



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 9, 2011

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401 – 1991

The Honorable Michael E. Busch
Speaker of the House
State House, H-101
Annapolis, MD 21401 - 1991

The Honorable Brian E. Frosh
Chair
Senate Judicial Proceedings Committee
Miller Senate Office Building, 2 East Wing
Annapolis, MD 21401 – 1991

The Honorable Joseph F. Vallario, Jr.
Chair
House Judiciary Committee
House Office Building, Room 101
Annapolis, MD 21401 – 1991

The Honorable Peter Hammen
Chair
House Health and Government Operations
Committee
House Office Building, Room 241
Annapolis, MD 21401

RE: Senate Bill 308, Chapter 215 (2011) – Final Report of the
Medical Marijuana Model Program Workgroup

Dear President Miller, Speaker Busch, Chair Frosh, Chair Vallario and Chair Hammen:

As chair of the medical marijuana model program workgroup, I am respectfully submitting to you the final report of the workgroup required by Senate Bill 308, Chapter 215 of the 2011 legislative session.

Our group met three times, and teams within the workgroup met another five times. Through multiple meetings and discussions, it became clear that workgroup members held different perspectives on some core issues – including the role of the academic research institution.



The group decided to provide two different proposals to the legislature – each to be signed by those members of the workgroup in support. Workgroup members were able to sign on to one or both of the proposals. Workgroup member Michael Young chose not to sign on to either proposal.

Proposal 1 is supported by the following workgroup members:

- Major Kevin Anderson
- Major Sam Billotti
- Dario Broccolino
- Dr. Paul Celano
- Philip Cogan
- Delegate Kathleen Dumais
- Dr. Trudy Hall
- Dr. Joseph Liberto
- Dr. Nancy Rosen-Cohen
- Dr. Joshua Sharfstein
- Dr. Ryan Vandrey

Proposal 2 is supported by the following workgroup members:

- Lynn Billing
- Senator David Brinkley
- Dario Broccolino
- Philip Cogan
- Delegate Kathleen Dumais
- Deborah Miran
- Delegate Dan Morhaim
- Karen O’Keefe
- Senator Jamie Raskin
- Dr. Ryan Vandrey

I appreciate the work and input of all of the members of the workgroup, and look forward to working with the General Assembly on this issue during the 2012 legislative session. If you have any questions, please contact me or Ms. Marie Grant at 410-767-6480.

Sincerely,



Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Medical Marijuana Model Program Workgroup Members
Virginia Geckler, Governor's Office of Crime Control and Prevention
Erin Hopwood, House Health and Government Operations Committee Staff
Kristen Mahoney, Governor's Office of Crime Control and Prevention
Shirleen Pilgrim, Senate Judicial Proceedings Committee Staff
Claire Rossmark, House Judiciary Committee Staff
Marie Grant, Director of Governmental Affairs
Sarah Albert, Department of Legislative Services, MSAR# 8946

Medical Marijuana Model Program Workgroup

Proposal 1

Medical Marijuana Model Program Workgroup – Proposal 1

Introduction

Senate Bill 308 of 2011 (Chapter 215) required the Secretary of Health and Mental Hygiene to convene a workgroup to develop and assess the feasibility of a State-specific proposal for providing access to marijuana to patients in the State for medical purposes.

The legislation requires the workgroup to present draft legislation that outlines the key elements of the model program and includes provisions that:

- Provide for oversight and responsibility by programs located in academic medical research institutions in the State;
- Provide for the licensing of a program by the State;
- Establish a program application and review process that includes consideration of best practices and procedures for obtaining review input that is external to the Department of Health and Mental Hygiene;
- Expand the base of information on the use of marijuana for medical purposes on a scientific and policy implementation basis; and
- Implement a program as soon as feasible, with goals of implementation by January 2013.

Senate Bill 308 also requires the workgroup to provide guidance on the criteria for assessing program applications, including an applying program's plans for:

- Determining the medical conditions to be treated and the duration of therapy proposed;
- Identifying sources of marijuana;
- Determining patient eligibility and informed consent;
- Conducting any associated research projects;
- Reporting data and outcomes;
- Instituting strict controls against illegal diversion; and
- Securing grants or other sources of funding to facilitate the affordability of the program.

Senate Bill 308 requires the Secretary of Health and Mental Hygiene to report on the findings of the workgroup to the Senate Judicial Proceedings Committee, the House Health and Government Operations Committee, and the House Judiciary Committee on the findings of the workgroup.

This proposal, Proposal 1, is one of two proposals developed by the workgroup to address the requirements of Senate Bill 308.

Framework

The framework for this approach to marijuana for medical uses is that marijuana is not a conventionally accepted treatment in medicine. It does not have approval from the U.S. Food and Drug Administration and its use is not recommended by major professional associations, such as the American Medical Association or the American College of Physicians. These organizations have called for additional research and recognize that marijuana has both potential benefits and potential risks for patients. The benefits include the alleviation of certain debilitating symptoms, and the risks include psychiatric and behavioral side effects and addiction.

Medical Marijuana Model Program Workgroup – Proposal 1

When it is not clear whether the benefits exceed the risks of a therapy, institutions often are able to make this therapy available to patients in an “investigational use” setting. This has also been referred to as “compassionate use.” In its comprehensive review of marijuana for medical uses, the Institute of Medicine endorsed this type of approach, stating:

Short-term use of smoked marijuana (less than six months) for patients with debilitating symptoms (such as intractable pain or vomiting) must meet the following conditions:

- Failure of all approved medications to provide relief has been documented;
- The symptoms can reasonably be expected to be relieved by rapid onset cannabinoid drugs;
- Such treatment is administered under medical supervision in a manner that allows for assessment of treatment effectiveness, and
- Involves an oversight strategy comparable to an institutional review board process that could provide guidance within 24 hours of a submission by a physician to provide marijuana to a patient for a specified use.¹

Recommendations

The members of the Workgroup that have signed on to this proposal have made recommendations in four areas: process, science, diversion, and other.

¹ Institute of Medicine. Marijuana and Medicine: Assessing the Science Base. Washington DC: Institute of Medicine, 1999.

Table 1: Process Recommendations

	Recommendation	Comments
1	Marijuana for medical uses may be made available through approved investigational use programs overseen by academic medical research institutions.	The term “academic medical research institution” refers to hospitals that have medical residency programs for physicians and conduct research involving human subjects overseen by the Department of Health and Human Services.
2	There should be an oversight entity that develops a RFP consistent with the other recommended requirements of this report.	This group should either be an advisory group to the Department of Health and Mental Hygiene (with final approval by the Department) or an independent group established along the lines of a professional licensing board.
3	The academic medical research institution should pay an application fee and an annual license fee to recoup the costs of the application process and oversight. The application fee should be set by the entity reviewing the applications and the annual fee by the entity responsible for oversight.	State funds for new programs are limited, and the licensing of medical marijuana programs must be cost neutral to the State.
4	The oversight entity will arrange for expert review of applications. This review should include an assessment of risks and benefits with regards to the medical condition to be treated, patient inclusion and monitoring, data collection and reporting, and monitoring for diversion.	Experts will submit application reviews to the oversight entity for consideration in making a final decision on the application.
5	The oversight entity should be responsible for ensuring that the academic medical research institutions meet their responsibilities under the application.	This should include inspections of approved programs by the oversight entity.
6	There should be annual renewal of licensure by academic medical research institution.	This review should not be <i>pro forma</i> . Continued approval should be based on meeting the goals of the application and providing all appropriate data.
7	There should be an annual report by each academic medical research institution licensed for medical marijuana programs, as well as a public report.	Annual reports should include information on the number of patients served, the county of residence of the patients, the conditions treated, outcome data, and any research studies conducted under the medical marijuana program. The oversight entity

Medical Marijuana Model Program Workgroup – Proposal 1

	Recommendation	Comments
		should establish standard data collection procedures for approved investigational use programs.

Table 2: Recommendations for the Scientific Components of Applications from Academic Medical Research Institutions for a Medical Marijuana Program

	Recommendation	Comments
1	The application should specify the medical conditions to be treated, proposed on the basis of medical evidence.	This is a standard part of an investigational use program.
2	The application should specify the criteria by which the academic medical research institution will include and exclude patients from participation in the program.	This is a standard part of an investigational use program.
3	The application should specify how patients will be assessed for addiction before and during treatment with marijuana.	A history of problematic substance use should not necessarily exclude a prospective patient from participating in the program, using appropriate medical need considerations. However, evaluation of addiction before enrollment and the emergence of new drug use problems following enrollment will be important in assessing the risks and benefits of participation to the patient.
4	The application should include scientific details of the type of marijuana to be used in the program.	Characterization of a clinical intervention is a standard part of an investigational use program. There could be different types of marijuana used by approved programs; however, consistency of the characteristics for each type of marijuana used is essential.
5	The application should specify the proposed length of treatment, dosage permitted under the program, and plan for ongoing evaluation of patient response.	This is a standard part of an investigational use program.
6	The application must describe how medical providers will be eligible to participate in the program and detail the training and/or certification required for participation in the program.	Medical providers do not have to be employees or affiliates of the academic medical research institution. However, the institution must provide a list of providers participating in the program to the oversight entity. This list does not need to be provided at the time of application for approval.
7	The application should demonstrate approval by the institution’s IRB.	This is a standard part of an investigational use program.

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	Recommendation	Comments
8	The application should describe the plan for defining and monitoring the success or failure of treatment.	This is a standard part of an investigational use program and is important for clinical care.
9	The application should include a plan for monitoring aggregate data and outcomes and publishing results, as appropriate.	This will allow for others to learn about the outcomes of the program.
10	The application should include the sources of funding for the initiative, including any research grants.	This allows the oversight entity to understand whether there is external scientific oversight, such as through a grant funder.

Table 3: Recommendations for the Diversion Components of Applications from Academic Medical Research Institutions for a Medical Marijuana Program

	Recommendation	Comments
1	The application should describe the source of the marijuana that will be used in the program.	This will allow the state to know the sources of all marijuana used under this program in Maryland.
2	The application should describe required training for medical providers and patients on diversion-related issues.	This training should reduce diversion.
3	The application should describe how the programs will monitor for diversion.	This will allow the oversight entity to assure compliance with an anti-diversion program.
4	The application should describe how the program will address violations of the diversion policy.	This will assure that there are consequences within the program for both medical providers and patients for diversion.
5	The application should describe any caregiver structure that will be used in the program, within limits set in the legislation.	The proposed limits in the draft legislation are that a caregiver is allowed to serve no more than five individuals, and that no more than two caregivers may serve any one patient. Caregivers should have protection from prosecution for their role in an approved program, and their participation in a program should be reported to an electronic database available to state law enforcement.
6	The oversight entity should add any other specifications for control of diversion by programs that it deems appropriate.	

Table 4: Other Recommendations

	Recommendation	Comments
1	Marijuana growers will be separately licensed by the State of Maryland. Academic medical research institutions can obtain marijuana from any grower licensed by the State or from the National Institute on Drug Abuse’s federal marijuana program.	This licensure process should focus on good manufacturing practices and security, including a product tracking system. If a grower is not licensed, then its products may not be used in a program in the State and are subject to enforcement of state laws against marijuana cultivation. Growers must be licensed prior to beginning marijuana cultivation.
2	Academic medical research institutions with marijuana programs should provide updated data each day on enlisted patients to the Prescription Drug Monitoring Program, or an equivalent process that allows for access by law enforcement.	The state should make marijuana data available to the police in real time, with appropriate privacy protections, to assure both that patients are not penalized for access to marijuana through a legitimate program and to limit diversion.
3	There should be additional state penalties for gross misuse of a marijuana program for diversion purposes.	
4	Patients participating in an approved marijuana program should not be subject to arrest, prosecution, or criminal penalty for possession of medical marijuana obtained through the program.	
5	There should be protections from arrest and prosecution for academic medical research institutions, growers, and their staff for participation in an approved medical marijuana program.	

Workgroup Members Signing on to Proposal 1

The following members of the workgroup signed on to Proposal 1:

- Major Kevin Anderson
- Major Sam Billotti
- Dario Broccolino
- Dr. Paul Celano
- Philip Cogan
- Delegate Kathleen Dumais
- Dr. Trudy Hall
- Dr. Joseph Liberto
- Dr. Nancy Rosen-Cohen
- Dr. Joshua Sharfstein
- Dr. Ryan Vandrey

Model Legislation to Implement Proposal 1

Two versions of draft legislation are included here. The first version provides for oversight to be conducted by the Department of Health and Mental Hygiene, with the assistance of an Advisory Committee. The second version provides for oversight to be conducted by an independent commission.

Version 1. DHMH and Advisory Committee Oversight.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 31. MEDICAL MARIJUANA ADVISORY COMMITTEE.

13-3101.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ACADEMIC MEDICAL CENTER” MEANS A HOSPITAL THAT:

(1) OPERATES A MEDICAL RESIDENCY PROGRAM FOR PHYSICIANS; AND

(2) CONDUCTS RESEARCH THAT IS OVERSEEN BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AND INVOLVES HUMAN SUBJECTS.

(C) “ADVISORY COMMITTEE” MEANS THE MEDICAL MARIJUANA ADVISORY COMMITTEE ESTABLISHED UNDER THIS SUBTITLE.

(D) “PROGRAM” MEANS AN INVESTIGATIONAL USE-TYPE PROGRAM OVERSEEN BY AN ACADEMIC MEDICAL CENTER THROUGH WHICH MARIJUANA IS MADE AVAILABLE FOR MEDICAL USES TO PATIENTS.

13- 3102.

(A) THERE IS A MEDICAL MARIJUANA ADVISORY COMMITTEE IN THE DEPARTMENT.

(B) THE PURPOSE OF THE ADVISORY COMMITTEE IS TO:

(1) DEVELOP REQUESTS FOR APPLICATIONS FOR ACADEMIC MEDICAL CENTERS TO OPERATE PROGRAMS, IN ACCORDANCE WITH THIS SUBTITLE;

(2) MAKE RECOMMENDATIONS ON APPROVAL OR DENIAL OF APPLICATIONS FOR PROGRAMS TO THE SECRETARY;

(3) MAKE RECOMMENDATIONS ON APPROVAL OR DENIAL OF RENEWAL APPLICATIONS FOR APPROVAL OF PROGRAMS; AND

(4) ADVISE ON THE MONITOR AND OVERSIGHT OF PROGRAMS APPROVED FOR OPERATION UNDER THIS SUBTITLE.

13- 3103.

(A) THE ADVISORY COMMITTEE CONSISTS OF THE FOLLOWING MEMBERS:

(1) TWO MEMBERS OF THE MARYLAND SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE;

(2) TWO MEMBERS OF THE MARYLAND HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE OF DELEGATES; AND

(3) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

(i) ONE MEMBER OF THE PUBLIC WHO SUPPORTS THE USE OF MARIJUANA FOR MEDICAL PURPOSES;

(ii) ONE MEMBER OF THE PUBLIC DESIGNATED BY THE MARYLAND CHAPTER OF THE NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE;

(iii) THREE PHYSICIANS LICENSED IN THE STATE, WHO SPECIALIZE IN ADDICTION, PAIN, ONCOLOGY, NEUROLOGY, OR CLINICAL RESEARCH;

(iv) ONE NURSE LICENSED IN THE STATE, WITH EXPERIENCE IN HOSPICE CARE, NOMINATED BY A STATE RESEARCH INSTITUTION OR TRADE ASSOCIATION;

(v) ONE PHARMACIST LICENSED IN THE STATE, NOMINATED BY A STATE RESEARCH INSTITUTION OR TRADE ASSOCIATION;

(vi) ONE SCIENTIST WITH EXPERIENCE IN THE SCIENCE OF MARIJUANA, NOMINATED BY A STATE RESEARCH INSTITUTION;

(vii) ONE REPRESENTATIVE OF THE MARYLAND STATE’S ATTORNEYS’ ASSOCIATION;

(viii) ONE REPRESENTATIVE OF THE MARYLAND CHIEFS OF POLICE;

(ix) ONE REPRESENTATIVE OF THE MARYLAND SHERIFFS’ ASSOCIATION;

(X) ONE REPRESENTATIVE OF THE MARYLAND FRATERNAL ORDER OF POLICE; AND

(XI) AN ATTORNEY WHO IS KNOWLEDGEABLE ABOUT MEDICAL MARIJUANA LAWS IN THE UNITED STATES.

(B) (1) THE TERM OF AN APPOINTED MEMBER IS 2 YEARS.

(2) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS ON OCTOBER 1, 2012.

(3) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN THREE CONSECUTIVE FULL TERMS.

(5) AN APPOINTED MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(C) THE GOVERNOR SHALL DESIGNATE A CHAIR FROM AMONG THE APPOINTED MEMBERS OF THE ADVISORY COMMITTEE.

(D) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE ADVISORY COMMITTEE IS A QUORUM.

(E) A MEMBER OF THE ADVISORY COMMITTEE:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE ADVISORY COMMITTEE; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

13- 3104.

(A) THE ADVISORY COMMITTEE, WITH THE CONSENT OF THE SECRETARY, SHALL ISSUE A REQUEST FOR APPLICATIONS FOR ACADEMIC MEDICAL CENTERS TO OPERATE MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS AT LEAST ANNUALLY.

(B) AN APPLICATION SUBMITTED BY AN ACADEMIC MEDICAL CENTER TO OPERATE A PROGRAM UNDER THIS SUBTITLE SHALL:

(1) SPECIFY THE MEDICAL CONDITIONS TO BE TREATED UNDER THE PROGRAM TO BE OPERATED BY THE ACADEMIC MEDICAL CENTER, PROPOSED ON THE BASIS OF EVIDENCE;

(2) SPECIFY THE CRITERIA BY WHICH THE ACADEMIC MEDICAL CENTER WILL INCLUDE AND EXCLUDE PATIENTS FROM PARTICIPATION IN THE PROGRAM;

(3) SPECIFY HOW PATIENTS WILL BE ASSESSED FOR ADDICTION BEFORE AND DURING TREATMENT WITH MARIJUANA THROUGH THE PROGRAM;

(4) DESCRIBE THE SOURCE OF MARIJUANA TO BE USED IN A PROGRAM AND INCLUDE SCIENTIFIC DETAILS OF THE TYPE OF MARIJUANA TO BE USED IN THE PROGRAM;

(5) SPECIFY THE LENGTH OF TREATMENT AND DOSAGE PERMITTED UNDER THE PROGRAM;

(6) DESCRIBE HOW HEALTH CARE PROVIDERS WILL BE ELIGIBLE TO PARTICIPATE IN THE PROGRAM AND WHAT TRAINING THEY WILL RECEIVE;

(7) INCLUDE A DESCRIPTION OF WHETHER AND HOW CAREGIVERS WILL INTERACT WITH PATIENTS PARTICIPATING IN THE PROGRAM;

(8) DEMONSTRATE APPROVAL OF THE PROGRAM BY THE ACADEMIC MEDICAL CENTER'S INSTITUTIONAL REVIEW BOARD;

(9) DESCRIBE THE PLAN FOR DEFINING AND MONITORING THE SUCCESS OR FAILURE OF TREATMENT WITH MARIJUANA THROUGH THE PROGRAM;

(10) INCLUDE A PLAN FOR MONITORING AGGREGATE DATA AND OUTCOMES AND PUBLISHING RESULTS FROM THE PROGRAM, AS APPROPRIATE;

(11) INCLUDE A DESCRIPTION OF THE SOURCES OF FUNDING FOR THE PROGRAM, INCLUDING ANY RESEARCH GRANTS;

(12) DESCRIBE ANY REQUIRED TRAINING FOR HEALTH CARE PROVIDERS AND PATIENTS PARTICIPATING IN THE PROGRAM ON DIVERSION-RELATED ISSUES;

(13) DESCRIBE STEPS THE ACADEMIC MEDICAL CENTER WILL TAKE TO PREVENT AND MONITOR FOR DIVERSION AND ADDRESS VIOLATIONS OF ITS DIVERSION POLICY;

(14) DESCRIBE HOW THE PROGRAM WILL DISPOSE OF ANY UNUSED MARIJUANA; AND

(15) DESCRIBE HOW THE ACADEMIC MEDICAL CENTER AND THE PROGRAM WILL MEET ANY OTHER CRITERIA ESTABLISHED BY THE ADVISORY COMMITTEE RELATED TO DIVERSION OR OTHER ASPECTS OF PROGRAMS.

(C) THE DEPARTMENT SHALL SET APPLICATION FEES AND RENEWAL FEES THAT COVERS THE EXPENSES ASSOCIATED WITH REVIEWING AND APPROVING APPLICATIONS AND PROVIDING OVERSIGHT TO PROGRAMS.

13-3105.

(A) THE ADVISORY COMMITTEE SHALL ESTABLISH A REVIEW PROCESS INVOLVING REVIEWERS WITH EXPERTISE IN SCIENTIFIC RESEARCH AND ANALYSIS, MEDICAL TRAINING, AND LAW ENFORCEMENT.

(B) THE REVIEWERS SHALL:

(1) REVIEW, EVALUATE, AND RATE APPLICATIONS FOR MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS SUBMITTED BY ACADEMIC MEDICAL CENTERS, BASED ON THE PROCEDURES AND GUIDELINES ESTABLISHED BY THE ADVISORY COMMITTEE; AND

(2) MAKE RECOMMENDATIONS TO THE ADVISORY COMMITTEE, BASED ON THE RATINGS AWARDED TO PROPOSALS BY THE REVIEWERS, FOR APPROVAL OF APPLICATIONS FROM MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS.

(C) THE ADVISORY COMMITTEE SHALL MAKE RECOMMENDATIONS ON APPROVAL TO THE SECRETARY.

(D) THE SECRETARY MAY GRANT A ONE-YEAR RENEWABLE LICENSE TO A PROGRAM.

13-3106.

(A) AN ACADEMIC MEDICAL CENTER APPROVED TO OPERATE A PROGRAM UNDER THIS SUBTITLE SHALL PROVIDE UPDATED DATA EACH DAY ON PATIENTS AND

CAREGIVERS PARTICIPATING IN EACH PROGRAM OVERSEEN BY THE ACADEMIC MEDICAL CENTER TO [INSERT STATE ENTITY], WHICH WILL MAKE THE DATA AVAILABLE IN REAL TIME TO LAW ENFORCEMENT, SUBJECT TO APPROPRIATE PRIVACY PROTECTIONS.

(B) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE MAY ONLY USE MARIJUANA OBTAINED FROM:

- (1) THE FEDERAL GOVERNMENT; OR**
- (2) A MEDICAL MARIJUANA GROWER LICENSED UNDER THIS SUBTITLE.**

(C) IF THE ACADEMIC MEDICAL CENTER UTILIZES CAREGIVERS AS PART OF A PROGRAM APPROVED UNDER THIS SUBTITLE, THE ACADEMIC MEDICAL CENTER SHALL:

- (1) LIMIT THE NUMBER OF PATIENTS A CAREGIVER IS ALLOWED TO SERVE TO NO MORE THAN FIVE; AND**
- (2) LIMIT THE NUMBER OF CAREGIVERS THAT SERVE A PARTICULAR PATIENT TO NO MORE THAN TWO.**

(D) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE SHALL REPORT ANNUALLY TO THE ADVISORY COMMITTEE AND THE DEPARTMENT, IN THE FORM SPECIFIED BY THE DEPARTMENT, ON:

- (1) THE NUMBER OF PATIENTS SERVED THROUGH THE PROGRAM;**
- (2) THE COUNTY OF RESIDENCE OF THE PATIENTS SERVED BY THE PROGRAM;**
- (3) CONDITIONS TREATED UNDER THE PROGRAM;**
- (4) ANY OUTCOMES DATA ON THE RESULTS OF TREATMENT THROUGH THE PROGRAM; AND**
- (5) ANY RESEARCH STUDIES CONDUCTED UNDER THE PROGRAM.**

(E) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE SHALL APPLY ANNUALLY TO THE DEPARTMENT FOR RENEWAL OF APPROVAL, IN ACCORDANCE WITH ANY PROCEDURES ESTABLISHED BY THE DEPARTMENT.

(F) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE IS SUBJECT TO INSPECTION BY THE DEPARTMENT TO ENSURE THAT THE PROGRAM IS OPERATING ACCORDING TO THE CONDITIONS OF APPROVAL ESTABLISHED BY THE DEPARTMENT.

(G) THE DEPARTMENT MAY RESCIND APPROVAL OF A PROGRAM IF THE DEPARTMENT FINDS THAT THE PROGRAM IS NOT IN COMPLIANCE WITH THE CONDITIONS OF APPROVAL ESTABLISHED BY THE DEPARTMENT.

13-3107.

ON OR BEFORE JANUARY 1 OF EACH YEAR, THE DEPARTMENT SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON PROGRAMS APPROVED TO OPERATE UNDER THIS SUBTITLE.

13-3108.

(A) THE [INSERT STATE ENTITY] SHALL ESTABLISH A PROCESS FOR LICENSURE OF MEDICAL MARIJUANA GROWERS TO OPERATE IN THE STATE TO PROVIDE MARIJUANA TO PROGRAMS APPROVED FOR OPERATION UNDER THIS SUBTITLE.

(B) MARIJUANA GROWN BY AN ENTITY LICENSED UNDER THIS SECTION MAY PROVIDE MARIJUANA ONLY TO AN ACADEMIC MEDICAL CENTER APPROVED TO OPERATE A PROGRAM UNDER THIS SUBTITLE.

(C) THE [INSERT STATE ENTITY] SHALL ESTABLISH REQUIREMENTS FOR SECURITY AND MANUFACTURING PROCESS THAT A GROWER MUST MEET IN ORDER TO OBTAIN LICENSURE UNDER THIS SECTION, INCLUDING A REQUIREMENT FOR A PRODUCT TRACKING SYSTEM.

(D) THE [INSERT STATE ENTITY] MAY INSPECT GROWERS LICENSED UNDER THIS SECTION TO ENSURE COMPLIANCE WITH THIS SECTION.

(E) THE [INSERT STATE ENTITY] MAY IMPOSE PENALTIES OR RESCIND THE LICENSE OF A GROWER THAT DOES NOT MEET THE STANDARDS FOR LICENSURE SET BY THE [INSERT STATE ENTITY].

13-1309.

(A) ANY OF THE FOLLOWING PERSONS ACTING IN ACCORDANCE WITH THE

PROVISIONS OF THIS SUBTITLE MAY NOT BE SUBJECT TO ARREST, PROSECUTION, OR ANY CIVIL OR ADMINISTRATIVE PENALTY, INCLUDING CIVIL PENALTY OR DISCIPLINARY ACTION BY A PROFESSIONAL LICENSING BOARD, NOR BE DENIED ANY RIGHT OR PRIVILEGE, FOR THE MEDICAL USE OF MARIJUANA:

(1) A PATIENT ENROLLED IN A PROGRAM APPROVED UNDER THIS SUBTITLE WHO IS IN POSSESSION OF AN AMOUNT OF MARIJUANA AUTHORIZED UNDER THE PROGRAM;

(2) A GROWER LICENSED UNDER § 13-3108 OF THIS SUBTITLE OR AN EMPLOYEE OF THE LICENSED GROWER WHO IS ACTING IN ACCORDANCE WITH THE TERMS OF THE LICENSE;

(3) AN ACADEMIC MEDICAL CENTER, AN EMPLOYEE OF THE ACADEMIC MEDICAL CENTER, OR ANY OTHER PERSON ASSOCIATED WITH THE OPERATION OF A PROGRAM APPROVED UNDER THIS SUBTITLE FOR ACTIVITIES CONDUCTED IN ACCORDANCE WITH THE PROGRAM APPROVED UNDER THIS SUBTITLE.

(B) (1) A PERSON MAY NOT DISTRIBUTE, POSSESS, MANUFACTURE, OR USE MARIJUANA THAT HAS BEEN DIVERTED FROM A PROGRAM APPROVED UNDER THIS SUBTITLE OR FROM A PATIENT WHO IS ENROLLED IN A PROGRAM APPROVED UNDER THIS SUBTITLE.

(2) A PERSON WHO VIOLATES THIS SUBSECTION IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT TO IMPRISONMENT NOT EXCEEDING 5 YEARS OR A FINE NOT EXCEEDING \$10,000 OR BOTH.

(3) THE PENALTY UNDER THIS SUBSECTION IS IN ADDITION TO ANY PENALTIES THAT A PERSON MAY BE SUBJECT TO FOR MANUFACTURE, POSSESSION, OR DISTRIBUTION OF MARIJUANA UNDER THE CRIMINAL LAW ARTICLE.

13-3010.

(A) THIS SUBTITLE MAY NOT BE CONSTRUED TO AUTHORIZE ANY INDIVIDUAL TO ENGAGE IN THE FOLLOWING, AND IT DOES NOT PREVENT THE IMPOSITION OF ANY CIVIL, CRIMINAL, OR OTHER PENALTIES FOR THE FOLLOWING:

(1) UNDERTAKE ANY TASK UNDER THE INFLUENCE OF MARIJUANA, WHEN DOING SO WOULD CONSTITUTE NEGLIGENCE OR PROFESSIONAL MALPRACTICE;

(2) OPERATE, NAVIGATE, OR BE IN ACTUAL PHYSICAL CONTROL OF ANY MOTOR VEHICLE, AIRCRAFT, OR BOAT WHILE UNDER THE INFLUENCE OF MARIJUANA;

- (3) SMOKE MARIJUANA IN ANY PUBLIC PLACE;**
- (4) SMOKE MARIJUANA IN A MOTOR VEHICLE; OR**
- (5) SMOKE MARIJUANA ON A PRIVATE PROPERTY THAT:**

- (I) 1. IS RENTED FROM A LANDLORD; AND**

- 2. IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY; OR**

- (II) IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY OF AN ATTACHED DWELLING ADOPTED BY ONE OF THE FOLLOWING ENTITIES:**

- 1. THE BOARD OF DIRECTORS OF THE COUNCIL OF UNIT OWNERS OF A CONDOMINIUM REGIME; OR**

- 2. THE GOVERNING BODY OF A HOMEOWNER’S ASSOCIATION.**

- (B) THIS SUBTITLE MAY NOT BE CONSTRUED TO PROVIDE IMMUNITY TO A PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBTITLE FROM CRIMINAL PROSECUTION FOR A VIOLATION OF ANY LAW PROHIBITING OR REGULATING THE USE, POSSESSION, DISPENSING, DISTRIBUTION, OR PROMOTION OF CONTROLLED DANGEROUS SUBSTANCES, DANGEROUS DRUGS, DETRIMENTAL DRUGS, OR HARMFUL DRUGS, OR ANY CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THOSE OFFENSES.**

Version 2. Independent Commission Oversight.

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 31. MEDICAL MARIJUANA COMMISSION

13-3101.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ACADEMIC MEDICAL CENTER” MEANS A HOSPITAL THAT:

(1) OPERATES A MEDICAL RESIDENCY PROGRAM FOR PHYSICIANS; AND

(2) CONDUCTS RESEARCH THAT IS OVERSEEN BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AND INVOLVES HUMAN SUBJECTS.

(C) “COMMISSION” MEANS THE MEDICAL MARIJUANA COMMISSION ESTABLISHED UNDER THIS SUBTITLE.

(D) “PROGRAM” MEANS AN INVESTIGATIONAL USE-TYPE PROGRAM OVERSEEN BY AN ACADEMIC MEDICAL CENTER THROUGH WHICH MARIJUANA IS MADE AVAILABLE FOR MEDICAL USES TO PATIENTS.

13- 3102.

(A) THERE IS A MEDICAL MARIJUANA COMMISSION [IN THE DEPARTMENT].

(B) THE PURPOSE OF THE COMMISSION IS TO:

(1) DEVELOP REQUESTS FOR APPLICATIONS FOR ACADEMIC MEDICAL CENTERS TO OPERATE PROGRAMS, IN ACCORDANCE WITH THIS SUBTITLE;

(2) APPROVE OR DENY APPLICATIONS FOR PROGRAMS;

(3) APPROVE OR DENY RENEWAL APPLICATIONS FOR APPROVAL OF PROGRAMS; AND

(4) MONITOR AND OVERSEE PROGRAMS APPROVED FOR OPERATION UNDER THIS SUBTITLE.

13- 3103.

(A) THE COMMISSION CONSISTS OF THE FOLLOWING MEMBERS:

(1) TWO MEMBERS OF THE MARYLAND SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE;

(2) TWO MEMBERS OF THE MARYLAND HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE OF DELEGATES; AND

(3) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

(i) ONE MEMBER OF THE PUBLIC WHO SUPPORTS THE USE OF MARIJUANA FOR MEDICAL PURPOSES;

(ii) ONE MEMBER OF THE PUBLIC DESIGNATED BY THE MARYLAND CHAPTER OF THE NATIONAL COALITION ON ALCOHOL AND OTHER DRUG DEPENDENCIES COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE;

(iii) THREE PHYSICIANS LICENSED IN THE STATE, WHO SPECIALIZE IN ADDICTION, PAIN, ONCOLOGY, NEUROLOGY, OR CLINICAL RESEARCH;

(iv) ONE NURSE LICENSED IN THE STATE, WITH EXPERIENCE IN HOSPICE CARE, NOMINATED BY A STATE RESEARCH INSTITUTION OR TRADE ASSOCIATION;

(v) ONE PHARMACIST LICENSED IN THE STATE, NOMINATED BY A STATE RESEARCH INSTITUTION OR TRADE ASSOCIATION;

(vi) ONE SCIENTIST WITH EXPERIENCE IN THE SCIENCE OF MARIJUANA, NOMINATED BY A STATE RESEARCH INSTITUTION;

(vii) ONE REPRESENTATIVE OF THE MARYLAND STATE’S ATTORNEYS’ ASSOCIATION;

(viii) ONE REPRESENTATIVE OF THE MARYLAND CHIEFS OF POLICE;

(ix) ONE REPRESENTATIVE OF THE MARYLAND SHERIFFS’

ASSOCIATION;

(X) ONE REPRESENTATIVE OF THE MARYLAND FRATERNAL ORDER OF POLICE; AND

(XI) AN ATTORNEY WHO IS KNOWLEDGEABLE ABOUT MEDICAL MARIJUANA LAWS IN THE UNITED STATES.

(B) (1) THE TERM OF AN APPOINTED MEMBER IS 2 YEARS.

(2) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS ON OCTOBER 1, 2012.

(3) AT THE END OF A TERM, AN APPOINTED MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(4) AN APPOINTED MEMBER MAY NOT SERVE MORE THAN THREE CONSECUTIVE FULL TERMS.

(5) AN APPOINTED MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(C) THE GOVERNOR SHALL DESIGNATE A CHAIR FROM AMONG THE APPOINTED MEMBERS OF THE COMMISSION.

(D) A MAJORITY OF THE FULL AUTHORIZED MEMBERSHIP OF THE COMMISSION IS A QUORUM.

(E) A MEMBER OF THE COMMISSION:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMISSION; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(F) THE COMMISSION MAY EMPLOY A STAFF, INCLUDING CONTRACTUAL STAFF, IN ACCORDANCE WITH THE STATE BUDGET.

13- 3104.

(A) THE COMMISSION SHALL ISSUE A REQUEST FOR APPLICATIONS FOR ACADEMIC MEDICAL CENTERS TO OPERATE MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS AT LEAST ANNUALLY.

(B) AN APPLICATION SUBMITTED BY AN ACADEMIC MEDICAL CENTER TO OPERATE A PROGRAM UNDER THIS SUBTITLE SHALL:

(1) SPECIFY THE MEDICAL CONDITIONS TO BE TREATED UNDER THE PROGRAM TO BE OPERATED BY THE ACADEMIC MEDICAL CENTER, PROPOSED ON THE BASIS OF EVIDENCE;

(2) SPECIFY THE CRITERIA BY WHICH THE ACADEMIC MEDICAL CENTER WILL INCLUDE AND EXCLUDE PATIENTS FROM PARTICIPATION IN THE PROGRAM;

(3) SPECIFY HOW PATIENTS WILL BE ASSESSED FOR ADDICTION BEFORE AND DURING TREATMENT WITH MARIJUANA THROUGH THE PROGRAM;

(4) DESCRIBE THE SOURCE OF MARIJUANA TO BE USED IN A PROGRAM AND INCLUDE SCIENTIFIC DETAILS OF THE TYPE OF MARIJUANA TO BE USED IN THE PROGRAM;

(5) SPECIFY THE LENGTH OF TREATMENT AND DOSAGE PERMITTED UNDER THE PROGRAM;

(6) DESCRIBE HOW HEALTH CARE PROVIDERS WILL BE ELIGIBLE TO PARTICIPATE IN THE PROGRAM AND WHAT TRAINING THEY WILL RECEIVE;

(7) INCLUDE A DESCRIPTION OF WHETHER AND HOW CAREGIVERS WILL INTERACT WITH PATIENTS PARTICIPATING IN THE PROGRAM;

(8) DEMONSTRATE APPROVAL OF THE PROGRAM BY THE ACADEMIC MEDICAL CENTER'S INSTITUTIONAL REVIEW BOARD;

(9) DESCRIBE THE PLAN FOR DEFINING AND MONITORING THE SUCCESS OR FAILURE OF TREATMENT WITH MARIJUANA THROUGH THE PROGRAM;

(10) INCLUDE A PLAN FOR MONITORING AGGREGATE DATA AND OUTCOMES AND PUBLISHING RESULTS FROM THE PROGRAM, AS APPROPRIATE;

(11) INCLUDE A DESCRIPTION OF THE SOURCES OF FUNDING FOR THE PROGRAM, INCLUDING ANY RESEARCH GRANTS;

(12) DESCRIBE ANY REQUIRED TRAINING FOR HEALTH CARE PROVIDERS AND PATIENTS PARTICIPATING IN THE PROGRAM ON DIVERSION-RELATED ISSUES;

(13) DESCRIBE STEPS THE ACADEMIC MEDICAL CENTER WILL TAKE TO PREVENT AND MONITOR FOR DIVERSION AND ADDRESS VIOLATIONS OF ITS DIVERSION POLICY;

(14) DESCRIBE HOW THE PROGRAM WILL DISPOSE OF ANY UNUSED MARIJUANA; AND

(15) DESCRIBE HOW THE ACADEMIC MEDICAL CENTER AND THE PROGRAM WILL MEET ANY OTHER CRITERIA ESTABLISHED BY THE COMMISSION RELATED TO DIVERSION OR OTHER ASPECTS OF PROGRAMS.

(c) THE COMMISSION SHALL SET APPLICATION FEES AND RENEWAL FEES THAT COVERS ITS EXPENSES IN REVIEWING AND APPROVING APPLICATIONS AND PROVIDING OVERSIGHT TO PROGRAMS.

13-3105.

(A) THE COMMISSION SHALL ESTABLISH A REVIEW PROCESS WITH REVIEWERS WITH EXPERTISE IN SCIENTIFIC RESEARCH AND ANALYSIS, MEDICAL TRAINING, AND LAW ENFORCEMENT.

(B) THE REVIEWERS SHALL:

(1) REVIEW, EVALUATE, AND RATE APPLICATIONS FOR MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS SUBMITTED BY ACADEMIC MEDICAL CENTERS, BASED ON THE PROCEDURES AND GUIDELINES ESTABLISHED BY THE COMMISSION; AND

(2) MAKE RECOMMENDATIONS TO THE COMMISSION, BASED ON THE RATINGS AWARDED TO PROPOSALS BY THE REVIEWERS, FOR APPROVAL OF APPLICATIONS FROM MEDICAL MARIJUANA COMPASSIONATE USE PROGRAMS.

(C) THE COMMISSION MAY GRANT A ONE-YEAR RENEWABLE LICENSE TO A PROGRAM.

13-3106.

(A) AN ACADEMIC MEDICAL CENTER APPROVED TO OPERATE A PROGRAM UNDER THIS SUBTITLE SHALL PROVIDE UPDATED DATA EACH DAY ON PATIENTS AND

CAREGIVERS PARTICIPATING IN EACH PROGRAM OVERSEEN BY THE ACADEMIC MEDICAL CENTER TO [INSERT STATE ENTITY], WHICH WILL MAKE THE DATA AVAILABLE IN REAL TIME TO LAW ENFORCEMENT.

(B) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE MAY ONLY USE MARIJUANA OBTAINED FROM:

- (1) THE FEDERAL GOVERNMENT; OR**
- (2) A MEDICAL MARIJUANA GROWER LICENSED UNDER THIS SUBTITLE.**

(C) IF THE ACADEMIC MEDICAL CENTER UTILIZES CAREGIVERS AS PART OF A PROGRAM APPROVED UNDER THIS SUBTITLE, THE ACADEMIC MEDICAL CENTER SHALL:

- (1) LIMIT THE NUMBER OF PATIENTS A CAREGIVER IS ALLOWED TO SERVE TO NO MORE THAN FIVE; AND**
- (2) LIMIT THE NUMBER OF CAREGIVERS THAT SERVE A PARTICULAR PATIENT TO NO MORE THAN TWO.**

(D) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE SHALL REPORT ANNUALLY TO THE COMMISSION, IN THE FORM SPECIFIED BY THE COMMISSION, ON:

- (1) THE NUMBER OF PATIENTS SERVED THROUGH THE PROGRAM;**
- (2) THE COUNTY OF RESIDENCE OF THE PATIENTS SERVED BY THE PROGRAM;**
- (3) CONDITIONS TREATED UNDER THE PROGRAM;**
- (4) ANY OUTCOMES DATA ON THE RESULTS OF TREATMENT THROUGH THE PROGRAM; AND**
- (5) ANY RESEARCH STUDIES CONDUCTED UNDER THE PROGRAM.**

(E) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE SHALL APPLY ANNUALLY TO THE COMMISSION FOR RENEWAL OF APPROVAL OF THE PROGRAM, IN ACCORDANCE WITH ANY PROCEDURES ESTABLISHED BY THE COMMISSION.

(F) AN ACADEMIC MEDICAL CENTER OPERATING A PROGRAM APPROVED UNDER THIS SUBTITLE IS SUBJECT TO INSPECTION BY THE COMMISSION TO ENSURE

THAT THE PROGRAM IS OPERATING ACCORDING TO THE CONDITIONS OF APPROVAL ESTABLISHED BY THE COMMISSION.

(G) THE COMMISSION MAY RESCIND APPROVAL OF A PROGRAM IF THE COMMISSION FINDS THAT THE PROGRAM IS NOT IN COMPLIANCE WITH THE CONDITIONS OF APPROVAL ESTABLISHED BY THE COMMISSION.

13-3107.

ON OR BEFORE JANUARY 1 OF EACH YEAR, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, ON PROGRAMS APPROVED TO OPERATE UNDER THIS SUBTITLE.

13-3108.

(A) THE [INSERT STATE ENTITY] SHALL LICENSE MEDICAL MARIJUANA GROWERS TO OPERATE IN THE STATE TO PROVIDE MARIJUANA TO PROGRAMS APPROVED FOR OPERATION UNDER THIS SUBTITLE.

(B) MARIJUANA GROWN BY AN ENTITY LICENSED UNDER THIS SECTION MAY PROVIDE MARIJUANA ONLY TO AN ACADEMIC MEDICAL CENTER APPROVED TO OPERATE A PROGRAM UNDER THIS SUBTITLE.

(C) THE [INSERT STATE ENTITY] SHALL ESTABLISH REQUIREMENTS FOR SECURITY AND MANUFACTURING PROCESS THAT A GROWER MUST MEET IN ORDER TO OBTAIN LICENSURE UNDER THIS SECTION, INCLUDING A REQUIREMENT FOR A PRODUCT TRACKING SYSTEM.

(D) THE [INSERT STATE ENTITY] MAY INSPECT GROWERS LICENSED UNDER THIS SECTION TO ENSURE COMPLIANCE WITH THIS SECTION.

(E) THE [INSERT STATE ENTITY] MAY IMPOSE PENALTIES OR RESCIND THE LICENSE OF A GROWER THAT DOES NOT MEET THE STANDARDS FOR LICENSURE SET BY THE [INSERT STATE ENTITY].

13-1309.

(A) ANY OF THE FOLLOWING PERSONS ACTING IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE MAY NOT BE SUBJECT TO ARREST, PROSECUTION, OR ANY CIVIL OR ADMINISTRATIVE PENALTY, INCLUDING CIVIL PENALTY OR DISCIPLINARY ACTION BY A PROFESSIONAL LICENSING BOARD, NOR BE DENIED ANY

RIGHT OR PRIVILEGE, FOR THE MEDICAL USE OF MARIJUANA:

(1) A PATIENT ENROLLED IN A PROGRAM APPROVED UNDER THIS SUBTITLE WHO IS IN POSSESSION OF AN AMOUNT OF MARIJUANA AUTHORIZED UNDER THE PROGRAM;

(2) A GROWER LICENSED UNDER § 13-3108 OF THIS SUBTITLE OR AN EMPLOYEE OF THE LICENSED GROWER WHO IS ACTING IN ACCORDANCE WITH THE TERMS OF THE LICENSE;

(3) AN ACADEMIC MEDICAL CENTER, AN EMPLOYEE OF THE ACADEMIC MEDICAL CENTER, OR ANY OTHER PERSON ASSOCIATED WITH THE OPERATION OF A PROGRAM APPROVED UNDER THIS SUBTITLE FOR ACTIVITIES CONDUCTED IN ACCORDANCE WITH THE PROGRAM APPROVED UNDER THIS SUBTITLE.

(B) (1) A PERSON MAY NOT DISTRIBUTE, POSSESS, MANUFACTURE, OR USE MARIJUANA THAT HAS BEEN DIVERTED FROM A PROGRAM APPROVED UNDER THIS SUBTITLE OR FROM A PATIENT WHO IS ENROLLED IN A PROGRAM APPROVED UNDER THIS SUBTITLE.

(2) A PERSON WHO VIOLATES THIS SUBSECTION IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT TO IMPRISONMENT NOT EXCEEDING 5 YEARS OR A FINE NOT EXCEEDING \$10,000 OR BOTH.

(3) THE PENALTY UNDER THIS SUBSECTION IS IN ADDITION TO ANY PENALTIES THAT A PERSON MAY BE SUBJECT TO FOR MANUFACTURE, POSSESSION, OR DISTRIBUTION OF MARIJUANA UNDER THE CRIMINAL LAW ARTICLE.

13-3010.

(A) THIS SUBTITLE MAY NOT BE CONSTRUED TO AUTHORIZE ANY INDIVIDUAL TO ENGAGE IN THE FOLLOWING, AND IT DOES NOT PREVENT THE IMPOSITION OF ANY CIVIL, CRIMINAL, OR OTHER PENALTIES FOR THE FOLLOWING:

(1) UNDERTAKE ANY TASK UNDER THE INFLUENCE OF MARIJUANA, WHEN DOING SO WOULD CONSTITUTE NEGLIGENCE OR PROFESSIONAL MALPRACTICE;

(2) OPERATE, NAVIGATE, OR BE IN ACTUAL PHYSICAL CONTROL OF ANY MOTOR VEHICLE, AIRCRAFT, OR BOAT WHILE UNDER THE INFLUENCE OF MARIJUANA;

(3) SMOKE MARIJUANA IN ANY PUBLIC PLACE;

(4) SMOKE MARIJUANA IN A MOTOR VEHICLE; OR

(5) SMOKE MARIJUANA ON A PRIVATE PROPERTY THAT:

(I) 1. IS RENTED FROM A LANDLORD; AND

2. IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY; OR

(II) IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY OF AN ATTACHED DWELLING ADOPTED BY ONE OF THE FOLLOWING ENTITIES:

1. THE BOARD OF DIRECTORS OF THE COUNCIL OF UNIT OWNERS OF A CONDOMINIUM REGIME; OR

2. THE GOVERNING BODY OF A HOMEOWNER’S ASSOCIATION.

(B) THIS SUBTITLE MAY NOT BE CONSTRUED TO PROVIDE IMMUNITY TO A PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBTITLE FROM CRIMINAL PROSECUTION FOR A VIOLATION OF ANY LAW PROHIBITING OR REGULATING THE USE, POSSESSION, DISPENSING, DISTRIBUTION, OR PROMOTION OF CONTROLLED DANGEROUS SUBSTANCES, DANGEROUS DRUGS, DETRIMENTAL DRUGS, OR HARMFUL DRUGS, OR ANY CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THOSE OFFENSES.

Medical Marijuana Model Program Workgroup
Proposal 2

Medical Marijuana Model Program Workgroup – Proposal 2

Introduction

Senate Bill 308 of 2011 (Chapter 215) required the Secretary of Health and Mental Hygiene to convene a workgroup to develop and assess the feasibility of a State-specific proposal for providing access to marijuana to patients in the State for medical purposes.

The legislation requires the workgroup to present draft legislation that outlines the key elements of the model program and includes provisions that:

- Provide for oversight and responsibility by programs located in academic medical research institutions in the State;
- Provide for the licensing of a program by the State;
- Establish a program application and review process that includes consideration of best practices and procedures for obtaining review input that is external to the Department of Health and Mental Hygiene;
- Expand the base of information on the use of marijuana for medical purposes on a scientific and policy implementation basis;
- Implement a program as soon as feasible, with the goal of implementation by January 2013.

Senate Bill 308 also requires the workgroup to provide guidance on the criteria for assessing program applications, including an applying program's plans for:

- Determining the medical conditions to be treated and the duration of therapy proposed;
- Identifying sources of marijuana;
- Determining patient eligibility and informed consent;
- Conducting any associated research projects;
- Reporting data and outcomes;
- Instituting strict controls against illegal diversion; and
- Securing grants or other sources of funding to facilitate the affordability of the program.

Senate Bill 308 requires the Secretary of Health and Mental Hygiene to report on the findings of the workgroup to the Senate Judicial Proceedings Committee, the House Health and Government Operations Committee, and the House Judiciary Committee.

This proposal, Proposal 2, is one of two proposals developed by the workgroup to address the requirements of Senate Bill 308.

Framework

The framework for this approach to marijuana for medical uses includes a recognition that the Maryland General Assembly has determined that patients who find relief from medical marijuana should not be criminalized for doing so. Maryland has removed criminal penalties for patients who prove they have serious medical conditions and that other medications have not provided relief, or for whom side effects from other medications or treatments are too severe. Currently, these patients have no safe means of obtaining marijuana and must instead obtain it from the illegal market or risk a felony criminal conviction by cultivating it. In addition, patients may still be arrested and face a criminal trial. This workgroup was established to create model legislation that includes a means of access for patients.

Because of many regulatory hurdles, including those related to marijuana’s status as a “Schedule I” drug, the type of research that would be needed to make marijuana an FDA-approved drug has not taken place. The American College of Physicians noted “research expansion has been hindered by a complicated federal approval process [and] limited availability of research-grade marijuana.” The American Medical Association and the American College of Physicians do not recommend the use of marijuana, though they support legal protections for physicians who make such recommendations. They have also called for additional research and recognize that marijuana has both potential benefits and potential risks for patients. Other organizations, including the American Academy of HIV Medicine and the American Public Health Association, have positions supporting allowing the medical use of marijuana. The benefits of the medical use of marijuana include the alleviation of certain debilitating symptoms, and the risks include psychiatric and behavioral side effects and dependence. Marijuana has never caused a medically documented fatal overdose.

When sufficient research has not been conducted for a medication to receive FDA approval, institutions are sometimes able to make this therapy available to patients in an “investigational use” setting. This has been referred to as “compassionate use.” In its 1999 comprehensive review of marijuana for medical uses, the Institute of Medicine endorsed this type of approach, stating: Short-term use of smoked marijuana¹ (less than six months) for patients with debilitating symptoms (such as intractable pain or vomiting) must meet the following conditions:

- Failure of all approved medications to provide relief has been documented;
- The symptoms can reasonably be expected to be relieved by rapid onset cannabinoid drugs;
- Such treatment is administered under medical supervision in a manner that allows for assessment of treatment effectiveness; and
- Involves an oversight strategy comparable to an institutional review board process that could provide guidance within 24 hours of a submission by a physician to provide marijuana to a patient for a specified use.²

Recommendations

The workgroup members that have signed on to this proposal have made recommendations in four areas: process, science, diversion, and other.

¹ The Institute of Medicine called for the creation of rapid-onset delivery methods other than smoking. Since the Institute’s report, smokeless vaporizers have been developed, allowing marijuana to be heated just below the point of combustion. Clinical research has shown vaporizers to be a safe method of administration. The Institute of Medicine report found that, “except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications.”

² Institute of Medicine, “Marijuana and Medicine: Assessing the Science Base,” Washington, D.C.: Institute of Medicine, 1999.

Table 1: Process Recommendations

	Recommendation	Comments
1	Marijuana for medical uses may be dispensed to patients who have been certified by a physician who has received training from and been certified by an independent oversight commission. The marijuana will be supplied by dispensaries or pharmacies registered with the independent commission.	This allows patients to go to their own physicians for clinical care, while ensuring that physicians have appropriate training and oversight. It avoids requiring physicians and academic medical centers to break federal law by possessing or distributing marijuana.
2	Academic medical centers may register with the state to conduct clinical research involving human subjects with marijuana.	
3	An independent commission should be established to provide oversight, including developing a training program for physicians and an application process for physicians, academic medical centers, growers, dispensaries, and pharmacies that wish to participate, consistent with the other recommended requirements of this report.	This independent commission should be established along the lines of dozens of existing independent agencies in Maryland, including the Stadium Authority, Lottery Agency, Handgun Roster Board, and Maryland Institute for Emergency Medical Services Systems. The commission should have one or more paid staff, and a member of the AG’s office should provide legal advice to the commission. Membership to the commission could be similar to the membership of the medical marijuana workgroup to ensure input from a multi-disciplinary team that includes law enforcement, medical professionals, researchers, patients, and relevant state agencies.
4	The costs of oversight shall be funded by one or more of the following: grants; registration fees paid by growers, dispensaries, and participating pharmacies; fees paid by participating academic medical centers and physicians; and fees paid by individual patients. The initial application fee and annual renewal fees will be regulated by the entity responsible for oversight of the program.	State funds for new programs are limited, and the regulation of medical marijuana programs must be cost neutral to the State.
5	The oversight entity will arrange for expert review of all applications. If qualified experts are not on the oversight entity, the application may be sent to a separate panel of experts convened by the oversight entity. This will include a risk/benefit analysis with regards to the medical condition to be treated, if the symptom or condition is not one of those specifically enumerated in the legislation,	Experts will submit application reviews to the independent commission for consideration in making a final decision on the application.

Medical Marijuana Model Program Workgroup – Proposal 2

	Recommendation	Comments
	patient inclusion/monitoring, data collection and reporting, and diversion monitoring.	
6	The independent commission will establish a program to monitor compliance among physicians and academic medical centers participating in the state medical marijuana program.	The independent commission will assess compliance with state regulations regarding the compassionate use program in addition to program-specific requirements outlined in the initial application.
7	There should be an annual review of registrations issued to physicians, academic medical research institutions, growers, dispensaries, and approved pharmacies.	This review should not be <i>pro forma</i> . Continued approval of academic medical centers should be based on meeting the goals for the application and providing all appropriate data. Continued approval of physicians should include ensuring that the conditions for which patients are receiving recommendations are within their clinical practice areas.
8	There should be an annual report by each physician and each academic medical research institution licensed for medical marijuana programs, as well as a public report.	Annual reports should include information on the number of patients served, the county of residence of the patients, the conditions treated, outcome data, and, for academic research programs, any research studies conducted under the medical marijuana program.

Table 2: Recommendations for the Scientific Components of Applications from Certifying Physicians and Academic Medical Research Institutions for a Medical Marijuana Program

	Recommendation	Comments
1	<p>The applications should specify the medical conditions to be treated. These conditions should include:</p> <p>1) conditions that result in the patient being admitted into hospice or receiving palliative care;</p> <p>2) a chronic or debilitating disease or medical condition or the treatment of a chronic or debilitating disease or medical condition that produces one or more of the following: cachexia, anorexia, or wasting syndrome, severe or chronic pain, severe nausea, seizures, or severe and persistent muscle spasms.</p> <p>Conditions not listed above will be considered if they are included in the application and symptoms can reasonably be expected to be relieved by rapid onset cannabinoid drugs. In each case, the physician should believe recognized drugs or treatments would not be effective, or other treatment options would have more serious side effects or a greater risk of addiction.</p> <p>Physicians should document relevant information in the medical record.</p>	<p>The goal of the program is to provide qualifying patients with access. These are the conditions approved for an affirmative defense in SB 308 and which the science workgroup considered appropriate.</p>
2	<p>The application should specify the criteria by which the certifying physician or academic medical center will include and exclude patients from participation in the program.</p>	<p>This is a standard part of an investigational use program.</p>
3	<p>The application should specify how patients would be assessed for addiction before and after certification to participate in the program.</p>	<p>A history of problematic substance use should not exclude a prospective patient from participating in the program using appropriate medical need consideration. Evaluation of addiction before enrollment and the emergence of new drug use problems following enrollment will be important in assessing risk/benefits of participation to the patient.</p>
4	<p>The application should specify the proposed length of certifications and provide a detailed plan for ongoing evaluation for each medical condition approved within an academic medical center.</p>	<p>This is a standard part of an investigational use program.</p>

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	Recommendation	Comments
5	In the case of applications by academic medical centers, the applications must list individual medical providers participating within each academic medical center and must detail training and/or certifications required for participation.	
6	Any application that includes the conduct of clinical research must include a letter of approval from the institutional review board (IRB) affiliated with the academic medical center or an accredited independent IRB for each study to be conducted.	This is a standard part of an investigational use program.
7	The application should describe the plan for defining and monitoring the success or failure of treatment.	This is a standard part of an investigational use program and is important for clinical care.
8	The application should include a plan for monitoring aggregate data and outcomes and, in the case of academic medical centers, conducting clinical research, publishing results, as appropriate.	This will allow for others to learn about the outcomes of the program.

Table 3: Recommendations for the Diversion Components of Applications from Academic Medical Research Institutions, Physicians, Growers, and Providers for a Medical Marijuana Program

	Recommendation	Comments
1	Growers', dispensaries', and participating pharmacies' applications should describe steps to be taken to prevent and monitor for drug diversion.	This will allow the independent commission to assure compliance with an anti-diversion program.
2	The application should describe how the program would address violations of the diversion policy.	This will ensure that there are consequences within the program for both employees of the growers and dispensaries and patients for diversion.
3	Medical providers, pharmacies, and growers responsible for diversion must be dropped from the program immediately and reported to law enforcement for violations of program provisions. Law enforcement cannot be contacted by providers who suspect them of diversion due to patient confidentiality (HIPAA) regulations. Patients who are arrested or convicted of diversion-related activities while in the program should be dropped from the program and, if possible, have notation in the Drug Monitoring Program Database. Providers/patients can appeal to the oversight institution for re-admission to the program.	
4	The maximum amount of marijuana that can be dispensed to a patient will be determined legislatively or by the commission.	Unlike other medications, physicians may not recommend dosage for marijuana. In addition, there are advantages to allowing patients to self-titrate. The Canadian government-approved prescribing information for Sativex, the natural marijuana extract now sold by prescription in Canada, gives patients complete freedom to adjust their dose as needed. The official pamphlet provided to patients specifies: "The dose you require is determined by you. You can determine the dose that best suits you according to the pain relief you experience."
5	The independent commission would craft regulations for growers and dispensaries regarding security, transportation, permissible locations, and labeling and testing to ensure consistency of the strain(s). All marijuana should be grown indoors with 24-7 security. Oversight regulations would be crafted in consultation with state agencies.	Consistent and clear statewide regulations will give a clear mandate for maintaining safety to the independent commission.

Table 4: Other Recommendations

	Recommendation	Comments
1	Marijuana growers must apply and be separately registered by the State of Maryland prior to engaging in the enterprise of cultivating medical marijuana.	The registration process should focus on good manufacturing practices and security. If a grower is not registered, then its products may not be used in a program in the state, and they are subject to enforcement of state laws against marijuana cultivation.
2	Patients who are participating in the program should be registered in a central database by the state or the oversight agency. Patients enrolled in the program will be provided an identification card that allows police to verify their participation in the program, but which does not compromise the confidentiality of other patients in the program.	Law enforcement should not have full access to the database (violation of patient confidentiality). Law enforcement can use a unique patient identifier (provided on ID card) to receive verification of name, address, and current program status for the patient associated with that specific ID.
3	There should be additional state penalties for gross misuse of a marijuana program for diversion purposes.	
4	Caregivers would be subject to a criminal background check and would be allowed to assist no more than five patients. Caregivers would be able to pick up the medical marijuana for patients and to assist patients with the act of administering marijuana or preparing it for administration.	
5	Any surplus raised by the medical marijuana oversight program could be apportioned for studies related to the medical marijuana program or to clinical trials, with any excess then going to the state’s general fund.	In other states, medical marijuana programs have generated substantial surpluses. For example, Michigan generated \$4.4 million through its ID program in FY 2010 and spent only \$740,658 on the program in FY 2010.

Workgroup Members Signing on to Proposal 2

The following members of the workgroup signed on to Proposal 2:

- Lynn Billing
- Senator David Brinkley
- Dario Broccolino
- Philip Cogan
- Delegate Kathleen Dumais
- Deborah Miran
- Delegate Dan Morhaim
- Karen O’Keefe
- Senator Jamie Raskin
- Dr. Ryan Vandrey

Model Legislation to Implement Proposal 2

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, THAT SECTION(S) 5-403(D), (E), AND (F), RESPECTIVELY, OF ARTICLE — CRIMINAL LAW OF THE ANNOTATED CODE OF MARYLAND BE RENUMBERED TO BE SECTION(S) 5-403(E), (F), AND (G), RESPECTIVELY.

SECTION 2. AND BE IT FURTHER ENACTED, THAT THE LAWS OF MARYLAND READ AS FOLLOWS:

ARTICLE — CRIMINAL LAW

SECTION 5-402

(D) (1) A MATERIAL, COMPOUND, MIXTURE, OR PREPARATION THAT CONTAINS ANY OF THE FOLLOWING HALLUCINOGENIC OR HALLUCINOGENIC-LIKE SUBSTANCES IS A SUBSTANCE LISTED IN SCHEDULE I:

- (I) BUFOTENINE;
- (II) DIETHYLTRYPTAMINE;
- (III) DIMETHYLTRYPTAMINE;
- (IV) 4-METHYL-2, 5-DIMETHOXYAMPHETAMINE;
- (V) IBOGAINE;
- (VI) LYSERGIC ACID DIETHYLAMIDE;
- [(VII) MARIJUANA;]
- [(VIII) (VII) Mescaline;
- [(IX) (VIII) PEYOTE;
- [(X) (IX) PSILOCYBIN;
- [(XI) (X) PSILOCYN;
- [(XII) (XI) TETRAHYDROCANNABINOL;
- [(XIII) (XII) THIOPHENE ANALOG OF PHENCYCLIDINE;
- [(XIV) (XIII) 2, 5-DIMETHOXYAMPHETAMINE;
- [(XV) (XIV) 4-BROMO-2, 5-DIMETHOXYAMPHETAMINE;
- [(XVI) (XV) 4-METHOXYAMPHETAMINE;

- [(XVII)] **(XVI)** 3, 4-METHYLENEDIOXYAMPHETAMINE;
- [(XVIII)] **(XVII)** 3, 4-METHYLENEDIOXYMETHAMPHETAMINE (MDMA);
- [(XIX)] **(XVIII)** 5-METHOXY-3, 4-METHYLENEDIOXYAMPHETAMINE;
- [(XX)] **(XIX)** 3, 4, 5-TRIMETHOXYAMPHETAMINE;
- [(XXI)] **(XX)** N-METHYL-3-PIPERIDYL BENZILATE;
- [(XXII)] **(XXI)** N-ETHYL-3-PIPERIDYL BENZILATE;
- [(XXIII)] **(XXII)** N-ETHYL-1-PHENYLCYCLOHEXYLAMINE;
- [(XXIV)] **(XXIII)** 1-(1-PHENYLCYCLOHEXYL)-PYRROLIDINE;
- [(XXV)] **(XXIV)** 1-(1-(2-THIENYL)-CYCLOHEXYL)-PIPERIDINE;
- [(XXVI)] **(XXV)** 1-METHYL-4-PHENYL-4-PROPIONOXYPIPERIDINE (MPPP); AND [(XXVII)] **(XXVI)** 1-(2-PHENYLETHYL)-4-PHENYL-4-ACETYLOXYPIPERIDINE (PEPAP).

5-403.

(D) A MATERIAL, COMPOUND, MIXTURE, OR PREPARATION THAT CONTAINS MARIJUANA IS A SUBSTANCE LISTED IN SCHEDULE II.

5-611.

(A) A PERSON WHO IS EMPLOYED BY A DISPENSING PHARMACY OR A DISPENSING CENTER REGISTERED WITH THE MEDICAL MARIJUANA OVERSIGHT COMMISSION UNDER TITLE 13, SUBTITLE 30 OF THE HEALTH – GENERAL ARTICLE MAY NOT DISTRIBUTE OR DISPENSE MARIJUANA EXCEPT TO A REGISTERED QUALIFYING PATIENT OR A REGISTERED PRIMARY CAREGIVER.

(B) A PERSON WHO IS REGISTERED WITH THE COMMISSION AS A QUALIFYING PATIENT OR A PATIENT’S PRIMARY CAREGIVER UNDER TITLE 13, SUBTITLE 30 OF THE HEALTH – GENERAL ARTICLE MAY NOT DISTRIBUTE OR DISPENSE MARIJUANA TO ANOTHER PERSON WHO IS NOT A REGISTERED QUALIFYING PATIENT.

(C) A REGISTERED ACADEMIC MEDICAL CENTER REGISTERED UNDER TITLE 13, SUBTITLE 30 OF THE HEALTH — GENERAL ARTICLE OR A CERTIFYING PHYSICIAN UNDER TITLE 13, SUBTITLE 30 OF THE HEALTH — GENERAL ARTICLE MAY NOT DISTRIBUTE OR DISPENSE MARIJUANA TO ANOTHER PERSON WHO IS NOT A REGISTERED QUALIFYING PATIENT OR A REGISTERED PRIMARY CAREGIVER.

(D) A PERSON WHO VIOLATES SUBSECTION (A) OR (B) OF THIS SECTION IS GUILTY OF A FELONY AND ON CONVICTION IS SUBJECT TO IMPRISONMENT NOT EXCEEDING SEVEN (7) YEARS OR A FINE NOT EXCEEDING \$7,000, OR BOTH.

**ARTICLE — HEALTH — GENERAL
SUBTITLE 30. MEDICAL MARIJUANA.**

13-3001.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP” MEANS A RELATIONSHIP IN WHICH THE PHYSICIAN HAS ONGOING RESPONSIBILITY FOR THE ASSESSMENT, CARE, AND TREATMENT OF A PATIENT’S MEDICAL CONDITION.

(C) “CERTIFYING PHYSICIAN” MEANS AN INDIVIDUAL LICENSED BY THE STATE BOARD OF PHYSICIANS UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE TO PRACTICE MEDICINE WHO:

(1) HAS COMPLETED A TRAINING COURSE DESIGNED BY THE MEDICAL MARIJUANA OVERSIGHT COMMISSION AND HAS BEEN APPROVED BY THE COMMISSION; OR

(2) HAS COMPLETED TRAINING WITH A REGISTERED ACADEMIC MEDICAL CENTER AND IS CERTIFYING PATIENTS UNDER THE AUSPICES OF A REGISTERED ACADEMIC MEDICAL CENTER.

(D) “DISPENSING CENTER” MEANS AN ENTITY REGISTERED UNDER THIS SUBTITLE THAT ACQUIRES, POSSESSES, DELIVERS, TRANSFERS, TRANSPORTS, SUPPLIES, SELLS, OR DISPENSES MARIJUANA OR RELATED SUPPLIES AND EDUCATION MATERIALS.

(E) “DISPENSING PHARMACY” MEANS A PHARMACY REGISTERED UNDER THIS SUBTITLE THAT ACQUIRES, POSSESSES, DELIVERS, TRANSFERS, TRANSPORTS, SELLS, SUPPLIES, OR DISPENSES MARIJUANA OR RELATED SUPPLIES AND EDUCATIONAL MATERIALS.

(F) “MARIJUANA” HAS THE MEANING STATED IN § 5-101 OF THE CRIMINAL LAW ARTICLE.

(G) “MEDICAL MARIJUANA OVERSIGHT COMMISSION” OR “COMMISSION” MEANS AN INDEPENDENT COMMISSION APPOINTED BY THE GOVERNOR TO REGISTER AND REGULATE ACADEMIC MEDICAL CENTERS, CERTIFYING PHYSICIANS, GROWERS, DISPENSING CENTERS, AND DISPENSING PHARMACIES.

(H) “MEDICAL USE” MEANS THE ACQUISITION, POSSESSION, CULTIVATION, MANUFACTURE, USE, DELIVERY, SALE, TRANSFER, OR TRANSPORTATION OF MARIJUANA OR PARAPHERNALIA RELATING TO THE ADMINISTRATION OF MARIJUANA TO TREAT OR ALLEVIATE A REGISTERED PATIENT’S CONDITION OR SYMPTOMS.

(I) (1) “PRIMARY CAREGIVER” MEANS A RESIDENT OF THE STATE WHO:

(I) IS AT LEAST 18 YEARS OLD;

(II) HAS AGREED TO ASSIST WITH NO MORE THAN FIVE QUALIFYING PATIENTS’ MEDICAL USE OF MARIJUANA;

(III) HAS BEEN DESIGNATED AS PRIMARY CAREGIVER ON THE QUALIFYING PATIENT’S APPLICATION OR RENEWAL FOR A REGISTRY IDENTIFICATION CARD FOR THE PRIMARY CAREGIVER; AND

(IV) HAS SATISFIED THE CRIMINAL HISTORY RECORDS CHECK REQUIRED UNDER § 13-3008 OF THIS SUBTITLE.

(2) “PRIMARY CAREGIVER” DOES NOT INCLUDE THE QUALIFYING PATIENT’S CERTIFYING PHYSICIAN.

(J) “QUALIFYING PATIENT” MEANS A RESIDENT OF THE STATE WHO:

(1) IS AT LEAST 18 YEARS OLD, UNLESS THE COMMISSION GRANTS AN EXCEPTION AT THE RECOMMENDATION OF THE PATIENT’S CERTIFYING PHYSICIAN; AND

(2) HAS BEEN PROVIDED WITH WRITTEN CERTIFICATION BY A CERTIFYING PHYSICIAN PURSUANT TO A BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP; OR

(3) IS ENROLLED IN A RESEARCH PROGRAM WITH A REGISTERED ACADEMIC MEDICAL CENTER.

(K) “REGISTERED GROWER” MEANS AN ENTITY THAT:

(1) IS REGISTERED BY THE COMMISSION UNDER THIS SUBTITLE TO BE EXEMPT FROM STATE AND LOCAL PENALTIES FOR CULTIVATING MARIJUANA IN ACCORDANCE WITH THIS ACT; AND

(2) IS EXEMPT FROM STATE AND LOCAL PENALTIES FOR TRANSFERRING MARIJUANA CULTIVATED BY THE ENTITY TO A DISPENSING PHARMACY OR TO A DISPENSING CENTER FOR A FEE.

(L) (1) “REGISTERED ACADEMIC MEDICAL CENTER” MEANS A PROGRAM APPROVED BY THE COMMISSION TO CONDUCT RESEARCH REGARDING THE MEDICAL USE OF MARIJUANA BY HUMANS.

(2) A REGISTERED ACADEMIC MEDICAL CENTER MUST:

(I) OPERATE A MEDICAL RESIDENCY PROGRAM FOR PHYSICIANS; AND

(II) CONDUCT RESEARCH THAT IS OVERSEEN BY THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THAT INVOLVES HUMAN SUBJECTS.

(M) “REGISTRY IDENTIFICATION CARD” MEANS A DOCUMENT ISSUED BY THE COMMISSION THAT IDENTIFIES AN INDIVIDUAL AS A QUALIFYING PATIENT OR PRIMARY CAREGIVER.

(N) (1) “USABLE MARIJUANA” MEANS THE DRIED LEAVES AND FLOWERS OF MARIJUANA AND ANY MIXTURE OR PREPARATION OF THE DRIED LEAVES AND FLOWERS.

(2) “USABLE MARIJUANA” DOES NOT INCLUDE THE SEEDS, STALKS, OR ROOTS OF THE

PLANT.

(O) “WRITTEN CERTIFICATION” MEANS A CERTIFICATION ISSUED BY A CERTIFYING PHYSICIAN TO A QUALIFYING PATIENT WITH WHOM THE PHYSICIAN HAS A BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP THAT INCLUDES A STATEMENT CERTIFYING THAT:

(1) IN THE PHYSICIAN’S PROFESSIONAL OPINION, AFTER HAVING COMPLETED A FULL ASSESSMENT OF THE PATIENT’S MEDICAL HISTORY AND CURRENT MEDICAL CONDITION, THE PATIENT HAS A CONDITION WHICH MEETS THE INCLUSION CRITERIA AND DOES NOT MEET THE EXCLUSION CRITERIA OF THE CERTIFYING PHYSICIAN’S APPLICATION, AND FOR WHICH:

(I) RECOGNIZED DRUGS OR TREATMENT WOULD NOT BE EFFECTIVE; OR

(II) OTHER TREATMENT OPTIONS HAVE MORE SERIOUS SIDE EFFECTS OR A GREATER RISK OF ADDICTION; AND

(III) THE POTENTIAL BENEFITS OF THE MEDICAL USE OF MARIJUANA WOULD LIKELY OUTWEIGH THE HEALTH RISKS FOR THE PATIENT.

13-3002.

(A) THERE IS A MEDICAL MARIJUANA OVERSIGHT COMMISSION.

(B) THE COMMISSION IS AN INDEPENDENT COMMISSION THAT FUNCTIONS WITHIN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

(C) (1) THE COMMISSION CONSISTS OF 15 MEMBERS, WHICH SHALL INCLUDE BROAD-BASED REPRESENTATIVES OF ALL STAKEHOLDERS.

(2) THE COMMISSION SHALL INCLUDE:

(I) TWO MEMBERS OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;

(II) TWO MEMBERS OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;

(III) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE SECRETARY’S DESIGNEE, WHO SHALL SERVE EX OFFICIO; AND

(IV) 10 MEMBERS, APPOINTED BY THE GOVERNOR, INCLUDING THE FOLLOWING MEMBERS:

(1) ONE MEMBER OF THE PUBLIC WHO SUPPORTS THE USE OF MARIJUANA FOR MEDICAL PURPOSES AND WHO IS OR WAS A PATIENT WHO FOUND RELIEF FROM MEDICAL MARIJUANA;

(2) TWO PHYSICIANS LICENSED IN THE STATE;

(3) ONE NURSE LICENSED IN THE STATE;

(4) ONE PHARMACIST LICENSED IN THE STATE:

(5) ONE SCIENTIST WHO HAS CONDUCTED GRANT-FUNDED RESEARCH;

(6) TWO MEMBERS WITH EXPERIENCE IN LAW ENFORCEMENT; AND

(7) AN ATTORNEY WHO IS KNOWLEDGEABLE ABOUT MEDICAL MARIJUANA LAWS IN THE UNITED STATES.

(D) THE TERM OF A MEMBER IS FOUR YEARS.

(E) THE TERMS OF THE APPOINTED MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS ON OCTOBER 1, 2012.

(F) A MEMBER WHO SERVES TWO CONSECUTIVE FULL FOUR-YEAR TERMS MAY NOT BE REAPPOINTED FOR FOUR YEARS AFTER COMPLETION OF THOSE TERMS.

(G) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.

(H) ANNUALLY, FROM AMONG THE MEMBERS OF THE COMMISSION:

(1) THE GOVERNOR SHALL APPOINT A CHAIRMAN; AND

(2) THE CHAIRMAN SHALL APPOINT A VICE CHAIRMAN.

(I) A MEMBER OF THE COMMISSION:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COMMISSION; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

(J) (1) THE COMMISSION MAY EMPLOY A STAFF, INCLUDING CONTRACTUAL STAFF, IN ACCORDANCE WITH THE STATE BUDGET OR FUNDED DIRECTLY BY APPLICATION AND REGISTRATION FEES AND GRANTS TO THE COMMISSION.

(2) THE COMMISSION, IN CONSULTATION WITH THE SECRETARY, SHALL DETERMINE THE APPROPRIATE JOB CLASSIFICATIONS AND GRADES FOR ALL STAFF.

(K) THE COMMISSION SHALL CONSULT WITH EXPERTS IN PERFORMING ITS DUTIES.

(L) THE COMMISSION SHALL MEET AT LEAST SIX TIMES A YEAR, AT THE TIMES AND PLACES THAT IT DETERMINES.

13-3003.

(A) IN ADDITION TO THE POWERS SET FORTH ELSEWHERE IN THIS SUBTITLE, THE COMMISSION MAY:

(1) ADOPT RULES AND REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE;

(2) CREATE SUBCOMMITTEES FROM AMONG ITS MEMBERS;

(3) APPOINT ADVISORY COMMISSIONS, WHICH MAY INCLUDE INDIVIDUALS AND REPRESENTATIVES OF INTERESTED PUBLIC OR PRIVATE ORGANIZATIONS;

(4) APPLY FOR AND ACCEPT ANY FUNDS, PROPERTY, OR SERVICES FROM ANY PERSON OR GOVERNMENT AGENCY;

(5) MAKE AGREEMENTS WITH A GRANTOR OR PAYER OF FUNDS, PROPERTY, OR SERVICES;

(6) PUBLISH AND DISSEMINATE ANY INFORMATION THAT RELATES TO THE MEDICAL USE OF MARIJUANA AND RELATED RESEARCH; AND

(7) SUBJECT TO THE LIMITATIONS OF THIS SUBTITLE, EXERCISE ANY OTHER POWER THAT IS REASONABLY NECESSARY TO CARRY OUT THE PURPOSES OF THIS SUBTITLE.

(B) IN ADDITION TO THE DUTIES SET FORTH ELSEWHERE IN THIS SUBTITLE, THE COMMISSION SHALL:

(1) ADOPT RULES AND REGULATIONS THAT RELATE TO ITS MEETINGS, MINUTES, AND TRANSACTIONS;

(2) KEEP MINUTES OF EACH MEETING;

(3) PREPARE ANNUALLY A BUDGET PROPOSAL THAT INCLUDES THE ESTIMATED INCOME OF THE COMMISSION AND PROPOSED EXPENSES FOR ITS ADMINISTRATION AND OPERATION; AND

(4) PREPARE FROM THE INFORMATION FILED WITH THE COMMISSION ANY SUMMARY, COMPILATION, OR OTHER SUPPLEMENTARY REPORT THAT WILL ADVANCE THE PURPOSES OF THIS SUBTITLE.

(C) (1) THE COMMISSION MAY CONTRACT WITH A QUALIFIED, INDEPENDENT THIRD PARTY FOR ANY SERVICE NECESSARY TO CARRY OUT THE POWERS AND DUTIES OF THE COMMISSION.

(2) UNLESS PERMISSION IS GRANTED SPECIFICALLY BY THE COMMISSION, A THIRD PARTY HIRED BY THE COMMISSION MAY NOT RELEASE, PUBLISH, OR OTHERWISE USE ANY INFORMATION TO WHICH THE THIRD PARTY HAS ACCESS UNDER ITS CONTRACT.

(D) (1) ON OR BEFORE SEPTEMBER 1, 2012, THE COMMISSION SHALL ADOPT REGULATIONS TO IMPLEMENT THIS SUBTITLE.

(2) THE COMMISSION MAY SUSPEND OR REVOKE THE REGISTRATIONS OF ACADEMIC MEDICAL CENTERS, DISPENSING CENTERS, DISPENSING PHARMACIES, PHYSICIANS, AND REGISTERED GROWERS THAT COMMIT ANY VIOLATIONS OF THIS ACT OR REGULATIONS ISSUED

PURSUANT TO THE ACT.

(E) DISPENSING CENTERS, REGISTERED GROWERS, AND REGISTERED PHARMACIES ARE SUBJECT TO INSPECTION BY THE COMMISSION.

(F) THE COMMISSION SHALL ADVANCE THE DEVELOPMENT OF SCIENTIFIC INFORMATION RELATED TO THE MEDICAL USE OF MARIJUANA.

(G) COMMISSION REGULATIONS SHALL NOT REQUIRE REGISTERED ACADEMIC MEDICAL CENTERS OR PHYSICIANS TO:

(I) DESIGNATE DISPENSING CENTERS OR DISPENSING PHARMACIES FOR PATIENTS;

(II) POSSESS, CULTIVATE, OR DISTRIBUTE MARIJUANA; OR

(III) HAVE ANY CONTROL OVER THE POSSESSION, CULTIVATION, OR DISTRIBUTION OF MARIJUANA.

13-3004.

(A) THE COMMISSION SHALL CONSULT WITH EXPERTS, INCLUDING ACADEMICS AND MEDICAL PROFESSIONALS, AND ESTABLISH A TRAINING PROGRAM FOR PHYSICIANS WISHING TO BECOME CERTIFYING PHYSICIANS.

(B) THE COMMISSION SHALL SET A REASONABLE FEE FOR PROCESSING PHYSICIAN APPLICATIONS AND FOR THE TRAINING PROGRAM FOR PHYSICIANS.

(C) (1) THE COMMISSION SHALL APPROVE CERTIFYING PHYSICIANS THAT MEET THE REQUIREMENTS OF THIS SUBTITLE, COMPLETE THE TRAINING PROGRAM, AND SUBMIT SATISFACTORY APPLICATION MATERIALS.

(2) EACH PHYSICIAN CERTIFICATION MUST BE RENEWED ANNUALLY.

(D) A PHYSICIAN’S PROPOSAL MUST INCLUDE:

(1) THE CRITERIA BY WHICH PATIENTS WILL BE INCLUDED IN THE PROGRAM, INCLUDING QUALIFYING MEDICAL CONDITIONS;

(2) THE CRITERIA BY WHICH THE PHYSICIAN WILL EXCLUDE PATIENTS FROM THE PROGRAM;

(3) THE PHYSICIAN’S PLAN FOR SCREENING PATIENTS FOR DEPENDENCE, BOTH BEFORE AND AFTER THE QUALIFYING PATIENT IS ISSUED A WRITTEN CERTIFICATION; AND

(4) THE PHYSICIAN’S PLAN FOR THE ONGOING ASSESSMENT AND FOLLOW-UP CARE FOR PATIENTS AND THE COLLECTION OF DATA.

(E) PROVIDED TREATING A GIVEN MEDICAL CONDITIONS FALLS WITHIN A PHYSICIAN’S CLINICAL PRACTICE AREA, THE COMMISSION IS ENCOURAGED TO APPROVE APPLICATIONS FOR THE FOLLOWING MEDICAL CONDITIONS:

(1) A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION THAT RESULTED IN THE PATIENT BEING ADMITTED INTO HOSPICE OR RECEIVING PALLIATIVE CARE; AND

(2) A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION OR THE TREATMENT OF A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION THAT PRODUCES ONE OR MORE OF THE FOLLOWING: CACHEXIA, ANOREXIA, OR WASTING SYNDROME, SEVERE OR CHRONIC PAIN, SEVERE NAUSEA, SEIZURES, OR SEVERE AND PERSISTENT MUSCLE SPASMS.

(3) THE COMMISSION MAY APPROVE APPLICATIONS THAT INCLUDE ANY OTHER CONDITION THAT IS SEVERE AND RESISTANT TO CONVENTIONAL MEDICINE PROVIDED THAT:

(I) FAILURE OF APPROVED MEDICATIONS TO PROVIDE RELIEF HAS BEEN DOCUMENTED; AND

(II) THE SYMPTOMS CAN REASONABLY BE EXPECTED TO BE RELIEVED BY THE MEDICAL USE OF MARIJUANA.

(F) CERTIFYING PHYSICIANS SHALL BE PROTECTED FROM CIVIL AND CRIMINAL PENALTIES UNDER STATE AND LOCAL LAWS FOR THE ACTIVITIES ALLOWED BY THIS SUBTITLE, INCLUDING ISSUING WRITTEN CERTIFICATIONS AND COLLECTING AND ANALYZING DATA.

(G) (1) EACH YEAR, NO LATER THAN 60 DAYS BEFORE ITS REGISTRATION EXPIRES, EACH CERTIFYING PHYSICIAN SHALL SUBMIT AN ANNUAL REPORT TO THE COMMISSION.

(2) ANNUAL REPORTS SHOULD INCLUDE INFORMATION ON THE NUMBER OF PATIENTS SERVED, THE COUNTY OR COUNTIES OF RESIDENCE, THE MEDICAL CONDITION(S) FOR WHICH MEDICAL MARIJUANA WAS RECOMMENDED, AND A SUMMARY OF CLINICAL OUTCOMES SHOULD BE PROVIDED, INCLUDING A SUMMARY OF ADVERSE EVENTS AND A SUMMARY OF ANY CASES OF SUSPECTED DIVERSION.

(3) ANNUAL REPORTS MAY NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION ABOUT PATIENTS.

(H) CERTIFYING PHYSICIANS MAY APPLY FOR RENEWED REGISTRATIONS ANNUALLY. THE COMMISSION SHALL GRANT OR DENY A REGISTRATION BASED ON THE CERTIFYING PHYSICIAN'S PERFORMANCE, INCLUDING WHETHER HE OR SHE IS PROVIDING CERTIFICATIONS FOR MEDICAL CONDITIONS WITHIN HIS OR HER PRACTICE AREA.

13-3005

(A) THE COMMISSION SHALL SET A REASONABLE FEE FOR PROCESSING ACADEMIC MEDICAL CENTER APPLICATIONS.

(B) (1) THE COMMISSION SHALL APPROVE ACADEMIC MEDICAL CENTERS THAT MEET THE REQUIREMENTS OF THIS SUBTITLE AND SUBMIT SATISFACTORY PROPOSALS.

(2) EACH REGISTERED ACADEMIC MEDICAL CENTER REGISTRATION EXPIRES AFTER ONE YEAR, UNLESS IT IS RENEWED.

(C) AN ACADEMIC MEDICAL CENTER’S PROPOSAL MUST INCLUDE:

(1) A LIST OF MEDICAL PROVIDERS WHO INTEND TO PARTICIPATE IN THE PROGRAM, AND THEIR QUALIFICATIONS FOR PARTICIPATION, INCLUDING THEIR PROFESSIONAL CREDENTIALS AND TRAINING SPECIFIC TO THE MEDICAL USE OF MARIJUANA;

(2) THE CRITERIA BY WHICH THE ACADEMIC MEDICAL CENTERS WILL INCLUDE PATIENTS IN THE PROGRAM, INCLUDING QUALIFYING MEDICAL CONDITIONS;

(3) THE CRITERIA BY WHICH THE ACADEMIC MEDICAL CENTERS WILL EXCLUDE PATIENTS FROM THE PROGRAM;

(4) THE ACADEMIC MEDICAL CENTER’S PLAN FOR SCREENING PATIENTS FOR DEPENDENCE, BOTH BEFORE AND AFTER THE QUALIFYING PATIENT IS ISSUED A WRITTEN CERTIFICATION;

(5) THE ACADEMIC MEDICAL CENTER’S PLAN FOR THE ONGOING ASSESSMENT AND FOLLOW-UP CARE FOR PATIENTS AND THE COLLECTION AND ANALYZING OF DATA;

(6) ANY CLINICAL TRIALS OR ADDITIONAL RESEARCH RELATED TO MEDICAL MARIJUANA THAT THE ACADEMIC MEDICAL CENTER INTENDS TO ENGAGE IN; AND

(7) A LETTER OF APPROVAL FROM AN INSTITUTIONAL REVIEW BOARD FOR ALL PROPOSED RESEARCH ACTIVITIES.

(D) THE COMMISSION IS ENCOURAGED TO APPROVE OTHERWISE SATISFACTORY APPLICATIONS THAT INCLUDE ANY OR ALL OF THE FOLLOWING MEDICAL CONDITIONS:

(1) A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION THAT RESULTED IN THE PATIENT BEING ADMITTED INTO HOSPICE OR RECEIVING PALLIATIVE CARE; AND

(2) A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION OR THE TREATMENT OF A CHRONIC OR DEBILITATING DISEASE OR MEDICAL CONDITION THAT PRODUCES ONE OR MORE OF THE FOLLOWING: CACHEXIA, ANOREXIA, OR WASTING SYNDROME, SEVERE OR CHRONIC PAIN, SEVERE NAUSEA, SEIZURES, OR SEVERE AND PERSISTENT MUSCLE SPASMS.

(E) THE COMMISSION MAY APPROVE APPLICATIONS THAT INCLUDE ANY OTHER CONDITION THAT IS SEVERE AND RESISTANT TO CONVENTIONAL MEDICINE PROVIDED THAT:

(1) FAILURE OF APPROVED MEDICATIONS TO PROVIDE RELIEF HAS BEEN DOCUMENTED; AND

(2) THE SYMPTOMS CAN REASONABLY BE EXPECTED TO BE RELIEVED BY THE MEDICAL USE OF MARIJUANA.

(F) A REGISTERED ACADEMIC MEDICAL CENTER, PHYSICIANS WHO ARE PART OF A REGISTERED ACADEMIC MEDICAL CENTER’S PROGRAM, AND REGISTERED ACADEMIC MEDICAL CENTERS’ STAFF SHALL BE PROTECTED FROM CIVIL AND CRIMINAL PENALTIES UNDER STATE AND LOCAL LAWS FOR THE ACTIVITIES ALLOWED BY THIS SUBTITLE, INCLUDING CONDUCTING RESEARCH INVOLVING MEDICAL MARIJUANA AND CERTIFYING PATIENTS TO PARTICIPATE IN THE PROGRAM.

(G) (1) EACH YEAR, NO LATER THAN 60 DAYS BEFORE ITS REGISTRATION EXPIRES, THE REGISTERED ACADEMIC MEDICAL CENTER SHALL SUBMIT AN ANNUAL REPORT TO THE COMMISSION.

(2) ANNUAL REPORTS SHOULD INCLUDE INFORMATION ON THE NUMBER OF PATIENTS SERVED, THE COUNTY OR COUNTIES OF RESIDENCE, THE MEDICAL CONDITION(S) FOR WHICH MEDICAL MARIJUANA WAS RECOMMENDED, AND A SUMMARY OF CLINICAL OUTCOMES SHOULD BE PROVIDED FOR EACH INDIVIDUAL PATIENT, INCLUDING A SUMMARY OF ADVERSE EVENTS, A SUMMARY OF ANY CASES OF SUSPECTED DIVERSION AT THE LEVEL OF PATIENT, PROGRAM, OR DISPENSING CENTER, AND PROGRESS REPORTS ON RESEARCH STUDIES CONDUCTED UNDER THE MEDICAL MARIJUANA PROGRAM.

(3) ACADEMIC MEDICAL CENTER REPORTS MAY NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION ABOUT PATIENTS.

(4) THE REGISTERED ACADEMIC MEDICAL CENTER SHALL PREPARE A LAY SUMMARY OF THE REPORT THAT IS PUBLICLY AVAILABLE.

(H) ACADEMIC MEDICAL CENTERS MAY APPLY FOR RENEWED REGISTRATIONS ANNUALLY. THE COMMISSION SHALL GRANT OR DENY A REGISTRATION BASED ON THE REGISTERED ACADEMIC MEDICAL CENTER'S PERFORMANCE, INCLUDING WHETHER IT IS PROVIDING APPROPRIATE TRAINING AND OVERSIGHT FOR CERTIFYING PHYSICIANS AND COLLECTING AND ANALYZING DATA.

13-3006.

(A) THE COMMISSION SHALL ISSUE A REQUEST FOR APPLICATIONS FOR REGISTERED GROWERS THAT WILL BE EXEMPT FROM CRIMINAL PENALTIES UNDER STATE LAW.

(B) (1) THE COMMISSION SHALL REQUIRE AN APPLICANT FOR A REGISTRATION TO PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:

(I) THE NAME OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR OPERATING THE CULTIVATION FACILITY;

(II) THE LOCATION OF THE PROPOSED CULTIVATION FACILITY OR CULTIVATION FACILITIES;

(III) THE SECURITY MEASURES THAT WILL BE FOLLOWED BY THE REGISTERED GROWER IN CULTIVATING, STORING, AND TRANSPORTING MARIJUANA;

(IV) THE METHOD BY WHICH THE REGISTERED GROWER WILL ACCOUNT FOR THE AMOUNT OF MARIJUANA CULTIVATED AND TRANSFERRED TO DISPENSING CENTERS AND DISPENSING PHARMACIES;

(V) THE TRAINING THAT WILL BE PROVIDED TO EMPLOYEES TO PREVENT DIVERSION;

(VI) HOW THE PROGRAM WILL ADDRESS VIOLATIONS OF THE DIVERSION POLICY; AND

(VII) ANY OTHER INFORMATION THAT THE COMMISSION CONSIDERS NECESSARY.

(2) THE COMMISSION SHALL SELECT THE FEWEST NUMBER OF REGISTERED GROWERS UNDER THIS SECTION AS IS REASONABLE.

(3) REGISTRATIONS EXPIRE ONE YEAR AFTER DATE OF ISSUANCE. REGISTRATIONS MAY BE RENEWED ANNUALLY.

(C) REGISTERED GROWERS WILL BE EXEMPT FROM STATE AND LOCAL PENALTIES FOR CULTIVATING MARIJUANA FOR MEDICAL USE IN ACCORDANCE WITH THIS ACT. A REGISTERED GROWER SHALL:

(1) BE PROTECTED FROM CIVIL AND CRIMINAL PENALTIES UNDER STATE AND LOCAL LAWS FOR POSSESSING AND CULTIVATING MARIJUANA IN ACCORDANCE WITH THIS SUBTITLE;

(2) BE PROTECTED FROM CIVIL AND CRIMINAL PENALTIES UNDER STATE AND LOCAL LAWS FOR SELLING, TRANSPORTING, OR TRANSFERRING MARIJUANA TO DISPENSING CENTERS, DISPENSING PHARMACIES, AND REGISTERED ACADEMIC MEDICAL CENTERS IN ACCORDANCE WITH THIS SUBTITLE;

(3) MEET CERTAIN SECURITY AND SAFETY STANDARDS THAT MAY BE VERIFIED BY THE COMMISSION;

(4) SUBMIT TO PHARMACOLOGICAL TESTING OF THE MARIJUANA CONDUCTED BY THE REGISTERED GROWER OR A PRIVATE ENTITY TO ENSURE:

(I) THAT THE MARIJUANA CAN BE ACCURATELY LABELED BASED ON ITS POTENCY AND STRAIN; AND

(II) THAT THERE IS NO ADULTERATION OR CONTAMINATION OF THE MARIJUANA.

(5) CONDUCT A CRIMINAL HISTORY RECORDS CHECK ON ANY EMPLOYEE OF THE REGISTERED GROWER AS PROVIDED FOR IN THIS SUBTITLE, UNLESS THE REGISTERED GROWER IS ALSO A REGISTERED ACADEMIC MEDICAL CENTER.

(D) A REGISTERED GROWER MAY NOT:

(1) HOLD ANY OTHER REGISTRATION ISSUED UNDER THIS SUBTITLE UNLESS THE REGISTERED GROWER IS ALSO A REGISTERED ACADEMIC MEDICAL CENTER; OR

(2) BE A CERTIFYING PHYSICIAN.

(E) (1) UNLESS A REGISTERED GROWER IS ALSO A REGISTERED ACADEMIC MEDICAL CENTER, AN INDIVIDUAL WHO HAS BEEN CONVICTED OF SALE OF A CONTROLLED DANGEROUS SUBSTANCE MAY NOT BE AN EMPLOYEE OF A REGISTERED GROWER, UNLESS THE CONVICTION WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(2) UNLESS A REGISTERED GROWER IS ALSO A REGISTERED ACADEMIC MEDICAL CENTER, AN INDIVIDUAL WHO HAS BEEN CONVICTED OF A FELONY MAY NOT BE AN EMPLOYEE OF A REGISTERED GROWER.

(F) THE COMMISSION, AFTER CONSULTING WITH THE DEPARTMENT OF AGRICULTURE AND STATE POLICE, SHALL ADOPT REGULATIONS TO BE FOLLOWED BY A REGISTERED GROWER, INCLUDING:

(1) THE SECURITY FEATURES TO BE REQUIRED ON THE PREMISES, WHICH SHALL INCLUDE A REQUIREMENT FOR SECURITY 24 HOURS PER DAY, SEVEN (7) DAYS PER WEEK AND A PROHIBITION ON CULTIVATING MARIJUANA OUTDOORS;

(2) THE SECURITY FEATURES TO BE REQUIRED IN TRANSPORT TO AN ENTITY THAT OBTAINS A REGISTRATION TO DISPENSE MARIJUANA;

(3) LABELING REQUIREMENTS, WHICH SHALL INCLUDE THE WEIGHT OF MARIJUANA IN EACH PACKAGE AND THE FOLLOWING TEXT OR TEXT SUBSTANTIALLY SIMILAR TO IT: “WARNING: FOR QUALIFYING PATIENTS’ MEDICAL USE ONLY. KEEP AWAY FROM CHILDREN. DO NOT OPERATE MACHINERY OR DRIVE WHILE UNDER THE INFLUENCE OF MARIJUANA.”

(4) THE LOCATION OF REGISTERED GROWERS; AND

(5) REGULATIONS TO ENSURE THAT REGISTERED GROWERS ACCURATELY TRACK THE AMOUNT OF MARIJUANA PRODUCED AND DISPENSED AND TO WHOM THE MARIJUANA IS DISPENSED.

(G) (1) THE COMMISSION MAY ESTABLISH A FEE FOR RENEWAL APPLICATIONS AND RENEWED REGISTRATIONS FOR REGISTERED GROWERS.

(2) THE COMMISSION SHALL GRANT OR DENY A RENEWAL BASED ON THE REGISTERED GROWER’S PERFORMANCE, INCLUDING WHETHER IT HAS FOLLOWED REGULATIONS, INCLUDING BY IMPLEMENTING APPROPRIATE PROCEDURES FOR SECURITY AND NON-DIVERSION.

13-3007.

(A) (1) (I) THE COMMISSION SHALL ESTABLISH A REGISTRATION PROGRAM TO REGISTER ENTITIES THAT ARE EXEMPT FROM STATE AND LOCAL PENALTIES FOR DISTRIBUTING MARIJUANA FOR MEDICAL PURPOSES.

(II) THE COMMISSION SHALL CHARGE A REASONABLE FEE FOR AN APPLICATION TO BE EXEMPT FROM STATE AND LOCAL PENALTIES FOR DISTRIBUTING MARIJUANA FOR MEDICAL PURPOSES.

(III) THE COMMISSION SHALL CHARGE A REASONABLE FEE FOR THE ISSUANCE OF A REGISTRATION UNDER THIS SECTION.

(2) THE COMMISSION SHALL REQUIRE AN APPLICANT FOR A DISPENSING CENTER OR DISPENSING PHARMACY REGISTRATION TO PROVIDE THE FOLLOWING INFORMATION TO THE COMMISSION:

(I) AN APPLICATION FEE;

(II) THE NAME OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR OPERATING THE DISPENSING PHARMACY OR DISPENSING CENTER;

(III) THE LOCATION OF THE PHARMACY OR DISPENSING CENTER;

(IV) THE SECURITY MEASURES THAT WILL BE FOLLOWED BY THE PHARMACY OR DISPENSING CENTER IN RECEIVING, STORING, AND DISPENSING MARIJUANA;

(V) THE METHOD BY WHICH THE PHARMACY OR DISPENSING CENTER WILL ACCOUNT FOR THE AMOUNT OF MARIJUANA RECEIVED AND DISPENSED;

(VI) THE TRAINING THAT WILL BE PROVIDED TO EMPLOYEES TO PREVENT DIVERSION;

(VII) HOW THE PROGRAM WILL ADDRESS VIOLATIONS OF THE DIVERSION POLICY; AND

(VIII) ANY OTHER INFORMATION THAT THE COMMISSION CONSIDERS NECESSARY.

(3) THE FOLLOWING ENTITIES MAY REGISTER WITH THE COMMISSION TO BE EXEMPT FROM STATE AND LOCAL PENALTIES FOR DISTRIBUTING MARIJUANA FOR MEDICAL PURPOSES:

(I) A PHARMACY THAT HOLDS A PHARMACY REGISTRATION ISSUED BY THE BOARD OF PHARMACY; OR

(II) A DISPENSING CENTER AS PROVIDED FOR IN THIS SECTION.

(4) A REGISTERED ACADEMIC MEDICAL CENTER WISHING TO DISPENSE TO PATIENTS IS NOT REQUIRED TO ALSO BE REGISTERED AS A DISPENSING CENTER. HOWEVER, IF A REGISTERED ACADEMIC MEDICAL CENTER WISHES TO DISPENSE MARIJUANA TO PATIENTS, ITS APPLICATION TO OPERATE AS A REGISTERED ACADEMIC MEDICAL CENTER MUST INCLUDE:

(I) A SUMMARY OF THE TRAINING THAT WILL BE PROVIDED TO EMPLOYEES AND TO PATIENTS TO PREVENT DIVERSION;

(II) A DESCRIPTION OF THE MATERIALS THAT WILL BE PROVIDED TO PATIENTS TO ENSURE INFORMED CONSENT; AND

(III) A DESCRIPTION OF HOW THE PROGRAM WILL ADDRESS VIOLATIONS OF THE DIVERSION POLICY.

(B) (1) AN ENTITY SEEKING TO OPERATE AS A DISPENSING CENTER SHALL PERFORM A CRIMINAL HISTORY RECORDS CHECK ON EACH EMPLOYEE.

(2) THIS REQUIREMENT DOES NOT APPLY TO DISPENSING PHARMACIES OR REGISTERED ACADEMIC MEDICAL CENTERS.

(3) AS PART OF THE CRIMINAL HISTORY RECORDS CHECK FOR AN EMPLOYEE, THE ENTITY SHALL SUBMIT AN APPLICATION TO THE CENTRAL REPOSITORY WITH:

(I) TWO COMPLETE SETS OF THE EMPLOYEE’S LEGIBLE FINGERPRINTS; AND

(II) ANY FEE REQUIRED UNDER STATE LAW FOR ACCESS TO STATE CRIMINAL HISTORY RECORDS.

(4) THE CENTRAL REPOSITORY SHALL FORWARD TO THE EMPLOYEE, THE DISPENSING CENTER, AND THE COMMISSION THE EMPLOYEE’S CRIMINAL HISTORY RECORD INFORMATION.

(5) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SUBSECTION IS CONFIDENTIAL AND MAY NOT BE DISSEMINATED.

(6) (I) AN INDIVIDUAL WHO HAS BEEN CONVICTED OF SALE OF A CONTROLLED DANGEROUS SUBSTANCE MAY NOT BE ISSUED A REGISTRATION TO OPERATE A DISPENSING CENTER, UNLESS THE CONVICTION WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(II) AN INDIVIDUAL WHO HAS BEEN CONVICTED OF SALE OF A CONTROLLED DANGEROUS SUBSTANCE MAY NOT BE AN EMPLOYEE OF A DISPENSING CENTER, UNLESS THE CONVICTION WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(III) AN INDIVIDUAL WHO HAS BEEN CONVICTED OF A FELONY MAY NOT BE ISSUED A REGISTRATION TO OPERATE A DISPENSING CENTER UNLESS THE CONVICTION WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO THE SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(IV) AN INDIVIDUAL WHO HAS BEEN CONVICTED OF A FELONY MAY NOT BE AN EMPLOYEE OF A DISPENSING CENTER UNLESS THE CONVICTION WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO THE SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(C) EXCEPT IF THE ENTITY IS A REGISTERED ACADEMIC MEDICAL CENTER, AN ENTITY SEEKING TO BE EXEMPT FROM STATE AND LOCAL CRIMINAL PENALTIES FOR OPERATING A DISPENSING CENTER OR REGISTERED GROWER UNDER THIS SUBTITLE SHALL REQUIRE EACH EMPLOYEE OF THE ENTITY TO SUBMIT TO PERIODIC DRUG TESTING AS DETERMINED BY THE COMMISSION IN REGULATIONS.

(D) (1) EXCEPT AS PROVIDED IN THIS SUBSECTION, THE COMMISSION SHALL ISSUE A REGISTRATION TO OPERATE A DISPENSING CENTER OR DISPENSING PHARMACY IF:

(I) THE REQUIREMENTS OF THIS SECTION ARE MET;

(II) THE COMMISSION HAS VERIFIED THE INFORMATION CONTAINED IN THE APPLICATION; AND

(III) THE APPLICATION IS IN COMPLIANCE WITH ALL REQUIREMENTS ISSUED BY THE COMMISSION.

(2) THE COMMISSION MAY REASONABLY LIMIT THE NUMBER OF DISPENSING CENTERS STATEWIDE OR BY GEOGRAPHIC AREA.

(3) IF THE COMMISSION LIMITS THE NUMBER OF DISPENSING CENTERS, IT MAY DECIDE WHICH TO ISSUE CERTIFICATES BY CONSIDERING THE STRENGTH OF PROPOSED DISPENSING CENTERS’ PLANS, INCLUDING FOR SECURITY, PREVENTING DIVERSION, AND PROVIDING LOWER COST OR FREE MARIJUANA TO QUALIFYING PATIENTS WITH LITTLE OR NO INCOME.

(4) THE COMMISSION SHALL APPROVE OR DENY AN APPLICATION WITHIN 60 DAYS AFTER

RECEIPT OF A COMPLETED APPLICATION.

(5) THE COMMISSION SHALL ASSIGN TO EACH ENTITY THAT HAS BEEN ISSUED A REGISTRATION UNDER THIS SECTION A UNIQUE DISPENSING CENTER OR DISPENSING PHARMACY IDENTIFICATION NUMBER.

(6) A DENIAL OF AN APPLICATION SHALL BE CONSIDERED A FINAL AGENCY DECISION FOR PURPOSES OF JUDICIAL REVIEW UNDER THE ADMINISTRATIVE PROCEDURE ACT.

(E) AN INDIVIDUAL WHO HAS BEEN ISSUED A REGISTRATION UNDER THIS SECTION SHALL DISPLAY THE REGISTRATION AT THE DISPENSING PHARMACY OR DISPENSING CENTER AT ALL TIMES WHEN THE DISPENSING PHARMACY OR DISPENSING CENTER IS IN POSSESSION OF MARIJUANA.

(F) A REGISTRATION HOLDER SHALL REPORT ANY CHANGE IN INFORMATION TO THE COMMISSION NO LATER THAN 10 DAYS AFTER THE CHANGE.

(G) AN INDIVIDUAL WHO HAS BEEN ISSUED A REGISTRATION UNDER THIS SECTION MAY NOT:

(1) HOLD ANY OTHER REGISTRATION ISSUED UNDER THIS SUBTITLE, UNLESS THE INDIVIDUAL IS A REGISTERED ACADEMIC MEDICAL CENTER; OR

(2) BE A CERTIFYING PHYSICIAN.

(H) ON OR BEFORE SEPTEMBER 1, 2012, THE MEDICAL MARIJUANA OVERSIGHT COMMISSION, IN CONSULTATION WITH THE BOARD OF PHARMACY, THE STATE POLICE, AND STAKEHOLDERS, SHALL DEVELOP REGULATIONS REGARDING THE PROCEDURES TO BE FOLLOWED BY REGISTERED ACADEMIC MEDICAL CENTERS, DISPENSING PHARMACIES, AND DISPENSING CENTERS IN DISPENSING, STORING, AND TRANSPORTING MARIJUANA UNDER THIS SUBTITLE.

(I) (1) THE COMMISSION MAY ESTABLISH A FEE FOR RENEWAL APPLICATIONS AND RENEWED REGISTRATIONS FOR DISPENSING CENTERS AND DISPENSING PHARMACIES.

(2) THE COMMISSION SHALL GRANT OR DENY A RENEWAL BASED ON THE DISPENSING CENTER OR DISPENSING PHARMACY'S PERFORMANCE, INCLUDING WHETHER IT HAS FOLLOWED REGULATIONS, INCLUDING BY IMPLEMENTING APPROPRIATE PROCEDURES FOR SECURITY AND NON-DIVERSION.

(J) (1) THE SALE OF MARIJUANA MAY NOT BE ADVERTISED ON BILLBOARDS, TELEVISION, OR RADIO.

(2) THE COMMISSION MAY DEVELOP ADDITIONAL RULES RESTRICTING THE TIME, PLACE, AND MANNER THAT MARIJUANA SALES MAY BE ADVERTISED.

(3) RESTRICTIONS ON ADVERTISING SHALL NOT PREVENT APPROPRIATE SIGNS ON THE PROPERTY OF THE REGISTERED DISPENSING CENTER OR LISTINGS IN BUSINESS DIRECTORIES INCLUDING PHONE BOOKS.

13-3008.

(A) (1) THE MEDICAL MARIJUANA OVERSIGHT COMMISSION, IN CONSULTATION WITH STATE AND LOCAL LAW ENFORCEMENT, SHALL DEVELOP REGULATIONS PROVIDING FOR THE ISSUANCE OF REGISTRY IDENTIFICATION CARDS TO QUALIFYING PATIENTS WHO:

(I) HAVE RECEIVED A WRITTEN CERTIFICATION FROM A CERTIFYING PHYSICIAN; OR

(II) ARE ENROLLED TO PARTICIPATE IN A REGISTERED ACADEMIC PROGRAM'S RESEARCH PROGRAM.

(2) THE COMMISSION MAY ESTABLISH AN APPLICATION OR RENEWAL FEE THAT MAY BE BASED ON A SLIDING SCALE.

(3) THE COMMISSION SHALL ISSUE A REGISTRY IDENTIFICATION CARD TO A QUALIFYING PATIENT WHO HAS BEEN ISSUED A VALID WRITTEN CERTIFICATION BY A CERTIFIED PHYSICIAN OR WHO HAS BEEN CERTIFIED TO PARTICIPATE IN A MEDICAL MARIJUANA PROGRAM BY A REGISTERED ACADEMIC MEDICAL CENTER.

(4) EACH QUALIFYING PATIENT SHALL SEND THE COMMISSION:

(I) THE NAME, ADDRESS, AND DATE OF BIRTH OF THE QUALIFYING PATIENT;

(II) A WRITTEN CERTIFICATION ISSUED BY THE PATIENT'S CERTIFYING PHYSICIAN OR DOCUMENTATION FROM A REGISTERED ACADEMIC MEDICAL CENTER;

(III) THE NAME, ADDRESS, AND DATE OF BIRTH OF THE QUALIFYING PATIENT'S PRIMARY CAREGIVER, IF THE PATIENT WISHES TO HAVE A PRIMARY CAREGIVER;

(IV) AN APPLICATION OR RENEWAL FEE THAT MAY BE BASED ON A SLIDING SCALE AS DETERMINED BY THE COMMISSION.

(V) IF THE QUALIFYING PATIENT WISHES TO HAVE A PRIMARY CAREGIVER, THE REASON THAT THE PATIENT REQUIRES THE ASSISTANCE OF A CAREGIVER TO OBTAIN MARIJUANA.

(B) (1) THE COMMISSION SHALL:

(I) APPROVE OR DENY AN APPLICATION OR RENEWAL WITHIN 30 DAYS OF RECEIPT OF THE APPLICATION OR RENEWAL;

(II) ISSUE A REGISTRY IDENTIFICATION CARD WITHIN FIVE DAYS OF APPROVING THE APPLICATION OR RENEWAL;

(III) ENSURE THAT A PERSON IS NOT DESIGNATED AS A PRIMARY CAREGIVER FOR MORE THAN FIVE (5) QUALIFYING PATIENTS.

(2) THE COMMISSION MAY DENY AN APPLICATION OR RENEWAL ONLY IF THE APPLICANT FAILS TO PROVIDE THE INFORMATION REQUIRED UNDER THIS SECTION OR IF THE COMMISSION DETERMINES THAT THE INFORMATION WAS FALSIFIED.

(3) THE COMMISSION SHALL DENY A REQUEST FOR A PRIMARY CAREGIVER IF:

(I) THE APPLICANT FAILS TO PROVIDE THE INFORMATION REQUIRED UNDER THIS SECTION;

(II) THE COMMISSION DETERMINES THAT THE INFORMATION WAS FALSIFIED;

(III) THE QUALIFYING PATIENT DID NOT PROVIDE A CONVINCING REASON WHY HE OR SHE NEEDED A PRIMARY CAREGIVER;

(IV) THE PRIMARY CAREGIVER IS ALREADY REGISTERED TO ASSIST FIVE PATIENTS; OR

(V) THE PRIMARY CAREGIVER HAS A CONVICTION THAT PRECLUDES PARTICIPATION IN THE PROGRAM.

(4) DENIAL OF THE APPLICATION SHALL BE CONSIDERED A FINAL AGENCY DECISION FOR PURPOSES OF JUDICIAL REVIEW UNDER THE ADMINISTRATIVE PROCEDURE ACT.

(C) (1) THE COMMISSION SHALL REQUIRE EACH APPLICANT SEEKING TO SERVE AS A PRIMARY CAREGIVER TO APPLY TO THE CENTRAL REPOSITORY FOR A CRIMINAL HISTORY RECORDS CHECK.

(2) THE COMMISSION SHALL PROVISIONALLY APPROVE AN APPLICATION TO SERVE AS A PRIMARY CAREGIVER PENDING THE RESULTS OF A CRIMINAL HISTORY RECORDS CHECK.

(3) AS PART OF THE APPLICATION FOR THE CRIMINAL HISTORY RECORDS CHECK, THE APPLICANT SHALL SUBMIT TO THE CENTRAL REPOSITORY:

(I) TWO COMPLETE SETS OF THE APPLICANT'S LEGIBLE FINGERPRINTS TAKEN ON FORMS APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY; AND

(II) ANY FEE REQUIRED UNDER STATE LAW FOR ACCESS TO STATE CRIMINAL HISTORY RECORDS.

(4) THE CENTRAL REPOSITORY SHALL FORWARD TO THE APPLICANT AND TO THE COMMISSION THE POTENTIAL PRIMARY CAREGIVER'S CRIMINAL HISTORY RECORD INFORMATION.

(5) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SUBSECTION IS CONFIDENTIAL AND MAY NOT BE DISSEMINATED.

(6) (I) AN APPLICANT WHO HAS BEEN CONVICTED OF POSSESSION OR SALE OF A CONTROLLED DANGEROUS SUBSTANCE MAY NOT SERVE AS A PRIMARY CAREGIVER, UNLESS THE CONVICTION OCCURRED ON OR AFTER SEPTEMBER 1, 2012, AND WAS FOR A VIOLATION OF FEDERAL LAW RELATING TO POSSESSION OR SALE OF MARIJUANA FOR CONDUCT THAT IS LEGAL UNDER THIS SUBTITLE.

(II) AN INDIVIDUAL WHO HAS BEEN CONVICTED OF A FELONY MAY NOT BE ISSUED A REGISTRY IDENTIFICATION CARD TO SERVE AS A PRIMARY CAREGIVER.

(7) ON RECEIPT OF THE CRIMINAL HISTORY RECORDS CHECK FROM THE CENTRAL REPOSITORY, THE SECRETARY SHALL NOTIFY THE APPLICANT IN WRITING OF THE APPLICANT'S

QUALIFICATION OR DISQUALIFICATION FOR SERVING AS A PRIMARY CAREGIVER.

(D) THE REGISTRY IDENTIFICATION CARD SHALL CONTAIN THE FOLLOWING INFORMATION:

(I) THE NAME, ADDRESS, AND DATE OF BIRTH OF THE QUALIFYING PATIENT;

(II) THE NAME, ADDRESS, AND DATE OF BIRTH OF THE QUALIFYING PATIENT’S PRIMARY CAREGIVER, IF ANY;

(III) THE DATE OF ISSUANCE;

(IV) AN EXPIRATION DATE OF THE REGISTRY IDENTIFICATION, WHICH SHALL BE ONE YEAR AFTER THE DATE OF ISSUANCE, UNLESS A DIFFERENT DATE IS INCLUDED ON THE WRITTEN CERTIFICATION;

(V) PHOTO IDENTIFICATION OF THE CARDHOLDER;

(VI) A RANDOM IDENTIFICATION CARD NUMBER; AND

(VII) ANY OTHER INFORMATION PROVIDED FOR BY THE COMMISSION IN REGULATIONS.

(VIII) A PRIMARY CAREGIVER OR QUALIFYING PATIENT WHO HAS BEEN ISSUED A REGISTRY IDENTIFICATION CARD SHALL NOTIFY THE COMMISSION OF ANY CHANGE IN THE PERSON’S NAME OR ADDRESS WITHIN 10 DAYS OF THE CHANGE OR THE REGISTRY IDENTIFICATION CARD SHALL BE CONSIDERED VOID.

(IX) 1. IF THERE IS A CHANGE IN THE STATUS OF A PATIENT’S QUALIFYING MEDICAL CONDITION THAT REQUIRES A CERTIFYING PHYSICIAN TO WITHDRAW THE PATIENT’S WRITTEN CERTIFICATION OR THE QUALIFYING PATIENT’S REGISTERED ACADEMIC MEDICAL CENTER TO TERMINATE THE QUALIFYING PATIENT’S PARTICIPATION IN ITS PROGRAM, THE CERTIFYING PHYSICIAN OR REGISTERED ACADEMIC MEDICAL CENTER SHALL PROVIDE WRITTEN NOTICE TO THE PATIENT AND THE COMMISSION WITHIN 10 DAYS OF BECOMING AWARE OF THE CHANGE.

2. ON RECEIPT OF THE NOTICE DESCRIBED IN SUBSECTION (B)(IX)(1.), THE COMMISSION SHALL:

A. REVOKE THE PATIENT’S AND, IF APPLICABLE, THE PATIENT’S PRIMARY CAREGIVER’S REGISTRY IDENTIFICATION CARD; AND

B. SEND THE PATIENT AND, IF APPLICABLE, THE PATIENT’S PRIMARY CAREGIVER A REVOCATION NOTICE REQUIRING THE IMMEDIATE RETURN OF ALL REGISTRY IDENTIFICATION CARDS.

3. ON RECEIPT OF A REVOCATION NOTICE UNDER SUBPARAGRAPH 2 OF THE SUBPARAGRAPH, A PATIENT AND, IF APPLICABLE, A PATIENT’S PRIMARY CAREGIVER SHALL:

A. IMMEDIATELY SEND THE COMMISSION OR OTHER ENTITY ISSUING REGISTRY IDENTIFICATION CARDS THE REGISTRY IDENTIFICATION CARD OF THE PATIENT AND, IF APPLICABLE, THE PATIENT’S PRIMARY CAREGIVER; AND

B. HAVE 15 DAYS TO DISPOSE OF ANY MARIJUANA IN THE PATIENT’S POSSESSION, BY TRANSFERRING THE MARIJUANA TO A DISPENSING CENTER OR DISPENSING PHARMACY.

(E) THE COMMISSION SHALL ESTABLISH PROCEDURES FOR EACH REGISTERED QUALIFYING PATIENT TO DESIGNATE A SINGLE DISPENSING CENTER OR DISPENSING PHARMACY AT A TIME WITH THE COMMISSION.

(F) (1) THE COMMISSION SHALL MAINTAIN A CONFIDENTIAL LIST OF THE INDIVIDUALS TO WHOM IT ISSUED REGISTRY IDENTIFICATION CARDS.

(2) THE NAMES OF INDIVIDUALS AND OTHER IDENTIFYING INFORMATION ON THE LIST:

(I) ARE CONFIDENTIAL;

(II) MAY NOT BE CONSIDERED A PUBLIC RECORD; AND

(III) MAY NOT BE DISCLOSED EXCEPT TO:

1. AUTHORIZED EMPLOYEES OF THE COMMISSION AS NECESSARY TO PERFORM OFFICIAL DUTIES OF THE COMMISSION; OR

2. AUTHORIZED EMPLOYEES OF STATE OR LOCAL LAW ENFORCEMENT, TO VERIFY THAT AN INDIVIDUAL WHO IS ENGAGED IN THE SUSPECTED OR ALLEGED MEDICAL USE OF MARIJUANA IS LAWFULLY IN POSSESSION OF A REGISTRY IDENTIFICATION CARD. LAW ENFORCEMENT WILL NOT BE ABLE TO QUERY RECORDS FOR PERSONS NOT IMMEDIATELY BEING CONSIDERED IN CASES OF SUSPECTED MARIJUANA MISUSE OR WHO PRESENTED LAW ENFORCEMENT WITH THEIR REGISTRY IDENTIFICATION CARD. AUTHORIZED EMPLOYEES OF STATE OR LOCAL LAW ENFORCEMENT MAY PROVIDE A REGISTRY IDENTIFICATION NUMBER ASSOCIATED WITH A REGISTRY IDENTIFICATION CARD AND RECEIVE VERIFICATION OF THE NAME, ADDRESS, AND CURRENT PROGRAM STATUS FOR THE PATIENT ASSOCIATED THE REGISTRY IDENTIFICATION NUMBER.

13-3009.

(A) ANY OF THE FOLLOWING PERSONS ACTING IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE MAY NOT BE SUBJECT TO ARREST, PROSECUTION, OR ANY CIVIL OR ADMINISTRATIVE PENALTY, INCLUDING CIVIL PENALTY OR DISCIPLINARY ACTION, BY A PROFESSIONAL LICENSING BOARD, NOR BE DENIED ANY RIGHT OR PRIVILEGE, FOR THE MEDICAL USE OF MARIJUANA:

(1) A QUALIFYING PATIENT OR PATIENT’S PRIMARY CAREGIVER WHO HOLDS A VALID REGISTRY IDENTIFICATION CARD AND IS IN POSSESSION OF AN ALLOWABLE AMOUNT OF USABLE MARIJUANA PURCHASED OR ACQUIRED IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE;

(2) A REGISTERED GROWER OR A REGISTERED GROWER’S EMPLOYEE;

(3) IF A QUALIFYING PATIENT IS UNABLE TO DISPOSE OF MARIJUANA AND HE OR SHE DOES NOT HAVE A CAREGIVER, A PERSON TRANSPORTING THE QUALIFYING PATIENT’S MARIJUANA TO A DISPENSING CENTER OR DISPENSING PHARMACY;

(4) A DISPENSING PHARMACY THAT HOLDS A REGISTRATION UNDER THIS SUBTITLE OR A DISPENSING CENTER OR AN EMPLOYEE OF A DISPENSING PHARMACY OR DISPENSING CENTER;

(5) A CERTIFYING PHYSICIAN;

(6) A REGISTERED ACADEMIC MEDICAL CENTER AND ITS STAFF; OR

(7) A LABORATORY CONDUCTING TESTING OF MEDICAL MARIJUANA, INCLUDING FOR POTENCY AND CONTAMINANTS, OR AN EMPLOYEE OF A LABORATORY CONDUCTING TESTING OF MEDICAL MARIJUANA.

(B) THE POSSESSION OF, OR THE APPLICATION FOR, A REGISTRY IDENTIFICATION CARD DOES NOT ALONE CONSTITUTE PROBABLE CAUSE TO SEARCH AN INDIVIDUAL OR THE PROPERTY OF AN INDIVIDUAL POSSESSING OR APPLYING FOR THE REGISTRY IDENTIFICATION CARD, OR OTHERWISE SUBJECT THE INDIVIDUAL OR THE PROPERTY OF THE INDIVIDUAL TO INSPECTION BY A GOVERNMENTAL UNIT.

(C) AN INDIVIDUAL MAY NOT BE SUBJECT TO ARREST OR PROSECUTION FOR CONSTRUCTIVE POSSESSION, CONSPIRACY, OR ANY OTHER OFFENSE FOR BEING IN THE PRESENCE OR VICINITY OF THE MEDICAL USE OF MARIJUANA AS ALLOWED UNDER THIS SUBTITLE.

13-3010.

(A) (1) AN AGENT OF A DISPENSING PHARMACY OR A DISPENSING CENTER MAY SELL OR DISPENSE AN AMOUNT OF USABLE MARIJUANA THAT DOES NOT EXCEED THE AMOUNT SET BY THE COMMISSION IN A 30-DAY PERIOD TO A REGISTERED QUALIFYING PATIENT OR THE QUALIFYING PATIENT’S PRIMARY CAREGIVER IF THE INDIVIDUAL:

(I) PRESENTS A VALID REGISTRY IDENTIFICATION CARD;

(II) HAS IDENTIFIED THE DISPENSING CENTER OR DISPENSING PHARMACY AS THE SOLE DISPENSING CENTER OR DISPENSING PHARMACY THAT THE PATIENT CAN RECEIVE MARIJUANA FROM, IN ACCORDANCE WITH COMMISSION REGULATIONS.

(B) ON RECEIPT OF THE INFORMATION REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, THE APPROVED DISPENSING PHARMACY OR DISPENSING CENTER SHALL VERIFY THE INFORMATION PRESENTED.

(C) (1) EACH APPROVED DISPENSING PHARMACY AND DISPENSING CENTER SHALL MAINTAIN INTERNAL RECORDS OF EACH MARIJUANA DISPENSING TRANSACTION.

(2) THE RECORDS REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE AMOUNT OF MARIJUANA DISPENSED;

(II) THE REGISTRY IDENTIFICATION NUMBER OF THE INDIVIDUAL TO WHOM THE MARIJUANA WAS DISPENSED AND WHETHER THAT INDIVIDUAL WAS A QUALIFYING PATIENT OR

THE QUALIFYING PATIENT’S PRIMARY CAREGIVER;

(III) THE STRAIN OF MARIJUANA DISPENSED; AND

(IV) THE DATE AND TIME OF THE TRANSACTION.

(3) A RECORD MAINTAINED UNDER THIS SUBSECTION:

(I) IS CONFIDENTIAL; AND

(II) MAY NOT INCLUDE NAMES OR OTHER PERSONAL IDENTIFYING INFORMATION.

(D) (1) A QUALIFYING PATIENT MAY BE REGISTERED AT ONLY ONE DISPENSING PHARMACY OR DISPENSING CENTER AT ANY TIME.

(2) THE COMMISSION SHALL ESTABLISH PROCEDURES TO ALLOW A QUALIFYING PATIENT TO CHANGE HIS OR HER DESIGNATED DISPENSING PHARMACY OR DISPENSING CENTER FOR A \$15 FEE.

(3) THE COMMISSION MAY LIMIT THE NUMBER OF TIMES A QUALIFYING PATIENT MAY CHANGE A DESIGNATION OF A PHARMACY OR DISPENSING CENTER TO ONE TIME EVERY 30 DAYS.

13-3011.

A PERSON WHO KNOWINGLY GIVES FALSE INFORMATION OR MAKES A MATERIAL MISSTATEMENT IN AN APPLICATION FOR REGISTRATION OR IN AN APPLICATION FOR A RENEWAL OF A REGISTRATION UNDER THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO IMPRISONMENT NOT EXCEEDING ONE YEAR, A FINE NOT EXCEEDING \$1,000, OR BOTH.

13-3012.

(A) THIS SUBTITLE MAY NOT BE CONSTRUED TO AUTHORIZE ANY INDIVIDUAL TO ENGAGE IN THE FOLLOWING, AND IT DOES NOT PREVENT THE IMPOSITION OF ANY CIVIL, CRIMINAL, OR OTHER PENALTIES FOR THE FOLLOWING:

(1) UNDERTAKE ANY TASK UNDER THE INFLUENCE OF MARIJUANA, WHEN DOING SO WOULD CONSTITUTE NEGLIGENCE OR PROFESSIONAL MALPRACTICE;

(2) OPERATE, NAVIGATE, OR BE IN ACTUAL PHYSICAL CONTROL OF ANY MOTOR VEHICLE, AIRCRAFT, OR BOAT WHILE UNDER THE INFLUENCE OF MARIJUANA;

(3) SMOKE MARIJUANA IN ANY PUBLIC PLACE;

(4) SMOKE MARIJUANA IN A MOTOR VEHICLE; OR

(5) SMOKE MARIJUANA ON A PRIVATE PROPERTY THAT:

(I) 1. IS RENTED FROM A LANDLORD; AND

2. IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY; OR

(II) IS SUBJECT TO A POLICY THAT PROHIBITS THE SMOKING OF MARIJUANA ON THE PROPERTY OF AN ATTACHED DWELLING ADOPTED BY ONE OF THE FOLLOWING ENTITIES:

1. THE BOARD OF DIRECTORS OF THE COUNCIL OF UNIT OWNERS OF A CONDOMINIUM REGIME; OR

2. THE GOVERNING BODY OF A HOMEOWNER’S ASSOCIATION.

(B) THIS SUBTITLE MAY NOT BE CONSTRUED TO PROVIDE IMMUNITY TO A PERSON WHO VIOLATES THE PROVISIONS OF THIS SUBTITLE FROM CRIMINAL PROSECUTION FOR A VIOLATION OF ANY LAW PROHIBITING OR REGULATING THE USE, POSSESSION, DISPENSING, DISTRIBUTION, OR PROMOTION OF CONTROLLED DANGEROUS SUBSTANCES, DANGEROUS DRUGS, DETRIMENTAL DRUGS, OR HARMFUL DRUGS, OR ANY CONSPIRACY OR ATTEMPT TO COMMIT ANY OF THOSE OFFENSES.

13-3013.

NOTHING IN THIS SUBTITLE SHALL BE CONSTRUED TO REQUIRE A PUBLIC OR PRIVATE HEALTH INSURER TO REIMBURSE AN INDIVIDUAL FOR THE COSTS ASSOCIATED WITH THE MEDICAL USE OF MARIJUANA.

13-3014.

(A) BEGINNING OCTOBER 1, 2013, AND EACH OCTOBER 1 THEREAFTER, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON:

(1) THE NUMBER OF APPLICATIONS FOR REGISTRY IDENTIFICATION CARDS;

(2) THE NUMBER OF QUALIFYING PATIENTS AND PRIMARY CAREGIVERS REGISTERED;

(3) THE NATURE OF THE DEBILITATING MEDICAL CONDITIONS OF THE QUALIFYING PATIENTS;

(4) THE NUMBER OF ACADEMIC MEDICAL CENTERS REGISTERED AND THE SCOPE OF THEIR PROGRAMS;

(5) THE ENTITIES RECEIVING REGISTRATIONS TO GROW MARIJUANA;

(6) THE ENTITIES RECEIVING REGISTRATIONS TO DISPENSE MARIJUANA;

(7) THE NUMBER OF REGISTRY IDENTIFICATION CARDS REVOKED;

(8) THE NUMBER OF REGISTRATIONS TO ENTITIES TO GROW OR DISPENSE MARIJUANA

REVOKED; AND

(9) THE NUMBER OF CERTIFYING PHYSICIANS PROVIDING WRITTEN CERTIFICATIONS FOR PATIENTS.

(B) THE REPORT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION MAY NOT CONTAIN ANY IDENTIFYING INFORMATION OF QUALIFYING PATIENTS, PRIMARY CAREGIVERS, ENTITIES SELECTED TO GROW OR DISPENSE MARIJUANA, OR CERTIFYING PHYSICIANS.

(C) ON OR BEFORE OCTOBER 1, 2013, AND EVERY TWO YEARS THEREAFTER, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON:

(1) WHETHER THERE ARE SUFFICIENT NUMBERS OF DISPENSING PHARMACIES AND DISPENSING CENTERS TO MEET THE NEEDS OF REGISTERED QUALIFYING PATIENTS THROUGHOUT THE STATE;

(2) WHETHER THE NUMBER AND SCOPE OF ACADEMIC PROGRAMS AND THE NUMBER OF CERTIFYING PHYSICIANS IS SUFFICIENT TO MEET THE NEEDS OF PATIENTS IN THE STATE;

(3) WHETHER ANY DISPENSING PHARMACY OR DISPENSING CENTER HAS CHARGED EXCESSIVE PRICES FOR MARIJUANA THAT THE PHARMACY OR CENTER DISPENSED.

(4) ANY NEW AND EMERGING DOCUMENTED SCIENTIFIC EVIDENCE OF THE EFFICACIOUS MEDICAL USE OF MARIJUANA, INCLUDING SYMPTOMS OR CONDITIONS FOR WHICH MARIJUANA MAY BE AN EFFECTIVE TREATMENT.

13-3015.

(A) THE MEDICAL MARIJUANA OVERSIGHT COMMISSION MAY ACCEPT FROM ANY SOURCE GRANTS OR CONTRIBUTIONS TO BE USED IN CARRYING OUT THIS SUBTITLE.

(B) ANY FEES COLLECTED UNDER THIS SUBTITLE SHALL BE USED TO OFFSET THE COSTS OF THE COMMISSION'S ADMINISTRATION OF THIS SUBTITLE. FEES SHALL BE SET AT AN AMOUNT HIGH ENOUGH TO ENSURE THAT THE TOTAL AMOUNT OF FEES ASSESSED, PLUS CONTRIBUTIONS, AND GRANTS COLLECTED ARE SUFFICIENT TO COVER THE COSTS OF ADMINISTERING THIS SUBTITLE.

(C) (1) THE COMMISSION MAY DISTRIBUTE ANY FUNDS RECEIVED THAT EXCEED THE AMOUNT OF FUNDING NEEDED TO FULFILL ITS DUTIES UNDER THIS SUBTITLE TO ACADEMIC INSTITUTIONS OR REGISTERED ACADEMIC MEDICAL CENTERS IN MARYLAND TO STUDY THE IMPACT OF THE MEDICAL MARIJUANA PROGRAM OR TO CONDUCT CLINICAL OR OBSERVATIONAL RESEARCH ON THE MEDICAL EFFICACY OF MARIJUANA, INCLUDING BUT NOT LIMITED TO:

(I) CLINICAL TRIALS;

(II) SELF-REPORTED INITIAL AND LONG-TERM EFFECTIVENESS AND SAFETY BY PATIENTS;

(II) PHYSICIAN REPORTS OF INITIAL AND LONG-TERM SAFETY AND EFFECTIVENESS;

(IV) ASSESSMENT OF SAFETY AND ACCEPTABILITY OF MEDICAL MARIJUANA USE AMONG THE GENERAL PUBLIC AND FAMILY MEMBERS OF QUALIFYING PATIENTS;

(V) IMPACT ON PATIENT ILLICIT AND PRESCRIPTION DRUG USE BEFORE, DURING, AND AFTER USE OF MEDICAL MARIJUANA;

(VI) IMPACT ON THE QUALITY OF LIFE OF THE PATIENT OR THE PATIENT’S FAMILY;

(VII) IMPACT ON ILLICIT DRUG USE IN THE STATE AND ASSOCIATED CRIME STATISTICS.

(2) THE COMMISSION MAY DELIVER ANY FUNDS RECEIVED THAT EXCEED THE AMOUNT OF FUNDING NEEDED TO FULFILL ITS DUTIES UNDER THIS SUBTITLE THAT REMAIN AFTER DISBURSEMENTS ARE MADE UNDER SUBSECTION (1) TO THE GENERAL FUND.

SECTION 3. AND BE IT FURTHER ENACTED, THAT THIS ACT SHALL TAKE EFFECT IMMEDIATELY.

Medical Marijuana Model Program Workgroup

Membership

Medical Marijuana Model Program Workgroup - Membership

Dr. Joshua M. Sharfstein	Secretary of Health and Mental Hygiene and Chair of Workgroup
Delegate Dan Morhaim	Representative of the Maryland House of Delegates
Delegate Kathleen Dumais	Representative of the Maryland House of Delegates
Senator David Brinkley	Representative of the Maryland Senate
Senator Jamie Raskin	Representative of the Maryland Senate
Deborah Miran	Public Member
Dr. Nancy R. Cohen	Maryland Chapter of National Council on Alcoholism and Drug Dependency
Dr. Paul Celano	Physician - Oncologist
Dr. Joseph G. Liberto	Physician - Addiction Psychiatrist
Dr. Trudy Hall	Physician - Pain Management
Philip H. Cogan	Pharmacist
Dr. Ryan Vandrey	Scientist
Lynn S. Billing	Registered Nurse
Karen O'Keefe	Lawyer
Major Kevin M. Anderson	Maryland Chiefs of Police
Dario J. Broccolino	Maryland State's Attorneys Office
Major Sam Billotti, IV	Maryland Sheriffs' Association
Michael Young	Maryland Fraternal Order of Police