Representative Rodrigues, R. offered the following:

Amendment (with title amendment)

Between lines 367 and 368, insert:

Section 5. Paragraphs (l) through (o) of subsection (1) of section 381.986, Florida Statutes, are redesignated as paragraphs (m) through (p), respectively, paragraph (a) of subsection (3), paragraphs (a) and (f) of subsection (4), paragraphs (b) and (e) of subsection (8), and paragraph (a) of subsection (14) are amended, and a new paragraph (l) is added to subsection (1) and paragraph (h) is added to subsection (14) of that section, to read:

381.986 Medical use of marijuana.—
(1) DEFINITIONS.—As used in this section, the term:

(l) "Potency" means the relative strength of cannabinoids, and the total amount, in milligrams, of tetrahydrocannabinol as the sum of (delta-9-tetrahydrocannabinol + (0.877 x tetrahydrocannabinolic acid)) and cannabidiol as the sum of (cannabidiol + (0.877 x cannabidiolic acid)) in the final product dispensed to a patient or caregiver.

(3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.—

(a) Before being approved as a qualified physician, as defined in paragraph (1)(n) and before each license renewal, a physician must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. The course and examination shall be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500. A physician who has met the physician education requirements of former s. 381.986(4), Florida Statutes 2016, before June 23, 2017, shall be deemed to be in compliance with this paragraph from June 23, 2017, until 90 days after the course and examination required by this paragraph become available.

(4) PHYSICIAN CERTIFICATION.—

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

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

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

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

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

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

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

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

a. Enters into the registry the contents of the physician certification, including all of the patient's qualifying conditions and the dosage not to exceed the daily dose amount authorized under paragraph (f) determined by the department, the amount and forms of marijuana authorized for the patient, and any types of marijuana delivery devices needed by the patient for the medical use of marijuana.

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

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

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

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

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

d. The potential for addiction.

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

f. The potential side effects of marijuana use, including the negative health risks associated with smoking marijuana and the negative health effects of marijuana use on persons under 18 years of age.

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

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

(f) A qualified physician may not issue a physician certification for more than three 70-day supply limits of marijuana, more than six 35-day supply limits of edibles, or
more than six 35-day supply limits of marijuana in a form for
smoking or, to a qualified patient under 21 years of age,
marijuana that contains tetrahydrocannabiphorol or has a
tetrahydrocannabinol potency, by weight or volume, of greater
than 10 percent in the final product. However, a physician may
certify such qualified patient for marijuana with any potency of
tetrahydrocannabinol which contains tetrahydrocannabiphorol, if
the qualified patient is diagnosed with a terminal condition and
the qualified physician indicates such on the physician
certification. The department shall quantify by rule a daily
dose amount with equivalent dose amounts for each allowable form
of marijuana, other than edibles and marijuana in a form for
smoking, dispensed by a medical marijuana treatment center. The
department shall use the daily dose amount to calculate a 70-day
supply. The daily dose amount for edibles shall not exceed 200
mg of tetrahydrocannabinol. The daily dose amount for marijuana
in a form for smoking shall not exceed .08 ounces.

1. A qualified physician may request an exception to the
daily dose amount limit, the 35-day supply limit for edibles,
the 35-day supply limit of marijuana in a form for smoking, and
the 4-ounce possession limit of marijuana in a form for smoking
established in paragraph (14)(a), and the tetrahydrocannabinol
concentration limits established in this paragraph. The request
shall be made electronically on a form adopted by the department
in rule and must include, at a minimum:
a. The qualified patient's qualifying medical condition.
   b. The dosage and route of administration that was insufficient to provide relief to the qualified patient.
   c. A description of how the patient will benefit from an increased amount.
   d. The minimum daily dose amount of marijuana that would be sufficient for the treatment of the qualified patient's qualifying medical condition.

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

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

(8) MEDICAL MARIJUANA TREATMENT CENTERS.—
   (b) An applicant for licensure as a medical marijuana treatment center shall apply to the department on a form prescribed by the department and adopted in rule. The department shall adopt rules pursuant to ss. 120.536(1) and 120.54 establishing a procedure for the issuance and biennial renewal of licenses, including initial application and biennial renewal fees sufficient to cover the costs of implementing and administering this section, and establishing supplemental licensure fees for payment beginning May 1, 2018, sufficient to cover the costs of administering ss. 381.989 and 1004.4351. The

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department may not renew a medical marijuana treatment center's license if the medical marijuana treatment center has not begun dispensing marijuana by the date that the medical marijuana treatment center is required to renew its license. The department shall identify applicants with strong diversity plans reflecting this state's commitment to diversity and implement training programs and other educational programs to enable minority persons and minority business enterprises, as defined in s. 288.703, and veteran business enterprises, as defined in s. 295.187, to compete for medical marijuana treatment center licensure and contracts. Subject to the requirements in subparagraphs (a)2.-4., the department shall issue a license to an applicant if the applicant meets the requirements of this section and pays the initial application fee. The department shall renew the licensure of a medical marijuana treatment center biennially if the licensee meets the requirements of this section and pays the biennial renewal fee. An individual may not be an applicant, owner, officer, board member, or manager on more than one application for licensure as a medical marijuana treatment center. An individual or entity may not be awarded more than one license as a medical marijuana treatment center. An applicant for licensure as a medical marijuana treatment center must demonstrate:

1. That, for the 5 consecutive years before submitting the application, the applicant has been registered to do business in
189 the state.
190 2. Possession of a valid certificate of registration
191 issued by the Department of Agriculture and Consumer Services
192 pursuant to s. 581.131.
193 3. The technical and technological ability to cultivate
194 and produce marijuana, including, but not limited to, low-THC
195 cannabis.
196 4. The ability to secure the premises, resources, and
197 personnel necessary to operate as a medical marijuana treatment
198 center.
199 5. The ability to maintain accountability of all raw
200 materials, finished products, and any byproducts to prevent
201 diversion or unlawful access to or possession of these
202 substances.
203 6. An infrastructure reasonably located to dispense
204 marijuana to registered qualified patients statewide or
205 regionally as determined by the department.
206 7. The financial ability to maintain operations for the
207 duration of the 2-year approval cycle, including the provision
208 of certified financial statements to the department.
209 a. Upon approval, the applicant must post a $5 million
210 performance bond issued by an authorized surety insurance
211 company rated in one of the three highest rating categories by a
212 nationally recognized rating service. However, a medical
213 marijuana treatment center serving at least 1,000 qualified

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patients is only required to maintain a $2 million performance bond.

b. In lieu of the performance bond required under sub-subparagraph a., the applicant may provide an irrevocable letter of credit payable to the department or provide cash to the department. If provided with cash under this sub-subparagraph, the department shall deposit the cash in the Grants and Donations Trust Fund within the Department of Health, subject to the same conditions as the bond regarding requirements for the applicant to forfeit ownership of the funds. If the funds deposited under this sub-subparagraph generate interest, the amount of that interest shall be used by the department for the administration of this section.

8. That all owners, officers, board members, and managers have passed a background screening pursuant to subsection (9).

9. The employment of a medical director to supervise the activities of the medical marijuana treatment center.

10. A diversity plan that promotes and ensures the involvement of minority persons and minority business enterprises, as defined in s. 288.703, or veteran business enterprises, as defined in s. 295.187, in ownership, management, and employment. An applicant for licensure renewal must show the effectiveness of the diversity plan by including the following with his or her application for renewal:

a. Representation of minority persons and veterans in the
medical marijuana treatment center's workforce;

b. Efforts to recruit minority persons and veterans for employment; and

c. A record of contracts for services with minority business enterprises and veteran business enterprises.

(e) A licensed medical marijuana treatment center shall cultivate, process, transport, and dispense marijuana for medical use. A licensed medical marijuana treatment center may not contract for services directly related to the cultivation, processing, and dispensing of marijuana or marijuana delivery devices, except that a medical marijuana treatment center licensed pursuant to subparagraph (a)1. may contract with a single entity for the cultivation, processing, transporting, and dispensing of marijuana and marijuana delivery devices. A licensed medical marijuana treatment center must, at all times, maintain compliance with the criteria demonstrated and representations made in the initial application and the criteria established in this subsection. Upon request, the department may grant a medical marijuana treatment center a variance from the representations made in the initial application. Consideration of such a request shall be based upon the individual facts and circumstances surrounding the request. A variance may not be granted unless the requesting medical marijuana treatment center can demonstrate to the department that it has a proposed alternative to the specific representation made in its
application which fulfills the same or a similar purpose as the specific representation in a way that the department can reasonably determine will not be a lower standard than the specific representation in the application. A variance may not be granted from the requirements in subparagraph 2. and subparagraphs (b)1. and 2.

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

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

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

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

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

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

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

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

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

5. Each medical marijuana treatment center must adopt and enforce policies and procedures to ensure employees and volunteers receive training on the legal requirements to
6. When growing marijuana, a medical marijuana treatment center:
   a. May use pesticides determined by the department, after consultation with the Department of Agriculture and Consumer Services, to be safely applied to plants intended for human consumption, but may not use pesticides designated as restricted-use pesticides pursuant to s. 487.042.
   b. Must grow marijuana within an enclosed structure and in a room separate from any other plant.
   c. Must inspect seeds and growing plants for plant pests that endanger or threaten the horticultural and agricultural interests of the state in accordance with chapter 581 and any rules adopted thereunder.
   d. Must perform fumigation or treatment of plants, or remove and destroy infested or infected plants, in accordance with chapter 581 and any rules adopted thereunder.
7. Each medical marijuana treatment center must produce and make available for purchase at least one low-THC cannabis product.
8. A medical marijuana treatment center that produces edibles must hold a permit to operate as a food establishment pursuant to chapter 500, the Florida Food Safety Act, and must comply with all the requirements for food establishments pursuant to chapter 500 and any rules adopted thereunder.
Edibles may not contain more than 200 milligrams of tetrahydrocannabinol, and a single serving portion of an edible may not exceed 10 milligrams of tetrahydrocannabinol. Edibles may have a potency variance of no greater than 15 percent of the 10 milligrams of tetrahydrocannabinol per single serving limit or the 200 milligrams of tetrahydrocannabinol per product limit. Edibles may not be attractive to children; be manufactured in the shape of humans, cartoons, or animals; be manufactured in a form that bears any reasonable resemblance to products available for consumption as commercially available candy; or contain any color additives. To discourage consumption of edibles by children, the department shall determine by rule any shapes, forms, and ingredients allowed and prohibited for edibles. Medical marijuana treatment centers may not begin processing or dispensing edibles until after the effective date of the rule. The department shall also adopt sanitation rules providing the standards and requirements for the storage, display, or dispensing of edibles.

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

10. A medical marijuana treatment center that produces
prerolled marijuana cigarettes may not use wrapping paper made
with tobacco or hemp.

11. When processing marijuana, a medical marijuana
treatment center must:
   a. Process the marijuana within an enclosed structure and
      in a room separate from other plants or products.
   b. Comply with department rules when processing marijuana
      with hydrocarbon solvents or other solvents or gases exhibiting
      potential toxicity to humans. The department shall determine by
      rule the requirements for medical marijuana treatment centers to
      use such solvents or gases exhibiting potential toxicity to
      humans.
   c. Comply with federal and state laws and regulations and
      department rules for solid and liquid wastes. The department
      shall determine by rule procedures for the storage, handling,
      transportation, management, and disposal of solid and liquid
      waste generated during marijuana production and processing. The
      Department of Environmental Protection shall assist the
      department in developing such rules.

12. A medical marijuana treatment center must test the
processed marijuana using a medical marijuana testing laboratory
before it is dispensed. Results must be verified and signed by
two medical marijuana treatment center employees. Before dispensing, the medical marijuana treatment center must determine that the test results indicate that low-THC cannabis meets the definition of low-THC cannabis, the concentration of tetrahydrocannabinol meets the potency requirements of this section, the labeling of the concentration of tetrahydrocannabinol and cannabidiol is accurate, and all marijuana is safe for human consumption and free from contaminants that are unsafe for human consumption. The department shall determine by rule which contaminants must be tested for and the maximum levels of each contaminant which are safe for human consumption. The Department of Agriculture and Consumer Services shall assist the department in developing the testing requirements for contaminants that are unsafe for human consumption in edibles. The department shall also determine by rule the procedures for the treatment of marijuana that fails to meet the testing requirements of this section, s. 381.988, or department rule. The department may select a random samples of marijuana, sample from edibles available in a cultivation facility or processing facility, or for purchase in a dispensing facility which shall be tested by the department to determine that the marijuana edible meets the potency requirements of this section, is safe for human consumption, and the labeling of the tetrahydrocannabinol and cannabidiol concentration is accurate. A medical marijuana treatment center may not require payment
from the department for the sample. A medical marijuana treatment center must recall edibles, including all edibles made from the same batch of marijuana, which fail to meet the potency requirements of this section, which are unsafe for human consumption, or for which the labeling of the tetrahydrocannabinol and cannabidiol concentration is inaccurate. The medical marijuana treatment center must retain records of all testing and samples of each homogenous batch of marijuana for at least 9 months. The medical marijuana treatment center must contract with a marijuana testing laboratory to perform audits on the medical marijuana treatment center's standard operating procedures, testing records, and samples and provide the results to the department to confirm that the marijuana or low-THC cannabis meets the requirements of this section and that the marijuana or low-THC cannabis is safe for human consumption. A medical marijuana treatment center shall reserve two processed samples from each batch and retain such samples for at least 9 months for the purpose of such audits. A medical marijuana treatment center may use a laboratory that has not been certified by the department under s. 381.988 until such time as at least one laboratory holds the required certification, but in no event later than July 1, 2020.

13. When packaging marijuana, a medical marijuana treatment center must:

a.e. Package the marijuana in compliance with the United
b.f. Package the marijuana in a receptacle that has a firmly affixed and legible label stating the following information:

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

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

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

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

(V) The name of the patient.

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

(VII) The recommended dose.

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

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

14.12. The medical marijuana treatment center shall include in each package a patient package insert with
information on the specific product dispensed related to:

a. Clinical pharmacology.
b. Indications and use.
c. Dosage and administration.
d. Dosage forms and strengths.
e. Contraindications.
f. Warnings and precautions.
g. Adverse reactions.

15. In addition to the packaging and labeling requirements specified in subparagraphs 13. and 14., marijuana in a form for smoking must be packaged in a sealed receptacle with a legible and prominent warning to keep away from children and a warning that states marijuana smoke contains carcinogens and may negatively affect health. Such receptacles for marijuana in a form for smoking must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol.

16. The department shall adopt rules to regulate the types, appearance, and labeling of marijuana delivery devices dispensed from a medical marijuana treatment center. The rules must require marijuana delivery devices to have an appearance consistent with medical use.

17. Each edible shall be individually sealed in plain, opaque wrapping marked only with the marijuana universal symbol.
Where practical, each edible shall be marked with the marijuana universal symbol. In addition to the packaging and labeling requirements in subparagraphs 13. and 14.11. and 12., edible receptacles must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol. The receptacle must also include a list of all the edible's ingredients, storage instructions, an expiration date, a legible and prominent warning to keep away from children and pets, and a warning that the edible has not been produced or inspected pursuant to federal food safety laws.

When dispensing marijuana or a marijuana delivery device, a medical marijuana treatment center:

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

b. May not dispense more than a 70-day supply of marijuana within any 70-day period to a qualified patient or caregiver. May not dispense more than a 35-day supply of edibles within any 35-day period to a qualified patient or caregiver. A 35-day supply of edibles may not exceed 7000 mg of tetrahydrocannabinol unless an exception to this amount is approved by the department pursuant to paragraph (4)(f). May not dispense more than one 35-
day supply of marijuana in a form for smoking within any 35-day period to a qualified patient or caregiver. A 35-day supply of marijuana in a form for smoking may not exceed 2.5 ounces unless an exception to this amount is approved by the department pursuant to paragraph (4)(f).

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

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

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

f. May not dispense marijuana that contains tetrahydrocannabiphorol or has a tetrahydrocannabinol potency, by weight or volume, of greater than 10 percent in the final product to a qualified patient ages 18 through 21 years, to his
or her caregiver, or to the caregiver of a qualified patient younger than 18 years of age, for the qualified patient's medical use, unless the qualified patient has an applicable exception approved by the department under paragraph (4)(f) or the qualified physician certification indicates that the qualified patient has been diagnosed with a terminal condition.

g. May not dispense or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes or wrapping papers made with tobacco or hemp, other than a marijuana delivery device required for the medical use of marijuana and which is specified in a physician certification.

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

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

(14) EXCEPTIONS TO OTHER LAWS.–

(a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a qualified patient and the qualified patient's caregiver may purchase from a medical marijuana treatment center
for the patient's medical use a marijuana delivery device and up
to the amount of marijuana authorized in the physician
certification, but may not possess more than a 35-day supply of
edibles, a 70-day supply of marijuana, or the greater of 4
ounces of marijuana in a form for smoking or an amount of
marijuana in a form for smoking approved by the department
pursuant to paragraph (4)(f), at any given time and all
marijuana purchased must remain in its original packaging.

(h) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or
any other provision of law, but subject to the requirements of
this section, the department, including an employee of the
department acting within the scope of his or her employment, may
acquire, possess, test, transport, and lawfully dispose of
marijuana as provided in this section.

Section 6. Subsection (11) of section 381.988, Florida
Statutes, is renumbered as subsection (12), and a new subsection
(11) is added to that section, to read:

381.988 Medical marijuana testing laboratories; marijuana
tests conducted by a certified laboratory.—

(11) A certified medical marijuana testing laboratory and
its officers, directors, and employees may not have a direct or
indirect economic interest in, or financial relationship with, a
medical marijuana treatment center. Nothing in this subsection
may be construed to prohibit a certified medical marijuana

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testing laboratory from contracting with a medical marijuana treatment center to provide testing services.

Title Amendment

Remove line 20 and insert:
Centers Program; s. 381.986; providing a definition; revising a provision requiring certain information to be entered into the medical marijuana use registry; revising a provision relating to the informed consent form to include the negative health effects of marijuana use on certain persons; providing daily dose amount limits for edibles and marijuana in a form for smoking; prohibiting physicians from certifying a certain potency of tetrahydrocannabinol in marijuana for certain patients; providing an exception; authorizing the Department of Health to possess and test marijuana samples from medical marijuana treatment centers; authorizing medical marijuana treatment centers to contract with certain medical marijuana testing laboratories; prohibiting the department from renewing a medical marijuana treatment center's license under certain circumstances; providing limits on the potency of tetrahydrocannabinol in marijuana and edibles.
dispensed by a medical marijuana treatment center; 
prohibiting a medical marijuana treatment center from 
dispensing a medical marijuana product containing 
tetrahydrocannabiphorol; providing applicability; 
authorizing the department and certain employees to 
acquire, possess, test, transport, and dispose of 
marijuana; amending s. 381.988, F.S.; prohibiting a 
certified medical marijuana testing laboratory from 
having an economic interest in or financial 
relationship with a medical marijuana treatment 
center; providing construction; amending s. 401.35, 
F.S.; revising