LEGISLATIVE UPDATE

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In the final days of the 2017 Legislative Session, the House and Senate began negotiations on two proposals, SB 406 and HB 1397, for the implementation of Amendment 2, the 2016 medical marijuana (MMJ) constitutional amendment, which was approved by 71 percent of Florida voters last November.

The Senate Appropriations Committee recently approved Sen. Rob Bradley's sponsored bill (SB 406) in spite of MMJ advocates' concern over limited patient access.

Bradley's proposal grandfathers in the seven existing dispensing organizations. Currently, only three of these organizations have dispensaries, and those are located in Clearwater, Miami, Pensacola, Tallahassee, and Tampa. It brings five additional medical marijuana treatment centers (MMTC) online by Oct. 3 and requires the Department of Health to license four more MMTCs after each time 75,000 patients register with the state's compassionate use registry. The bill also limits the number of retail facilities where growers can dispense MMJ.

The vote came one day after the House Health and Human Services Committee approved Rep. Ray Rodrigues' implementing bill (HB 1397), which was considered more restrictive and bans pregnant women from using medical marijuana, even if their doctor recommends it.

To qualify to receive MMJ, a patient must be diagnosed with at least one of the following conditions: Cancer, Epilepsy, Glaucoma, HIV, acquired immune deficiency syndrome, PTSD, ALS, Crohn's disease, Parkinson's disease, MS, medical conditions of the same kind or class as or comparable to these, a terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification, or chronic nonmalignant pain. Both bills add definitions for "Chronic nonmalignant pain" to mean pain that is caused by a debilitating medical condition or that originates from a debilitating medical condition and persists beyond the usual course of that debilitating medical condition. There are 23 qualified ordering physicians in Lee County.

HB 1397 increases physician paperwork by requiring physicians to maintain and report a detailed individualized patient treatment plan for each qualified patient and submit each plan quarterly to the newly created Coalition for Medical Marijuana. HB 1397 requires the physician to request an exception to the daily dose amount if they feel their patient requires more medicine than the recommended daily dose. After receiving an in-depth request from the physician, the department has 14 days after receipt of the complete documentation required to approve or disapprove. The physician and patient will know if the request is approved if the department fails to act within this time period. No, that is not a typo.

In addition to the Coalition for Medical Marijuana and the Office of Compassionate Use (OCU), the amendment to HB 1397 increases the size of government by having the Department of Health (DOH) establish an Office of Medical Marijuana Use. For the 2017-18 fiscal year, the Department will create 55 full-time equivalent positions, with associated salary rate of $2,198,860. For the 2017-18 fiscal year, $10 million will be appropriated to the DOH to implement the statewide cannabis and marijuana education and illicit use prevention campaign. $5 million in nonrecurring funds from the Highway Safety Operating Trust Fund are appropriated to the Department of Highway Safety and Motor Vehicles to implement the statewide impaired driving education campaign. The sum of $100,000 in recurring funds from the Highway Safety Operating Trust Fund is appropriated to the Department of Highway Safety and Motor Vehicles for the purpose of training additional law enforcement officers as drug recognition experts.

MMJ refers to either low-dose tetrahydrocannabinol (THC) or cannabidiol (CBD), well-known for both its potential medical benefits and because on its own, it doesn't produce the same psychoactive effects that THC does. So why all the stringent regulations on this plant-based medicine that is cultivated, processed, and dispensed by state certified suppliers and prescribed by state qualified physicians?

In August 2016, the Obama Administration and the Drug Enforcement Administration (DEA) denied a bid by two Democratic governors to reconsider how it treats marijuana under federal drug control laws, keeping the drug in the most restrictive category for U.S. law enforcement purposes. Marijuana is considered a Schedule I drug under the Controlled Substances Act, alongside heroin and LSD, while other, highly addictive substances including oxycodone and methamphetamine are less stringently regulated under Schedule II of the law. The classification as a schedule I drug prevents researchers in studying and proving a drug's efficiency. In spite of this, Twenty-six states and the District of Columbia currently have laws broadly legalizing marijuana in some form. The most recent amendment to HB 1397 would allow more research on the efficacy of medical marijuana. Interestingly, a large-scale survey published in 1994 by epidemiologist James Anthony, then at the National Institute on Drug Abuse, surveyed more than 8,000 people between the ages of 15 and 64 about their use of marijuana and other drugs and found that of those who had tried marijuana at least once, about 9 percent eventually fit a diagnosis of cannabis dependence. The corresponding figure for alcohol was 15 percent; for cocaine, 17 percent; for heroin, 23 percent; and for nicotine, 32 percent.

Of the greatest concern in both of these Florida bills is the creation of a monopoly held by big businesses as the only growers and suppliers. According to both bills, 'A licensed MMTC shall cultivate, process, transport, and dispense marijuana for medical use.' According to these bills, the DOH will issue one license to a MMTC for seed-to-sale, rather than issuing three different types of licenses for cultivating, processing and dispensing.

Both bills grandfather in seven existing dispensing organizations as MMTCs; require that in order to be registered as a MMTC, the applicant must be able to demonstrate: that, for the 5 consecutive years before submitting the application, the applicant has been registered to do business in this state; has the technical and technological ability to cultivate and produce low-THC cannabis and marijuana; has the ability to secure the premises, resources, and personnel necessary to operate as an MMTC dispensing organization; possesses the ability to maintain accountability of all raw materials, finished products, byproducts to prevent diversion or unlawful access to or possession of these substances; an infrastructure reasonably located to dispense low-THC cannabis and marijuana to registered qualifying patients statewide or regionally as determined by the department; the financial ability to maintain operations for the duration of the 2-year approval cycle; and upon approval, the applicant must post a $5 million performance bond. Although stricken in SB 406, HB 1397 also includes the requirement of possession of a valid certificate of registration issued by the Department of Agriculture and Consumer Services which is issued for the cultivation of more than 400,000 plants; operation by a nurseryman; operation as a registered nursery in this state for at least 5 continuous years; or operation as a commercial citrus grove and possession of a valid certificate of registration. There is concern that Florida is creating a medical marijuana program that gives a select few companies enormous control over the market and limits others from entering. This is unprecedented in the other 28 states that have now legalized medical marijuana. MMJ is not covered by insurance and it is critical to have sufficient competition in the market to ensure the most favorable prices for patients In the final days of the 2017 Legislative Session, the House and Senate began negotiations on two proposals, SB 406 and HB 1397, for the implementation of Amendment 2, the 2016 medical marijuana (MMJ) constitutional amendment, which was approved by 71 percent of Florida voters last November. The Senate Appropriations Committee recently approved Sen. Rob Bradley's sponsored bill (SB 406) in spite of MMJ advocates' concern over limited patient access.

The guiding principle of Amendment 2 for the Legislature is to ensure access to medical marijuana by qualified patients. This requires dispensaries to be located within a reasonable distance from patients. If the Legislature adopts the Senate's cap and any on dispensaries, it must issue more MMTC licenses to allow for greater

patient access. Many local municipalities have been imposing restrictions on dispensaries, which would limit patient access.

Another bill, if passed, could benefit the same growers. Rep. Ralph E. Massullo's HB 1217, the Industrial Hemp Programs bill, moving through the Florida House and Senate, would allow universities to begin researching the plant for industrial use. Industrial hemp and marijuana plants are both members of the genus Cannabis sativa, but they are genetically different. The major difference in the two is that Industrial hemp contains less than 0.3 percent THC. The global market for hemp consists of over 25,000 products, including everyday items from beauty products to rope, drywall, and even some car dashboards. Last year, the total retail value of all hemp products sold in the U.S. was estimated at $620 million. All the raw hemp materials were imported from other countries and it was reported that the U.S. imports $570 million of hemp products every year because as a schedule-one drug, it hasn't been grown here since WWII. China is the world's largest hemp fiber and seed producer.

Industrial hemp was once a prominent crop in the United States. The Declaration of Independence was drafted on hemp paper and the first American flag, reported to be made by Betsy Ross, was crafted from hemp fiber.