AMENDMENT TO SENATE BILL 336

AMENDMENT NO. ______. Amend Senate Bill 336 by replacing everything after the enacting clause with the following:

"Section 1. This Act may be referred to as the Alternatives to Opioids Act of 2018.

Section 5. The Compassionate Use of Medical Cannabis Pilot Program Act is amended by changing Sections 5, 10, 60, and 160 as follows:

(410 ILCS 130/5)
(Section scheduled to be repealed on July 1, 2020)
Sec. 5. Findings.
(a) The recorded use of cannabis as a medicine goes back nearly 5,000 years. Modern medical research has confirmed the beneficial uses of cannabis in treating or alleviating the pain, nausea, and other symptoms associated with a variety of
debilitating medical conditions, including cancer, multiple sclerosis, and HIV/AIDS, as found by the National Academy of Sciences' Institute of Medicine in March 1999.

(b) Studies published since the 1999 Institute of Medicine report continue to show the therapeutic value of cannabis in treating a wide array of debilitating medical conditions. These include relief of the neuropathic pain caused by multiple sclerosis, HIV/AIDS, and other illnesses that often fail to respond to conventional treatments and relief of nausea, vomiting, and other side effects of drugs used to treat HIV/AIDS and hepatitis C, increasing the chances of patients continuing on life-saving treatment regimens.

(c) Cannabis has many currently accepted medical uses in the United States, having been recommended by thousands of licensed physicians to at least 600,000 patients in states with medical cannabis laws. The medical utility of cannabis is recognized by a wide range of medical and public health organizations, including the American Academy of HIV Medicine, the American College of Physicians, the American Nurses Association, the American Public Health Association, the Leukemia & Lymphoma Society, and many others.

(d) Data from the Federal Bureau of Investigation's Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately 99 out of every 100 cannabis arrests in the U.S. are made under state law, rather than under federal law. Consequently, changing State law will have the practical
effect of protecting from arrest the vast majority of seriously ill patients who have a medical need to use cannabis.

(d-5) In 2014, the Task Force on Veterans' Suicide was created by the Illinois General Assembly to gather data on veterans' suicide prevention. Data from a U.S. Department of Veterans Affairs study indicates that 22 veterans commit suicide each day.

(d-10) According to the State of Illinois Opioid Action Plan released in September 2017, "The opioid epidemic is the most significant public health and public safety crisis facing Illinois."

According to the Action Plan, "Fueled by the growing opioid epidemic, drug overdoses have now become the leading cause of death nationwide for people under the age of 50. In Illinois, opioid overdoses have killed nearly 11,000 people since 2008. Just last year, nearly 1,900 people died of overdoses—almost twice the number of fatal car accidents. Beyond these deaths are thousands of emergency department visits, hospital stays, as well as the pain suffered by individuals, families, and communities."

According to the Action Plan, "At the current rate, the opioid epidemic will claim the lives of more than 2,700 Illinoisans in 2020."

Further, the Action Plan states, "Physical tolerance to opioids can begin to develop as early as two to three days following the continuous use of opioids, which is a large
factor that contributes to their addictive potential."

The 2017 State of Illinois Opioid Action Plan also states, "The increase in OUD [opioid use disorder] and opioid overdose deaths is largely due to the dramatic rise in the rate and amount of opioids prescribed for pain over the past decades."

Further, according to the Action Plan, "In the absence of alternative treatments, reducing the supply of prescription opioids too abruptly may drive more people to switch to using illicit drugs (including heroin), thus increasing the risk of overdose."

According to the Action Plan, "Medication-assisted treatment (MAT) is the use of medications in combination with counseling, behavioral therapies, and other recovery support services for the treatment of SUDs [substance use disorders]."

Finally, the Action Plan states, "The World Health Organization (WHO), CDC, National Institutes of Health (NIH), and other experts all agree that MAT is essential to treating those with OUD and helping them recover."

(e) Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, and Washington, D.C. have removed state-level criminal penalties from the medical use and cultivation of cannabis. Illinois joins in this effort for the health and welfare of its citizens.

(f) States are not required to enforce federal law or
prosecute people for engaging in activities prohibited by federal law. Therefore, compliance with this Act does not put the State of Illinois in violation of federal law.

(g) State law should make a distinction between the medical and non-medical uses of cannabis. Hence, the purpose of this Act is to protect patients with debilitating medical conditions, as well as their physicians and providers, from arrest and prosecution, criminal and other penalties, and property forfeiture if the patients engage in the medical use of cannabis.

(Source: P.A. 98-122, eff. 1-1-14; 99-519, eff. 6-30-16.)

(410 ILCS 130/10)

(Section scheduled to be repealed on July 1, 2020)

Sec. 10. Definitions. The following terms, as used in this Act, shall have the meanings set forth in this Section:

(a) "Adequate supply" means:

(1) 2.5 ounces of usable cannabis during a period of 14 days and that is derived solely from an intrastate source.

(2) Subject to the rules of the Department of Public Health, a patient may apply for a waiver where a physician provides a substantial medical basis in a signed, written statement asserting that, based on the patient's medical history, in the physician's professional judgment, 2.5 ounces is an insufficient adequate supply for a 14-day period to properly alleviate the patient's debilitating
medical condition or symptoms associated with the debilitating medical condition.

(3) This subsection may not be construed to authorize the possession of more than 2.5 ounces at any time without authority from the Department of Public Health.

(4) The pre-mixed weight of medical cannabis used in making a cannabis infused product shall apply toward the limit on the total amount of medical cannabis a registered qualifying patient may possess at any one time.

(b) "Cannabis" has the meaning given that term in Section 3 of the Cannabis Control Act.

(c) "Cannabis plant monitoring system" means a system that includes, but is not limited to, testing and data collection established and maintained by the registered cultivation center and available to the Department for the purposes of documenting each cannabis plant and for monitoring plant development throughout the life cycle of a cannabis plant cultivated for the intended use by a qualifying patient from seed planting to final packaging.

(d) "Cardholder" means a qualifying patient or a designated caregiver who has been issued and possesses a valid registry identification card by the Department of Public Health.

(e) "Cultivation center" means a facility operated by an organization or business that is registered by the Department of Agriculture to perform necessary activities to provide only registered medical cannabis dispensing organizations with
usable medical cannabis.

(f) "Cultivation center agent" means a principal officer, board member, employee, or agent of a registered cultivation center who is 21 years of age or older and has not been convicted of an excluded offense.

(g) "Cultivation center agent identification card" means a document issued by the Department of Agriculture that identifies a person as a cultivation center agent.

(h) "Debilitating medical condition" means one or more of the following:

1. cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, cachexia/wasting syndrome, muscular dystrophy, severe fibromyalgia, spinal cord disease, including but not limited to arachnoiditis, Tarlov cysts, hydromyelia, syringomyelia, Rheumatoid arthritis, fibrous dysplasia, spinal cord injury, traumatic brain injury and post-concussion syndrome, Multiple Sclerosis, Arnold-Chiari malformation and Syringomyelia, Spinocerebellar Ataxia (SCA), Parkinson's, Tourette's, Myoclonus, Dystonia, Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I), Causalgia, CRPS (Complex Regional Pain Syndromes Type II), Neurofibromatosis, Chronic Inflammatory Demyelinating
Polyneuropathy, Sjogren's syndrome, Lupus, Interstitial Cystitis, Myasthenia Gravis, Hydrocephalus, nail-patella syndrome, residual limb pain, seizures (including those characteristic of epilepsy), post-traumatic stress disorder (PTSD), or the treatment of these conditions;

(1.5) terminal illness with a diagnosis of 6 months or less; if the terminal illness is not one of the qualifying debilitating medical conditions, then the physician shall on the certification form identify the cause of the terminal illness; or

(2) any other debilitating medical condition or its treatment that is added by the Department of Public Health by rule as provided in Section 45.

Through June 30, 2020, "debilitating medical condition" includes any other medical condition for which an opioid has been or could be prescribed by a physician based on generally accepted standards of care.

(i) "Designated caregiver" means a person who: (1) is at least 21 years of age; (2) has agreed to assist with a patient's medical use of cannabis; (3) has not been convicted of an excluded offense; and (4) assists no more than one registered qualifying patient with his or her medical use of cannabis.

(j) "Dispensing organization agent identification card" means a document issued by the Department of Financial and Professional Regulation that identifies a person as a medical
cannabis dispensing organization agent.

(k) "Enclosed, locked facility" means a room, greenhouse, building, or other enclosed area equipped with locks or other security devices that permit access only by a cultivation center's agents or a dispensing organization's agent working for the registered cultivation center or the registered dispensing organization to cultivate, store, and distribute cannabis for registered qualifying patients.

(l) "Excluded offense" for cultivation center agents and dispensing organizations means:

(1) a violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or

(2) a violation of a state or federal controlled substance law, the Cannabis Control Act, or the Methamphetamine Control and Community Protection Act that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was: (A) for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use; or (B) a result of opioid addiction or dependence. This exception does not apply if the conviction was under state law and involved a
violation of an existing medical cannabis law.

For purposes of this subsection, the Department of Public Health shall determine by emergency rule within 30 days after the effective date of this amendatory Act of the 99th General Assembly what constitutes a "reasonable amount".

(l-5) "Excluded offense" for a qualifying patient or designated caregiver means a violation of state or federal controlled substance law, the Cannabis Control Act, or the Methamphetamine and Community Protection Act that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was: (1) for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use; or (2) a result of opioid addiction or dependence. This exception does not apply if the conviction was under state law and involved a violation of an existing medical cannabis law. For purposes of this subsection, the Department of Public Health shall determine by emergency rule within 30 days after the effective date of this amendatory Act of the 99th General Assembly what constitutes a "reasonable amount".

(m) "Medical cannabis cultivation center registration" means a registration issued by the Department of Agriculture.

(n) "Medical cannabis container" means a sealed, traceable, food compliant, tamper resistant, tamper evident
container, or package used for the purpose of containment of medical cannabis from a cultivation center to a dispensing organization.

(o) "Medical cannabis dispensing organization", or "dispensing organization", or "dispensary organization" means a facility operated by an organization or business that is registered by the Department of Financial and Professional Regulation to acquire medical cannabis from a registered cultivation center for the purpose of dispensing cannabis, paraphernalia, or related supplies and educational materials to registered qualifying patients.

(p) "Medical cannabis dispensing organization agent" or "dispensing organization agent" means a principal officer, board member, employee, or agent of a registered medical cannabis dispensing organization who is 21 years of age or older and has not been convicted of an excluded offense.

(q) "Medical cannabis infused product" means food, oils, ointments, or other products containing usable cannabis that are not smoked.

(r) "Medical use" means the acquisition; administration; delivery; possession; transfer; transportation; or use of cannabis to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition.

(r-5) "Opioid" means a narcotic drug or substance that is a Schedule II controlled substance under paragraph (1), (2), (3),
or (5) of subsection (b) or under subsection (c) of Section 206 of the Illinois Controlled Substances Act.

(s) "Physician" means a doctor of medicine or doctor of osteopathy licensed under the Medical Practice Act of 1987 to practice medicine and who has a controlled substances license under Article III of the Illinois Controlled Substances Act. It does not include a licensed practitioner under any other Act including but not limited to the Illinois Dental Practice Act.

(t) "Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.

(u) "Registered" means licensed, permitted, or otherwise certified by the Department of Agriculture, Department of Public Health, or Department of Financial and Professional Regulation.

(v) "Registry identification card" means a document issued by the Department of Public Health that identifies a person as a registered qualifying patient or registered designated caregiver.

(w) "Usable cannabis" means the seeds, leaves, buds, and flowers of the cannabis plant and any mixture or preparation thereof, but does not include the stalks, and roots of the plant. It does not include the weight of any non-cannabis ingredients combined with cannabis, such as ingredients added to prepare a topical administration, food, or drink.

(x) "Verification system" means a Web-based system
established and maintained by the Department of Public Health that is available to the Department of Agriculture, the Department of Financial and Professional Regulation, law enforcement personnel, and registered medical cannabis dispensing organization agents on a 24-hour basis for the verification of registry identification cards, the tracking of delivery of medical cannabis to medical cannabis dispensing organizations, and the tracking of the date of sale, amount, and price of medical cannabis purchased by a registered qualifying patient.

(y) "Written certification" means a document dated and signed by a physician, stating (1) that the qualifying patient has a debilitating medical condition and specifying the debilitating medical condition the qualifying patient has; and (2) that the physician is treating or managing treatment of the patient's debilitating medical condition. A written certification shall be made only in the course of a bona fide physician-patient relationship, after the physician has completed an assessment of the qualifying patient's medical history, reviewed relevant records related to the patient's debilitating condition, and conducted a physical examination.

A veteran who has received treatment at a VA hospital shall be deemed to have a bona fide physician-patient relationship with a VA physician if the patient has been seen for his or her debilitating medical condition at the VA Hospital in accordance with VA Hospital protocols.
A bona fide physician-patient relationship under this subsection is a privileged communication within the meaning of Section 8-802 of the Code of Civil Procedure.

(Source: P.A. 98-122, eff. 1-1-14; 98-775, eff. 1-1-15; 99-519, eff. 6-30-16.)

(410 ILCS 130/60)

(Section scheduled to be repealed on July 1, 2020)

Sec. 60. Issuance of registry identification cards.

(a) Except as provided in subsection (b), the Department of Public Health shall:

(1) verify the information contained in an application or renewal for a registry identification card submitted under this Act, and approve or deny an application or renewal, within 30 days of receiving a completed application or renewal application and all supporting documentation specified in Section 55;

(2) issue registry identification cards to a qualifying patient and his or her designated caregiver, if any, within 15 business days of approving the application or renewal;

(3) enter the registry identification number of the registered dispensing organization the patient designates into the verification system; and

(4) allow for an electronic application process, and provide a confirmation by electronic or other methods that
an application has been submitted.

(b) The Department of Public Health may not issue a registry identification card to a qualifying patient who is under 18 years of age, unless that patient suffers from seizures, including those characteristic of epilepsy, or as provided by administrative rule. The Department of Public Health shall adopt rules for the issuance of a registry identification card for qualifying patients who are under 18 years of age and suffering from seizures, including those characteristic of epilepsy. The Department of Public Health may adopt rules to allow other individuals under 18 years of age to become registered qualifying patients under this Act with the consent of a parent or legal guardian. Registered qualifying patients under 18 years of age shall be prohibited from consuming forms of cannabis other than medical cannabis infused products and purchasing any usable cannabis.

(c) A veteran who has received treatment at a VA hospital is deemed to have a bona fide physician-patient relationship with a VA physician if the patient has been seen for his or her debilitating medical condition at the VA hospital in accordance with VA hospital protocols. All reasonable inferences regarding the existence of a bona fide physician-patient relationship shall be drawn in favor of an applicant who is a veteran and has undergone treatment at a VA hospital.

(c-10) An individual who submits an application as someone who is terminally ill shall have all fees and fingerprinting
requirements waived. The Department of Public Health shall within 30 days after this amendatory Act of the 99th General Assembly adopt emergency rules to expedite approval for terminally ill individuals. These rules shall include, but not be limited to, rules that provide that applications by individuals with terminal illnesses shall be approved or denied within 14 days of their submission.

(c-15) An individual whose initial application is submitted as an alternative to opioid treatment shall have all provisions of subsection (f) of Section 60 of this Act relating to fingerprints and background checks waived. An individual issued a registry card under this subsection who is seeking renewal of the registry card must follow the renewal requirements under subsection (c) of Section 70 of this Act. Within 30 days after the effective date of this amendatory Act of the 100th General Assembly, the Department of Public Health shall adopt emergency rules to expedite approval for individuals who submit an application under this subsection. The rules shall include, but are not be limited to, rules that provide that:

(1) an application by an individual whose application is submitted as an alternative to opioid treatment shall be approved or denied within 14 days after submission; and

(2) a registry card issued under this subsection and the rules applicable to the card shall be valid for 12 months.
The provisions of subsection (c-15) are inoperative on and after July 1, 2020.

(d) Upon the approval of the registration and issuance of a registry card under this Section, the Department of Public Health shall forward the designated caregiver or registered qualified patient's driver's registration number to the Secretary of State and certify that the individual is permitted to engage in the medical use of cannabis. For the purposes of law enforcement, the Secretary of State shall make a notation on the person's driving record stating the person is a registered qualifying patient who is entitled to the lawful medical use of cannabis. If the person no longer holds a valid registry card, the Department shall notify the Secretary of State and the Secretary of State shall remove the notation from the person's driving record. The Department and the Secretary of State may establish a system by which the information may be shared electronically.

(e) Upon the approval of the registration and issuance of a registry card under this Section, the Department of Public Health shall electronically forward the registered qualifying patient's identification card information to the Prescription Monitoring Program established under the Illinois Controlled Substances Act and certify that the individual is permitted to engage in the medical use of cannabis. For the purposes of patient care, the Prescription Monitoring Program shall make a notation on the person's prescription record stating that the
person is a registered qualifying patient who is entitled to the lawful medical use of cannabis. If the person no longer holds a valid registry card, the Department of Public Health shall notify the Prescription Monitoring Program and Department of Human Services to remove the notation from the person's record. The Department of Human Services and the Prescription Monitoring Program shall establish a system by which the information may be shared electronically. This confidential list may not be combined or linked in any manner with any other list or database except as provided in this Section.

(f) All applicants for a registry card shall be fingerprinted as part of the application process if they are a first-time applicant, if their registry card has already expired, or if they previously have had their registry card revoked or otherwise denied. At renewal, cardholders whose registry cards have not yet expired, been revoked, or otherwise denied shall not be subject to fingerprinting. Registry cards shall be revoked by the Department of Public Health if the Department of Public Health is notified by the Secretary of State that a cardholder has been convicted of an excluded offense. For purposes of enforcing this subsection, the Department of Public Health and Secretary of State shall establish a system by which violations reported to the Secretary of State under paragraph 18 of subsection (a) of Section 6-205 of the Illinois Vehicle Code shall be shared with
the Department of Public Health.
(Source: P.A. 98-122, eff. 1-1-14; 98-775, eff. 1-1-15; 99-519, eff. 6-30-16.)

(410 ILCS 130/160)
(Section scheduled to be repealed on July 1, 2020)
Sec. 160. Annual reports. (a) The Department of Public Health shall submit to the General Assembly a report, by September 30 of each year, that does not disclose any identifying information about registered qualifying patients, registered caregivers, or physicians, but does contain, at a minimum, all of the following information based on the fiscal year for reporting purposes:

(1) the number of applications and renewals filed for registry identification cards or registrations;
(2) the number of qualifying patients and designated caregivers served by each dispensary during the report year;
(3) the nature of the debilitating medical conditions of the qualifying patients;
(4) the number of registry identification cards or registrations revoked for misconduct;
(5) the number of physicians providing written certifications for qualifying patients; and
(6) the number of registered medical cannabis cultivation centers or registered dispensing
organizations;)

(7) the number of applications received from applicants seeking an alternative to opioid treatment;

(8) the nature of the conditions of the applicants seeking an alternative to opioid treatment; and

(9) the number of applications approved and denied from applicants seeking an alternative to opioid treatment.

(Source: P.A. 98-122, eff. 1-1-14; revised 11-8-17.)"