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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. **3898**

02/27/2020 Authored by Gomez and Cantrell

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

- 1.1 A bill for an act
- 1.2 relating to health; changing certain provisions in the medical cannabis program;
- 1.3 amending Minnesota Statutes 2019 Supplement, sections 152.22, subdivision 6;
- 1.4 152.27, subdivision 2.
- 1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.6 Section 1. Minnesota Statutes 2019 Supplement, section 152.22, subdivision 6, is amended
- 1.7 to read:
- 1.8 Subd. 6. **Medical cannabis.** (a) "Medical cannabis" means any species of the genus
- 1.9 cannabis plant, or any mixture or preparation of them, including whole plant extracts and
- 1.10 resins, ~~and is delivered in the form of:~~
- 1.11 ~~(1) liquid, including, but not limited to, oil;~~
- 1.12 ~~(2) pill;~~
- 1.13 ~~(3) vaporized delivery method with use of liquid or oil but which does not require the~~
- 1.14 ~~use of dried leaves or plant form; or~~
- 1.15 ~~(4) any other method, excluding smoking, approved by the commissioner.~~
- 1.16 (b) This definition includes any part of the genus cannabis plant prior to being processed
- 1.17 ~~into a form allowed under paragraph (a),~~ that is possessed by a person while that person is
- 1.18 engaged in employment duties necessary to carry out a requirement under sections 152.22
- 1.19 to 152.37 for a registered manufacturer or a laboratory under contract with a registered
- 1.20 manufacturer. This definition also includes any hemp acquired by a manufacturer by a hemp
- 1.21 grower as permitted under section 152.29, subdivision 1, paragraph (b).

2.1 Sec. 2. Minnesota Statutes 2019 Supplement, section 152.27, subdivision 2, is amended
2.2 to read:

2.3 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

2.4 (1) give notice of the program to health care practitioners in the state who are eligible
2.5 to serve as health care practitioners and explain the purposes and requirements of the
2.6 program;

2.7 (2) allow each health care practitioner who meets or agrees to meet the program's
2.8 requirements and who requests to participate, to be included in the registry program to
2.9 collect data for the patient registry;

2.10 (3) provide explanatory information and assistance to each health care practitioner in
2.11 understanding the nature of therapeutic use of medical cannabis within program requirements;

2.12 (4) create and provide a certification to be used by a health care practitioner for the
2.13 practitioner to certify whether a patient has been diagnosed with a qualifying medical
2.14 condition and include in the certification an option for the practitioner to certify whether
2.15 the patient, in the health care practitioner's medical opinion, is developmentally or physically
2.16 disabled and, as a result of that disability, the patient requires assistance in administering
2.17 medical cannabis or obtaining medical cannabis from a distribution facility;

2.18 (5) supervise the participation of the health care practitioner in conducting patient
2.19 treatment and health records reporting in a manner that ensures stringent security and
2.20 record-keeping requirements and that prevents the unauthorized release of private data on
2.21 individuals as defined by section 13.02;

2.22 (6) develop safety criteria for patients with a qualifying medical condition as a
2.23 requirement of the patient's participation in the program, to prevent the patient from
2.24 undertaking any task under the influence of medical cannabis that would constitute negligence
2.25 or professional malpractice on the part of the patient; and

2.26 (7) conduct research and studies based on data from health records submitted to the
2.27 registry program and submit reports on intermediate or final research results to the legislature
2.28 and major scientific journals. The commissioner may contract with a third party to complete
2.29 the requirements of this clause. Any reports submitted must comply with section 152.28,
2.30 subdivision 2.

2.31 (b) The commissioner may ~~add a delivery method under section 152.22, subdivision 6,~~
2.32 ~~or~~ add or modify a qualifying medical condition under section 152.22, subdivision 14, upon
2.33 a petition from a member of the public or the task force on medical cannabis therapeutic

3.1 research or as directed by law. The commissioner shall evaluate all petitions to add a
3.2 qualifying medical condition or modify an existing qualifying medical condition submitted
3.3 by the task force on medical cannabis therapeutic research or as directed by law and shall
3.4 make the addition or modification if the commissioner determines the addition or
3.5 modification is warranted based on the best available evidence and research. If the
3.6 commissioner wishes to add a ~~delivery method under section 152.22, subdivision 6, or a~~
3.7 qualifying medical condition under section 152.22, subdivision 14, the commissioner must
3.8 notify the chairs and ranking minority members of the legislative policy committees having
3.9 jurisdiction over health and public safety of the addition and the reasons for its addition,
3.10 including any written comments received by the commissioner from the public and any
3.11 guidance received from the task force on medical cannabis research, by January 15 of the
3.12 year in which the commissioner wishes to make the change. The change shall be effective
3.13 on August 1 of that year, unless the legislature by law provides otherwise.