State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FIRST SESSION

H. F. No. 3407

02/17/2020 Authored by Gomez
The bill was read for the first time and referred to the Committee on Health and Human Services Policy

A bill for an act

relating to health; modifying medical cannabis requirements; amending Minnesota Statutes 2018, sections 152.22, subdivisions 3, 14, by adding subdivisions; 152.23; 152.26; 152.27, by adding a subdivision; 152.29, subdivision 4, by adding subdivisions; 152.32, subdivision 1, by adding subdivisions; 152.33, subdivision 3; 152.35; 152.36, subdivisions 1, 1a, 4; 624.712, by adding subdivisions; 624.714, subdivision 6; 624.7142, subdivision 1; Minnesota Statutes 2019 Supplement, sections 152.22, subdivision 6; 152.25, subdivision 1; 152.27, subdivision 6; 152.29, subdivisions 1, 3; 152.32, subdivision 2; 152.33, subdivisions 1, 2; 152.36, subdivision 2; 624.713, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 152; repealing Minnesota Statutes 2018, sections 152.21; 152.25, subdivision 3; 152.36, subdivision 3.

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

Section 1. Minnesota Statutes 2018, section 152.22, subdivision 3, is amended to read:

Subd. 3. **Disqualifying felony offense.** "Disqualifying felony offense" means a violation of a state or federal controlled substance law that is a felony under Minnesota law, or would be a felony if committed in Minnesota, regardless of the sentence imposed, unless the commissioner determines that the person's conviction was for the medical use of cannabis or assisting with the medical use of cannabis, or the person has been discharged from the sentence imposed.

Sec. 2. Minnesota Statutes 2019 Supplement, section 152.22, subdivision 6, is amended to read:

Subd. 6. **Medical cannabis.** (a) "Medical cannabis" means any species of the genus cannabis plant, or any mixture or preparation of them, including whole plant extracts and resins, and is delivered in the form of:

(1) liquid, including, but not limited to, oil;

(2) pill;

(3) vaporized delivery method with use of liquid ~~or~~, oil ~~but which does not require the use of dried leaves or plant form~~, or raw cannabis; ~~or~~

(4) water soluble cannabinoid multiparticulates;

(5) orally dissolvable products; or

~~(4)~~ (6) any other method, excluding smoking, approved by the commissioner.

(b) This definition includes any part of the genus cannabis plant prior to being processed into a form allowed under paragraph (a), that is possessed by a person while that person is engaged in employment duties necessary to carry out a requirement under sections 152.22 to 152.37 for a registered manufacturer or a laboratory under contract with a registered manufacturer. This definition also includes any hemp acquired by a manufacturer by a hemp grower as permitted under section 152.29, subdivision 1, paragraph (b).

Sec. 3. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to read:

Subd. 13a. **Registry verification card.** "Registry verification card" means a document issued by the commissioner to a patient that identifies that the patient is enrolled in the registry program and includes the patient's name, registry number, and if applicable the name of the patient's designated registered caregiver, parent, or legal guardian or spouse.

Sec. 4. Minnesota Statutes 2018, section 152.22, subdivision 14, is amended to read:

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

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

(i) severe or chronic ~~pain~~ fatigue;

(ii) nausea or severe vomiting; or

(iii) cachexia or severe wasting;

(2) glaucoma;

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

(4) Tourette's syndrome;

(5) amyotrophic lateral sclerosis;

(6) seizures, including those characteristic of epilepsy;

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

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

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

~~(i) severe or chronic pain;~~

~~(ii) nausea or severe vomiting; or~~

~~(iii) cachexia or severe wasting; or~~

(10) severe, chronic, or intractable pain;

(11) post-traumatic stress disorder;

(12) autism spectrum disorders;

(13) obstructive sleep apnea;

(14) age-related muscular degeneration; or

~~(10)~~ (15) any other medical condition or its treatment approved by the commissioner.

Sec. 5. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to read:

Subd. 15. **Visiting designated caregiver.** "Visiting designated caregiver" means a person who is authorized under a visiting patient's jurisdiction of residence to assist the visiting patient with the use of medical cannabis. To be considered a visiting designated caregiver, the person must possess a valid verification card or its equivalent that is issued by the visiting patient's jurisdiction of residence and verifies that the person is authorized to assist the visiting patient under the laws or regulations of the visiting patient's jurisdiction of residence.

Sec. 6. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to read:

Subd. 16. **Visiting patient.** "Visiting patient" means a person who is not a Minnesota resident and who possesses a valid registration verification card or its equivalent that is

issued under the laws or regulations of another state, district, commonwealth, or territory of the United States verifying that the person is enrolled in or authorized to participate in that jurisdiction's medical cannabis or medical marijuana program.

Sec. 7. Minnesota Statutes 2018, section 152.23, is amended to read:

152.23 LIMITATIONS.

(a) Nothing in sections 152.22 to 152.37 permits any person to engage in and does not prevent the imposition of any civil, criminal, or other penalties for:

(1) undertaking any task under the influence of medical cannabis that would constitute negligence or professional malpractice;

(2) possessing or engaging in the use of medical cannabis:

(i) on a school bus or van;

(ii) on the grounds of any preschool ~~or primary~~, elementary, or secondary school, except as permitted under section 152.345;

(iii) in any correctional facility; or

(iv) on the grounds of any child care facility or home day care;

(3) vaporizing medical cannabis pursuant to section 152.22, subdivision 6:

(i) on any form of public transportation;

(ii) where the vapor would be inhaled by a nonpatient minor child; or

(iii) in any public place, including any indoor or outdoor area used by or open to the general public or a place of employment as defined under section 144.413, subdivision 1b; and

(4) operating, navigating, or being in actual physical control of any motor vehicle, aircraft, train, or motorboat, or working on transportation property, equipment, or facilities while under the influence of medical cannabis.

(b) Nothing in sections 152.22 to 152.37 require the medical assistance and MinnesotaCare programs to reimburse an enrollee or a provider for costs associated with the medical use of cannabis. Medical assistance and MinnesotaCare shall continue to provide coverage for all services related to treatment of an enrollee's qualifying medical condition if the service is covered under chapter 256B or 256L.

Sec. 8. Minnesota Statutes 2019 Supplement, section 152.25, subdivision 1, is amended to read:

Subdivision 1. **Medical cannabis manufacturer registration; renewal.** (a) The commissioner shall register at least two and up to four in-state manufacturers for the production of all medical cannabis within the state. ~~A~~ The registration ~~agreement between the commissioner and a manufacturer~~ is valid for two years and is nontransferable. ~~The commissioner shall register new manufacturers or reregister the existing manufacturers by December 1 every two years, using the factors described in this subdivision. The commissioner shall accept applications after December 1, 2014, if one of the manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer. The commissioner's determination that no manufacturer exists to fulfill the duties under sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court.~~ If the commissioner registers more than two manufacturers, registration renewal for at least one manufacturer must occur each year. The commissioner shall renew a registration if the manufacturer meets the factors described in this subdivision and submits the registration renewal fee under section 152.35. Data submitted during the application process are private data on individuals or nonpublic data as defined in section 13.02 until the manufacturer is registered under this section. Data on a manufacturer that is registered are public data, unless the data are trade secret or security information under section 13.37.

(b) As a condition for registration~~, a manufacturer must agree to~~ or registration renewal:

~~(1) begin supplying medical cannabis to patients by July 1, 2015; and~~

~~(2)~~ (1) a manufacturer must comply with all requirements under sections 152.22 to 152.37~~.~~; and

(2) at least 50 percent of the manufacturer's shareholders must reside in the state.

(c) The commissioner shall consider the following factors when determining which manufacturer to register:

(1) the technical expertise of the manufacturer in cultivating medical cannabis and converting the medical cannabis into an acceptable delivery method under section 152.22, subdivision 6;

(2) the qualifications of the manufacturer's employees;

(3) the long-term financial stability of the manufacturer;

(4) the ability to provide appropriate security measures on the premises of the manufacturer;

(5) whether the manufacturer has demonstrated an ability to meet the medical cannabis production needs required by sections 152.22 to 152.37; and

(6) the manufacturer's projection and ongoing assessment of fees on patients with a qualifying medical condition.

(d) If an officer, director, or controlling person of the manufacturer pleads or is found guilty of intentionally diverting medical cannabis to a person other than allowed by law under section 152.33, subdivision 1, the commissioner may decide not to renew the registration of the manufacturer, provided the violation occurred while the person was an officer, director, or controlling person of the manufacturer.

~~(e) The commissioner shall require each medical cannabis manufacturer to contract with an independent laboratory to test medical cannabis produced by the manufacturer. The commissioner shall approve the laboratory chosen by each manufacturer and require that the laboratory report testing results to the manufacturer in a manner determined by the commissioner.~~

Sec. 9. Minnesota Statutes 2018, section 152.26, is amended to read:

152.26 RULEMAKING.

The commissioner may adopt rules to implement sections 152.22 to 152.37. ~~Rules for which notice is published in the State Register before January 1, 2015, may be adopted using the process in section 14.389.~~

Sec. 10. Minnesota Statutes 2018, section 152.27, is amended by adding a subdivision to read:

Subd. 5a. **School nurse.** A school nurse or other appropriate school personnel as designated by a school district may act as a designated caregiver for a student who is a registered patient for the purposes of section 152.345 without having to register as a designated caregiver.

Sec. 11. Minnesota Statutes 2019 Supplement, section 152.27, subdivision 6, is amended to read:

Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, application fees, and signed disclosure, the commissioner shall enroll the patient in the registry program and issue the patient and patient's registered designated caregiver or parent, legal guardian, or spouse, if applicable, a registry verification card that contains the information specified in

paragraph (e). The commissioner shall approve or deny a patient's application for participation in the registry program within 30 days after the commissioner receives the patient's application and application fee. ~~The commissioner may approve applications up to 60 days after the receipt of a patient's application and application fees until January 1, 2016.~~ A patient's enrollment in the registry program shall only be denied if the patient:

(1) does not have certification from a health care practitioner that the patient has been diagnosed with a qualifying medical condition;

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

(3) does not provide the information required; or

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

~~(5)~~ (4) provides false information.

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

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

(d) A patient's enrollment in the registry program may only be revoked upon the death of the patient or if a patient violates a requirement under section 152.30 or 152.33. If a patient's enrollment in the registry program has been revoked due to a violation of section 152.30 or 152.33, the patient may reapply for enrollment 12 months from the date the patient's enrollment was revoked. The commissioner shall process the application in accordance with this section.

(e) The commissioner shall develop a registry verification ~~to provide to the patient, the health care practitioner identified in the patient's application, and to the manufacturer~~ system for health care practitioners identified in the patient's application and for manufacturers. The registry verification system shall include:

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

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

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

Sec. 12. Minnesota Statutes 2019 Supplement, section 152.29, subdivision 1, is amended to read:

Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer shall operate ~~eight~~ distribution facilities, which may include the manufacturer's single location for cultivation, harvesting, manufacturing, packaging, and processing but is not required to include that location. The commissioner shall designate the geographical service areas to be served by each manufacturer based on geographical need throughout the state to improve patient access. Each geographical area must have at least two distribution facilities. A manufacturer shall not have more than two distribution facilities in each geographical service area assigned to the manufacturer by the commissioner. A manufacturer shall operate only one location where all cultivation, harvesting, manufacturing, packaging, and processing of medical cannabis shall be conducted. This location may be one of the manufacturer's distribution facility sites. The additional distribution facilities may dispense medical cannabis and medical cannabis products but may not contain any medical cannabis in a form other than those forms allowed under section 152.22, subdivision 6, and the manufacturer shall not conduct any cultivation, harvesting, manufacturing, packaging, or processing at the other distribution facility sites. Any distribution facility operated by the manufacturer is subject to all of the requirements applying to the manufacturer under sections 152.22 to 152.37, including, but not limited to, security and distribution requirements.

(b) A manufacturer may acquire hemp grown in this state from a hemp grower. A manufacturer may manufacture or process hemp into an allowable form of medical cannabis under section 152.22, subdivision 6. Hemp acquired by a manufacturer under this paragraph is subject to the same quality control program, security and testing requirements, and other requirements that apply to medical cannabis under sections 152.22 to 152.37 and Minnesota Rules, chapter 4770.

(c) A medical cannabis manufacturer shall contract with ~~a~~ an independent laboratory approved by the commissioner, subject to any additional requirements set by the commissioner, for purposes of testing medical cannabis manufactured or hemp acquired by the medical cannabis manufacturer as to content, contamination, and consistency to verify the medical cannabis meets the requirements of section 152.22, subdivision 6. The commissioner shall establish contaminant-free testing requirements to be conducted by the

laboratory. The laboratory shall provide all testing results to the manufacturer in a manner determined by the commissioner. The manufacturer must provide any testing results to the commissioner upon request of the commissioner and to a patient upon request of the patient or the patient's designated caregiver, parent, or legal guardian. The cost of laboratory testing shall be paid by the manufacturer.

(d) The operating documents of a manufacturer must include:

(1) procedures for the oversight of the manufacturer and procedures to ensure accurate record keeping;

(2) procedures for the implementation of appropriate security measures to deter and prevent the theft of medical cannabis and unauthorized entrance into areas containing medical cannabis; and

(3) procedures for the delivery and transportation of hemp between hemp growers and manufacturers.

(e) A manufacturer shall implement security requirements, including requirements for the delivery and transportation of hemp, protection of each location by a fully operational security alarm system, facility access controls, perimeter intrusion detection systems, and a personnel identification system.

(f) A manufacturer shall not share office space with, refer patients to a health care practitioner, or have any financial relationship with a health care practitioner.

(g) A manufacturer shall not permit any person to consume medical cannabis on the property of the manufacturer.

(h) A manufacturer is subject to reasonable inspection by the commissioner.

(i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

(j) A medical cannabis manufacturer may not employ any person who is under 21 years of age or who has been convicted of a disqualifying felony offense. An employee of a medical cannabis manufacturer must submit a completed criminal history records check consent form, a full set of classifiable fingerprints, and the required fees for submission to the Bureau of Criminal Apprehension before an employee may begin working with the manufacturer. The bureau must conduct a Minnesota criminal history records check and the superintendent is authorized to exchange the fingerprints with the Federal Bureau of Investigation to obtain the applicant's national criminal history record information. The

bureau shall return the results of the Minnesota and federal criminal history records checks to the commissioner.

(k) A manufacturer may not operate in any location, whether for distribution or cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a public or private school existing before the date of the manufacturer's registration with the commissioner.

(l) A manufacturer shall comply with reasonable restrictions set by the commissioner relating to signage, marketing, display, and advertising of medical cannabis.

(m) Before a manufacturer acquires hemp from a hemp grower, the manufacturer must verify that the hemp grower has a valid license issued by the commissioner of agriculture under chapter 18K.

Sec. 13. Minnesota Statutes 2019 Supplement, section 152.29, subdivision 3, is amended to read:

Subd. 3. **Manufacturer; distribution to a patient.** (a) A manufacturer shall require that employees licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval for the distribution of medical cannabis to a patient. A manufacturer may transport medical cannabis or medical cannabis products that have been cultivated, harvested, manufactured, packaged, and processed by that manufacturer to another registered manufacturer for the other manufacturer to distribute.

(b) A manufacturer may distribute medical cannabis products, whether or not the products have been manufactured by that manufacturer.

(c) Prior to distribution of any medical cannabis to a patient or the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse if listed on the registry verification card, the manufacturer shall:

(1) verify that the manufacturer has received the registry verification from the commissioner for that individual patient;

(2) verify that the person requesting the distribution of medical cannabis is the patient, the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse listed in the registry verification using the procedures described in section 152.11, subdivision 2d;

(3) assign a tracking number to any medical cannabis distributed from the manufacturer;

(4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to chapter 151 has consulted with the patient to determine the proper dosage for the individual patient after reviewing the ranges of chemical compositions of the medical cannabis and the ranges of proper dosages reported by the commissioner. For purposes of this clause, a consultation may be conducted remotely using a videoconference, so long as the employee providing the consultation is able to confirm the identity of the patient, the consultation occurs while the patient is at a distribution facility, and the consultation adheres to patient privacy requirements that apply to health care services delivered through telemedicine;

(5) properly package medical cannabis in compliance with the United States Poison Prevention Packing Act regarding child-resistant packaging and exemptions for packaging for elderly patients, and label distributed medical cannabis with a list of all active ingredients and individually identifying information, including:

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

(ii) the name and date of birth of the patient's registered designated caregiver or, if listed on the registry verification, the name of the patient's parent or legal guardian, if applicable;

(iii) the patient's registry identification number;

(iv) the chemical composition of the medical cannabis; and

(v) the dosage; and

(6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply of the dosage determined for that patient.

(d) A manufacturer shall require any employee of the manufacturer who is transporting medical cannabis or medical cannabis products to a distribution facility ~~or~~, to another registered manufacturer, or to a patient to carry identification showing that the person is an employee of the manufacturer.

Sec. 14. Minnesota Statutes 2018, section 152.29, is amended by adding a subdivision to read:

Subd. 3b. **Delivery of medical cannabis.** A manufacturer may deliver medical cannabis to a registered patient at the patient's place of residence. Prior to delivery of medical cannabis, the manufacturer must verify that the requirements of subdivision 3, paragraph (c), have been met. If medical cannabis is delivered by the manufacturer to the patient, only the patient, if the patient is 18 years of age or older, the patient's registered designated caregiver or spouse, or if the patient is under the age of 18 years, the patient's parent or legal guardian,

may sign for and accept the delivery. The person signing for the delivery must show valid photographic identification indicating that the person is the patient or the patient's designated registered caregiver, spouse, or parent or legal guardian, if the patient is under the age of 18.

Sec. 15. Minnesota Statutes 2018, section 152.29, is amended by adding a subdivision to read:

Subd. 3c. **Manufacturer; distribution to a visiting patient.** (a) A manufacturer shall distribute medical cannabis in accordance with subdivision 3, paragraph (a), to a visiting patient who resides in another state, district, commonwealth, or territory of the United States that authorizes the medical use of cannabis pursuant to the laws or regulations of that jurisdiction.

(b) The visiting patient must provide to a manufacturer:

(1) a valid medical marijuana or cannabis verification card, or an equivalent document issued by the visiting patient's jurisdiction of residence, that indicates that the visiting patient is authorized to use medical cannabis in the visiting patient's home jurisdiction; and

(2) a valid photographic identification card or driver's license issued by the visiting patient's jurisdiction of residence.

(c) Prior to distribution of any medical cannabis to a visiting patient, a manufacturer shall comply with subdivision 3, paragraph (c), clauses (3) to (5).

(d) A manufacturer shall not distribute to a visiting patient more than a 30-day supply of the dosage determined for that visiting patient.

(e) A manufacturer shall only distribute to a visiting patient medical cannabis in a form allowed under section 152.22, subdivision 6. A visiting patient may only use medical cannabis distributed by a manufacturer through a delivery method allowed under section 152.22, subdivision 6.

Sec. 16. Minnesota Statutes 2018, section 152.29, subdivision 4, is amended to read:

Subd. 4. **Report.** (a) Each manufacturer shall report to the commissioner on a monthly basis the following information on each individual patient for the month prior to the report:

(1) the amount and dosages of medical cannabis distributed;

(2) the chemical composition of the medical cannabis; and

(3) the tracking number assigned to any medical cannabis distributed.

(b) In the report described in paragraph (a), each manufacturer shall include for each visiting patient the information described in paragraph (a) and the jurisdiction in which the visiting patient resides.

Sec. 17. Minnesota Statutes 2018, section 152.32, subdivision 1, is amended to read:

Subdivision 1. **Presumption.** (a) There is a presumption that a patient enrolled in the registry program under sections 152.22 to 152.37 or a visiting patient is engaged in the authorized use of medical cannabis.

(b) The presumption may be rebutted by evidence that conduct related to use of medical cannabis was not for the purpose of treating or alleviating the patient's qualifying medical condition or symptoms associated with the patient's qualifying medical condition.

(c) A peace officer as defined in section 626.84 is prohibited from seizing the medical cannabis of a patient enrolled in the registry program or a visiting patient, provided the patient verifies the patient's enrollment in the registry program by showing the peace officer the patient's registry verification card, or the visiting patient verifies the visiting patient's enrollment in the visiting patient's home jurisdiction's medical cannabis program by showing the peace officer a valid verification card or an equivalent document issued by the visiting patient's home jurisdiction.

Sec. 18. Minnesota Statutes 2019 Supplement, section 152.32, subdivision 2, is amended to read:

Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following are not violations under this chapter:

(1) use or possession of medical cannabis or medical cannabis products by a patient enrolled in the registry program;

(2) use or possession of medical cannabis or medical cannabis products distributed to the visiting patient by a manufacturer under section 152.29, subdivision 3c, or possession by a visiting designated caregiver visiting a patient, or possession by a registered designated caregiver or the parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed on the registry verification;

~~(2)~~ (3) possession, dosage determination, or sale of medical cannabis or medical cannabis products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory conducting testing on medical cannabis, or employees of the laboratory; and

~~(3)~~ (4) possession of medical cannabis or medical cannabis products by any person while carrying out the duties required under sections 152.22 to 152.37.

(b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and associated property is not subject to forfeiture under sections 609.531 to 609.5316.

(c) The commissioner, the commissioner's staff, the commissioner's agents or contractors, and any health care practitioner are not subject to any civil or disciplinary penalties by the Board of Medical Practice, the Board of Nursing, or by any business, occupational, or professional licensing board or entity, solely for the participation in the registry program under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional licensing board from taking action in response to violations of any other section of law.

(d) Notwithstanding any law to the contrary, the commissioner, the governor of Minnesota, or an employee of any state agency may not be held civilly or criminally liable for any injury, loss of property, personal injury, or death caused by any act or omission while acting within the scope of office or employment under sections 152.22 to 152.37.

(e) Federal, state, and local law enforcement authorities are prohibited from accessing the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid search warrant.

(f) Notwithstanding any law to the contrary, neither the commissioner nor a public employee may release data or information about an individual contained in any report, document, or registry created under sections 152.22 to 152.37 or any information obtained about a patient participating in the program, except as provided in sections 152.22 to 152.37.

(g) No information contained in a report, document, or registry or obtained from a patient or a visiting patient under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding unless independently obtained or in connection with a proceeding involving a violation of sections 152.22 to 152.37.

(h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty of a gross misdemeanor.

(i) An attorney may not be subject to disciplinary action by the Minnesota Supreme Court or professional responsibility board for providing legal assistance to prospective or registered manufacturers or others related to activity that is no longer subject to criminal penalties under state law pursuant to sections 152.22 to 152.37.

(j) Possession of a registry verification card or application for enrollment in the program by a person entitled to possess or apply for enrollment in the registry program or possession of a verification card or its equivalent issued under the laws or regulations of another jurisdiction by a visiting patient does not constitute probable cause or reasonable suspicion, nor shall it be used to support a search of the person or property of the person ~~possessing or applying for the registry verification,~~ or otherwise subject the person or property of the person to inspection by any governmental agency.

Sec. 19. Minnesota Statutes 2018, section 152.32, is amended by adding a subdivision to read:

Subd. 4. **Retaliation prohibited.** A school, landlord, health care facility, or employer must not retaliate against a patient for asserting the rights and remedies provided in this section or section 152.321.

Sec. 20. Minnesota Statutes 2018, section 152.32, is amended by adding a subdivision to read:

Subd. 5. **Probation; supervised release.** (a) A court may not prohibit a person from participating in the registry program under sections 152.22 to 152.37 as a condition of probation or revoke a patient's probation or otherwise sanction a patient on probation solely for participating in the registry program or for a positive drug test for cannabis components or metabolites.

(b) The commissioner of corrections may not prohibit a person from participating in the registry program under sections 152.22 to 152.37 as a condition of parole, supervised release, or conditional release or revoke a patient's parole, supervised release, or conditional release or otherwise sanction a patient on parole, supervised release, or conditional release solely for participating in the registry program or for a positive drug test for cannabis components or metabolites.

Sec. 21. **[152.321] REMEDIES.**

Subdivision 1. **Action for damages.** In addition to any other remedy provided by law, a patient may bring an action in district court against any person who violates section 152.32, subdivision 3 or 4. A person who violates section 152.32, subdivision 3 or 4, is liable to a patient injured by the violation for presumed damages of $2,000 per violation, or actual damages, whichever is greater, and reasonable attorney fees.

Subd. 2. **Injunctive relief.** A patient may bring an action for injunctive relief requesting the district court to enjoin a person who violates section 152.32, subdivision 3 or 4.

Sec. 22. **[152.325] CRIMINAL AFFIRMATIVE DEFENSE.**

It is an affirmative defense to a charge of violating section 152.025, subdivision 2, involving marijuana, or 152.027, subdivision 3 or 4, that the defendant was enrolled in the registry program under sections 152.22 to 152.37 and possessed the marijuana to use for a qualifying medical condition, or was a visiting patient and possessed the marijuana for medical use as authorized under the laws or regulations of the visiting patient's jurisdiction of residence.

Sec. 23. Minnesota Statutes 2019 Supplement, section 152.33, subdivision 1, is amended to read:

Subdivision 1. **Intentional diversion; criminal penalty.** In addition to any other applicable penalty in law, a manufacturer or an agent of a manufacturer who intentionally transfers medical cannabis to a person other than another registered manufacturer, a patient, a registered designated caregiver or, if listed on the registry verification, a parent, legal guardian, or spouse of a patient, a visiting patient, or a designated caregiver of a visiting patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than $3,000, or both. A person convicted under this subdivision may not continue to be affiliated with the manufacturer and is disqualified from further participation under sections 152.22 to 152.37.

Sec. 24. Minnesota Statutes 2019 Supplement, section 152.33, subdivision 2, is amended to read:

Subd. 2. **Diversion by patient, visiting patient, registered designated caregiver, parent, legal guardian, or patient's spouse; criminal penalty.** In addition to any other applicable penalty in law, a patient, registered designated caregiver or, if listed on the registry verification, a parent, legal guardian, or spouse of a patient, a visiting patient, or a designated caregiver of a visiting patient who intentionally sells or otherwise transfers medical cannabis to a person other than a patient, designated registered caregiver or, if listed on the registry verification, a parent, legal guardian, or spouse of a patient, a visiting patient, or a designated caregiver of a visiting patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than $3,000, or both.

Sec. 25. Minnesota Statutes 2018, section 152.33, subdivision 3, is amended to read:

Subd. 3. **False statement; criminal penalty.** A person who intentionally makes a false statement to a law enforcement official about any fact or circumstance relating to the medical use of cannabis to avoid arrest or prosecution is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or by payment of a fine of not more than $1,000, or both. The penalty is in addition to any other penalties that may apply for making a false statement or for the possession, cultivation, or sale of cannabis not protected by sections 152.22 to 152.37. ~~If a person convicted of violating this subdivision is a patient or a registered designated caregiver, the person is disqualified from further participation under sections 152.22 to 152.37.~~

Sec. 26. **[152.345] POSSESSION AND USE OF MEDICAL CANNABIS IN SCHOOLS.**

(a) A student shall not possess or self-administer medical cannabis on the grounds of a preschool, elementary school, or secondary school, except as permitted under this section.

(b) A parent or legal guardian of a minor student who is enrolled as a patient in the registry program or a student's designated caregiver may possess and administer medical cannabis to the student on the grounds of a preschool, elementary school, or secondary school in which the student is enrolled. If the student is 18 years of age or older and enrolled as a patient in the registry program, the student may self-administer the medical cannabis under the supervision of a designated caregiver on the grounds of a secondary school in which the student is enrolled. A parent, legal guardian, designated caregiver, or student shall not administer medical cannabis in a manner that creates disruption to the educational environment or causes exposure to other students. The school may designate specific locations on school grounds where medical cannabis must be administered.

(c) After the parent, legal guardian, or designated caregiver administers the medical cannabis, the parent, legal guardian, or designated caregiver shall remove any remaining medical cannabis from the grounds of the preschool, elementary school, or secondary school, unless the school allows for the storage of the student's supply of medical cannabis in a locked, secure location.

(d) Nothing in this section requires the school or the school district's staff to administer medical cannabis to a student or to store or maintain a student's supply of medical cannabis.

(e) The school or school district may adopt policies regarding reasonable parameters for the administration and use of medical cannabis on school grounds, but may not unreasonably limit a patient's access to or use of medical cannabis.

(f) This section does not apply to a school district if the school district loses federal funding as a result of implementing this section and can reasonably demonstrate that it lost federal funding as a result of implementing this section.

Sec. 27. Minnesota Statutes 2018, section 152.35, is amended to read:

152.35 FEES; DEPOSIT OF REVENUE.

(a) The commissioner shall collect an annual enrollment fee of $200 from patients enrolled ~~under this section~~ in the registry program. If the patient attests to receiving Social Security disability, Supplemental Security Insurance payments, or being enrolled in medical assistance or MinnesotaCare, then ~~the fee shall be $50~~ there shall be no enrollment fee, as long as the patient continues to receive these payments or is enrolled in these programs. The ~~fees shall be payable annually and are~~ annual enrollment fee is due on the anniversary date of the patient's enrollment and is payable to the commissioner. Revenue from the fee ~~amount~~ shall be deposited in the state treasury and credited to the state government special revenue fund.

(b) The commissioner shall collect ~~an~~ a registration application fee of $20,000 from each entity submitting an application for registration as a medical cannabis manufacturer. Revenue from the fee shall be deposited in the state treasury and credited to the state government special revenue fund.

(c) The commissioner shall establish and collect ~~an annual~~ a biennial registration renewal fee from a medical cannabis manufacturer equal to the cost of regulating and inspecting the manufacturer ~~in that year~~. Revenue from the fee ~~amount~~ shall be deposited in the state treasury and credited to the state government special revenue fund.

(d) A medical cannabis manufacturer may charge patients enrolled in the registry program a reasonable fee for costs associated with the operations of the manufacturer. The manufacturer may establish a sliding scale of patient fees based upon a patient's household income and may accept private donations to reduce patient fees.

Sec. 28. Minnesota Statutes 2018, section 152.36, subdivision 1, is amended to read:

Subdivision 1. **Task force on medical cannabis therapeutic research.** (a) A ~~23-member~~ 27-member task force on medical cannabis therapeutic research is created to conduct an

impact assessment of medical cannabis therapeutic research. The task force shall consist of the following members:

(1) two members of the house of representatives, one selected by the speaker of the house, the other selected by the minority leader;

(2) two members of the senate, one selected by the majority leader, the other selected by the minority leader;

(3) ~~four~~ eight members representing consumers or patients enrolled in the registry program~~, including at least two parents of patients under age 18~~. Of these members, four members must be adult patients enrolled in the registry program, two members must be parents of patients under the age of 18 enrolled in the registry program, and two members must be registered designated caregivers;

(4) four members representing health care providers, including one licensed pharmacist;

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

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

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

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

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

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

Sec. 29. Minnesota Statutes 2018, section 152.36, subdivision 1a, is amended to read:

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

(b) The task force must meet at least annually.

Sec. 30. Minnesota Statutes 2019 Supplement, section 152.36, subdivision 2, is amended to read:

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

(1) program design and implementation;

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

(3) patient experiences, including patient accessibility to the program, the patient's cost for medical cannabis, and whether the cost to the patient for medical cannabis and medical cannabis products limits the patient's ability to access medical cannabis;

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

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

(6) the impact on law enforcement and prosecutions;

(7) public awareness and perception; and

(8) any unintended consequences.

Sec. 31. Minnesota Statutes 2018, section 152.36, subdivision 4, is amended to read:

Subd. 4. **Reports to the legislature.** (a) By February 1, 2021, and every two years thereafter, the ~~cochairs of the~~ task force shall submit ~~the following reports~~ a complete impact assessment report to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services, public safety, judiciary, and civil law~~:~~.

~~(1) by February 1, 2015, a report on the design and implementation of the registry program; and every two years thereafter, a complete impact assessment report; and~~

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

(b) The report shall include an assessment on patient access to the medical cannabis program, including affordability issues and any recommendations on how to address any identified access or affordability issues.

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

Sec. 32. **[152.38] OPIOID ALTERNATIVE PILOT PROGRAM.**

Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have the meanings given.

(b) "Acute pain" means pain resulting from disease, accidental or intentional trauma, surgery, or another cause, that the health care practitioner reasonably expects to last only a short period of time. Acute pain does not include chronic pain or pain being treated as part of cancer care, palliative care, or hospice or other end-of-life care.

(c) "Health care practitioner" means a Minnesota-licensed health professional who has primary responsibility for the care and treatment of a patient who meets the requirements for a temporary qualifying medical condition, and who is authorized to prescribe a controlled substance under section 152.12, subdivision 1 or 2.

(d) "Opioid" means a narcotic drug or substance that is a Schedule II controlled substance under section 152.02, subdivision 3.

(e) "Patient" means a Minnesota resident 18 years of age or older who meets the requirements of a temporary qualifying medical condition.

(f) "Temporary qualifying medical condition" means a medical condition where an opioid has been or could be prescribed by a patient's health care practitioner for acute pain.

Subd. 2. **Commissioner's duties.** (a) The commissioner of health shall establish an opioid alternative pilot program to provide medical cannabis as an alternative to an opioid prescription for acute pain. The commissioner shall develop a patient application for enrollment in the pilot program. The application must include the information required under section 152.27, subdivision 3, paragraph (a), clauses (1) to (3) and (5), and a copy of the temporary certification from the patient's health care practitioner that certifies that the patient has been diagnosed with and is currently undergoing treatment for a medical condition where an opioid has been or could be prescribed.

(b) The commissioner shall develop a temporary certification form to be used by a health care practitioner and made available to health care practitioners that confirms that the patient is eligible to participate in the pilot program. The temporary certification form must include, at a minimum:

(1) the patient's name, date of birth, home address, and telephone number;

(2) the health care practitioner's name, address, telephone number, and national provider identifier;

(3) the health care practitioner's signature and date; and

(4) a statement that the patient has been diagnosed with and is currently undergoing treatment for a medical condition where an opioid has been or could be prescribed.

(c) The commissioner shall approve or deny the patient's application for the pilot program no later than 72 hours after the commissioner receives the patient's application and the patient's temporary certification form. If the patient's application is approved, the commissioner shall issue the patient a temporary registry verification. If the application is denied, the commissioner shall give the patient written notice and the reason for the denial.

(d) The commissioner shall collect an enrollment fee of $..... from patients enrolled in the opioid alternative pilot program. The fee amount shall be deposited in the state government special revenue fund.

Subd. 3. **Health care practitioner's duties.** (a) As an alternative to an initial opioid prescription or a refill of an opioid prescription, or in addition to an initial opioid prescription if the initial prescription was written for a supply for three days or less, a health care practitioner who is treating a patient who may be eligible for the alternative opioid pilot program may offer this option to the patient as an alternative or in addition to an opioid prescription.

(b) If a patient is interested in participating in the alternative opioid pilot program, the health care practitioner must provide the patient with information provided by the commissioner describing the opioid alternative pilot program, including how to submit an application. The health care practitioner must disclose the experimental nature of medical cannabis for therapeutic purposes and the possible risks, benefits, and side effects of using medical cannabis, and must provide patients with the Tennessen warning required under section 13.04, subdivision 2.

(c) If the patient is interested in applying to participate in the pilot program, the health care practitioner shall provide the patient with a temporary certification on a form prescribed by the commissioner confirming that the patient has a temporary qualifying condition. A temporary certification does not constitute a prescription for an opioid or for medical cannabis.

Subd. 4. **Enrollment in the pilot program.** (a) Upon issuance of a temporary registry verification from the commissioner, a patient may receive medical cannabis from a registered

manufacturer as provided under sections 152.22 to 152.37, and shall be considered a patient for purposes of sections 152.30 to 152.37, for the period of time that the temporary registry verification is valid.

(b) A patient's temporary enrollment and temporary registry verification expires 90 days from the date of issuance and shall not be renewed.

(c) Nothing in this section shall be construed to limit or prohibit an opioid alternative pilot program participant who has a qualifying medical condition from applying for the registry program under section 152.27.

Subd. 5. **Report.** By February 15, 2025, the commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and public safety on the design and implementation of the pilot program, including the number of patients enrolled in the pilot program.

Subd. 6. **Expiration date.** This section expires December 31, 2024.

Sec. 33. Minnesota Statutes 2018, section 624.712, is amended by adding a subdivision to read:

Subd. 13. **Medical cannabis.** "Medical cannabis" has the meaning given in section 152.22, subdivision 6.

Sec. 34. Minnesota Statutes 2018, section 624.712, is amended by adding a subdivision to read:

Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" has the meaning given in section 152.22, subdivision 14.

Sec. 35. Minnesota Statutes 2019 Supplement, section 624.713, subdivision 1, is amended to read:

Subdivision 1. **Ineligible persons.** The following persons shall not be entitled to possess ammunition or a pistol or semiautomatic military-style assault weapon or, except for clause (1), any other firearm:

(1) a person under the age of 18 years except that a person under 18 may possess ammunition designed for use in a firearm that the person may lawfully possess and may carry or possess a pistol or semiautomatic military-style assault weapon (i) in the actual presence or under the direct supervision of the person's parent or guardian, (ii) for the purpose of military drill under the auspices of a legally recognized military organization

and under competent supervision, (iii) for the purpose of instruction, competition, or target practice on a firing range approved by the chief of police or county sheriff in whose jurisdiction the range is located and under direct supervision~~;~~, or (iv) if the person has successfully completed a course designed to teach marksmanship and safety with a pistol or semiautomatic military-style assault weapon and approved by the commissioner of natural resources;

(2) except as otherwise provided in clause (9), a person who has been convicted of, or adjudicated delinquent or convicted as an extended jurisdiction juvenile for committing, in this state or elsewhere, a crime of violence. For purposes of this section, crime of violence includes crimes in other states or jurisdictions which would have been crimes of violence as herein defined if they had been committed in this state;

(3) a person who is or has ever been committed in Minnesota or elsewhere by a judicial determination that the person is mentally ill, developmentally disabled, or mentally ill and dangerous to the public, as defined in section 253B.02, to a treatment facility, or who has ever been found incompetent to stand trial or not guilty by reason of mental illness, unless the person's ability to possess a firearm and ammunition has been restored under subdivision 4;

(4) a person who has been convicted in Minnesota or elsewhere of a misdemeanor or gross misdemeanor violation of chapter 152, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other such violation of chapter 152 or a similar law of another state; or a person who is or has ever been committed by a judicial determination for treatment for the habitual use of a controlled substance or marijuana, as defined in sections 152.01 and 152.02, unless the person's ability to possess a firearm and ammunition has been restored under subdivision 4;

(5) a person who has been committed to a treatment facility in Minnesota or elsewhere by a judicial determination that the person is chemically dependent as defined in section 253B.02, unless the person has completed treatment or the person's ability to possess a firearm and ammunition has been restored under subdivision 4. Property rights may not be abated but access may be restricted by the courts;

(6) a peace officer who is informally admitted to a treatment facility pursuant to section 253B.04 for chemical dependency, unless the officer possesses a certificate from the head of the treatment facility discharging or provisionally discharging the officer from the treatment facility. Property rights may not be abated but access may be restricted by the courts;

(7) a person, including a person under the jurisdiction of the juvenile court, who has been charged with committing a crime of violence and has been placed in a pretrial diversion program by the court before disposition, until the person has completed the diversion program and the charge of committing the crime of violence has been dismissed;

(8) except as otherwise provided in clause (9), a person who has been convicted in another state of committing an offense similar to the offense described in section 609.224, subdivision 3, against a family or household member or section 609.2242, subdivision 3, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other violation of section 609.224, subdivision 3, or 609.2242, subdivision 3, or a similar law of another state;

(9) a person who has been convicted in this state or elsewhere of assaulting a family or household member and who was found by the court to have used a firearm in any way during commission of the assault is prohibited from possessing any type of firearm or ammunition for the period determined by the sentencing court;

(10) a person who:

(i) has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;

(ii) is a fugitive from justice as a result of having fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding;

(iii) is an unlawful user of any controlled substance as defined in chapter 152. The use of medical cannabis by a patient enrolled in the medical cannabis registry program under sections 152.22 to 152.37 does not constitute the unlawful use of a controlled substance under this item;

(iv) has been judicially committed to a treatment facility in Minnesota or elsewhere as a person who is mentally ill, developmentally disabled, or mentally ill and dangerous to the public, as defined in section 253B.02;

(v) is an alien who is illegally or unlawfully in the United States;

(vi) has been discharged from the armed forces of the United States under dishonorable conditions;

(vii) has renounced the person's citizenship having been a citizen of the United States; or

(viii) is disqualified from possessing a firearm under United States Code, title 18, section 922(g)(8) or (9), as amended through March 1, 2014;

(11) a person who has been convicted of the following offenses at the gross misdemeanor level, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other violation of these sections: section 609.229 (crimes committed for the benefit of a gang); 609.2231, subdivision 4 (assaults motivated by bias); 609.255 (false imprisonment); 609.378 (neglect or endangerment of a child); 609.582, subdivision 4 (burglary in the fourth degree); 609.665 (setting a spring gun); 609.71 (riot); or 609.749 (harassment or stalking). For purposes of this paragraph, the specified gross misdemeanor convictions include crimes committed in other states or jurisdictions which would have been gross misdemeanors if conviction occurred in this state;

(12) a person who has been convicted of a violation of section 609.224 if the court determined that the assault was against a family or household member in accordance with section 609.2242, subdivision 3 (domestic assault), unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of another violation of section 609.224 or a violation of a section listed in clause (11); or

(13) a person who is subject to an order for protection as described in section 260C.201, subdivision 3, paragraph (d), or 518B.01, subdivision 6, paragraph (g).

A person who issues a certificate pursuant to this section in good faith is not liable for damages resulting or arising from the actions or misconduct with a firearm or ammunition committed by the individual who is the subject of the certificate.

The prohibition in this subdivision relating to the possession of firearms other than pistols and semiautomatic military-style assault weapons does not apply retroactively to persons who are prohibited from possessing a pistol or semiautomatic military-style assault weapon under this subdivision before August 1, 1994.

The lifetime prohibition on possessing, receiving, shipping, or transporting firearms and ammunition for persons convicted or adjudicated delinquent of a crime of violence in clause (2), applies only to offenders who are discharged from sentence or court supervision for a crime of violence on or after August 1, 1993.

Participation as a patient in the medical cannabis registry program under sections 152.22 to 152.37 does not disqualify the person from possessing firearms and ammunition under this section.

For purposes of this section, "judicial determination" means a court proceeding pursuant to sections 253B.07 to 253B.09 or a comparable law from another state.

Sec. 36. Minnesota Statutes 2018, section 624.714, subdivision 6, is amended to read:

Subd. 6. **Granting and denial of permits.** (a) The sheriff must, within 30 days after the date of receipt of the application packet described in subdivision 3:

(1) issue the permit to carry;

(2) deny the application for a permit to carry solely on the grounds that the applicant failed to qualify under the criteria described in subdivision 2, paragraph (b); or

(3) deny the application on the grounds that there exists a substantial likelihood that the applicant is a danger to self or the public if authorized to carry a pistol under a permit.

(b) Failure of the sheriff to notify the applicant of the denial of the application within 30 days after the date of receipt of the application packet constitutes issuance of the permit to carry and the sheriff must promptly fulfill the requirements under paragraph (c). To deny the application, the sheriff must provide the applicant with written notification and the specific factual basis justifying the denial under paragraph (a), clause (2) or (3), including the source of the factual basis. The sheriff must inform the applicant of the applicant's right to submit, within 20 business days, any additional documentation relating to the propriety of the denial. Upon receiving any additional documentation, the sheriff must reconsider the denial and inform the applicant within 15 business days of the result of the reconsideration. Any denial after reconsideration must be in the same form and substance as the original denial and must specifically address any continued deficiencies in light of the additional documentation submitted by the applicant. The applicant must be informed of the right to seek de novo review of the denial as provided in subdivision 12.

(c) Upon issuing a permit to carry, the sheriff must provide a laminated permit card to the applicant by first class mail unless personal delivery has been made. Within five business days, the sheriff must submit the information specified in subdivision 7, paragraph (a), to the commissioner for inclusion solely in the database required under subdivision 15, paragraph (a). The sheriff must transmit the information in a manner and format prescribed by the commissioner.

(d) Within five business days of learning that a permit to carry has been suspended or revoked, the sheriff must submit information to the commissioner regarding the suspension or revocation for inclusion solely in the databases required or permitted under subdivision 15.

(e) Notwithstanding paragraphs (a) and (b), the sheriff may suspend the application process if a charge is pending against the applicant that, if resulting in conviction, will prohibit the applicant from possessing a firearm.

(f) A sheriff shall not deny an application for a permit to carry solely because the applicant is a patient enrolled in the medical cannabis registry program under sections 152.22 to 152.37 and uses medical cannabis for a qualifying medical condition.

Sec. 37. Minnesota Statutes 2018, section 624.7142, subdivision 1, is amended to read:

Subdivision 1. **Acts prohibited.** A person may not carry a pistol on or about the person's clothes or person in a public place:

(1) when the person is under the influence of a controlled substance, as defined in section 152.01, subdivision 4;

(2) when the person is under the influence of a combination of any two or more of the elements named in clauses (1) and (4);

(3) when the person is under the influence of an intoxicating substance as defined in section 169A.03, subdivision 11a, and the person knows or has reason to know that the substance has the capacity to cause impairment;

(4) when the person is under the influence of alcohol;

(5) when the person's alcohol concentration is 0.10 or more; ~~or~~

(6) when the person's alcohol concentration is less than 0.10, but more than 0.04~~.~~; or

(7) when the person is enrolled as a patient in the medical cannabis registry program under sections 152.22 to 152.37, uses medical cannabis, and knows or has reason to know that the medical cannabis used by the person has the capacity to cause impairment.

Sec. 38. **REPEALER.**

Minnesota Statutes 2018, sections 152.21; 152.25, subdivision 3; and 152.36, subdivision 3, are repealed.

152.21 THC THERAPEUTIC RESEARCH ACT.

Subdivision 1. **Findings and purpose.** The legislature finds that scientific literature indicates promise for delta-9-tetrahydro-cannabinol (THC), the active component of marijuana, in alleviating certain side effects of cancer chemotherapy under strictly controlled medical circumstances.

The legislature also finds that further research and strictly controlled experimentation regarding the therapeutic use of THC is necessary and desirable. The intent of this section is to establish an extensive research program to investigate and report on the therapeutic effects of THC under strictly controlled circumstances in compliance with all federal laws and regulations promulgated by the federal Food and Drug Administration, the National Institute on Drug Abuse and the Drug Enforcement Administration. The intent of the legislature is to allow this research program the greatest possible access to qualified cancer patients residing in Minnesota who meet protocol requirements. The establishment of this research program is not intended in any manner whatsoever to condone or promote the illicit recreational use of marijuana.

Subd. 2. **Definitions.** For purposes of this section, the following terms shall have the meanings given.

(a) "Commissioner" means the commissioner of health.

(b) "Marijuana" means marijuana as defined in section 152.01, subdivision 9, and delta-9-tetrahydro-cannabinol (THC), tetrahydrocannabinols or a chemical derivative of tetrahydrocannabinols, and all species of the genus Cannabis.

(c) "Principal investigator" means the individual responsible for the medical and scientific aspects of the research, development of protocol, and contacting and qualifying the clinical investigators in the state.

(d) "Clinical investigators" means those individuals who conduct the clinical trials.

(e) "Sponsor" means that individual or organization who, acting on behalf of the state, has the total responsibility for the state program.

Subd. 3. **Research grant.** The commissioner of health shall grant funds to the principal investigator selected by the commissioner pursuant to subdivision 4 for the purpose of conducting a research program under a protocol approved by the FDA regarding the therapeutic use of oral THC and other dosage forms, if available, according to the guidelines and requirements of the federal Food and Drug Administration, the Drug Enforcement Administration and the National Institute on Drug Abuse. The commissioner shall ensure that the research principal investigator complies with the requirements of subdivision 5. The commissioner may designate the principal investigator as the sponsor.

Subd. 4. **Principal investigator.** Within three months of April 25, 1980, the commissioner shall, in consultation with a representative chosen by the state Board of Pharmacy and a representative chosen by the state Board of Medical Examiners, select a person or research organization to be the principal investigator of the research program.

Subd. 5. **Duties.** The principal investigator shall:

(1) apply to the Food and Drug Administration for a notice of "Claimed Investigational Exemption for a New Drug (IND)" pursuant to the Federal Food, Drug and Cosmetic Act, United States Code, title 21, section 301, et seq., and shall comply with all applicable laws and regulations of the federal Food and Drug Administration, the Drug Enforcement Administration, and the National Institute on Drug Abuse in establishing the program;

(2) notify every oncologist in the state of the program, explain the purposes and requirements of the program to them, provide on request each of them with a copy of the approved protocol which shall include summaries of current papers in medical journals reporting on research concerning the safety, efficacy and appropriate use of THC in alleviating the nausea and emetic effects of cancer chemotherapy, and provide on request each of them with a bibliography of other articles published in medical journals;

(3) allow each oncologist (clinical investigator) in the state who meets or agrees to meet all applicable federal requirements for investigational new drug research and who so requests to be included in the research program as a clinical investigator to conduct the clinical trials;

(4) provide explanatory information and assistance to each clinical investigator in understanding the nature of therapeutic use of THC within program requirements, including the informed consent

document contained in the protocol, informing and counseling patients involved in the program regarding the appropriate use and the effects of therapeutic use of THC;

(5) apply to contract with the National Institute on Drug Abuse for receipt of dosage forms of THC, fully characterized as to contents and delivery to the human system, pursuant to regulations promulgated by the National Institute on Drug Abuse, and the federal Food and Drug Administration. The principal investigator shall ensure delivery of the THC dosages to clinical investigators as needed for participation in the program;

(6) conduct the research program in compliance with federal laws and regulations promulgated by the federal Food and Drug Administration, the Drug Enforcement Administration, the National Institute on Drug Abuse, and the purposes and provisions of this section;

(7) submit periodic reports as determined by the commissioner on the numbers of oncologists and patients involved in the program and the results of the program;

(8) submit reports on intermediate or final research results, as appropriate, to the major scientific journals in the United States; and

(9) otherwise comply with the provisions of this section.

Subd. 6. **Exemption from criminal sanctions.** For the purposes of this section, the following are not violations under this chapter:

(1) use or possession of THC, or both, by a patient in the research program;

(2) possession, prescribing use of, administering, or dispensing THC, or any combination of these actions, by the principal investigator or by any clinical investigator; and

(3) possession or distribution of THC, or both, by a pharmacy registered to handle Schedule I substances which stores THC on behalf of the principal investigator or a clinical investigator.

THC obtained and distributed pursuant to this section is not subject to forfeiture under sections 609.531 to 609.5316.

For the purposes of this section, THC is removed from Schedule I contained in section 152.02, subdivision 2, and inserted in Schedule II contained in section 152.02, subdivision 3.

Subd. 7. **Citation.** This section may be cited as the "THC Therapeutic Research Act."

152.25 COMMISSIONER DUTIES.

Subd. 3. **Deadlines.** The commissioner shall adopt rules necessary for the manufacturer to begin distribution of medical cannabis to patients under the registry program by July 1, 2015, and have notice of proposed rules published in the State Register prior to January 1, 2015.

152.36 IMPACT ASSESSMENT OF MEDICAL CANNABIS THERAPEUTIC RESEARCH.

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