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1  
2 An act relating to the medical use of marijuana;  
3 amending s. 381.986, F.S.; redefining the term  
4 "marijuana delivery device" to provide an exception to  
5 the requirement that such devices must be purchased  
6 from a medical marijuana treatment center for devices  
7 that are intended for the medical use of marijuana by  
8 smoking; redefining the term "medical use" to include  
9 the possession, use, or administration of marijuana in  
10 a form for smoking; conforming provisions to changes  
11 made by the act; restricting the smoking of marijuana  
12 in enclosed indoor workplaces; requiring a patient's  
13 informed consent form to include the negative health  
14 risks associated with smoking marijuana; conforming a  
15 provision to changes made by the act; requiring a  
16 qualified physician to submit specified documentation  
17 to the Board of Medicine and the Board of Osteopathic  
18 Medicine upon determining that smoking is an  
19 appropriate route of administration for a qualified  
20 patient, other than a patient diagnosed with a  
21 terminal condition; prohibiting a physician from  
22 certifying a patient under 18 years of age to smoke  
23 marijuana for medical use unless the patient is  
24 diagnosed with a terminal condition and the physician  
25 makes a certain determination in concurrence with a  
26 second physician who is a pediatrician; requiring a  
27 qualified physician to obtain the written informed  
28 consent of such patient's parent or legal guardian  
29 before certifying the patient to smoke marijuana for

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30 medical use; requiring the qualified physician to use  
31 a certain informed consent form adopted in rule by the  
32 boards; requiring the boards to review specified  
33 documentation and adopt certain practice standards by  
34 rule by a specified date; establishing a supply limit  
35 for a physician certification for marijuana in a form  
36 for smoking; authorizing a qualified physician to  
37 request an exception to the supply limit and  
38 possession limit for marijuana in a form for smoking;  
39 authorizing more than one caregiver to assist with a  
40 qualified patient's medical use of marijuana if the  
41 patient is participating in a certain research program  
42 in a teaching nursing home; authorizing a caregiver to  
43 be listed in the medical marijuana use registry as a  
44 designated caregiver for qualified patients who are  
45 participating in a certain research program in a  
46 teaching nursing home; prohibiting a medical marijuana  
47 treatment center that produces prerolled marijuana  
48 cigarettes from using wrapping paper made with tobacco  
49 or hemp; requiring that marijuana in a form for  
50 smoking meet certain packaging and labeling  
51 requirements; requiring the Department of Health to  
52 adopt rules regulating the types, appearance, and  
53 labeling of marijuana delivery devices; prohibiting a  
54 medical marijuana treatment center from dispensing  
55 more than a specified supply limit of marijuana in a  
56 form for smoking; revising a provision prohibiting a  
57 medical marijuana treatment center from dispensing or  
58 selling specified products; establishing possession

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59 limits on marijuana in a form for smoking for a  
60 qualified patient; allowing marijuana delivery devices  
61 to be purchased from a vendor other than a medical  
62 marijuana treatment center; providing applicability;  
63 amending s. 1004.4351, F.S.; renaming the Coalition  
64 for Medical Marijuana Research and Education as the  
65 Consortium for Medical Marijuana Clinical Outcomes  
66 Research; establishing the consortium for a specified  
67 purpose; renaming the Medical Marijuana Research and  
68 Education Board as the Medical Marijuana Research  
69 Board; requiring the board to direct the operations of  
70 the consortium; providing membership of the board;  
71 providing for the appointment of a consortium  
72 director; providing duties of the consortium director;  
73 requiring the board to annually adopt a plan for  
74 medical marijuana research; requiring the plan to  
75 include specified information; providing research  
76 requirements for the plan; requiring the board to  
77 award funds to members of the consortium; requiring  
78 the board to collaborate with and authorizing the  
79 board to award funds to teaching nursing homes for  
80 certain research; requiring the board to issue an  
81 annual report to the Governor and Legislature by a  
82 specified date; requiring the department to submit  
83 certain data sets to the board; amending s. 381.987,  
84 F.S.; conforming provisions to changes made by the  
85 act; providing appropriations; providing an effective  
86 date.  
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88 Be It Enacted by the Legislature of the State of Florida:

89

90 Section 1. Paragraphs (g) and (j) of subsection (1),  
91 subsection (4), paragraphs (c) and (d) of subsection (6),  
92 paragraph (e) of subsection (8), subsection (14), and subsection  
93 (15) of section 381.986, Florida Statutes, are amended to read:

94 381.986 Medical use of marijuana.—

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

96 (g) "Marijuana delivery device" means an object used,  
97 intended for use, or designed for use in preparing, storing,  
98 ingesting, inhaling, or otherwise introducing marijuana into the  
99 human body, and which is dispensed from a medical marijuana  
100 treatment center for medical use by a qualified patient, except  
101 that delivery devices intended for the medical use of marijuana  
102 by smoking need not be dispensed from a medical marijuana  
103 treatment center in order to qualify as marijuana delivery  
104 devices.

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

108 1. Possession, use, or administration of marijuana that was  
109 not purchased or acquired from a medical marijuana treatment  
110 center.

111 2. Possession, use, or administration of marijuana ~~in a~~  
112 ~~form for smoking,~~ in the form of commercially produced food  
113 items other than edibles, ~~or of marijuana seeds or flower,~~  
114 ~~except for flower in a sealed, tamper-proof receptacle for~~  
115 ~~vaping.~~

116 3. Use or administration of any form or amount of marijuana

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117 in a manner that is inconsistent with the qualified physician's  
118 directions or physician certification.

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

122 5. Use or administration of marijuana in the following  
123 locations:

124 a. On any form of public transportation, except for low-THC  
125 cannabis not in a form for smoking.

126 b. In any public place, except for low-THC cannabis not in  
127 a form for smoking.

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

130 d. In a state correctional institution, as defined in s.  
131 944.02, or a correctional institution, as defined in s. 944.241.

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

134 f. In a school bus, a vehicle, an aircraft, or a motorboat,  
135 except for low-THC cannabis not in a form for smoking.

136 6. The smoking of marijuana in an enclosed indoor workplace  
137 as defined in s. 386.203(5).

138 (4) PHYSICIAN CERTIFICATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

196 d. The potential for addiction.

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

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

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

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

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

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

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

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

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

222  
223 The department must submit such documentation to the Consortium  
224 ~~Coalition~~ for Medical Marijuana Clinical Outcomes Research and  
225 ~~Education~~ established pursuant to s. 1004.4351.

226 (c) If a qualified physician determines that smoking is an  
227 appropriate route of administration for a qualified patient,  
228 other than a patient diagnosed with a terminal condition, the  
229 qualified physician must submit the following documentation to  
230 the applicable board:

231 1. A list of other routes of administration, if any,  
232 certified by a qualified physician that the patient has tried,

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233 the length of time the patient used such routes of  
234 administration, and an assessment of the effectiveness of those  
235 routes of administration in treating the qualified patient's  
236 qualifying condition.

237 2. Research documenting the effectiveness of smoking as a  
238 route of administration to treat similarly situated patients  
239 with the same qualifying condition as the qualified patient.

240 3. A statement signed by the qualified physician  
241 documenting the qualified physician's opinion that the benefits  
242 of smoking marijuana for medical use outweigh the risks for the  
243 qualified patient.

244 (d) A qualified physician may not issue a physician  
245 certification for marijuana in a form for smoking to a patient  
246 under 18 years of age unless the patient is diagnosed with a  
247 terminal condition, the qualified physician determines that  
248 smoking is the most effective route of administration for the  
249 patient, and a second physician who is a board-certified  
250 pediatrician concurs with such determination. Such determination  
251 and concurrence must be documented in the patient's medical  
252 record and in the medical marijuana use registry. The certifying  
253 physician must obtain the written informed consent of such  
254 patient's parent or legal guardian before issuing a physician  
255 certification to the patient for marijuana in a form for  
256 smoking. The qualified physician must use a standardized  
257 informed consent form adopted in rule by the Board of Medicine  
258 and the Board of Osteopathic Medicine which must include  
259 information concerning the negative health effects of smoking  
260 marijuana on persons under 18 years of age and an  
261 acknowledgement that the qualified physician has sufficiently

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262 explained the contents of the form.

263 (e) The Board of Medicine and the Board of Osteopathic  
264 Medicine shall review the documentation submitted pursuant to  
265 paragraph (c) and shall each, by July 1, 2021, adopt by rule  
266 practice standards for the certification of smoking as a route  
267 of administration.

268 (f)~~(e)~~ A qualified physician may not issue a physician  
269 certification for more than three 70-day supply limits of  
270 marijuana or more than six 35-day supply limits of marijuana in  
271 a form for smoking. The department shall quantify by rule a  
272 daily dose amount with equivalent dose amounts for each  
273 allowable form of marijuana dispensed by a medical marijuana  
274 treatment center. The department shall use the daily dose amount  
275 to calculate a 70-day supply.

276 1. A qualified physician may request an exception to the  
277 daily dose amount limit, the 35-day supply limit of marijuana in  
278 a form for smoking, and the 4-ounce possession limit of  
279 marijuana in a form for smoking established in paragraph  
280 (14) (a). The request shall be made electronically on a form  
281 adopted by the department in rule and must include, at a  
282 minimum:

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

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

286 c. A description of how the patient will benefit from an  
287 increased amount.

288 d. The minimum daily dose amount of marijuana that would be  
289 sufficient for the treatment of the qualified patient's  
290 qualifying medical condition.

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

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

297           (g) ~~(d)~~ A qualified physician must evaluate an existing  
298 qualified patient at least once every 30 weeks before issuing a  
299 new physician certification. A physician must:

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

302           2. Identify and document in the qualified patient's medical  
303 records whether the qualified patient experienced either of the  
304 following related to the medical use of marijuana:

305           a. An adverse drug interaction with any prescription or  
306 nonprescription medication; or

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

309           3. Submit a report with the findings required pursuant to  
310 subparagraph 2. to the department. The department shall submit  
311 such reports to the Consortium Coalition ~~Coalition~~ for Medical Marijuana  
312 Clinical Outcomes Research and Education ~~and Education~~ established pursuant to  
313 s. 1004.4351.

314           (h) ~~(e)~~ An active order for low-THC cannabis or medical  
315 cannabis issued pursuant to former s. 381.986, Florida Statutes  
316 2016, and registered with the compassionate use registry before  
317 June 23, 2017, is deemed a physician certification, and all  
318 patients possessing such orders are deemed qualified patients  
319 until the department begins issuing medical marijuana use

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320 registry identification cards.

321 (i)~~(f)~~ The department shall monitor physician registration  
322 in the medical marijuana use registry and the issuance of  
323 physician certifications for practices that could facilitate  
324 unlawful diversion or misuse of marijuana or a marijuana  
325 delivery device and shall take disciplinary action as  
326 appropriate.

327 (j)~~(g)~~ The Board of Medicine and the Board of Osteopathic  
328 Medicine shall jointly create a physician certification pattern  
329 review panel that shall review all physician certifications  
330 submitted to the medical marijuana use registry. The panel shall  
331 track and report the number of physician certifications and the  
332 qualifying medical conditions, dosage, supply amount, and form  
333 of marijuana certified. The panel shall report the data both by  
334 individual qualified physician and in the aggregate, by county,  
335 and statewide. The physician certification pattern review panel  
336 shall, beginning January 1, 2018, submit an annual report of its  
337 findings and recommendations to the Governor, the President of  
338 the Senate, and the Speaker of the House of Representatives.

339 (k)~~(h)~~ The department, the Board of Medicine, and the Board  
340 of Osteopathic Medicine may adopt rules pursuant to ss.  
341 120.536(1) and 120.54 to implement this subsection.

342 (6) CAREGIVERS.—

343 (c) A qualified patient may designate no more than one  
344 caregiver to assist with the qualified patient's medical use of  
345 marijuana, unless:

346 1. The qualified patient is a minor and the designated  
347 caregivers are parents or legal guardians of the qualified  
348 patient;

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349           2. The qualified patient is an adult who has an  
350 intellectual or developmental disability that prevents the  
351 patient from being able to protect or care for himself or  
352 herself without assistance or supervision and the designated  
353 caregivers are the parents or legal guardians of the qualified  
354 patient; ~~or~~

355           3. The qualified patient is admitted to a hospice program;  
356 or

357           4. The qualified patient is participating in a research  
358 program in a teaching nursing home pursuant to s. 1004.4351.

359           (d) A caregiver may be registered in the medical marijuana  
360 use registry as a designated caregiver for no more than one  
361 qualified patient, unless:

362           1. The caregiver is a parent or legal guardian of more than  
363 one minor who is a qualified patient;

364           2. The caregiver is a parent or legal guardian of more than  
365 one adult who is a qualified patient and who has an intellectual  
366 or developmental disability that prevents the patient from being  
367 able to protect or care for himself or herself without  
368 assistance or supervision; ~~or~~

369           3. All qualified patients the caregiver has agreed to  
370 assist are admitted to a hospice program and have requested the  
371 assistance of that caregiver with the medical use of marijuana;  
372 the caregiver is an employee of the hospice; and the caregiver  
373 provides personal care or other services directly to clients of  
374 the hospice in the scope of that employment; or

375           4. All qualified patients the caregiver has agreed to  
376 assist are participating in a research program in a teaching  
377 nursing home pursuant to s. 1004.4351.

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378 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

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

405 1. A licensed medical marijuana treatment center may  
406 transfer ownership to an individual or entity who meets the

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407 requirements of this section. A publicly traded corporation or  
408 publicly traded company that meets the requirements of this  
409 section is not precluded from ownership of a medical marijuana  
410 treatment center. To accommodate a change in ownership:

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

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

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

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

428  
429 Within 30 days after the receipt of a complete application, the  
430 department shall approve or deny the application.

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

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436 of ownership of any other medical marijuana treatment center.

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

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

445 5. Each medical marijuana treatment center must adopt and  
446 enforce policies and procedures to ensure employees and  
447 volunteers receive training on the legal requirements to  
448 dispense marijuana to qualified patients.

449 6. When growing marijuana, a medical marijuana treatment  
450 center:

451 a. May use pesticides determined by the department, after  
452 consultation with the Department of Agriculture and Consumer  
453 Services, to be safely applied to plants intended for human  
454 consumption, but may not use pesticides designated as  
455 restricted-use pesticides pursuant to s. 487.042.

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

458 c. Must inspect seeds and growing plants for plant pests  
459 that endanger or threaten the horticultural and agricultural  
460 interests of the state in accordance with chapter 581 and any  
461 rules adopted thereunder.

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

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465           7. Each medical marijuana treatment center must produce and  
466 make available for purchase at least one low-THC cannabis  
467 product.

468           8. A medical marijuana treatment center that produces  
469 edibles must hold a permit to operate as a food establishment  
470 pursuant to chapter 500, the Florida Food Safety Act, and must  
471 comply with all the requirements for food establishments  
472 pursuant to chapter 500 and any rules adopted thereunder.  
473 Edibles may not contain more than 200 milligrams of  
474 tetrahydrocannabinol, and a single serving portion of an edible  
475 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
476 may have a potency variance of no greater than 15 percent.  
477 Edibles may not be attractive to children; be manufactured in  
478 the shape of humans, cartoons, or animals; be manufactured in a  
479 form that bears any reasonable resemblance to products available  
480 for consumption as commercially available candy; or contain any  
481 color additives. To discourage consumption of edibles by  
482 children, the department shall determine by rule any shapes,  
483 forms, and ingredients allowed and prohibited for edibles.  
484 Medical marijuana treatment centers may not begin processing or  
485 dispensing edibles until after the effective date of the rule.  
486 The department shall also adopt sanitation rules providing the  
487 standards and requirements for the storage, display, or  
488 dispensing of edibles.

489           9. Within 12 months after licensure, a medical marijuana  
490 treatment center must demonstrate to the department that all of  
491 its processing facilities have passed a Food Safety Good  
492 Manufacturing Practices, such as Global Food Safety Initiative  
493 or equivalent, inspection by a nationally accredited certifying

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494 body. A medical marijuana treatment center must immediately stop  
495 processing at any facility which fails to pass this inspection  
496 until it demonstrates to the department that such facility has  
497 met this requirement.

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

501 ~~11.10.~~ When processing marijuana, a medical marijuana  
502 treatment center must:

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

505 b. Comply with department rules when processing marijuana  
506 with hydrocarbon solvents or other solvents or gases exhibiting  
507 potential toxicity to humans. The department shall determine by  
508 rule the requirements for medical marijuana treatment centers to  
509 use such solvents or gases exhibiting potential toxicity to  
510 humans.

511 c. Comply with federal and state laws and regulations and  
512 department rules for solid and liquid wastes. The department  
513 shall determine by rule procedures for the storage, handling,  
514 transportation, management, and disposal of solid and liquid  
515 waste generated during marijuana production and processing. The  
516 Department of Environmental Protection shall assist the  
517 department in developing such rules.

518 d. Test the processed marijuana using a medical marijuana  
519 testing laboratory before it is dispensed. Results must be  
520 verified and signed by two medical marijuana treatment center  
521 employees. Before dispensing, the medical marijuana treatment  
522 center must determine that the test results indicate that low-

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523 THC cannabis meets the definition of low-THC cannabis, the  
524 concentration of tetrahydrocannabinol meets the potency  
525 requirements of this section, the labeling of the concentration  
526 of tetrahydrocannabinol and cannabidiol is accurate, and all  
527 marijuana is safe for human consumption and free from  
528 contaminants that are unsafe for human consumption. The  
529 department shall determine by rule which contaminants must be  
530 tested for and the maximum levels of each contaminant which are  
531 safe for human consumption. The Department of Agriculture and  
532 Consumer Services shall assist the department in developing the  
533 testing requirements for contaminants that are unsafe for human  
534 consumption in edibles. The department shall also determine by  
535 rule the procedures for the treatment of marijuana that fails to  
536 meet the testing requirements of this section, s. 381.988, or  
537 department rule. The department may select a random sample from  
538 edibles available for purchase in a dispensing facility which  
539 shall be tested by the department to determine that the edible  
540 meets the potency requirements of this section, is safe for  
541 human consumption, and the labeling of the tetrahydrocannabinol  
542 and cannabidiol concentration is accurate. A medical marijuana  
543 treatment center may not require payment from the department for  
544 the sample. A medical marijuana treatment center must recall  
545 edibles, including all edibles made from the same batch of  
546 marijuana, which fail to meet the potency requirements of this  
547 section, which are unsafe for human consumption, or for which  
548 the labeling of the tetrahydrocannabinol and cannabidiol  
549 concentration is inaccurate. The medical marijuana treatment  
550 center must retain records of all testing and samples of each  
551 homogenous batch of marijuana for at least 9 months. The medical

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552 marijuana treatment center must contract with a marijuana  
553 testing laboratory to perform audits on the medical marijuana  
554 treatment center's standard operating procedures, testing  
555 records, and samples and provide the results to the department  
556 to confirm that the marijuana or low-THC cannabis meets the  
557 requirements of this section and that the marijuana or low-THC  
558 cannabis is safe for human consumption. A medical marijuana  
559 treatment center shall reserve two processed samples from each  
560 batch and retain such samples for at least 9 months for the  
561 purpose of such audits. A medical marijuana treatment center may  
562 use a laboratory that has not been certified by the department  
563 under s. 381.988 until such time as at least one laboratory  
564 holds the required certification, but in no event later than  
565 July 1, 2018.

566 e. Package the marijuana in compliance with the United  
567 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
568 1471 et seq.

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

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

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

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

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

579 (V) The name of the patient.

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

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581 including concentration of tetrahydrocannabinol and cannabidiol.  
582 The product name may not contain wording commonly associated  
583 with products marketed by or to children.

584 (VII) The recommended dose.

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

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

589 ~~12.11.~~ The medical marijuana treatment center shall include  
590 in each package a patient package insert with information on the  
591 specific product dispensed related to:

- 592 a. Clinical pharmacology.  
593 b. Indications and use.  
594 c. Dosage and administration.  
595 d. Dosage forms and strengths.  
596 e. Contraindications.  
597 f. Warnings and precautions.  
598 g. Adverse reactions.

599 13. In addition to the packaging and labeling requirements  
600 specified in subparagraphs 11. and 12., marijuana in a form for  
601 smoking must be packaged in a sealed receptacle with a legible  
602 and prominent warning to keep away from children and a warning  
603 that states marijuana smoke contains carcinogens and may  
604 negatively affect health. Such receptacles for marijuana in a  
605 form for smoking must be plain, opaque, and white without  
606 depictions of the product or images other than the medical  
607 marijuana treatment center's department-approved logo and the  
608 marijuana universal symbol.

609 14. The department shall adopt rules to regulate the types,

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610 appearance, and labeling of marijuana delivery devices dispensed  
611 from a medical marijuana treatment center. The rules must  
612 require marijuana delivery devices to have an appearance  
613 consistent with medical use.

614 ~~15.12.~~ Each edible shall be individually sealed in plain,  
615 opaque wrapping marked only with the marijuana universal symbol.  
616 Where practical, each edible shall be marked with the marijuana  
617 universal symbol. In addition to the packaging and labeling  
618 requirements in subparagraphs 11. and 12. ~~10. and 11.~~, edible  
619 receptacles must be plain, opaque, and white without depictions  
620 of the product or images other than the medical marijuana  
621 treatment center's department-approved logo and the marijuana  
622 universal symbol. The receptacle must also include a list all of  
623 the edible's ingredients, storage instructions, an expiration  
624 date, a legible and prominent warning to keep away from children  
625 and pets, and a warning that the edible has not been produced or  
626 inspected pursuant to federal food safety laws.

627 ~~16.13.~~ When dispensing marijuana or a marijuana delivery  
628 device, a medical marijuana treatment center:

629 a. May dispense any active, valid order for low-THC  
630 cannabis, medical cannabis and cannabis delivery devices issued  
631 pursuant to former s. 381.986, Florida Statutes 2016, which was  
632 entered into the medical marijuana use registry before July 1,  
633 2017.

634 b. May not dispense more than a 70-day supply of marijuana  
635 within any 70-day period to a qualified patient or caregiver.  
636 May not dispense more than one 35-day supply of marijuana in a  
637 form for smoking within any 35-day period to a qualified patient  
638 or caregiver. A 35-day supply of marijuana in a form for smoking

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639 may not exceed 2.5 ounces unless an exception to this amount is  
640 approved by the department pursuant to paragraph (4)(f).

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

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

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

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

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

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

671 (14) EXCEPTIONS TO OTHER LAWS.—

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

684 (b) Notwithstanding paragraph (a), s. 893.13, s. 893.135,  
685 s. 893.147, or any other provision of law, a qualified patient  
686 and the qualified patient's caregiver may purchase and possess a  
687 marijuana delivery device intended for the medical use of  
688 marijuana by smoking from a vendor other than a medical  
689 marijuana treatment center.

690 (c) ~~(b)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
691 or any other provision of law, but subject to the requirements  
692 of this section, an approved medical marijuana treatment center  
693 and its owners, managers, and employees may manufacture,  
694 possess, sell, deliver, distribute, dispense, and lawfully  
695 dispose of marijuana or a marijuana delivery device as provided  
696 in this section, s. 381.988, and by department rule. For the

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697 purposes of this subsection, the terms "manufacture,"  
698 "possession," "deliver," "distribute," and "dispense" have the  
699 same meanings as provided in s. 893.02.

700 (d)~~(e)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
701 or any other provision of law, but subject to the requirements  
702 of this section, a certified marijuana testing laboratory,  
703 including an employee of a certified marijuana testing  
704 laboratory acting within the scope of his or her employment, may  
705 acquire, possess, test, transport, and lawfully dispose of  
706 marijuana as provided in this section, in s. 381.988, and by  
707 department rule.

708 (e)~~(d)~~ A licensed medical marijuana treatment center and  
709 its owners, managers, and employees are not subject to licensure  
710 or regulation under chapter 465 or chapter 499 for  
711 manufacturing, possessing, selling, delivering, distributing,  
712 dispensing, or lawfully disposing of marijuana or a marijuana  
713 delivery device, as provided in this section, in s. 381.988, and  
714 by department rule.

715 (f)~~(e)~~ This subsection does not exempt a person from  
716 prosecution for a criminal offense related to impairment or  
717 intoxication resulting from the medical use of marijuana or  
718 relieve a person from any requirement under law to submit to a  
719 breath, blood, urine, or other test to detect the presence of a  
720 controlled substance.

721 (g)~~(f)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
722 or any other provision of law, but subject to the requirements  
723 of this section and pursuant to policies and procedures  
724 established pursuant to s. 1006.62(8), school personnel may  
725 possess marijuana that is obtained for medical use pursuant to

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726 this section by a student who is a qualified patient.

727 (h) ~~(g)~~ Notwithstanding s. 893.13, s. 893.135, s. 893.147,  
728 or any other provision of law, but subject to the requirements  
729 of this section, a research institute established by a public  
730 postsecondary educational institution, such as the H. Lee  
731 Moffitt Cancer Center and Research Institute, Inc., established  
732 under s. 1004.43, or a state university that has achieved the  
733 preeminent state research university designation under s.  
734 1001.7065 may possess, test, transport, and lawfully dispose of  
735 marijuana for research purposes as provided by this section.

736 (15) APPLICABILITY.—

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

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

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

745 (d) This section does not impair the ability of any party  
746 to restrict or limit smoking or vaping marijuana on his or her  
747 private property.

748 (e) This section does not prohibit the medical use of  
749 marijuana or a caregiver assisting with the medical use of  
750 marijuana in a nursing home facility licensed under part II of  
751 chapter 400, a hospice facility licensed under part IV of  
752 chapter 400, or an assisted living facility licensed under part  
753 I of chapter 429, if the medical use of marijuana is not  
754 prohibited in the facility's policies.

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

757        Section 2. Section 1004.4351, Florida Statutes, is amended  
758 to read:

759        1004.4351 Medical marijuana research ~~and education~~.—

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

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

763        (a) The present state of knowledge concerning the use of  
764 marijuana to alleviate pain and treat illnesses is limited  
765 because permission to perform clinical studies on marijuana is  
766 difficult to obtain, with access to research-grade marijuana so  
767 restricted that little or no unbiased studies have been  
768 performed.

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

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

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

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

780        (a) “Board” means the Medical Marijuana Research ~~and~~  
781 ~~Education~~ Board.

782        (b) “Consortium” ~~“Coalition”~~ means the Consortium ~~Coalition~~  
783 for Medical Marijuana Clinical Outcomes Research ~~and Education~~.

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

786 (4) CONSORTIUM COALITION FOR MEDICAL MARIJUANA CLINICAL  
787 OUTCOMES RESEARCH AND EDUCATION.-

788 (a) There is established within a state university  
789 designated by the Board of Governors ~~the H. Lee Moffitt Cancer~~  
790 ~~Center and Research Institute, Inc.,~~ the Consortium Coalition  
791 for Medical Marijuana Clinical Outcomes Research which shall  
792 consist of public and private universities ~~and Education.~~ The  
793 purpose of the consortium coalition is to conduct rigorous  
794 scientific research and, provide education, disseminate such  
795 research, ~~and guide policy for the adoption of a statewide~~  
796 ~~policy on ordering and dosing practices for the medical use of~~  
797 ~~marijuana. The coalition shall be physically located at the H.~~  
798 ~~Lee Moffitt Cancer Center and Research Institute, Inc.~~

799 (b) The Medical Marijuana Research ~~and Education~~ Board is  
800 established to direct the operations of the consortium  
801 ~~coalition~~. The board shall be composed of ~~seven~~ members  
802 representing each participating university appointed by the  
803 president of each participating university ~~the chief executive~~  
804 ~~officer of the H. Lee Moffitt Cancer Center and Research~~  
805 ~~Institute, Inc.~~ Board members must have experience in a variety  
806 of scientific and medical fields, including, but not limited to,  
807 oncology, neurology, psychology, pediatrics, nutrition, and  
808 addiction. Members shall be appointed to 4-year terms and may be  
809 reappointed to serve additional terms. The chair shall be  
810 elected by the board from among its members to serve a 2-year  
811 term. The board shall meet at least semiannually at the call of  
812 the chair or, in his or her absence or incapacity, the vice

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813 chair. Four members constitute a quorum. A majority vote of the  
814 members present is required for all actions of the board. The  
815 board may prescribe, amend, and repeal a charter governing the  
816 manner in which it conducts its business. A board member shall  
817 serve without compensation but is entitled to be reimbursed for  
818 travel expenses by the consortium ~~coalition~~ or the organization  
819 he or she represents in accordance with s. 112.061.

820 (c) The consortium ~~coalition~~ shall be administered by a  
821 ~~coalition~~ director, who shall be appointed by and serve at the  
822 pleasure of the board. The ~~coalition~~ director shall, subject to  
823 the approval of the board:

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

825 2. Foster the collaboration of scientists, researchers, and  
826 other appropriate personnel in accordance with the consortium's  
827 ~~coalition's~~ charter.

828 3. Engage individuals in public and private university  
829 programs relevant to the consortium's work to participate in the  
830 consortium.

831 ~~4.3.~~ Identify and prioritize the research to be conducted  
832 by the consortium ~~coalition~~.

833 ~~5.4.~~ Prepare a plan for medical marijuana research ~~the~~  
834 ~~Medical Marijuana Research and Education Plan~~ for submission to  
835 the board.

836 ~~6.5.~~ Apply for grants to obtain funding for research  
837 conducted by the consortium ~~coalition~~.

838 ~~7.6.~~ Perform other duties as determined by the board.

839 ~~(d) The board shall advise the Board of Governors, the~~  
840 ~~State Surgeon General, the Governor, and the Legislature with~~  
841 ~~respect to medical marijuana research and education in this~~

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842 ~~state. The board shall explore methods of implementing and~~  
843 ~~enforcing medical marijuana laws in relation to cancer control,~~  
844 ~~research, treatment, and education.~~

845 (d)~~(e)~~ The board shall annually adopt a plan for medical  
846 marijuana research. The plan must organize a program of research  
847 that contributes to the body of scientific knowledge on the  
848 effects of the medical use of marijuana and informs both policy  
849 and medical practice related to the treatment of debilitating  
850 medical conditions with marijuana. Research must include  
851 tracking clinical outcomes, certification standards, dosing  
852 standards, routes of administration, efficacy, and side effects.  
853 Research must also include the study of the effects of smoking  
854 marijuana to treat debilitating medical conditions. The board  
855 must award funds to members of the consortium and to perform  
856 research consistent with the plan. The board shall collaborate  
857 with and may award funds to teaching nursing homes, as defined  
858 in s. 430.08, for research on medical use of marijuana to  
859 alleviate conditions related to chronic disease and aging,~~known~~  
860 ~~as the "Medical Marijuana Research and Education Plan," which~~  
861 ~~must be in accordance with state law and coordinate with~~  
862 ~~existing programs in this state. The plan must include~~  
863 ~~recommendations for the coordination and integration of medical,~~  
864 ~~pharmacological, nursing, paramedical, community, and other~~  
865 ~~resources connected with the treatment of debilitating medical~~  
866 ~~conditions; research related to the treatment of such medical~~  
867 ~~conditions; and education.~~

868 (e)~~(f)~~ By February 15 of each year, the board shall issue a  
869 report to the Governor, the President of the Senate, and the  
870 Speaker of the House of Representatives on research projects,

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871 research findings, community outreach initiatives, and future  
872 plans for the consortium coalition.

873 (f) ~~(g)~~ Beginning August 1, 2019 ~~January 15, 2018,~~ and  
874 quarterly thereafter, the Department of Health shall submit to  
875 the board a data set that includes, for each patient registered  
876 in the medical marijuana use registry, the patient's qualifying  
877 medical condition and the daily dose amount, routes of  
878 administration, and forms of marijuana certified for the  
879 patient. The department shall also provide the board with such  
880 data for all patients registered in the medical marijuana use  
881 registry before August 1, 2019.

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

887 Section 3. Paragraph (h) of subsection (2) and paragraph  
888 (b) of subsection (3) of section 381.987, Florida Statutes, are  
889 amended to read:

890 381.987 Public records exemption for personal identifying  
891 information relating to medical marijuana held by the  
892 department.-

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

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

897 (3) The department shall allow access to the confidential  
898 and exempt information pertaining to the physician certification  
899 for marijuana and the dispensing thereof, whether in the

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900 registry or otherwise held by the department, to:

901 (b) The Consortium ~~Coalition~~ for Medical Marijuana Clinical  
902 Outcomes Research and Education pursuant to s. 381.986 for the  
903 purpose of conducting research regarding the medical use of  
904 marijuana.

905 Section 4. (1) For the 2019-2020 fiscal year, the sum of  
906 \$1.5 million in recurring funds is appropriated from the General  
907 Revenue Fund to the Board of Governors for the Consortium for  
908 Medical Marijuana Clinical Outcomes Research established under  
909 s. 1004.4351, Florida Statutes.

910 (2) For the 2018-2019 fiscal year, the sum of \$391,333 in  
911 nonrecurring funds is appropriated from the Grants and Donations  
912 Trust Fund to the Department of Health for the purpose of  
913 implementing the requirements of this act.

914 (3) For the 2019-2020 fiscal year, the sum of \$705,331 in  
915 recurring funds is appropriated from the Grants and Donations  
916 Trust Fund to the Department of Health for the purpose of  
917 implementing the requirements of this act.

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