

Phone

Street

Tampa

FL

33629

City

State

Zip

Email tmliller@stoprxdrugabuse.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Children & Families

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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# APPEARANCE RECORD

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12/13/14  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Amendment 2

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Amy Ronshausen

Job Title Deputy Director, Drug Free America

Address 5999 Central Ave

Phone \_\_\_\_\_

Street

St Pere FL 33710

Email aronshausen@

City

State

Zip

dfaf.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Drug Free America Foundation

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-16

Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Medical Marijuana

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name MARK FONTAINE

Job Title Executive Director

Address 2868 Mahan Drive

Phone 878-2196

Street

Tallahassee, FL 32308

Email \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida Alcohol + Drug Abuse Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD



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12/13/16  
Meeting Date

Bill Number (if applicable)

Topic Amendment 2 implementation

Amendment Barcode (if applicable)

Name Ellen Snelling

Job Title Volunteer - Substance Abuse Prevention

Address 521 Lantern Circle

Phone 813-731-2696

Street  
Temple Terrace, FL 33617  
City State Zip

Email er.snelling@verizon.net

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Citizen

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

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12/13/16

Meeting Date

Bill Number (if applicable)

Topic Medical MARIJUANA

Amendment Barcode (if applicable)

Name TOM STANFIELD

Job Title lobbyist / Buchanan, Ingersoll & Rooney

Address 101 N. Monroe St. Suite 1090

Phone 681 4221

Street

Tall

32301

City

State

Zip

Email timothy.stanfield@bipc.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against (The Chair will read this information into the record.)

Representing Florida Police Chiefs Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

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12/13/16  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic MM

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Amy Mercer

Job Title Ex. Director

Address P.O. Box 14038

Phone 850-219-3631

Street

Tallahassee, FL 32317

Email amercer@pca.com

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Florida Police Chiefs Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-16

Meeting Date

N/A

Bill Number (if applicable)

Topic Amendment 2

Amendment Barcode (if applicable)

Name Jodi James

Job Title Executive Director

Address 1375 Cypress Ave

Phone 321 253 3673

Street

Melbourne FL 32935

City

State

Zip

Email JamesFlorida@gmail.com

Speaking: For Against Information

Waive Speaking: In Support Against (The Chair will read this information into the record.)

Representing Florida Cannabis Action Network

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
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12-13-16

Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Amendmen 2 / Compassionate Use Act.

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name JOEL CRUZ-DAVIS

Job Title VP of FMD. green

Address 12425 SW 154 ST.

Phone 352-538-9754

Street

Archer  
City

FL  
State

32618  
Zip

Email Soundsop@aol.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing FL Patients and Citizens

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/16  
Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic The Compassionate Use Act & Amendment #2

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Justin Davis

Job Title Dr. Davis, President and Chief Physician of FMDgreen

Address 12515 SW 154 ST

Phone 415-994-9455

Street

Archer, FL 32618

Email Dr.Davis@FMDgreen

City

State

Zip

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Patients and Physicians

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/78

Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic Amendment

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name Shannon Stallings

Job Title Attorney

Address 78 Eleventh Street, Suite 4A

Phone (850)348-0303

Street

Apalachicola

City

Florida

State

32320

Zip

Email info@shannonstallings.com

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing \_\_\_\_\_

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

# APPEARANCE RECORD



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/2016

Meeting Date

Bill Number (if applicable)

Topic AMENDMENT 2 WORKSHOP

Amendment Barcode (if applicable)

Name GARY STEIN MPH

Job Title SUBJECT MATTER EXPERT

Address 7035 BELT LINK LOOP

Phone (513) 305-8280 (c)  
(813) 973-3835

Street

WESLEY CHAPEL FL 33545

City

State

Zip

Email GSTEINMAN@ME.COM

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing SELF

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic LIC requirement for BLK Farmers / 250k

Amendment Barcode (if applicable)

Name HOWARD GUNN JR.

Job Title PRES. FL-BLACK FARMER ASSOC.

Address 2801 S.W. 15th ST

Phone

Street

Ocala

FL

34476

City

State

Zip

Email

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing FL-BLACK FARMER ASSOC.

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-13-16

Meeting Date

Bill Number (if applicable)

Topic AMENDMENT 2

Amendment Barcode (if applicable)

Name LAURA YOUMANS

Job Title ASSOCIATE DIRECTOR OF PUBLIC POLICY

Address 100 S MONROE

Phone \_\_\_\_\_

Street

TAL

City

FL

State

32301

Zip

Email \_\_\_\_\_

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing FLORIDA ASSOCIATION OF COUNTIES

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

**This form is part of the public record for this meeting.**



# APPEARANCE RECORD

12/13/16

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic MMJ regulation

Amendment Barcode (if applicable)

Name Ron Watson

Job Title lobbyist

Address 3738 Mardon Way

Phone 850 567-1202

Street

Tallahassee

FL

32309

City

State

Zip

Email watson.strategies@comcast.net

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing AH Med

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/13/2016  
Meeting Date

Bill Number (if applicable)

Topic MEDICAL MARIJUANA

Amendment Barcode (if applicable)

Name JIM DEBEAUGRINE

Job Title CEO

Address 215 S. MONROE, STG. 802

Phone 850-508-8908

Street

Tallahassee, FL 32317

City

State

Zip

Email jim-debeaugrine@comcast.net

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing CEOs to Advance Justice

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12.13.16

Meeting Date

\_\_\_\_\_  
Bill Number (if applicable)

Topic DRUG FREE WORKPLACE

\_\_\_\_\_  
Amendment Barcode (if applicable)

Name CHRIS EMMANUEL

Job Title POLICY DIRECTOR

Address 136 S. BRANFORTH  
Street

Phone \_\_\_\_\_

TLH FL 32301  
City State Zip

Email cemmanuel@fichamber

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing FLORIDA CHAMBER OF COMMERCE

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

13 Dec 16

Meeting Date

Bill Number (if applicable)

Topic Medical Marijuana

Amendment Barcode (if applicable)

Name Barney Bishop III

Job Title President & CEO

Address 204 S. Monroe St. Ste 201

Phone 850-577-3032

Street

Tall

City

FL

State

32304

Zip

Email barney@smart.  
justicealliance.org

Speaking:  For  Against  Information

Waive Speaking:  In Support  Against  
(The Chair will read this information into the record.)

Representing Fla. Smart Justice Alliance

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

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S-001 (10/14/14)



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**

Education, *Chair*  
Regulated Industries, *Vice Chair*  
Appropriations Subcommittee on the Environment  
and Natural Resources  
Health Policy  
Transportation

**JOINT COMMITTEE:**

Joint Committee on Public Counsel Oversight

**SENATOR DOROTHY L. HUKILL**  
14th District

December 8, 2016

The Honorable Dana D. Young  
Health Policy Committee, Chair  
530 Knott Building  
404 S. Monroe Street  
Tallahassee, FL 32399-1100

Re: Request for Excusal from Committee Meeting

Dear Chairwoman Young:

Please excuse me from the Health Policy Committee on December 13, 2016 at 10 a.m. as I will not be able to attend due to illness.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Dorothy L. Hukill".

Dorothy L. Hukill  
State Senator, District 14

cc: Sandra Stovall, Staff Director of the Health Policy Committee  
Celia Georgiades, Committee Administrative Assistant of the Health Policy Committee

**REPLY TO:**

□ 209 Dunlawton Avenue, Unit 17, Port Orange, Florida 32127 (386) 304-7630 FAX: (888) 263-3818

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**JOE NEGRON**  
President of the Senate

**ANITERE FLORES**  
President Pro Tempore

# CourtSmart Tag Report

Room: KN 412  
Caption: Senate Health Policy

Case No.:  
Judge:

Type:

Started: 12/13/2016 10:01:49 AM  
Ends: 12/13/2016 11:59:47 AM Length: 01:57:59

10:01:49 AM Opening remarks by Chair Young  
10:01:52 AM Recognizes members for introductions  
10:03:13 AM Senator Passidomo speaks  
10:04:18 AM Senator Hutson speaks  
10:04:28 AM Senator Book speaks  
10:04:48 AM Senator Montford speaks  
10:05:06 AM Senator Powell speaks  
10:06:06 AM Chairman Young opens meeting  
10:08:41 AM Christian Bax, Director, Office of Compassionate Use speaks  
10:13:57 AM Dan Looke, Attorney for Senate Health Policy Committee speaks  
10:22:57 AM Sheriff Mike Adkinson, Walton County speaks  
10:28:59 AM Chair recognizes Senator Bradley, Senator Clemons, and Senator Campbell  
10:29:52 AM Kim Rivers, CEO, Trulieve speaks  
10:36:45 AM Chairman with remarks  
10:38:15 AM Mark Hashim, MD, American Board of Anesthesiologist speaks  
10:46:15 AM Ben Pollara, Florida for Care speaks  
10:52:58 AM Ben Pollara, Florida for Care speaks  
10:53:01 AM Chair opens floor for questions  
10:53:15 AM Senator Huston makes suggestion regarding identification cards  
10:53:42 AM Senator Montford is recognized for a question regarding existing companies  
10:54:45 AM Senator Montford asks question to Ben Pollara  
10:55:31 AM Follow up by Senator Montford  
10:56:34 AM Ben Pollara, Florida for Care responds  
10:57:38 AM Chair Young ask Kim Rivers to respond to Senator Montford  
10:59:00 AM Senator Book asked question regarding 90 day waiting period  
10:59:17 AM Kim Rivers responds to Senator Book's question  
11:00:15 AM Senator Book for a follow up regarding costs  
11:01:19 AM Senator Powell speaks regarding levels of illness per costs  
11:01:49 AM  
11:02:17 AM Kim Rivers responds  
11:02:30 AM Senator Powell asks question of Sheriff Adkinson  
11:03:23 AM Sheriff Adkinson answers Senator Powell's question  
11:03:57 AM Senator Powell for follow up  
11:04:50 AM Sheriff Adkinson responds  
11:06:04 AM Senator Rouson asks question of Ben Pollara, Florida for Care  
11:07:06 AM Ben Pollara responds  
11:07:54 AM Senator Clemens is recognized for a question of Pollara  
11:09:26 AM Ben Pollara responds to Senator Clemen's question regarding keeping costs down  
11:10:30 AM Chair Young ask a question to Christian Bax and Dan Looke  
11:11:31 AM Dan Looke responds to Chair's question regarding other states  
11:12:25 AM Charisitan Bax adds additional comments regarding other states  
11:13:50 AM Chair Young asks panel for ending comments  
11:14:53 AM Mark Hashim concludes  
11:15:14 AM Michael Adkinson makes comments  
11:16:18 AM Ben Pollara makes ending comments  
11:18:01 AM Kim Rivers makes ending comments  
11:19:48 AM Christian Bax makes closing remarks  
11:20:51 AM Chair Young thanks speakers for their expertise  
11:21:37 AM Dr. Jessica Spencer, Drug Free Florida  
11:23:30 AM Teresa Miller, Community Substance Abuse Prevention Volunteer  
11:27:38 AM Amy Ronshausen, Deputy Director, Drug Free American Foundation  
11:30:33 AM Ellen Snelling, Volunteer - Substance Abuse Prevention

**11:33:27 AM** Amy Mercer, Florida Police Chiefs Association  
**11:36:17 AM** Jodi James, Executive Director, Florida Cannabis Action Network  
**11:39:54 AM** Joel Curz-Davis, VP of FMDgreen  
**11:43:16 AM** Dr. Justin Davis, President and Chief Physician, FMDgreen  
**11:45:49 AM** Gary Stein, MPH  
**11:47:21 AM** Shannon Stallings, Attorney  
**11:54:54 AM** Howard Funn Jr. President Florida Black Farmer Assoc. speaks  
**11:56:09 AM** Laura Youmans, Florida Assoc. of Counties speaks  
**11:58:00 AM** Ron Watson, Lobbyist for Alt Med speaks  
**11:58:47 AM** Chair Young with closing comments  
**11:58:49 AM** Meeting adjourned