 ARTICLE 22

The University of Minnesota is requested to establish
(a) The advisory council
There is established
(1) three physicians licensed and practicing in the state with experience researching, or a designee
that provide care to persons diagnosed with a rare disease. One administrator or designee
appointed by
Section 1. Minnesota Statutes 2020, section 137.68, is amended to read:

DISEASES

137.68 MINNESOTA RARE DISEASE ADVISORY COUNCIL ON RARE
DISEASES

Subdivision 1. Establishment. The University of Minnesota is requested to establish
There is established an advisory council on rare diseases to provide advice on policies, access, equity, research, diagnosis, treatment, and education related to rare diseases. The advisory council is established in honor of Chloe Barnes and her experiences in the health care system. For purposes of this section, "rare disease" has the meaning given in United States Code, title 21, section 360bb. The council shall be called the Chloe Barnes Advisory Council on Rare Diseases Minnesota Rare Disease Advisory Council. The Council on Disability shall appoint the advisory council.

Subd. 2. Membership. (a) The advisory council may consist of at least 17 public members who reflect statewide representation and are appointed by the Board of Regents, one of whom shall be the governor according to paragraph (b) and four members of the legislature appointed according to paragraph (c).

(b) The Board of Regents or a designee is requested to The governor shall appoint at least the following public members according to section 15.055:

(1) three physicians licensed and practicing in the state with experience researching, diagnosing, or treating rare diseases, including one specializing in pediatrics;

(2) one registered nurse or advanced practice registered nurse licensed and practicing in the state with experience treating rare diseases;

(3) at least two hospital administrators, or their designees, from hospitals in the state that provide care to persons diagnosed with a rare disease. One administrator or designee appointed under this clause must represent a hospital in which the scope of service focuses on rare diseases of pediatric patients;

SEC. 2. Minnesota Statutes 2020, section 137.68, is amended to read:

137.68 MINNESOTA RARE DISEASE ADVISORY COUNCIL ON RARE
DISEASES

Subdivision 1. Establishment. The University of Minnesota is requested to establish
There is established an advisory council on rare diseases to provide advice on policies, access, equity, research, diagnosis, treatment, and education related to rare diseases. The advisory council is established in honor of Chloe Barnes and her experiences in the health care system. For purposes of this section, "rare disease" has the meaning given in United States Code, title 21, section 360bb. The council shall be called the Chloe Barnes Advisory Council on Rare Diseases Minnesota Rare Disease Advisory Council. The Council on Disability shall provide meeting and office space and administrative support to the advisory council but does not have authority over the work of the advisory council.

Subd. 2. Membership. (a) The advisory council may consist of at least 17 public members who reflect statewide representation. Except for initial members, members are appointed by the Board of Regents or a designee the governor according to paragraph (b) and four members of the legislature are appointed according to paragraph (c).

(b) The Board of Regents or a designee is requested to The governor shall appoint at least the following public members according to section 15.055:

(1) three physicians licensed and practicing in the state with experience researching, diagnosing, or treating rare diseases, including one specializing in pediatrics;

(2) one registered nurse or advanced practice registered nurse licensed and practicing in the state with experience treating rare diseases;

(3) at least two hospital administrators, or their designees, from hospitals in the state that provide care to persons diagnosed with a rare disease. One administrator or designee

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Senate Language S4410-3

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783.11 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a person with a rare disease. One person appointed under this clause must reside in rural Minnesota;

783.12 (5) a representative of a rare disease patient organization that operates in the state;

783.13 (6) a social worker with experience providing services to persons diagnosed with a rare disease;

783.14 (7) a pharmacist with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

783.15 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

783.16 (9) a representative of the biotechnology industry;

783.17 (10) a representative of health plan companies;

783.18 (11) a medical researcher with experience conducting research on rare diseases; and

783.19 (12) a genetic counselor with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

783.20 (13) representatives with other areas of expertise as identified by the advisory council.

(4) three persons age 18 or older who either have a rare disease or are a caregiver of a person with a rare disease. One person appointed under this clause must reside in rural Minnesota;

783.12 (5) a representative of a rare disease patient organization that operates in the state;

783.13 (6) a social worker with experience providing services to persons diagnosed with a rare disease;

783.14 (7) a pharmacist with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

783.15 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

783.16 (9) a representative of the biotechnology industry;

783.17 (10) a representative of health plan companies;

783.18 (11) a medical researcher with experience conducting research on rare diseases; and

783.19 (12) a genetic counselor with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

783.20 (13) representatives with other areas of expertise as identified by the advisory council.

783.25 (c) The advisory council shall include two members of the senate, one appointed by the majority leader and one appointed by the minority leader; and two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader.

783.26 (d) The commissioner of health or a designee, a representative of Mayo Medical School, and a representative of the University of Minnesota Medical School shall serve as ex officio, nonvoting members of the advisory council.

784.1 (e) Initial appointments to the advisory council shall be made no later than September 1, 2018. Notwithstanding section 15.059, members appointed according to paragraph (b) shall have an initial term of two, three, or four years determined by lot by the chairperson. Members appointed according to paragraph (b) shall serve until their successors have been appointed.

784.2 (f) Members may be reappointed for additional terms according to the advisory council's operating procedures.

Subd. 3. Meetings. The Board of Regents or a designee is requested to convene the first meeting of the advisory council no later than October 1, 2018. The advisory council shall

appointed under this clause must represent a hospital in which the scope of service focuses on rare diseases of pediatric patients;

784.7 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a person with a rare disease. One person appointed under this clause must reside in rural Minnesota;

784.8 (5) a representative of a rare disease patient organization that operates in the state;

784.9 (6) a social worker with experience providing services to persons diagnosed with a rare disease;

784.10 (7) a pharmacist with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

784.11 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

784.12 (9) a representative of the biotechnology industry;

784.13 (10) a representative of health plan companies;

784.14 (11) a medical researcher with experience conducting research on rare diseases; and

784.15 (12) a genetic counselor with experience providing services to persons diagnosed with a rare disease or caregivers of those persons; and

784.16 (13) representatives with other areas of expertise as identified by the advisory council.

784.17 (c) The advisory council shall include two members of the senate, one appointed by the majority leader and one appointed by the minority leader; and two members of the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader. Members appointed under this paragraph serve until their successors are appointed.

784.18 (d) The commissioner of health or a designee, a representative of Mayo Medical School, and a representative of the University of Minnesota Medical School shall serve as ex officio, nonvoting members of the advisory council.

784.19 (e) Initial appointments to the advisory council shall be made no later than September 1, 2018. Members appointed according to paragraph (b) shall serve for a term of three years, except that the initial members appointed according to paragraph (b) shall have an initial term of two, three, or four years determined by lot by the chairperson. Members appointed according to paragraph (b) shall serve until their successors have been appointed.

784.20 (f) Members may be reappointed for up to two full additional terms according to the advisory council's operating procedures.

784.21 (g) Members may be removed as provided in section 15.059, subdivision 4.
meet at the call of the chairperson or at the request of a majority of advisory council members.

Meetings of the advisory council are subject to section 13D.01, and notice of its meetings is governed by section 13D.04.

Subd. 3a. Chairperson; executive director; staff; executive committee. (a) The advisory council shall elect a chairperson and other officers as it deems necessary and in accordance with the advisory council's operating procedures.

(b) The advisory council shall be governed by an executive committee elected by the members of the advisory council. One member of the executive committee must be the advisory council chairperson.

(c) The advisory council shall appoint an executive director. The executive director serves as an ex officio nonvoting member of the executive committee. The advisory council may delegate to the executive director any powers and duties under this section that do not require advisory council approval. The executive director serves in the unclassified service and may be removed at any time by a majority vote of the advisory council. The executive director may employ and direct staff necessary to carry out advisory council mandates, policies, activities, and objectives.

(d) The executive committee may appoint additional subcommittees and work groups as necessary to fulfill the duties of the advisory council.

Subd. 4. Duties. (a) The advisory council's duties may include, but are not limited to:

1. in conjunction with the state's medical schools, the state's schools of public health, and hospitals in the state that provide care to persons diagnosed with a rare disease,
2. developing resources or recommendations relating to quality of and access to treatment and services in the state for persons with a rare disease, including but not limited to:
3. (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and education relating to rare diseases;
4. (ii) identifying best practices for rare disease care implemented in other states, at the national level, and at the international level that will improve rare disease care in the state and seeking opportunities to partner with similar organizations in other states and countries;
5. (iii) identifying and addressing problems faced by patients with a rare disease when changing health plans, including recommendations on how to remove obstacles faced by these patients to finding a new health plan and how to improve the ease and speed of finding a new health plan that meets the needs of patients with a rare disease; and
6. (iv) identifying and addressing barriers faced by patients with a rare disease to obtaining care, caused by prior authorization requirements in private and public health plans; and

(b) Public members serve without compensation, but may have expenses reimbursed as provided in section 15.059, subdivision 3. Legislative members may receive per diem according to the rules of their respective bodies.

Subd. 3. Meetings. The Board of Regents or a designee is requested to convene the first meeting of the advisory council no later than October 1, 2019. The advisory council shall meet at the call of the chairperson or at the request of a majority of advisory council members.

Meetings of the advisory council are subject to section 13D.01, and notice of its meetings is governed by section 13D.04.

Subd. 3a. Chairperson; executive director; staff; executive committee. (a) The advisory council shall elect a chairperson and other officers as it deems necessary and in accordance with the advisory council's operating procedures.

(b) The advisory council shall be governed by an executive committee elected by the members of the advisory council. One member of the executive committee must be the advisory council chairperson.

(c) The advisory council shall appoint an executive director. The executive director serves as an ex officio nonvoting member of the executive committee. The advisory council may delegate to the executive director any powers and duties under this section that do not require advisory council approval. The executive director serves in the unclassified service and may be removed at any time by a majority vote of the advisory council. The executive director may employ and direct staff necessary to carry out advisory council mandates, policies, activities, and objectives.

(d) The executive committee may appoint additional subcommittees and work groups as necessary to fulfill the duties of the advisory council.
identifying, recommending, and implementing best practices to ensure health care providers are adequately informed of the most effective strategies for recognizing and treating rare diseases; and

(2) advising, consulting, and cooperating with the Department of Health, including the Advisory Committee on Heritable and Congenital Disorders, the Department of Human Services, including the Drug Utilization Review Board and the Drug Formulary Committee; and other agencies of state government in developing recommendations, information, and programs for the public and the health care community relating to diagnosis, treatment, and awareness of rare diseases;

(3) advising on policy issues and advancing policy initiatives at the state and federal levels; and

(4) receiving funds and issuing grants.

(b) The advisory council shall collect additional topic areas for study and evaluation from the general public. In order for the advisory council to study and evaluate a topic, the topic must be approved for study and evaluation by the advisory council.

Subd. 5. Conflict of interest. Advisory council members are subject to the Board of Regents policy on conflicts advisory council's conflict of interest policy as outlined in the advisory council's operating procedures.

Subd. 6. Annual report. By January 1 of each year, beginning January 1, 2020, the advisory council shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over higher education and health care policy on the advisory council's activities under subdivision 4 and other issues on which the advisory council may choose to report.
(c) "Edible cannabinoid product" means any product that is intended to be eaten or consumed as a beverage by humans, contains a cannabinoid in combination with food ingredients, and is not a drug.

(b) "Hemp" has the meaning given to "industrial hemp" in section 18K.02, subdivision 3.

c) "Label" has the meaning given in section 151.01, subdivision 18.

d) "Labeling" means all labels and other written, printed, or graphic matter that are:

1. affixed to the immediate container in which a product regulated under this section is sold;
2. provided, in any manner, with the immediate container, including but not limited to outer containers, wrappers, package inserts, brochures, or pamphlets; or
3. provided on that portion of a manufacturer's website that is linked by a scannable barcode or matrix barcode.

(e) "Matrix barcode" means a code that stores data in a two-dimensional array of geometrically shaped dark and light cells capable of being read by the camera on a smartphone or other mobile device.

(f) "Nonintoxicating cannabinoid" means substances extracted from certified hemp plants that do not produce intoxicating effects when consumed by any route of administration.

Sec. 4. Minnesota Statutes 2020, section 151.72, subdivision 2, is amended to read:

Subd. 2. Scope. (a) This section applies to the sale of any product that contains nonintoxicating cannabinoids extracted from hemp or is intended for human or animal consumption by any route of administration.

(b) This section does not apply to any product dispensed by a registered medical cannabis manufacturer pursuant to sections 152.22 to 152.37.

(c) The board must have no authority over food products, as defined in section 34A.01, subdivision 4, that do not contain cannabinoids extracted or derived from hemp.

Sec. 5. Minnesota Statutes 2020, section 151.72, subdivision 3, is amended to read:

Subd. 3. Sale of cannabinoids derived from hemp. (a) Notwithstanding any other section of this chapter, a product containing nonintoxicating cannabinoids, including an edible cannabinoid product, may be sold for human or animal consumption only if all of the requirements of this section are met:

1. the product does not contain more than 0.3 percent of any tetrahydrocannabinol and an edible cannabinoid product does not contain an amount of any tetrahydrocannabinol that exceeds the limits established in subdivision 5a, paragraph (f).
(b) No other substance extracted or otherwise derived from hemp may be sold for human consumption if the substance is intended:

(1) for external or internal use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals; or

(2) to affect the structure or any function of the bodies of humans or other animals.

(c) No product containing any cannabinoid or tetrahydrocannabinol extracted or otherwise derived from hemp may be sold to any individual who is under the age of 21.

(d) Products that meet the requirements of this section are not controlled substances under section 152.02.

Sec. 6.

Minnesota Statutes 2020, section 151.72, subdivision 4, is amended to read:

Subd. 4.

Testing requirements.

(a) A manufacturer of a product regulated under this section must submit representative samples of the product to an independent, accredited laboratory in order to certify that the product complies with the standards adopted by the board. Testing must be consistent with generally accepted industry standards for herbal and botanical substances, and, at a minimum, the testing must confirm that the product:

(1) contains the amount or percentage of cannabinoids that is stated on the label of the product;

(2) does not contain more than trace amounts of any mold, residual solvents, pesticides, fertilizers, or heavy metals; and

(3) does not contain a delta-9 tetrahydrocannabinol concentration that exceeds the concentration permitted for industrial hemp as defined in section 18K.02, subdivision 3.

(b) Upon the request of the board, the manufacturer of the product must provide the board with the results of the testing required in this section.

(c) Testing of the hemp from which the nonintoxicating cannabinoid was derived, or possession of a certificate of analysis for such hemp, does not meet the testing requirements of this section.

Sec. 7.

Minnesota Statutes 2021 Supplement, section 151.72, subdivision 5, is amended to read:

Subd. 5.

Labeling requirements.

(a) A product regulated under this section must bear a label that contains, at a minimum:

(1) the name, location, contact phone number, and website of the manufacturer of the product;

(2) the name and address of the independent, accredited laboratory used by the manufacturer to test the product; and
(3) an accurate statement of the amount or percentage of cannabinoids found in each unit of the product meant to be consumed; or

(4) instead of the information required in clauses (1) to (3), a scannable bar code or QR code that links to the manufacturer's website;

(b) The information in paragraph (a) may be provided on an outer package if the immediate container that holds the product is too small to contain all of the information;

c) The information required in paragraph (a) may be provided through the use of a scannable barcode or matrix barcode that links to a page on the manufacturer's website if that page contains all of the information required by this subdivision;

d) The label must also include a statement stating that the product does not claim to diagnose, treat, cure, or prevent any disease and has not been evaluated or approved by the United States Food and Drug Administration (FDA) unless the product has been so approved.

(b) The information required to be on the label by this subdivision must be prominently and conspicuously placed on the label or displayed on the website in terms that can be easily read and understood by the consumer.

(c) (f) The label labeling must not contain any claim that the product may be used or is effective for the prevention, treatment, or cure of a disease or that it may be used to alter the structure or function of human or animal bodies, unless the claim has been approved by the FDA.

Subd. 5a. Additional requirements for edible cannabinoid products. (a) In addition to the testing and labeling requirements under subdivisions 4 and 5, an edible cannabinoid must meet the requirements of this subdivision;

(b) An edible cannabinoid product must not:

(1) bear the likeness or contain cartoon-like characteristics of a real or fictional person, animal, or fruit that appeals to children;

(2) be modeled after a brand of products primarily consumed by or marketed to children;

(3) be made by applying an extracted or concentrated hemp-derived cannabinoid to a commercially available candy or snack food item;

(4) contain an ingredient, other than a hemp-derived cannabinoid, that is not approved by the United States Food and Drug Administration for use in food;
be packaged in a way that resembles the trademarked, characteristic, or product-specialized packaging of any commercially available food product; or

(6) be packaged in a container that includes a statement, artwork, or design that could reasonably mislead any person to believe that the package contains anything other than an edible cannabinoid product.

(c) An edible cannabinoid product must be prepackaged in packaging or a container that is child-resistant, tamper-evident, and opaque or placed in packaging or a container that is child-resistant, tamper-evident, and opaque at the final point of sale to a customer. The requirement that packaging be child-resistant does not apply to an edible cannabinoid product that is intended to be consumed as a beverage and which contains no more than a trace amount of any tetrahydrocannabinol.

(d) If an edible cannabinoid product is intended for more than a single use or contains multiple servings, each serving must be indicated by scoring, wrapping, or other indicators designating the individual serving size.

(e) A label containing at least the following information must be affixed to the packaging or container of all edible cannabinoid products sold to consumers:

(1) the serving size;
(2) the cannabinoid profile per serving and in total;
(3) a list of ingredients, including identification of any major food allergens declared by name; and
(4) the following statement: "Keep this product out of reach of children."

(f) An edible cannabinoid product must not contain more than five milligrams of any tetrahydrocannabinol in a single serving, or more than a total of 50 milligrams of any tetrahydrocannabinol per package.

Sec. 9. Minnesota Statutes 2020, section 151.72, subdivision 6, is amended to read:

Subd. 6. Enforcement. (a) A product regulated under this section, including an edible cannabinoid product, shall be considered an adulterated drug if:

(1) it consists, in whole or in part, of any filthy, putrid, or decomposed substance;
(2) it has been produced, prepared, packed, or held under unsanitary conditions where it may have been rendered injurious to health, or where it may have been contaminated with filthy;
(3) its container is composed, in whole or in part, of any poisonous or deleterious substance that may render the contents injurious to health;
(4) it contains any food additives, color additives, or excipients that have been found by the FDA to be unsafe for human or animal consumption;

(5) it contains an amount or percentage of nonintoxicating cannabinoids that is different than the amount or percentage stated on the label;

(6) it contains more than 0.3 percent of any tetrahydrocannabinol or, if the product is an edible cannabinoid product, an amount of tetrahydrocannabinol that exceeds the limits established in subdivision 5a, paragraph (f); or

(7) it contains more than trace amounts of mold, residual solvents, pesticides, fertilizers, or heavy metals.

(b) A product regulated under this section shall be considered a misbranded drug if the product's labeling is false or misleading in any manner or in violation of the requirements of this section.

(c) The board's authority to issue cease and desist orders under section 151.06; to embargo adulterated and misbranded drugs under section 151.38; and to seek injunctive relief under section 214.11; extends to any violation of this section.

Sec. 10. Minnesota Statutes 2020, section 152.01, subdivision 23, is amended to read:

Subd. 23. Analog. (a) Except as provided in paragraph (b), "analog" means a substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II:

(1) that has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II; or

(2) with respect to a particular person, if the person represents or intends that the substance have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

(b) "Analog" does not include:

(1) a controlled substance;

(2) any substance for which there is an approved new drug application under the Federal Food, Drug, and Cosmetic Act; or

(3) with respect to a particular person, any substance, if an exemption is in effect for investigational use, for that person, as provided by United States Code, title 21, section 355; and the person is registered as a controlled substance researcher as required under section 152.12, subdivision 3, to the extent conduct with respect to the substance is pursuant to the exemption and registration.
(4) marijuana or tetrahydrocannabinols naturally contained in a plant of the genus cannabis or in the resinous extractives of the plant.

**EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes committed on or after that date.

Sec. 11. Minnesota Statutes 2020, section 152.02, subdivision 2, is amended to read:

Subd. 2. Schedule I. (a) Schedule I consists of the substances listed in this subdivision.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following substances, including their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters, ethers, and salts is possible:

(1) acetylmethadol;
(2) allylprodine;
(3) alphacetylmethadol (except levo-alphacetylmethadol, also known as levomethadyl acetate);
(4) alphameprodine;
(5) alphamethadol;
(6) alpha-methylfentanyl benzethidine;
(7) betacetylmethadol;
(8) betameprodine;
(9) betamethadol;
(10) betaprodine;
(11) clonitazene;
(12) dextromoramide;
(13) diampromide;
(14) dioxyanatabutene;
(15) difenoxin;
(16) dimenoxadol;
(17) dimethyliambutene;
(18) dioxaphetyl butyrate;
(20) dipipanone;
(21) ethylmethylthiambutene;
(22) etonitazene;
(23) etoxeridine;
(24) furethidine;
(25) hydroxypethidine;
(26) ketobemidone;
(27) levomoramide;
(28) levophenacylmorphan;
(29) 3-methylfentanyl;
(30) acetyl-alpha-methylfentanyl;
(31) alpha-methylthiofentanyl;
(32) benzylfentanyl beta-hydroxyfentanyl;
(33) beta-hydroxy-3-methylfentanyl;
(34) 3-methylthiofentanyl;
(35) thienylfentanyl;
(36) thiofentanyl;
(37) para-fluorofentanyl;
(38) norheridine;
(39) 1-methyl-4-phenyl-4-propionoxypiperidine;
(40) noracymethadol;
(41) norlevorphanol;
(42) normethadone;
(43) norpipanone;
(44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);
(45) phenadoxone;
(46) phenampromide;
(47) phenomorphan;
(48) phenoperidine;
(49) piritramide;
(50) proheptazine;
(51) properidine;
(52) propiram;
(53) racemoramide;
(54) tilidine;
(55) trimeperidine;
(56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl);
(57) 3,4-dichloro-N-(1R,2R)-2-(dimethylamino)cyclohexyl]-N-methylbenzamide (U47700);
(58) N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]-N-methylbenzamide (U47700);
(59) 4-(4-bromophenyl)-4-dimethylamino-1-phenylethylcyclohexanol (bromadol);
(60) N-(1-phenethylpipermidin-4-yl)-N-phenylethylcyclopropylacetamide (cyclopropyl fentanyl);
(61) N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide (butyryl fentanyl);
(62) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine (MT-45);
(63) N-(1-phenethylpiperidin-4-yl)-N-phenylethylcyclopropylacetamide (cyclopropyl fentanyl);
(64) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutryramide (isobutyryl fentanyl);
(65) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide (valeryl fentanyl);
(66) N-(1-phenethylpiperidin-4-yl)isobutryramide (para-fluroisobutyryl fentanyl);
(67) N-(1-phenethylpiperidin-4-yl)butyrylacetamide (para-fluroisobutyryl fentanyl);
(68) N-(1-phenethylpiperidin-4-yl)butyramide (para-fluroisobutyryl fentanyl);
(69) N-(2-fluorophenyl)2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide (ocfentanil);
(70) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutryramide (4-fluroisobutyryl fentanyl or para-fluroisobutyryl fentanyl)
(71) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide (acryl fentanyl or acryloylfentanyl);

(72) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (methoxyacetyl fentanyl);

(73) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide (ortho-fluorofentanyl or 2-fluorofentanyl);

(74) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide (tetrahydrofuranyl fentanyl); and

(75) Fentanyl-related substances, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, meaning any substance not otherwise listed under another federal Administration Controlled Substance Code Number or not otherwise listed in this section, and for which no exemption or approval is in effect under section 505 of the Federal Food, Drug, and Cosmetic Act, United States Code, title 21, section 355, that is structurally related to fentanyl by one or more of the following modifications:

(i) replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;

(ii) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxy, halo, haloalkyl, amino, or nitro groups;

(iii) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ether, hydroxy, halo, haloalkyl, amino, or nitro groups;

(iv) replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle or

(v) replacement of the N-propionyl group by another acyl group.

(c) Opium derivatives. Any of the following substances, their analogs, salts, isomers, and salts of isomers, whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

(1) acetorphine;

(2) acetyldihydrocodeine;

(3) benzylmorphine;

(4) codeine methylbromide;

(5) codeine n-oxide;

(6) cyprenorphine;

(7) desomorphine;
795.30 (8) dihydromorphine;
796.1 (9) drotebanol;
796.2 (10) etorphine;
796.3 (11) heroin;
796.4 (12) hydromorphinol;
796.5 (13) methyldesorphine;
796.6 (14) methyldihydromorphine;
796.7 (15) morphine methylbromide;
796.8 (16) morphine methylsulfonate;
796.9 (17) morphine-n-oxide;
796.10 (18) myrophine;
796.11 (19) nicocodeine;
796.12 (20) nicomorphine;
796.13 (21) normorphine;
796.14 (22) pholcodine; and
796.15 (23) thebacon.

796.16 (d) Hallucinogens. Any material, compound, mixture or preparation which contains any
796.17 quantity of the following substances, their analogs, salts, isomers (whether optical, positional,
796.18 or geometric), and salts of isomers, unless specifically excepted or unless listed in another
796.19 schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is
796.20 possible:
796.21 (1) methylenedioxyamphetamine;
796.22 (2) methylenedioxymethamphetamine;
796.23 (3) methylenedioxymethamphetamine (MDEA);
796.24 (4) n-hydroxy-methylenedioxymethamphetamine;
796.25 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);
796.26 (6) 2,5-dimethoxyamphetamine (2,5-DMA);
796.27 (7) 4-methoxyamphetamine;
796.28 (8) 5-methoxy-3, 4-methylenedioxyamphetamine;
797.1 (9) alpha-ethyltryptamine;
797.2 (10) bufotenine;
797.3 (11) diethyltryptamine;
797.4 (12) dimethyltryptamine;
797.5 (13) 3,4,5-trimethoxyamphetamine;
797.6 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);
797.7 (15) ibogaine;
797.8 (16) lysergic acid diethylamide (LSD);
797.9 (17) mescaline;
797.10 (18) parahexyl;
797.11 (19) N-ethyl-3-piperidyl benzilate;
797.12 (20) N-methyl-3-piperidyl benzilate;
797.13 (21) psilocybin;
797.14 (22) psilocyn;
797.15 (23) tenocyclidine (TCP or TCP);
797.16 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);
797.17 (25) 1-(1-phenylethyl)cyclohexyl pyrrolidine (PCPy);
797.18 (26) 1-[1-(2-thienyl)cyclohexyl] pyrrolidine (TCPy);
797.19 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);
797.20 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);
797.21 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);
797.22 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);
797.23 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);
797.24 (32) 4-methyl-2,5-dimethoxyphenethylamine (2C-D);
797.25 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);
797.26 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);
797.27 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);
797.28 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);
798.2 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);  
798.3 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro[2,3-f][1]benzofuran-4-yl)ethanamine (2C-B-FLY);  
798.4 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);  
798.5 (40) alpha-methyltryptamine (AMT);  
798.6 (41) N,N-diisopropyltryptamine (DiPT);  
798.7 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);  
798.8 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);  
798.9 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);  
798.10 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);  
798.11 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);  
798.12 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);  
798.13 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);  
798.14 (49) 5-methoxy-N,N-dimethyltryptamine (5-MeO-AMT);  
798.15 (50) 5-methoxy-N,N-dimethoxyphenethylamine (5-MeO-DMT);  
798.16 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);  
798.17 (52) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);  
798.18 (53) 5-methoxy-N,N-dimethyltryptamine (5-MeO-MPT);  
798.19 (54) 5-methoxy-N,N-dimethyltryptamine (5-MeO-AET);  
798.20 (55) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DET);  
798.21 (56) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DALT);  
798.22 (57) methoxetamine (MXE);  
798.23 (58) 5-iodo-2-aminoindane (5-IAI);  
798.24 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);  
798.25 (60) 2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25B-NBOMe);  
798.26 (61) 2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25C-NBOMe);  
798.27 (62) 2-(4-iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25I-NBOMe);  
798.28 (63) 2-(2,5-Dimethoxyphenyl)ethanamine (2C-H);
(e) Peyote. All parts of the plant presently classified botanically as Lophophora williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of the plant, and every compound, manufacture, salts, derivative, mixture; or preparation of the plant, its seeds or extracts. The listing of peyote as a controlled substance in Schedule I does not apply to the nondrug use of peyote in bona fide religious ceremonies of the American Indian Church, and members of the American Indian Church are exempt from registration. Any person who manufactures peyote for or distributes peyote to the American Indian Church, however, is required to obtain federal registration annually and to comply with all other requirements of law.

(f) Central nervous system depressants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following substances, their analogs, salts, isomers; and salts of isomers whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

1. meprobamate;
2. methaqualone;
3. gamma-hydroxybutyric acid (GHB), including its esters and ethers;
4. flunitrazepam;
5. 2-(2-Methoxyphenyl)-2-(methylamino)cyclohexanone (2-MeO-2-deschloroketamine; methoxycetamine);
6. tianeptine;
7. clonazolam;
etizolam; flubromazolam; and flubromazepam.

(g) Stimulants: Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following substances, their analogs, salts, isomers, and salts of isomers whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

1. aminorex;
2. cathinone;
3. fenethylline;
4. methcathinone;
5. methylaminorex;
6. N,N-dimethylamphetamine;
7. N-benzylpiperazine (BZP);
8. methylmethcathinone (mephedrone);
9. 3,4-methylenedioxy-N-methylcathinone (methylone);
10. methoxymethcathinone (methedrone);
11. methylenedioxypyrovalerone (MDPV);
12. 3-fluoro-N-methylcathinone (3-FMC);
13. methylethcathinone (MEC);
14. 1-benzofuran-6-ylpropan-2-amine (6-APB);
15. dimethylmethcathinone (DMMC);
16. fluoroamphetamine;
17. fluoromethamphetamine;
18. α-methylaminobutyrophene (MABP or buphedrone);
19. 1-(1,3-benzodioxol-5-yl)-2-(methylymino)butan-1-one (butylone);
20. 2-(methylylphenyl)butan-1-one (4-MEMABP or BZ-6378);
21. 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl) pentan-1-one (naphthylpyrovalerone or naphryone);
(22) (alpha-pyrrolidinopentiophenone (alpha-PVP); 
(23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP or MPH); 
(24) 4-(1-pyrrolidinyl)-hexanophenone (Alpha-PHP); 
(25) 4-methyl-N-ethylcathinone (4-MEC); 
(26) 4-methyl-alpha-pyrrolidonopropiophenone (4-MePPP); 
(27) 4-(2-methylamino)-1-phenylpentan-1-one (pentedrone); 
(28) 4-(methylamino)pentan-1-one (pentylone); 
(29) 4-fluro-N-ethylcathinone (4-FMC); 
(30) 3,4-methylenedioxy-N-ethylcathinone (ethylone); 
(31) alpha-pyrrolidinobutiophenone (α-PBP); 
(32) 2-(methylamino)-1-phenylpentan-1-one (PV8); 
(33) 2-(methylamino)-1-phenylpentan-1-one (pentylone); 
(34) 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone (PV8); 
(35) 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone (PV8); 
(36) 3,4-benzodioxol-5-yl-2-(1-pyrrolidinyl)-1-heptanone (PV8); 
(37) 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)-pentan-1-one (DP-DMBDB); 
(38) 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)-pentan-1-one (NAPP); 
(39) 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)-pentan-1-one (NAPPP); 
(40) any other substance, except bupropion or compounds listed under a different 
schedule, that is structurally derived from 2-aminopropan-1-one by substitution at the 
1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the 
compound is further modified in any of the following ways:

(i) by substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy, 
haloalkyl, hydroxy, or halide substituents; whether or not further substituted in the ring 
system by one or more other univalent substituents; 
(ii) by substitution at the 3-position with an acyclic alkyl substituent; 
(iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or 
methoxybenzyl groups; or 
(iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.
Marijuana, synthetic tetrahydrocannabinols, and synthetic cannabinoids. Unless specifically excepted or unless listed in another schedule, any natural or synthetic material, compound, mixture, or preparation that contains any quantity of the following substances, their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the isomers, esters, ethers, or salts is possible:

(1) marijuana;

(2) synthetic tetrahydrocannabinols naturally contained in a plant of the genus Cannabis, that are the synthetic equivalents of the substances contained in the cannabis plant or in the resinous extracts of the plant, or synthetic substances with similar chemical structure and pharmacological activity to those substances contained in the plant or resinous extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol; and

(3) synthetic cannabinoids, including the following substances:

(i) Naphthoylindoles, which are any compounds containing a 3-(1-naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of naphthoylindoles include, but are not limited to:

(A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);

(B) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);

(C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);

(D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);

(E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);

(F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);

(G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);

(H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);

(I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);

(J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).

(ii) Naphthylmethylindoles, which are any compounds containing a 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of naphthylmethylindoles include, but are not limited to:
(A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);
(B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methane (JWH-184);

(iii) Naphthoylpyrroles, which are any compounds containing a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the pyrrole ring to any extent, whether or not substituted in the naphthyl ring to any extent. Examples of naphthoylpyrroles include, but are not limited to:

(5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).

(iv) Naphthylmethylindenes, which are any compounds containing a naphthylideneindene structure at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indene ring to any extent, whether or not substituted in the naphthyl ring to any extent. Examples of naphthylmethylindenes include, but are not limited to:

E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).

(v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole structure at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Examples of phenylacetylindoles include, but are not limited to:

(A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);
(B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);
(C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);
(D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).

(vi) Cyclohexylphenols, which are compounds containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not substituted in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include, but are not limited to:

(A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]phenol (CP 47,497);
(B) 5-(1,1-dimethylcyclohexyl)-2-[(1R,3S)-3-hydroxycyclohexyl]phenol (Cannabicyclohexanol or CP 47,497 C8 homologue).
(vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkaryl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Examples of benzoylindoles include, but are not limited to:

(A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);
(B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);
(C) 2-(4-methoxyphenyl)-[2-methyl-1-(2-(4-morpholinyl)ethyl)]indol-3-yl)methanone (WIN 48,098 or Pravadoline).

(viii) Others specifically named:

(A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);
(B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);
(C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]-1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);
(D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);
(E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (XLR-11);
(F) 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide (AKB-48(APINACA));
(G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (5-Fluoro-AKB-48);
(H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);
(I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro PB-22);
(J) N-((1S)-1-(aminocarbonyl)-2-methylpropyl)-1-pentyl-1H-indazole-3-carboxamide (AB-PINACA);
(K) N-((1S)-1-(aminocarbonyl)-2-methylpropyl)-1-(4-fluorophenyl)methyl)-1H-indazole-3-carboxamide (AB-FUBINACA);
(L) N-((1S)-1-(aminocarbonyl)-2-methylpropyl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide(AB-CHMINACA);
(M) (S)-methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (5-fluoro-AMB); 
(N) 1-(4-(5-fluoropentyl)-1H-indazol-3-yl)(naphthalen-1-yl) methanone (THJ-2201); 
(O) 1-(4-(5-fluoropentyl)-1H-benz[d]imidazol-2-yl)(naphthalen-1-yl)methanone 
(FUBIMINA); 
(P) (7-methoxy-1-(2-morpholinoethyl)-N-((1S,2S,4R)-1,3,3-trimethylbicycle[2.2.1]heptan-2-yl)-1H-indole-3-carboxamide (MN-25 or UR-12); 
(Q) (S)-N-1-(amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)1H-indole-3-carboxamide (5-fluoro-ABICA); 
(R) N-1-(amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)1H-indole-3-carboxamide; 
(S) N-1-(amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)1H-indazole-3-carboxamide; 
(T) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate; 
(U) N-1-(amino-3,3-dimethyl-1-oxobutan-2-yl)-1(cyclohexylmethyl)-1H-indazole-3-carboxamide (MAB-CHMINACA); 
(V) N-1-amino-3,3-dimethyl-1-oxo-2-butanyl)-1-pentyl-1H-indazole-3-carboxamide (ADB-PINACA); 
(W) methyl 1-(1-(4-fluorobenzyl)-1H-indazole-3-carboxyl-L-valinate (FUB-AMB); 
(X) N-1-(1S)-2-amino-2-oxo-1-(phenylmethyl)ethyl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (APP-CHMINACA); 
(Y) quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate (FUB-PB-22); and 
(Z) methyl N-1-(cyclohexylmethyl)-1H-indole-3-carboxylate (MMB-CHMICA). 
(ix) Additional substances specifically named: 
(A) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo[2,3-B]pyridine-3-carboxamide (5F-CUMYL-P7AICA); 
(B) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide 
(C) naphthalen-1-yl-1-(5-fluoropentyl)-1H-indole-3-carboxylate (NM2201; CBL2201); 
(D) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)1H-indazole-3-carboxamide (5F-ABPINACA);
(E) methyl-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (MDMB-CHMICA); 
(F) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (5F-ADB; 5F-MDMB-PINACA); and 
(G) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)1H-indazole-3-carboxamide (ADB-FUBINACA). 

(i) A controlled substance analog, to the extent that it is implicitly or explicitly intended for human consumption.

EFFECTIVE DATE. This section is effective August 1, 2022, and applies to crimes committed on or after that date.

Sec. 12. Minnesota Statutes 2020, section 152.02, subdivision 3, is amended to read:

Subd. 3. Schedule II. (a) Schedule II consists of the substances listed in this subdivision.

(b) Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(i) Excluding:

(A) apomorphine;

(B) thebaine-derived butorphanol;

(C) dextrophan;

(D) nalbuphine;

(E) nalmefene;

(F) naloxegol;

(G) naloxone;

(H) naltrexone; and

(I) their respective salts;

(ii) but including the following:

(A) opium, in all forms and extracts;

(B) codeine;
(C) dihydroetorphine;
(D) etorphine hydrochloride;
(E) ethylmorphine;
(F) hydrocodone;
(G) hydromorphone;
(H) metopon;
(I) morphine;
(J) oxycodone;
(K) oxymorphone;
(L) thebaine;
(M) oripavine;

(2) any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), except that these substances shall not include the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, cocaine compound, derivative, or preparation of coca leaves (including cocaine and ecgonine and their salts; isomers, derivatives, and salts of isomers and derivatives); and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine;

(5) concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy);

(c) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, unless specifically excepted, or unless listed in another schedule, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

(1) alfentanil;
(2) alphaprodine;
(3) anileridine;
(4) bezitramide;

(5) bulk dextropropoxyphene (nondosage forms);
(6) carfentanil;
(7) dihydrocodeine;
(8) dihydromorphinone;
(9) diphenoxylate;
(10) fentanyl;
(11) isomethadone;
(12) levo-alpha-acetylmethadol (LAAM);
(13) levomethorphan;
(14) levorphanol;
(15) metazocine;
(16) methadone;
(17) methadone - intermediate, 4-cyano-2-dimethylamino-4,4-diphenylbutane;
(18) noramside - intermediate, 2-methyl-3-morpholino-1,1-diphenylpropanoic acid;
(19) pethidine;
(20) pethidine - intermediate - a, 4-cyano-1-methyl-4-phenylpiperidine;
(21) pethidine - intermediate - b, ethyl-4-phenylpiperidine-4-carboxylate;
(22) pethidine - intermediate - c, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
(23) phenazocine;
(24) piminodine;
(25) racemethorphan;
(26) racemorphan;
(27) remifentanil;
(28) sufentanil;
(29) tapentadol;
(30) 4-Anilino-N-phenethylpiperidine.
(d) Unless specifically excepted or unless listed in another schedule; any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:
809.23 (1) amphetamine, its salts, optical isomers, and salts of its optical isomers;
809.24 (2) methamphetamine, its salts, isomers, and salts of its isomers;
809.25 (3) phenmetrazine and its salts;
809.26 (4) methylphenidate;
809.27 (5) lisdexamfetamine.

810.1 (e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

810.6 (1) amobarbital;
810.7 (2) glutethimide;
810.8 (3) secobarbital;
810.9 (4) pentobarbital;
810.10 (5) phencyclidine;
810.11 (6) phencyclidine immediate precursors:
810.12 (i) 1-phenylcyclohexylamine;
810.13 (ii) 1-piperidinocyclohexanecarbonitrile;
810.14 (7) phenylacetone;
810.15 (F) Cannabis and cannabinoids:
810.16 (1) nabilone;
810.17 (2) unless specifically excepted or unless listed in another schedule, any natural material, compound, mixture, or preparation that contains any quantity of the following substances, their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the isomers, esters, ethers, or salts is possible:
810.20 (f) marijuana; and
810.21 (ii) tetrahydrocannabinols naturally contained in a plant of the genus cannabis or in the resinous extractives of the plant, except that tetrahydrocannabinols does not include any material, compound, mixture, or preparation that qualifies as industrial hemp as defined in section 18K.02, subdivision 3; and
dronabinol ([(-)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)]) in an oral solution in a drug product approved for marketing by the United States Food and Drug Administration.

**EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes committed on or after that date.

Sec. 13. Minnesota Statutes 2020, section 152.11, is amended by adding a subdivision to read:

Subd. 5. Exception. References in this section to Schedule II controlled substances do not extend to marijuana or tetrahydrocannabinols.

Sec. 14. Minnesota Statutes 2020, section 152.12, is amended by adding a subdivision to read:

Subd. 6. Exception. References in this section to Schedule II controlled substances do not extend to marijuana or tetrahydrocannabinols.

MINNESOTA STATUTES, SECTION 152.125, SUBDIVISION 3, ALSO APPEARS IN UES4410-2, ARTICLE 6, SECTION 56, WHICH IS MATCHED TO S4410-3, ARTICLE 14, SECTION 27.

Sec. 15. Minnesota Statutes 2020, section 152.125, subdivision 3, is amended to read:

Subd. 3. Limits on applicability. This section does not apply to:

1. a physician's treatment of an individual for chemical dependency resulting from the use of controlled substances in Schedules II to V of section 152.02;

2. the prescription or administration of controlled substances in Schedules II to V of section 152.02 to an individual whom the physician knows to be using the controlled substances for nontherapeutic purposes;

3. the prescription or administration of controlled substances in Schedules II to V of section 152.02 for the purpose of terminating the life of an individual having intractable pain;

4. the prescription or administration of a controlled substance in Schedules II to V of section 152.02 that is not a controlled substance approved by the United States Food and Drug Administration for pain relief; or

5. the administration of medical cannabis under sections 152.22 to 152.37.

Sec. 16. Minnesota Statutes 2020, 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 is engaged in the authorized use of medical cannabis.
(b) The presumption in paragraph (a) 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) Sections 152.22 to 152.37 do not create any positive conflict with federal drug laws or regulations and are consistent with United States Code, title 21, section 903:

Sec. 17. Minnesota Statutes 2020, 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, 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) 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) 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
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 or application for enrollment in the program by
a person entitled to possess or apply for enrollment in the registry program 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;

(k) Subject to section 152.23, the listing of tetrahydrocannabinols as a Schedule I
controlled substance under this chapter does not apply to protected activities specified in
this subdivision.

Sec. 18. Minnesota Statutes 2021 Supplement, section 363A.50, is amended to read:

363A.50 NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
the meanings given unless the context clearly requires otherwise:

(b) "Anatomical gift" has the meaning given in section 525A.02, subdivision 4;

(c) "Auxiliary aids and services" include, but are not limited to:

1. qualified interpreters or other effective methods of making aurally delivered materials
available to individuals with hearing impairments and to non-English-speaking individuals;

2. qualified readers, taped texts, texts in accessible electronic format, or other effective
methods of making visually delivered materials available to individuals with visual
impairments;

3. the provision of information in a format that is accessible for individuals with
cognitive, neurological, developmental, intellectual, or physical disabilities;

4. the provision of supported decision-making services; and

5. the acquisition or modification of equipment or devices;
(d) "Covered entity" means:

(1) any licensed provider of health care services, including licensed health care practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric residential treatment facilities, institutions for individuals with intellectual or developmental disabilities, and prison health centers; or

(2) any entity responsible for matching anatomical gift donors to potential recipients.

(e) "Disability" has the meaning given in section 363A.03, subdivision 12.

(f) "Organ transplant" means the transplantation or infusion of a part of a human body into the body of another for the purpose of treating or curing a medical condition.

(g) "Qualified individual" means an individual who, with or without available support networks, the provision of auxiliary aids and services, or reasonable modifications to policies or practices, meets the essential eligibility requirements for the receipt of an anatomical gift.

(h) "Reasonable modifications" include, but are not limited to:

(1) communication with individuals responsible for supporting an individual with postsurgical and post-transplantation care, including medication; and

(2) consideration of support networks available to the individual, including family, friends, and home and community-based services including home and community-based services funded through Medicaid, Medicare, another health plan in which the individual is enrolled, or any program or source of funding available to the individual, in determining whether the individual is able to comply with post-transplant medical requirements.

(i) "Supported decision making" has the meaning given in section 524.5-102, subdivision 16a.

Subd. 2. Prohibition of discrimination.

(a) A covered entity may not, on the basis of a qualified individual's race, ethnicity, mental disability, or physical disability:

(1) deem an individual ineligible to receive an anatomical gift or organ transplant;

(2) deny medical or related organ transplantation services, including evaluation, surgery, counseling, and postoperative treatment and care;

(3) refuse to refer the individual to a transplant center or other related specialist for the purpose of evaluation or receipt of an anatomical gift or organ transplant;

(4) refuse to place an individual on an organ transplant waiting list or place the individual at a lower-priority position on the list than the position at which the individual would have been placed if not for the individual's race, ethnicity, or disability; or

(5) decline insurance coverage for any procedure associated with the receipt of the anatomical gift or organ transplant, including post-transplantation and postinfusion care.
(b) Notwithstanding paragraph (a), a covered entity may take an individual's disability into account when making treatment or coverage recommendations or decisions, solely to the extent that the physical or mental disability has been found by a physician, following an individualized evaluation of the potential recipient to be medically significant to the provision of the anatomical gift or organ transplant. The provisions of this section may not be deemed to require referrals or recommendations for, or the performance of, organ transplants that are not medically appropriate given the individual's overall health condition.

c) If an individual has the necessary support system to assist the individual in complying with post-transplant medical requirements, an individual's inability to independently comply with those requirements may not be deemed to be medically significant for the purposes of paragraph (b).

(d) A covered entity must make reasonable modifications to policies, practices, or procedures, when such modifications are necessary to make services such as transplantation-related counseling, information, coverage, or treatment available to qualified individuals with disabilities, unless the entity can demonstrate that making such modifications would fundamentally alter the nature of such services.

e) A covered entity must take such steps as may be necessary to ensure that no qualified individual with a disability is denied services such as transplantation-related counseling, information, coverage, or treatment because of the absence of auxiliary aids and services, unless the entity can demonstrate that taking such steps would fundamentally alter the nature of the services being offered or result in an undue burden. A covered entity is not required to provide supported decision-making services.

(f) A covered entity must otherwise comply with the requirements of Titles II and III of the Americans with Disabilities Act of 1990; the Americans with Disabilities Act Amendments Act of 2008; and the Minnesota Human Rights Act.

(g) The provisions of this section apply to each part of the organ transplant process.

Subd. 3. Remedies. In addition to all other remedies available under this chapter, any individual who has been subjected to discrimination in violation of this section may initiate a civil action in a court of competent jurisdiction to enjoin violations of this section.

Sec. 19. FEDERAL SCHEDULE I EXEMPTION APPLICATION FOR MEDICAL USE OF CANNABIS:

By September 1, 2022, the commissioner of health shall apply to the Drug Enforcement Administration's Office of Diversion Control for an exception under Code of Federal Regulations, title 21, section 1307.03, and request formal written acknowledgment that the listing of marijuana, marijuana extract, and tetrahydrocannabinols as controlled substances in federal Schedule I does not apply to the protected activities in Minnesota Statutes, section 152.32, subdivision 2, pursuant to the medical cannabis program established under Minnesota
Statutes, sections 152.22 to 152.37. The application must include the list of presumptions in Minnesota Statutes, section 152.32, subdivision 1.

SEC. 13. INITIAL MEMBERS AND FIRST MEETING; MINNESOTA RARE DISEASE ADVISORY COUNCIL SECTION MOVED FROM S4410-3, ARTICLE 3, SECTION 13 TO UES4410-2.

Sec. 13. INITIAL MEMBERS AND FIRST MEETING; MINNESOTA RARE DISEASE ADVISORY COUNCIL.

Public members serving on the University of Minnesota's Advisory Council on Rare Diseases on June 30, 2022, are the initial public members of the Minnesota Rare Disease Advisory Council. The terms of the members begin on July 1, 2022. The governor must designate six members to serve a two-year term; six members to serve a three-year term; and five members to serve a four-year term. The governor may appoint additional members under Minnesota Statutes, section 137.68, subdivision 2, paragraph (b), clause (13), and must set their terms so that roughly one-third of the members' terms expire after two years, one-third after three years, and one-third after four years. Legislative members of the University of Minnesota's Advisory Council on Rare Disease serve on the Minnesota Rare Disease Advisory Council until appointing authorities appoint successors. The person serving as chair of the executive subcommittee of the University of Minnesota's Advisory Council on Rare Diseases shall convene the first meeting of the Minnesota Rare Disease Advisory Council by September 1, 2022.

SEC. 15. REVISOR INSTRUCTION MOVED FROM S4410-3, ARTICLE 3, SECTION 15, TO MATCH UES4410-2, ARTICLE 22, SECTION 20.

Sec. 15. REVISOR INSTRUCTION.

The revisor of statutes shall renumber as Minnesota Statutes, section 256.4835, the Minnesota Rare Disease Advisory Council that is currently coded as Minnesota Statutes, section 137.68. The revisor shall also make necessary cross-reference changes consistent with the renumbering.

EFFECTIVE DATE: This section is effective July 1, 2022.