

State of Minnesota

H. F. No. **2196**

2.1 ~~(4)~~ (6) four members representing health care providers, including one licensed
2.2 pharmacist;

2.3 ~~(5)~~ (7) four members representing law enforcement, one from the Minnesota Chiefs of
2.4 Police Association, one from the Minnesota Sheriff's Association, one from the Minnesota
2.5 Police and Peace Officers Association, and one from the Minnesota County Attorneys
2.6 Association;

2.7 ~~(6)~~ (8) four members representing substance use disorder treatment providers; and

2.8 ~~(7)~~ (9) the commissioners of health, human services, and public safety.

2.9 (b) Task force members listed under paragraph (a), clauses (3), (4), (5), ~~and (6)~~, (7), and
2.10 (8) shall be appointed by the governor under the appointment process in section 15.0597.
2.11 Members shall serve on the task force at the pleasure of the appointing authority. ~~All members~~
2.12 ~~must be appointed by July 15, 2014, and the commissioner of health shall convene the first~~
2.13 ~~meeting of the task force by August 1, 2014.~~

2.14 (c) There shall be two cochair of the task force chosen from the members listed under
2.15 paragraph (a). One cochair shall be selected by the speaker of the house and the other cochair
2.16 shall be selected by the majority leader of the senate. The authority to convene meetings
2.17 shall alternate between the cochairs.

2.18 (d) Members of the task force other than those in paragraph (a), clauses (1), (2), and ~~(7)~~
2.19 (9), shall receive expenses as provided in section 15.059, subdivision 6.

2.20 (e) The task force shall meet at least once each calendar year.

2.21 Subd. 1a. **Administration.** The commissioner of health shall provide administrative and
2.22 technical support to the task force.

2.23 Subd. 2. **Impact assessment.** The task force shall hold hearings to evaluate the impact
2.24 of the use of medical cannabis and Minnesota's activities involving medical cannabis,
2.25 including, but not limited to:

2.26 (1) program design and implementation;

2.27 (2) the impact on the health care provider community;

2.28 (3) patient experiences and accessibility;

2.29 (4) the impact on the incidence of substance abuse;

2.30 (5) access to and quality of medical cannabis and medical cannabis products;

2.31 (6) the impact on law enforcement and prosecutions;

3.1 (7) public awareness and perception; and

3.2 (8) any unintended consequences.

3.3 ~~Subd. 3. **Cost assessment.** By January 15 of each year, beginning January 15, 2015,~~
3.4 ~~and ending January 15, 2019, the commissioners of state departments impacted by the~~
3.5 ~~medical cannabis therapeutic research study shall report to the cochairs of the task force on~~
3.6 ~~the costs incurred by each department on implementing sections 152.22 to 152.37. The~~
3.7 ~~reports must compare actual costs to the estimated costs of implementing these sections and~~
3.8 ~~must be submitted to the task force on medical cannabis therapeutic research.~~

3.9 Subd. 4. **Reports to the legislature.** (a) Every two years, the cochairs of the task force
3.10 shall submit ~~the following reports~~ to the chairs and ranking minority members of the
3.11 legislative committees and divisions with jurisdiction over health and human services, public
3.12 safety, judiciary, and civil law:

3.13 ~~(1) by February 1, 2015, a report on the design and implementation of the registry~~
3.14 ~~program; and every two years thereafter, a complete impact assessment report; and on the~~
3.15 ability of patients to access medical cannabis and on the affordability of medical cannabis.

3.16 ~~(2) upon receipt of a cost assessment from a commissioner of a state agency, the~~
3.17 ~~completed cost assessment.~~

3.18 (b) The task force may make recommendations to the legislature on whether to add or
3.19 remove conditions from the list of qualifying medical conditions.

3.20 (c) The task force shall, on an ongoing basis, assess problems in the medical cannabis
3.21 program and challenges faced by patients in accessing and affording medical cannabis, and
3.22 shall report any problems identified and recommendations to address those problems to the
3.23 chairs and ranking minority members of the legislative committees and divisions with
3.24 jurisdiction over health and human services, public safety, judiciary, and civil law, by July
3.25 1 each year.

3.26 Subd. 5. **No expiration.** The task force on medical cannabis therapeutic research does
3.27 not expire.