

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4789

03/11/2024

Authored by Her

The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to health; modifying the definition of qualifying medical condition for
- 1.3 purposes of the medical cannabis registry program; amending Minnesota Statutes
- 1.4 2022, sections 152.22, subdivision 14; 152.27, subdivision 2; Minnesota Statutes
- 1.5 2023 Supplement, sections 342.01, subdivision 63; 342.53.
- 1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.7 Section 1. Minnesota Statutes 2022, section 152.22, subdivision 14, is amended to read:
- 1.8 Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" means a
- 1.9 diagnosis of any of the following conditions:
- 1.10 (1) cancer, if the underlying condition or treatment produces one or more of the following:
- 1.11 (i) severe or chronic pain;
- 1.12 (ii) nausea or severe vomiting; or
- 1.13 (iii) cachexia or severe wasting;
- 1.14 (2) glaucoma;
- 1.15 (3) human immunodeficiency virus or acquired immune deficiency syndrome;
- 1.16 (4) Tourette's syndrome;
- 1.17 (5) amyotrophic lateral sclerosis;
- 1.18 (6) seizures, including those characteristic of epilepsy;
- 1.19 (7) severe and persistent muscle spasms, including those characteristic of multiple
- 1.20 sclerosis;

- 2.1 (8) inflammatory bowel disease, including Crohn's disease;
- 2.2 (9) terminal illness, with a probable life expectancy of under one year, if the illness or
- 2.3 its treatment produces one or more of the following:
- 2.4 (i) severe or chronic pain;
- 2.5 (ii) nausea or severe vomiting; or
- 2.6 (iii) cachexia or severe wasting; or
- 2.7 (10) any other medical condition ~~or its treatment approved by the commissioner~~ that is
- 2.8 approved by a patient's health care practitioner.

2.9 Sec. 2. Minnesota Statutes 2022, section 152.27, subdivision 2, is amended to read:

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

2.11 (1) give notice of the program to health care practitioners in the state who are eligible

2.12 to serve as health care practitioners and explain the purposes and requirements of the

2.13 program;

2.14 (2) allow each health care practitioner who meets or agrees to meet the program's

2.15 requirements and who requests to participate, to be included in the registry program to

2.16 collect data for the patient registry;

2.17 (3) provide explanatory information and assistance to each health care practitioner in

2.18 understanding the nature of therapeutic use of medical cannabis within program requirements;

2.19 (4) create and provide a certification to be used by a health care practitioner for the

2.20 practitioner to certify whether a patient has been diagnosed with a qualifying medical

2.21 condition and include in the certification an option for the practitioner to certify whether

2.22 the patient, in the health care practitioner's medical opinion, is developmentally or physically

2.23 disabled and, as a result of that disability, the patient requires assistance in administering

2.24 medical cannabis or obtaining medical cannabis from a distribution facility;

2.25 (5) supervise the participation of the health care practitioner in conducting patient

2.26 treatment and health records reporting in a manner that ensures stringent security and

2.27 record-keeping requirements and that prevents the unauthorized release of private data on

2.28 individuals as defined by section 13.02;

2.29 (6) develop safety criteria for patients with a qualifying medical condition as a

2.30 requirement of the patient's participation in the program, to prevent the patient from

3.1 undertaking any task under the influence of medical cannabis that would constitute negligence
 3.2 or professional malpractice on the part of the patient; and

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

3.8 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
 3.9 ~~or add, remove, or modify a qualifying medical condition under section 152.22, subdivision~~
 3.10 ~~14,~~ upon a petition from a member of the public or the task force on medical cannabis
 3.11 therapeutic research or as directed by law. ~~The commissioner shall evaluate all petitions to~~
 3.12 ~~add a qualifying medical condition or to remove or modify an existing qualifying medical~~
 3.13 ~~condition submitted by the task force on medical cannabis therapeutic research or as directed~~
 3.14 ~~by law and may make the addition, removal, or modification if the commissioner determines~~
 3.15 ~~the addition, removal, or modification is warranted based on the best available evidence~~
 3.16 ~~and research.~~ If the commissioner wishes to add a delivery method under section 152.22,
 3.17 subdivision 6, or add or remove a qualifying medical condition under section 152.22,
 3.18 subdivision 14, the commissioner must notify the chairs and ranking minority members of
 3.19 the legislative policy committees having jurisdiction over health and public safety of the
 3.20 addition or removal and the reasons for its addition or removal, including any written
 3.21 comments received by the commissioner from the public and any guidance received from
 3.22 the task force on medical cannabis research, by January 15 of the year in which the
 3.23 commissioner wishes to make the change. The change shall be effective on August 1 of that
 3.24 year, unless the legislature by law provides otherwise.

3.25 Sec. 3. Minnesota Statutes 2023 Supplement, section 342.01, subdivision 63, is amended
 3.26 to read:

3.27 Subd. 63. **Qualifying medical condition.** "Qualifying medical condition" means a
 3.28 diagnosis of any of the following conditions:

3.29 (1) Alzheimer's disease;

3.30 (2) autism spectrum disorder that meets the requirements of the fifth edition of the
 3.31 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
 3.32 Association;

3.33 (3) cancer, if the underlying condition or treatment produces one or more of the following:

- 4.1 (i) severe or chronic pain;
- 4.2 (ii) nausea or severe vomiting; or
- 4.3 (iii) cachexia or severe wasting;
- 4.4 (4) chronic motor or vocal tic disorder;
- 4.5 (5) chronic pain;
- 4.6 (6) glaucoma;
- 4.7 (7) human immunodeficiency virus or acquired immune deficiency syndrome;
- 4.8 (8) intractable pain as defined in section 152.125, subdivision 1, paragraph (c);
- 4.9 (9) obstructive sleep apnea;
- 4.10 (10) post-traumatic stress disorder;
- 4.11 (11) Tourette's syndrome;
- 4.12 (12) amyotrophic lateral sclerosis;
- 4.13 (13) seizures, including those characteristic of epilepsy;
- 4.14 (14) severe and persistent muscle spasms, including those characteristic of multiple
- 4.15 sclerosis;
- 4.16 (15) inflammatory bowel disease, including Crohn's disease;
- 4.17 (16) irritable bowel syndrome;
- 4.18 (17) obsessive-compulsive disorder;
- 4.19 (18) sickle cell disease;
- 4.20 (19) terminal illness, with a probable life expectancy of under one year, if the illness or
- 4.21 its treatment produces one or more of the following:
- 4.22 (i) severe or chronic pain;
- 4.23 (ii) nausea or severe vomiting; or
- 4.24 (iii) cachexia or severe wasting; or
- 4.25 (20) any other medical condition ~~or its treatment approved by the office that is approved~~
- 4.26 by a patient's health care practitioner.

5.1 Sec. 4. Minnesota Statutes 2023 Supplement, section 342.53, is amended to read:

5.2 **342.53 DUTIES OF OFFICE OF CANNABIS MANAGEMENT; REGISTRY**
5.3 **PROGRAM.**

5.4 The office may add an allowable form of medical cannabinoid product, ~~and may add or~~
5.5 ~~modify a qualifying medical condition upon its own initiative,~~ upon a petition from a member
5.6 of the public or from the Cannabis Advisory Council or as directed by law. The office must
5.7 evaluate all petitions and must make the addition or modification if the office determines
5.8 that the addition or modification is warranted by the best available evidence and research.
5.9 If the office wishes to add an allowable form or add or modify a qualifying medical condition,
5.10 the office must notify the chairs and ranking minority members of the legislative committees
5.11 and divisions with jurisdiction over health finance and policy by January 15 of the year in
5.12 which the change becomes effective. In this notification, the office must specify the proposed
5.13 addition or modification, the reasons for the addition or modification, any written comments
5.14 received by the office from the public about the addition or modification, and any guidance
5.15 received from the Cannabis Advisory Council. An addition or modification by the office
5.16 under this subdivision becomes effective on August 1 of that year unless the legislature by
5.17 law provides otherwise.