

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 1268

(SENATE AUTHORS: BENSON and Abeler)

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health; removing the commissioner of health's authority to add qualifying
1.3 medical conditions or delivery forms of medical cannabis; amending Minnesota
1.4 Statutes 2016, sections 152.22, subdivisions 6, 14; 152.27, subdivision 2; repealing
1.5 Laws 2014, chapter 311, section 20, as amended.

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

1.7 Section 1. Minnesota Statutes 2016, section 152.22, subdivision 6, is amended 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; or

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.

1.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

2.1 Sec. 2. Minnesota Statutes 2016, section 152.22, subdivision 14, is amended to read:

2.2 Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" means a
2.3 diagnosis of any of the following conditions:

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

2.5 (i) severe or chronic pain;

2.6 (ii) nausea or severe vomiting; or

2.7 (iii) cachexia or severe wasting;

2.8 (2) glaucoma;

2.9 (3) human immunodeficiency virus or acquired immune deficiency syndrome;

2.10 (4) Tourette's syndrome;

2.11 (5) amyotrophic lateral sclerosis;

2.12 (6) seizures, including those characteristic of epilepsy;

2.13 (7) severe and persistent muscle spasms, including those characteristic of multiple
2.14 sclerosis;

2.15 (8) inflammatory bowel disease, including Crohn's disease;

2.16 (9) terminal illness, with a probable life expectancy of under one year, if the illness or
2.17 its treatment produces one or more of the following:

2.18 (i) severe or chronic pain;

2.19 (ii) nausea or severe vomiting; or

2.20 (iii) cachexia or severe wasting; or

2.21 (10) ~~any other medical condition or its treatment approved by the commissioner~~
2.22 intractable pain as defined under section 152.125, subdivision 1.

2.23 **EFFECTIVE DATE.** This section is effective retroactively from August 1, 2016.

2.24 Sec. 3. Minnesota Statutes 2016, section 152.27, subdivision 2, is amended to read:

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

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

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

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

3.6 (4) create and provide a certification to be used by a health care practitioner for the
3.7 practitioner to certify whether a patient has been diagnosed with a qualifying medical
3.8 condition and include in the certification an option for the practitioner to certify whether
3.9 the patient, in the health care practitioner's medical opinion, is developmentally or physically
3.10 disabled and, as a result of that disability, the patient is unable to self-administer medication
3.11 or acquire medical cannabis from a distribution facility;

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

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

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

3.25 ~~(b) If the commissioner wishes to add a delivery method under section 152.22, subdivision~~
3.26 ~~6, or a qualifying medical condition under section 152.22, subdivision 14, the commissioner~~
3.27 ~~must notify the chairs and ranking minority members of the legislative policy committees~~
3.28 ~~having jurisdiction over health and public safety of the addition and the reasons for its~~
3.29 ~~addition, including any written comments received by the commissioner from the public~~
3.30 ~~and any guidance received from the task force on medical cannabis research, by January~~
3.31 ~~15 of the year in which the commissioner wishes to make the change. The change shall be~~
3.32 ~~effective on August 1 of that year, unless the legislature by law provides otherwise. The~~
3.33 commissioner may make recommendations on additional delivery methods under section
3.34 152.22, subdivision 6, or qualifying medical conditions under section 152.22, subdivision

4.1 14, and may submit the recommendations to the chairs and ranking minority members of
4.2 the legislative policy committees having jurisdiction over health and public safety along
4.3 with the reasons for the recommended addition and any written comments received by the
4.4 commissioner from the public on the recommended addition. Any recommendations
4.5 submitted by the commissioner to the legislature shall not go into effect unless enacted by
4.6 the legislature.

4.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

4.8 Sec. 4. **REPEALER.**

4.9 Laws 2014, chapter 311, section 20, as amended by Laws 2015, chapter 74, section 11,
4.10 is repealed.

4.11 **EFFECTIVE DATE.** This section is effective the day following final enactment.

APPENDIX
Repealed Minnesota Session Laws: 17-3096

Laws 2014, chapter 311, section 20, as amended by Laws 2015, chapter 74, section 11

Sec. 11. Laws 2014, chapter 311, section 20, is amended to read:

Sec. 20. INTRACTABLE PAIN.

The commissioner of health shall consider the addition of intractable pain, as defined in Minnesota Statutes, section 152.125, subdivision 1, to the list of qualifying medical conditions under Minnesota Statutes, section 152.22, subdivision 14, prior to the consideration of any other new qualifying medical conditions. The commissioner shall report findings on the need for adding intractable pain to the list of qualifying medical conditions to the task force established under Minnesota Statutes, section 152.36, no later than January 1, 2016.