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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 1420

02/21/2019 Authored by Considine, Ecklund, Gunther, Persell, Lesch and others
The bill was read for the first time and referred to the Veterans and Military Affairs Finance and Policy Division
03/14/2019 Adoption of Report: Re-referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to veterans; permitting veterans with certain service-connected disabilities
1.3 to participate in the medical cannabis program; amending Minnesota Statutes 2018,
1.4 sections 152.22, by adding subdivisions; 152.27, subdivision 6, by adding a
1.5 subdivision; 152.28, subdivision 1.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 15. Service connected. "Service connected" means caused by an injury or disease
1.10 incurred or aggravated while on active duty as determined by the United States Department
1.11 of Veterans Affairs.

1.12 Sec. 2. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to
1.13 read:

1.14 Subd. 16. Veteran. "Veteran" has the meaning given in section 197.447.

1.15 Sec. 3. Minnesota Statutes 2018, section 152.27, is amended by adding a subdivision to
1.16 read:

1.17 Subd. 3a. Veteran application. (a) The commissioner shall develop a separate patient
1.18 application for veterans to enroll into the registry program. The application shall be available
1.19 to the veteran in paper form and on the department's website. The application must include:

1.20 (1) the name, mailing address, and date of birth of the veteran;

2.1 (2) the name, mailing address, and date of birth of the veteran's designated caregiver, if  
2.2 any;

2.3 (3) a copy of the United States Department of Veterans Affairs disability letter or other  
2.4 official document that certifies that the veteran suffers from a service-connected qualifying  
2.5 medical condition that is dated within 90 days prior to submitting the application; and

2.6 (4) all other signed affidavits and enrollment forms required by the commissioner under  
2.7 sections 152.22 to 152.37, including but not limited to the disclosure form required under  
2.8 subdivision 3, paragraph (c), except that a veteran with a service-connected qualifying  
2.9 medical condition is not required to obtain annual certification from a health care practitioner  
2.10 of diagnosis with a qualifying medical condition.

2.11 (b) The commissioner shall require a veteran who is enrolled in the program to resubmit  
2.12 a copy of the certification required under paragraph (a), clause (3), on a yearly basis and  
2.13 shall require that the recertification be dated within 90 days of submission.

2.14 Sec. 4. Minnesota Statutes 2018, section 152.27, subdivision 6, is amended to read:

2.15 Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, application fees,  
2.16 and signed disclosure, the commissioner shall enroll the patient in the registry program and  
2.17 issue the patient and patient's registered designated caregiver or parent or legal guardian, if  
2.18 applicable, a registry verification. The commissioner shall approve or deny a patient's  
2.19 application for participation in the registry program within 30 days after the commissioner  
2.20 receives the patient's application and application fee. The commissioner may approve  
2.21 applications up to 60 days after the receipt of a patient's application and application fees  
2.22 until January 1, 2016. A patient's enrollment in the registry program shall only be denied  
2.23 if the patient:

2.24 (1) for a patient other than a veteran with a service-connected qualifying medical  
2.25 condition, does not have certification from a health care practitioner that the patient has  
2.26 been diagnosed with a qualifying medical condition;

2.27 (2) for a veteran with a service-connected qualifying medical condition, has not submitted  
2.28 the certification specified in subdivision 3a, paragraph (a), clause (3);

2.29 (3) has not signed and returned the disclosure form required under subdivision 3,  
2.30 paragraph (c), to the commissioner;

2.31 ~~(3)~~ (4) does not provide the information required;

3.1 ~~(4)~~ (5) has previously been removed from the registry program for violations of section  
3.2 152.30 or 152.33; or

3.3 ~~(5)~~ (6) provides false information.

3.4 (b) The commissioner shall give written notice to a patient of the reason for denying  
3.5 enrollment in the registry program.

3.6 (c) Denial of enrollment into the registry program is considered a final decision of the  
3.7 commissioner and is subject to judicial review under the Administrative Procedure Act  
3.8 pursuant to chapter 14.

3.9 (d) A patient's enrollment in the registry program may only be revoked upon the death  
3.10 of the patient or if a patient violates a requirement under section 152.30 or 152.33.

3.11 (e) The commissioner shall develop a registry verification to provide to the patient, the  
3.12 health care practitioner identified in the patient's application, and to the manufacturer. The  
3.13 registry verification shall include:

3.14 (1) the patient's name and date of birth;

3.15 (2) the patient registry number assigned to the patient;

3.16 (3) the patient's qualifying medical condition as provided by the patient's health care  
3.17 practitioner in the certification; and

3.18 (4) the name and date of birth of the patient's registered designated caregiver, if any, or  
3.19 the name of the patient's parent or legal guardian if the parent or legal guardian will be  
3.20 acting as a caregiver.

3.21 Sec. 5. Minnesota Statutes 2018, section 152.28, subdivision 1, is amended to read:

3.22 Subdivision 1. **Health care practitioner duties.** (a) Prior to ~~a patient's~~ the enrollment  
3.23 in the registry program of a patient other than a veteran with a service-connected qualifying  
3.24 medical condition, a health care practitioner shall:

3.25 (1) determine, in the health care practitioner's medical judgment, whether a patient suffers  
3.26 from a qualifying medical condition, and, if so determined, provide the patient with a  
3.27 certification of that diagnosis;

3.28 (2) determine whether a patient is developmentally or physically disabled and, as a result  
3.29 of that disability, the patient is unable to self-administer medication or acquire medical  
3.30 cannabis from a distribution facility, and, if so determined, include that determination on  
3.31 the patient's certification of diagnosis;

4.1 (3) advise patients, registered designated caregivers, and parents or legal guardians who  
4.2 are acting as caregivers of the existence of any nonprofit patient support groups or  
4.3 organizations;

4.4 (4) provide explanatory information from the commissioner to patients with qualifying  
4.5 medical conditions, including disclosure to all patients about the experimental nature of  
4.6 therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the  
4.7 proposed treatment; the application and other materials from the commissioner; and provide  
4.8 patients with the Tennessee warning as required by section 13.04, subdivision 2; and

4.9 (5) agree to continue treatment of the patient's qualifying medical condition and report  
4.10 medical findings to the commissioner.

4.11 (b) Upon notification from the commissioner of the patient's enrollment in the registry  
4.12 program, the health care practitioner shall:

4.13 (1) participate in the patient registry reporting system under the guidance and supervision  
4.14 of the commissioner;

4.15 (2) report health records of the patient throughout the ongoing treatment of the patient  
4.16 to the commissioner in a manner determined by the commissioner and in accordance with  
4.17 subdivision 2;

4.18 (3) determine, on a yearly basis, if the patient continues to suffer from a qualifying  
4.19 medical condition and, if so, issue the patient a new certification of that diagnosis; and

4.20 (4) otherwise comply with all requirements developed by the commissioner.

4.21 (c) Nothing in this section requires a health care practitioner to participate in the registry  
4.22 program.