

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/CS/SB 182 — Medical Use of Marijuana

by Rules Committee; Innovation, Industry, and Technology Committee; Health Policy Committee; and Senators Brandes and Stewart

The bill (Chapter 2019-1, L.O.F.) amends various sections of the Florida Statutes related to the medical use of marijuana.

The bill:

- Removes language from the definition of “medical use” of marijuana (cannabis) indicating that medical use does not include the possession, use, or administration of marijuana in a form for smoking or the possession, use, or administration of marijuana flower except for flower in a sealed, tamper-proof receptacle for vaping. This eliminates the prohibition against the smoking of medical marijuana.
- Specifies that low-THC cannabis may not be smoked in public and prohibits the medical use of marijuana by smoking in an “enclosed indoor workplace,” as defined in the Florida Clean Indoor Air Act.
- Permits a qualified patient and his or her caregiver to purchase and possess delivery devices for the medical use of marijuana by smoking from a vendor that is not a medical marijuana treatment center (MMTC).
- Requires a physician who certifies a patient to use smokable marijuana to submit specified documentation to the Board of Medicine or the Board of Osteopathic Medicine, as applicable. Each board must review the documentation submitted and establish practice standards for the certification of smokable marijuana in rule by July 1, 2021.
- Prohibits the certification of marijuana for medical use by smoking to patients under the age of 18 unless such patient is diagnosed with a terminal condition.
 - o For terminal patients under the age of 18, the bill requires a qualified physician to certify that smoking is the most effective means of administering medical marijuana to the patient, and a second physician, who is a board-certified pediatrician, must concur with this determination.
 - o The certifying physician must also obtain written informed consent from the patient’s parent or legal guardian and must use a standardized consent form adopted in rule by the applicable board.
- Requires that the risks specifically associated with smoking marijuana must be included in the informed consent each patient must sign prior to being certified to receive medical marijuana.
- Specifies that a physician may not certify more than six 35-day supplies of marijuana in a form for smoking.
 - o A 35-day supply may not exceed 2.5 ounces, and a patient may not possess more than four total ounces at any one time. A physician may request the DOH to authorize an exception to the supply and possession limits.
- Provides an exception to the one-to-one caregiver-to-patient limit for patients that are participating in a research program established at a teaching nursing home. The bill also requires the Consortium for Medical Marijuana Clinical Outcomes Research to

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collaborate with teaching nursing homes and allows the consortium to award funds to a teaching nursing home for research on the medical use of marijuana to alleviate conditions related to chronic disease and aging.

- Restricts wrapping papers sold by an MMTC from being made from tobacco or hemp, specifies packaging and warning label requirements for medical marijuana intended for smoking, and also requires the DOH to establish requirements for marijuana delivery devices sold from an MMTC.
- Provides that s. 381.986, F.S., does not impair the ability of a private party to restrict or limit smoking or vaping on his or her private property and does not prohibit the medical use of marijuana in a nursing home, hospice, or assisted living facility if the facility's policies do not prohibit the medical use of marijuana.
- Renames the "Coalition for Medical Marijuana Research and Education" as the "Consortium for Medical Marijuana Clinical Outcomes Research." The Consortium is to be housed in a state university designated by the consortium's board of governors and must annually adopt a plan for medical marijuana research. The plan must organize a program of research that:
 - o Contributes to the body of scientific knowledge on the effects of the medical use of marijuana, and
 - o Informs both policy and medical practice related to the treatment of debilitating medical conditions with marijuana.
- Provides the following appropriations:
 - o \$1.5 million in recurring general revenue to fund the Consortium for Medical Marijuana Clinical Outcomes Research.
 - o \$391,333 in nonrecurring funds from the Grants and Donations Trust Fund for FY 18-19 and \$705,331 in recurring funds from the Grants and Donations Trust Fund to the DOH for implementing the provisions of the bill.

These provisions were approved by the Governor and take effect March 18, 2019.

Vote: Senate 34-4; House 101-11