ASSEMBLY, No. 2777

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED FEBRUARY 1, 2018

Sponsored by:

Assemblyman LOUIS D. GREENWALD
District 6 (Burlington and Camden)
Assemblyman TIM EUSTACE
District 38 (Bergen and Passaic)
Assemblywoman PATRICIA EGAN JONES
District 5 (Camden and Gloucester)

SYNOPSIS

Revises various requirements concerning State medical marijuana program, including facilitating access to medical marijuana for children with debilitating medical conditions and their caregivers.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 4/6/2018)

1 AN ACT concerning medical marijuana, amending various parts of 2 the statutory law, and supplementing Title 26 of the Revised 3 Statutes.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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- 1. Section 3 of P.L.2009, c.307 (C.24:6I-3) is amended to read as follows:
- 3. As used in [this act] P.L.2009, c.307 (C.24:6I-1 et al.):

"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 debilitating medical condition.

"Certification" means a statement signed by a physician with whom a qualifying patient has a bona fide physician-patient relationship, which attests to the physician's authorization for the patient to apply for registration for the medical use of marijuana.

"Commissioner" means the Commissioner of Health.

"Debilitating medical condition" means:

- (1) **[**one of the following conditions, if resistant to conventional medical therapy: **]** seizure disorder, including epilepsy; intractable skeletal muscular spasticity; post-traumatic stress disorder; or glaucoma;
- (2) one of the following conditions, if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome results from the condition or treatment thereof: positive status for human immunodeficiency virus; acquired immune deficiency syndrome; or cancer;
- (3) amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn's disease;
 - (4) terminal illness, if the physician has determined a prognosis of less than 12 months of life; or
- 35 (5) any other medical condition or its treatment that is approved 36 by the department by regulation.
 - "Department" means the Department of Health.
- "Marijuana" has the meaning given in section 2 of the "New Jersey Controlled Dangerous Substances Act," P.L.1970, c.226 (C.24:21-2).
- "Medical marijuana alternative treatment center" or "alternative treatment center" means an organization approved by the department to perform activities necessary to provide registered qualifying patients with usable marijuana and related paraphernalia in accordance with the provisions of [this act] P.L.2009, c.307

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

1 (C.24:6I-1 et al.). This term shall include the organization's officers, directors, board members, and employees.

"Medical use of marijuana" means the acquisition, possession, transport, or use of marijuana or paraphernalia by a registered qualifying patient as authorized by [this act] P.L.2009, c.307 (C.24:6I-1 et al.), P.L.2015, c.158 (C.18A:40-12.22 et al.), and section 13 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Minor" means a person who is under 18 years of age and who has not been married or previously declared by a court or an administrative agency to be emancipated.

"Paraphernalia" has the meaning given in N.J.S.2C:36-1.

"Physician" means a person licensed to practice medicine and surgery pursuant to Title 45 of the Revised Statutes with whom the patient has a bona fide physician-patient relationship and who is the primary care physician, hospice physician, or physician responsible for the ongoing treatment of a patient's debilitating medical condition, provided, however, that the ongoing treatment shall not be limited to the provision of authorization for a patient to use medical marijuana or consultation solely for that purpose.

"Primary caregiver" [or "caregiver"] means a resident of the State who:

a. is at least 18 years old;

- b. has agreed to assist with a registered qualifying patient's medical use of marijuana, is not currently serving as primary caregiver for another qualifying patient unless the caregiver is the parent of a minor child who is a qualifying patient, in which case the parent may concurrently serve as primary caregiver to any minor child of the parent who is a qualifying patient, and is not the qualifying patient's physician;
- c. **[**has never been convicted of possession or sale of a controlled dangerous substance, unless such conviction occurred after the effective date of this act and was for a violation of federal law related to possession or sale of marijuana that is authorized under this act; **]** deleted by amendment, P.L. , c. (pending before the legislature as this bill)
- d. has registered with the department pursuant to section 4 of **[**this act, and has satisfied the criminal history record background check requirement of section 4 of this act **]** P.L.2009, c.307 (C.24:6I-4); and
- e. has been designated as primary caregiver on the qualifying patient's application or renewal for a registry identification card or in other written notification to the department.

"Qualifying patient" or "patient" means a resident of the State who has been provided with a certification by a physician pursuant to a bona fide physician-patient relationship.

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- 1 "Registry identification card" means a document issued by the 2 department that identifies a person as a registered qualifying patient 3 or primary or secondary caregiver.
- "Secondary caregiver" means a resident of the State who: 4
- 5 a. is at least 18 years old;
- 6 b. is designated by a registered qualifying patient or the 7 patient's primary caregiver as authorized to assist with the patient's 8 medical use of marijuana while the patient:
- 9 (1) is on school grounds, aboard a school bus, or attending a 10 school-sponsored event as authorized pursuant to section 1 of P.L.2015, c.158 (C.18A:40-12.22); 11
- 12 (2) is receiving services from a facility that offers services for persons with developmental disabilities as authorized pursuant to 13 14 section 2 of P.L.2015, c.158 (C.30:6D-5b); or
- 15 (3) is a resident at a long term care facility as authorized 16 pursuant to section 13 of P.L. , c. (C.) (pending before 17 the Legislature as this bill);
 - c. is a current employee of the school or facility at which the patient or primary caregiver is requesting assistance with the patient's use of medical marijuana;
 - d. agrees to provide assistance with the patient's use of medical marijuana while the patient is present at the school or facility;
 - e. is not the qualifying patient's physician;
- f. has never been convicted of possession or sale of a 24 25 controlled dangerous substance, unless such conviction occurred 26 after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) and was for a violation of federal law 28 related to possession or sale of marijuana that is authorized under 29 P.L.2009, c.307 (C.24:6I-1 et al.);
- 30 g. has registered with the department pursuant to section 4 of 31 P.L.2009, c.307 (C.24:6I-4); and
- 32 h. has been designated as secondary caregiver on the qualifying 33 patient's application or renewal for a registry identification card or 34 in other written notification to the department. A person may serve 35 as secondary caregiver for more than one patient at a school or 36 facility.
- 37 "Usable marijuana" means the dried leaves and flowers of 38 marijuana, and any mixture or preparation thereof, and does not 39 include the seeds, stems, stalks, or roots of the plant.
- 40 (cf: P.L.2016, c.53, s.1)

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- 42 2. Section 4 of P.L.2009, c.307 (C.24:6I-4) is amended to read 43 as follows:
- 44 4. a. The department shall establish a registry of qualifying 45 patients and their primary and secondary caregivers, and shall issue 46 a registry identification card [, which shall be valid for two years,] 47 to a qualifying patient [and], primary caregiver, [if applicable,] or

secondary caregiver who submits the following, in accordance with
 regulations adopted by the department:

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- (1) a certification that meets the requirements of section 5 of [this act] P.L.2009, c.307 (C.24:6I-5);
- (2) an application or renewal fee <u>for qualifying patients</u>, which may be based on a sliding scale as determined by the commissioner. No application or renewal fee shall be applied to primary or secondary caregivers;
- (3) the name, address, and date of birth of the patient and caregiver, as applicable; and
- (4) the name, address, and telephone number of the patient's physician.

A registry identification card for a patient or a primary caregiver shall be valid for two years. A registry identification card for a secondary caregiver shall be valid for one year.

- b. Before issuing a registry identification card, the department shall verify the information contained in the application or renewal form submitted pursuant to this section. In the case of a [primary] secondary caregiver, the department shall provisionally approve an application pending the results of a criminal history record background check, if the secondary caregiver otherwise meets the requirements of this act. The department shall approve or deny an application or renewal within 30 days of receipt of the completed application or renewal, and shall issue a registry identification card within five days of approving the application or renewal. The department may deny an application or renewal only if the applicant fails to provide the information required pursuant to this section, or if the department determines that the information was incorrect or falsified or does not meet the requirements of [this act] P.L.2009, c.307 (C.24:6I-1 et al.). Denial of an application shall be a final agency decision, subject to review by the Superior Court, Appellate Division.
- 33 (1) [The] Unless the applicant has already undergone a c. 34 criminal history record background check as a condition of 35 employment in the applicant's current position, the commissioner shall require each applicant seeking to serve as a [primary] 36 secondary caregiver to undergo a criminal history record 37 38 background check. The commissioner is authorized to exchange 39 fingerprint data with and receive criminal history record background information from the Division of State Police and the 40 41 Federal Bureau of Investigation consistent with the provisions of 42 applicable federal and State laws, rules, and regulations. The 43 Division of State Police shall forward criminal history record 44 background information to the commissioner in a timely manner 45 when requested pursuant to the provisions of this section.
- An applicant seeking to serve as a **[**primary**]** secondary caregiver who has not already undergone a criminal history record

background check as a condition of employment in the applicant's current position shall submit to being fingerprinted in accordance with applicable State and federal laws, rules, and regulations. No check of criminal history record background information shall be performed pursuant to this section unless the applicant has furnished [his] the applicant's written consent to that check. An applicant who refuses to consent to, or cooperate in, the securing of a check of criminal history record background information who has not already undergone a criminal history record background check as a condition of employment in the applicant's current position shall not be considered for inclusion in the registry as a [primary] secondary caregiver or issuance of an identification card. applicant shall bear the cost for the criminal history record background check, including all costs of administering and processing the check.

- (2) The commissioner shall not approve an applicant seeking to serve as a **[**primary**]** secondary caregiver if the criminal history record background information of the applicant reveals a disqualifying conviction. For the purposes of this section, a disqualifying conviction shall mean a conviction of a crime involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a. of N.J.S.2C:35-10, or any similar law of the United States or of any other state.
- (3) Upon receipt of the criminal history record background information from the Division of State Police and the Federal Bureau of Investigation or receipt of certification by the applicant that the applicant has already undergone a criminal history record background check as a condition of employment in the applicant's current position, the commissioner shall provide written notification to the applicant of [his] the applicant's qualification or disqualification for serving as a [primary] secondary caregiver.

If the applicant is disqualified because of a disqualifying conviction pursuant to the provisions of this section, the conviction that constitutes the basis for the disqualification shall be identified in the written notice.

(4) The Division of State Police shall promptly notify the commissioner in the event that an individual [who was the subject of] required to undergo a criminal history record background check [conducted] as a condition of serving as a secondary caregiver pursuant to this section is convicted of a crime or offense in this State after the date the background check was performed. Upon receipt of that notification, the commissioner shall make a determination regarding the continued eligibility of the applicant to serve as a [primary] secondary caregiver.

- 1 (5) Notwithstanding the provisions of subsection b. of this 2 section to the contrary, no applicant shall be disqualified from 3 serving as a registered [primary] secondary caregiver on the basis 4 of any conviction disclosed by a criminal history record background 5 check conducted pursuant to this section if the individual has 6 affirmatively demonstrated to the commissioner clear and convincing evidence of rehabilitation. In determining whether clear 7 8 and convincing evidence of rehabilitation has been demonstrated, 9 the following factors shall be considered:
- 10 (a) the nature and responsibility of the position which the convicted individual would hold, has held, or currently holds;
 - (b) the nature and seriousness of the crime or offense;
- 13 (c) the circumstances under which the crime or offense 14 occurred;
 - (d) the date of the crime or offense;

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- (e) the age of the individual when the crime or offense was committed;
- (f) whether the crime or offense was an isolated or repeated incident;
- (g) any social conditions which may have contributed to the commission of the crime or offense; and
- (h) any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the individual under their supervision.
- d. A registry identification card shall contain the following information:
 - (1) the name, address, and date of birth of the **[**patient and primary caregiver, if applicable **]** cardholder;
 - (2) the expiration date of the registry identification card;
 - (3) photo identification of the cardholder; [and]
 - (4) on the registry identification card of a qualifying patient, the registry numbers for the qualifying patient's primary caregiver and secondary caregiver, if any;
 - (5) on the registry identification card of a primary or secondary caregiver, the qualifying patient's registry number; and
 - (6) such other information that the department may specify by regulation.
 - e. (1) A patient who has been issued a registry identification card shall notify the department of any change in the patient's name, address, or physician or change in status of the patient's debilitating medical condition, within 10 days of such change, or the registry identification card shall be deemed null and void.
- 46 (2) A primary <u>or secondary</u> caregiver who has been issued a 47 registry identification card shall notify the department of any 48 change in the caregiver's name or address within 10 days of such

1 change, or the registry identification card shall be deemed null and void.

- f. The department shall maintain a confidential list of the persons to whom it has issued registry identification cards. Individual names and other identifying information on the list, and information contained in any application form, or accompanying or supporting document shall be confidential, and shall not be considered a public record under P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.), and shall not be disclosed except to:
 - (1) authorized employees of the department and the Division of Consumer Affairs in the Department of Law and Public Safety as necessary to perform official duties of the department and the division, as applicable; and
 - (2) authorized employees of State or local law enforcement agencies, only as necessary to verify that a person who is engaged in the suspected or alleged medical use of marijuana is lawfully in possession of a registry identification card.
 - g. Applying for or receiving a registry card does not constitute a waiver of the qualifying patient's patient-physician privilege.
 - h. In the case of a qualifying patient who is a minor, both parents of the patient may concurrently be registered and serve as primary caregiver for the patient.

(cf: P.L.2009, c.307, s.4)

- 3. Section 5 of P.L.2009, c.307 (C.24:6I-5) is amended to read as follows:
- 5. a. Medical use of marijuana by a qualifying patient may be authorized pursuant to a certification which meets the requirements of [this act] P.L.2009, c.307 (C.24:6I-1 et al.). In order to provide such certification, a physician shall be licensed and in good standing to practice in the State.
- The certification shall attest that the above criteria have been met.
 - b. The provisions of subsection a. of this section shall not apply to a qualifying patient who is a minor unless the custodial parent, guardian, or person who has legal custody of the minor receives from the physician an explanation of the potential risks and benefits of the medical use of marijuana and consents in writing that the minor patient has that person's permission for the medical use of marijuana and that the person will control the acquisition and possession of the medical marijuana and any related paraphernalia from the alternative treatment center and consistent with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.), P.L.2015, c.158 (C.18A:40-12.22 et al.), and section 13 of P.L. , c. (C.) (pending before the Legislature as this bill). The physician shall document the explanation of the potential risks and benefits in the

minor patient's medical record. A qualifying patient who is a minor

- 1 may be granted authorization for the use of medical marijuana by
- 2 the specialist treating the patient for the patient's debilitating
- 3 medical condition if the specialist is also a pediatric specialist,
- 4 primary care physician, or neurologist. If the specialist is not a
- 5 pediatric specialist, primary care physician, or neurologist,
- 6 <u>authorization shall not be granted without the additional approval of</u>
- 7 <u>a pediatric specialist, primary care physician, or neurologist. No</u>
- 8 other approvals shall be required for authorization for the use of
- 9 medical marijuana by a qualifying patient who is a minor other than
- 10 those set forth in this subsection.
- 11 c. Medical marijuana may be authorized as a treatment of first
- 12 resort for patients with debilitating medical conditions, and nothing
- in P.L.2009, c.307 (C.24:6I-1 et al.) shall be construed to require
- 14 that a patient with a debilitating medical condition have exhausted
- 15 other treatment options as a condition of being authorized for the
- 16 <u>use of medical marijuana.</u>
- 17 (cf: P.L.2013, c.160, s.1)

- 4. Section 6 of P.L.2009, c.307 (C.24:6I-6) is amended to read as follows:
- 21 6. a. The provisions of N.J.S.2C:35-18 shall apply to any
- 22 qualifying patient, primary or secondary caregiver, alternative
- 23 treatment center, physician, or any other person acting in
- 24 accordance with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.)
- 25 [or], P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of
- 26 P.L., c. (C.) (pending before the Legislature as this bill).
- b. A qualifying patient, primary <u>or secondary</u> caregiver, alternative treatment center, physician, or any other person acting in
- 29 accordance with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.)
- 30 [or], P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of
- 31 P.L. , c. (C.) (pending before the Legislature as this bill)
- 32 shall not be subject to any civil or administrative penalty, or denied
- any right or privilege, including, but not limited to, civil penalty or
- 34 disciplinary action by a professional licensing board, related to the
- 35 medical use of marijuana as authorized under P.L.2009, c.307
- 36 (C.24:6I-1 et al.) [or], P.L.2015, c.158 (C.18A:40-12.22 et al.), or
- 37 section 13 of P.L. , c. (C.) (pending before the
- 38 <u>Legislature as this bill</u>).
- 39 c. Possession of, or application for, a registry identification
- 40 card shall not alone constitute probable cause to search the person
- or the property of the person possessing or applying for the registry
- 42 identification card, or otherwise subject the person or [his] the
- 43 <u>person's</u> property to inspection by any governmental agency.
- d. The provisions of section 2 of P.L.1939, c.248 (C.26:2-82),
- 45 relating to destruction of marijuana determined to exist by the
- department, shall not apply if a qualifying patient or primary or
- 47 <u>secondary</u> caregiver has in his possession a registry identification
- 48 card and no more than the maximum amount of usable marijuana

- that may be obtained in accordance with section 10 of P.L.2009, c.307 (C.24:6I-10), nor shall any law enforcement officer or employee damage, destroy, or in any way alter the medical marijuana.
- e. No person shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for simply being in the presence or vicinity of the medical use of marijuana as authorized under P.L.2009, c.307 (C.24:6I-1 et al.) [or], P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.L., c. (C.) (pending before the Legislature as this bill).
- f. No custodial parent, guardian, or person who has legal custody of a qualifying patient who is a minor shall be subject to arrest or prosecution for constructive possession, conspiracy, or any other offense for assisting the minor in the medical use of marijuana as authorized under P.L.2009, c.307 (C.24:6I-1 et al.) [or], P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.L.
- P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.I c. (C.) (pending before the Legislature as this bill).
- g. For the purposes of medical care, including organ 18 19 transplants, a registered qualifying patient's authorized use of 20 medical marijuana in accordance with the provisions of P.L.2009, 21 c.307 (C.24:6I-1 et al.), P.L.2015, c.158 (C.18A:40-12.22 et al.), 22 and section 13 of P.L., c. (C.) (pending before the 23 Legislature as this bill) shall be considered equivalent to the 24 authorized use of any other medication used at the direction of a 25 physician, and shall not constitute the use of an illicit substance or 26 otherwise disqualify a qualifying patient from needed medical care.
- h. Notwithstanding any other provision of law, the local governmental units of this State may neither enact nor enforce any ordinance or other local law or regulation conflicting with, or preempted by, any provision of P.L.2009, c.307 (C.24:6I-1 et al.), P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.L.

 c. (C.) (pending before the Legislature as this bill).
- 52 c. (c.) (pending before the Legiste

33 (cf: P.L.2015, c.158, s.4)

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5. Section 7 of P.L.2009, c.307 (C.24:6I-7) is amended to read as follows:

7. a. The department shall accept applications from entities for permits to operate as alternative treatment centers, and may charge a reasonable fee for the issuance of a permit under this section. The department shall seek to ensure the availability of a sufficient number of alternative treatment centers throughout the State, pursuant to need, including at least two each in the northern, central, and southern regions of the State. The first two centers issued a permit in each region shall be nonprofit entities, and centers subsequently issued permits may be nonprofit or for-profit entities.

An alternative treatment center shall be authorized to acquire a reasonable initial and ongoing inventory **[**, as determined by the

1 department, I of marijuana seeds or seedlings and paraphernalia, 2 cultivate, plant, grow, harvest, process, 3 manufacture, deliver, transfer, transport, distribute, supply, sell, or 4 dispense marijuana, or related supplies to qualifying patients or 5 their primary caregivers who are registered with the department pursuant to section 4 of [this act] P.L.2009, c.307 (C.24:6I-4). An 6 7 alternative treatment center shall not be limited in the number of 8 strains or in the potency of medical marijuana cultivated, and may 9 package and directly dispense marijuana to qualifying patients in 10 dried form, oral lozenges, topical formulations, [or] edible form, or 11 any other form [as authorized by the commissioner] appropriate for 12 the treatment of qualifying patients. Edible form shall include, but 13 not be limited to, tablets, capsules, drops [or], and syrups [and any 14 other form as authorized by the commissioner. Edible forms shall be available only to qualifying patients who are minors 1. The 15 16 commissioner shall establish a standardized dosage unit for each 17 form of medical marijuana available at an alternative treatment 18 center. For each form of medical marijuana available at an alternative treatment center on the effective date of P.L. 19 c. (pending before the Legislature as this bill), the standardized 20 21 dosage unit shall be established no later than 45 days after the 22 effective date of P.L. , c. (pending before the Legislature as 23 this bill); for each form of medical marijuana made available at an 24 alternative treatment center after the effective date of 25 P.L., c. (pending before the Legislature as this bill), the 26 standardized dosage unit shall be established no later than 45 days 27 after the date the new form of medical marijuana is first made 28 available. A current list of standardized dosage units shall be made 29 available on the department's Internet website, and the department 30 shall transmit a current list of standardized dosage units to each 31 alternative treatment center annually and at such times as the list is 32 revised or updated. The Board of Medical Examiners shall advise 33 physicians of the availability of the standardized dosage unit 34 information, and the department shall furnish a current list of 35 standardized dosage units to physicians upon request. 36

Applicants for authorization as nonprofit alternative treatment centers shall be subject to all applicable State laws governing nonprofit entities, but need not be recognized as a 501(c)(3) organization by the federal Internal Revenue Service.

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- b. The department shall require that an applicant provide such information as the department determines to be necessary pursuant to regulations adopted pursuant to [this act] P.L.2009, c.307 (C.24:6I-1 et al.).
- c. A person who has been convicted of a crime involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a. of N.J.S.2C:35-10, or any similar law

of the United States or any other state shall not be issued a permit to operate as an alternative treatment center or be a director, officer, or employee of an alternative treatment center, unless such conviction occurred after the effective date of [this act] P.L.2009, c.307 (C.24:6I-1 et al.) and was for a violation of federal law relating to possession or sale of marijuana for conduct that is authorized under [this act] P.L.2009, c.307 (C.24:6I-1 et al.), or unless such conviction occurred after the effective date of P.L.2015, c.158 (C.18A:40-12.22 et al.) and was for a violation of federal law relating to possession or sale of marijuana for conduct that is authorized under P.L.2015, c.158 (C.18A:40-12.22 et al.), or unless such conviction occurred after the effective date of P.L.) (pending before the Legislature as this bill) and was c. (C. for a violation of federal law relating to possession or sale of marijuana for conduct that is authorized under P.L., c. (C.) (pending before the Legislature as this bill).

d. (1) The commissioner shall require each applicant seeking a permit to operate as an alternative treatment center to undergo a criminal history record background check. For purposes of this section, the term "applicant" shall include any owner, director, officer, or employee of an alternative treatment center. The commissioner is authorized to exchange fingerprint data with and receive criminal history record background information from the Division of State Police and the Federal Bureau of Investigation consistent with the provisions of applicable federal and State laws, rules, and regulations. The Division of State Police shall forward criminal history record background information to the commissioner in a timely manner when requested pursuant to the provisions of this section.

An applicant shall submit to being fingerprinted in accordance with applicable State and federal laws, rules, and regulations. No check of criminal history record background information shall be performed pursuant to this section unless the applicant has furnished [his] the applicant's written consent to that check. An applicant who refuses to consent to, or cooperate in, the securing of a check of criminal history record background information shall not be considered for a permit to operate, or authorization to be employed at, an alternative treatment center. An applicant shall bear the cost for the criminal history record background check, including all costs of administering and processing the check.

- (2) The commissioner shall not approve an applicant for a permit to operate, or authorization to be employed at, an alternative treatment center if the criminal history record background information of the applicant reveals a disqualifying conviction as set forth in subsection c. of this section.
- (3) Upon receipt of the criminal history record background information from the Division of State Police and the Federal Bureau of Investigation, the commissioner shall provide written

notification to the applicant of [his] the applicant's qualification for or disqualification for a permit to operate or be a director, officer, or employee of an alternative treatment center.

If the applicant is disqualified because of a disqualifying conviction pursuant to the provisions of this section, the conviction that constitutes the basis for the disqualification shall be identified in the written notice.

- (4) The Division of State Police shall promptly notify the commissioner in the event that an individual who was the subject of a criminal history record background check conducted pursuant to this section is convicted of a crime or offense in this State after the date the background check was performed. Upon receipt of that notification, the commissioner shall make a determination regarding the continued eligibility to operate or be a director, officer, or employee of an alternative treatment center.
- (5) Notwithstanding the provisions of subsection b. of this section to the contrary, the commissioner may offer provisional authority for an applicant to be an employee of an alternative treatment center for a period not to exceed three months if the applicant submits to the commissioner a sworn statement attesting that the person has not been convicted of any disqualifying conviction pursuant to this section.
- (6) Notwithstanding the provisions of subsection b. of this section to the contrary, no employee of an alternative treatment center shall be disqualified on the basis of any conviction disclosed by a criminal history record background check conducted pursuant to this section if the individual has affirmatively demonstrated to the commissioner clear and convincing evidence of rehabilitation. In determining whether clear and convincing evidence of rehabilitation has been demonstrated, the following factors shall be considered:
- (a) the nature and responsibility of the position which the convicted individual would hold, has held, or currently holds;
 - (b) the nature and seriousness of the crime or offense;
- 35 (c) the circumstances under which the crime or offense 36 occurred;
 - (d) the date of the crime or offense;
 - (e) the age of the individual when the crime or offense was committed;
 - (f) whether the crime or offense was an isolated or repeated incident;
 - (g) any social conditions which may have contributed to the commission of the crime or offense; and
- 44 (h) any evidence of rehabilitation, including good conduct in 45 prison or in the community, counseling or psychiatric treatment 46 received, acquisition of additional academic or vocational 47 schooling, successful participation in correctional work-release

programs, or the recommendation of those who have had the individual under their supervision.

- The department shall issue a permit to a person to operate as an alternative treatment center if the department finds that issuing such a permit would be consistent with the purposes of [this act] P.L.2009, c.307 (C.24:6I-1 et al.) and the requirements of this section are met and the department has verified the information contained in the application. The department shall approve or deny an application within 60 days after receipt of a completed application. Applications shall be processed in the order in which they are received and no applicant shall receive preferential treatment in the application process. An application deemed incomplete shall not be denied unless it is first returned to the applicant with an itemized description of every incomplete item on the application and the applicant is granted at least 30 days to return a corrected application. The denial of an application shall be considered a final agency decision, subject to review by the Appellate Division of the Superior Court. The department may suspend or revoke a permit to operate as an alternative treatment center for cause, which shall be subject to review by the Appellate Division of the Superior Court.
 - f. A person who has been issued a permit pursuant to this section shall display the permit at the premises of the alternative treatment center at all times when marijuana is being produced, or dispensed to a registered qualifying patient or the patient's primary caregiver.
 - g. An alternative treatment center shall report any change in information to the department not later than 10 days after such change, or the permit shall be deemed null and void.
 - h. An alternative treatment center may charge a registered qualifying patient or primary caregiver for the reasonable costs associated with the production and distribution of marijuana for the cardholder.
 - i. The commissioner shall adopt regulations to:
 - (1) require such written documentation of each delivery of marijuana to, and pickup of marijuana for, a registered qualifying patient, including the date and amount dispensed, to be maintained in the records of the alternative treatment center, as the commissioner determines necessary to ensure effective documentation of the operations of each alternative treatment center;
 - (2) monitor, oversee, and investigate all activities performed by an alternative treatment center; and
 - (3) ensure adequate security of all facilities 24 hours per day, including production and retail locations, and security of all delivery methods to registered qualifying patients.
- j. In the event that the department requires its approval for an alternative treatment center to take any action pursuant to P.L.2009,

c.307 (C.24:6I-1 et al.), and requiring such approval is not otherwise prohibited by law, the department shall approve or deny an application submitted by an alternative treatment center for such approval no later than 45 days after the date the application is submitted. Applications shall be processed in the order in which they are received and no applicant shall receive preferential treatment in the application process. An application deemed incomplete shall not be denied unless it is first returned to the applicant with an itemized description of every incomplete item on the application and the applicant is granted at least 30 days to return a corrected application. An application that is denied shall include a detailed explanation of the reasons for the denial. The denial of an application shall be considered a final agency decision, subject to review by the Appellate Division of the Superior Court. An application that is not approved or denied within 45 days as provided in this section shall be deemed approved.

17 (cf: P.L.2013, c.160, s.2)

- 6. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to read as follows:
- 10. a. A physician shall provide written instructions for a registered qualifying patient or [his] the patient's primary caregiver to present to an alternative treatment center concerning the [total amount of usable marijuana that a patient may be dispensed, in weight, in] medical marijuana authorized for the patient for a 30-day period, which amount shall not exceed two ounces , unless otherwise noted by a physician, who shall provide written instructions which may include such specific requirements as to the form, strain, quantity, and potency of medical marijuana as the physician deems medically appropriate. If no amount is noted, the maximum amount that may be dispensed at one time is two ounces. Written instructions shall be valid for no more than 60 days from the date they are issued or, in the case of multiple written instructions as provided in subsection b. of this section, no more than 60 days from the date the instructions become valid.
 - b. A physician may issue multiple written instructions at one time authorizing the patient to receive a total of up to a 90-day supply, provided that the following conditions are met:
- (1) Each separate set of instructions shall be issued for a legitimate medical purpose by the physician, as provided in [this act] P.L.2009, c.307 (C.24:6I-1 et al.);
 - (2) Each separate set of instructions shall indicate the earliest date on which a center may dispense the marijuana, except for the first dispensation if it is to be filled immediately; and
- (3) The physician has determined that providing the patient with multiple instructions in this manner does not create an undue risk of diversion or abuse.

- 1 c. A registered qualifying patient or [his] the patient's primary 2 caregiver shall present the patient's or caregiver's registry 3 identification card, as applicable, and these written instructions to [the] any alternative treatment center, which shall verify and log 4 5 the documentation presented. A physician may provide a copy of a 6 written instruction by electronic or other means, as determined by the commissioner, directly to an alternative treatment center on 7 8 behalf of a registered qualifying patient. The dispensation of 9 marijuana pursuant to any written instructions shall occur within 10 one month of the date that the instructions were written or become 11 valid, or the instructions are void.
- d. A patient may be registered at only one alternative treatment center at any time.
- 14 (cf: P.L.2009, c.307, s.10)

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- 7. Section 14 of P.L.2009, c.307 (C.24:6I-12) is amended to read as follows:
- 18 14. a. The commissioner shall report to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-20 19.1):
- 21 (1) no later than one year after the effective date of **[**this act**]**22 P.L.2009, c.307 (C.24:6I-1 et al.), on the actions taken to
 23 implement the provisions of **[**this act**]** P.L.2009, c.307 (C.24:6I-1
 24 et al.), and no later than one year after the effective date of P.L.
 25 c. (C.) (pending before the Legislature as this bill), on the
 26 actions taken to implement the provisions of P.L. , c. (C.)
 27 (pending before the Legislature as this bill); and
 - (2) annually thereafter on the number of applications for registry identification cards, the number of qualifying patients registered, the number of primary and secondary caregivers registered, the nature of the debilitating medical conditions of the patients, the number of registry identification cards revoked, the number of alternative treatment center permits issued and revoked, and the number of physicians providing certifications for patients.
 - b. The reports shall not contain any identifying information of patients, caregivers, or physicians.
- Within two years after the effective date of [this act] 37 P.L.2009, c.307 (C.24:6I-1 et al.) and every two years thereafter, 38 39 the commissioner shall: evaluate whether there are sufficient numbers of alternative treatment centers to meet the needs of 40 registered qualifying patients throughout the State; evaluate 41 42 whether the [maximum amount] forms, strains, and potencies of 43 medical marijuana [allowed] recommended by physicians pursuant to [this act is] P.L.2009, c.307 (C.24:6I-1 et al.) are sufficient to 44 45 meet the medical needs of qualifying patients; and determine 46 whether any alternative treatment center has charged excessive 47 prices for marijuana that the center dispensed.

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1 The commissioner shall report his findings no later than two 2 years after the effective date of [this act] P.L.2009, c.307 (C.24:6I-3 1 et al.), and every two years thereafter, to the Governor, and to the 4 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1). 5 (cf: P.L.2009, c.307, s.14) 6 7 8. Section 15 of P.L.2009, c.307 (C.24:6I-13) is amended to 8 read as follows: 9 15. a. The Department of Health is authorized to exchange 10 fingerprint data with, and receive information from, the Division of 11 State Police in the Department of Law and Public Safety and the 12 Federal Bureau of Investigation for use in reviewing applications 13 for individuals seeking to serve as [primary] secondary caregivers pursuant to section 4 of P.L.2009, c.307 (C.24:6I-4), and for 14 15 permits to operate as, or to be a director, officer, or employee of, 16 alternative treatment centers pursuant to section 7 of P.L.2009, 17 c.307 (C.24:6I-7). b. The Division of State Police shall promptly notify the 18 19 Department of Health in the event an applicant seeking to serve as a [primary] secondary caregiver or an applicant for a permit to 20 21 operate as, or to be a director, officer, or employee of, an alternative 22 treatment center, who was the subject of a criminal history record 23 background check conducted pursuant to subsection a. of this 24 section, is convicted of a crime involving possession or sale of a 25 controlled dangerous substance. 26 (cf: P.L.2012, c.17, s.91) 27 28 9. Section 17 of P.L.2009, c.307 (C.24:6I-15) is amended to 29 read as follows: 30 17. In addition to any immunity or defense provided by law, the 31 State and any employee or agent of the State shall not be held liable for any actions taken in accordance with [this act] P.L.2009, c.307 32 (C.24:6I-1 et al.), P.L.2015, c.158 (C.18A:40-12.22 et al.), or 33 34 section 13 of P.L. , c. (C.) (pending before the Legislature 35 as this bill) or for any deleterious outcomes from the medical use of 36 marijuana by any registered qualifying patient. 37 (cf: P.L.2009, c.307, s.17) 38 39 10. N.J.S.2C:35-18 is amended to read as follows: 40 2C:35-18. Exemption; Burden of Proof. a. If conduct is 41 authorized by the provisions of P.L.1970, c.226 (C.24:21-1 et seq.), 42 P.L.2009, c.307 (C.24:6I-1 et al.), [or] P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.L., c. (C.) (pending 43 44 before the Legislature as this bill), that authorization shall, subject 45 to the provisions of this section, constitute an exemption from

criminal liability under this chapter or chapter 36, and the absence

of such authorization shall not be construed to be an element of any

- 1 offense in this chapter or chapter 36. It is an affirmative defense to
- 2 any criminal action arising under this chapter or chapter 36 that the
- 3 defendant is the authorized holder of an appropriate registration,
- 4 permit or order form or is otherwise exempted or excepted from
- 5 criminal liability by virtue of any provision of P.L.1970, c.226
- 6 (C.24:21-1 et seq.), P.L.2009, c.307 (C.24:6I-1 et al.), [or]
- 7 P.L.2015, c.158 (C.18A:40-12.22 et al.), or section 13 of P.L.
- 8 <u>c. (C.) (pending before the Legislature as this bill)</u>. The
- 9 affirmative defense established herein shall be proved by the
- 10 defendant by a preponderance of the evidence. It shall not be
- 11 necessary for the State to negate any exemption set forth in this act
- or in any provision of Title 24 of the Revised Statutes in any
- 13 complaint, information, indictment or other pleading or in any trial,
- 14 hearing or other proceeding under this act.
 - b. No liability shall be imposed by virtue of this chapter or chapter 36 upon any duly authorized State officer, engaged in the enforcement of any law or municipal ordinance relating to controlled dangerous substances or controlled substance analogs.
- 19 (cf: P.L.2015, c.158, s.3)

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- 11. Section 1 of P.L.2015, c.158 (C.18A:40-12.22) is amended to read as follows:
- to read as follows:

 1. a. A board of education or chief school administrator of a

nonpublic school shall develop a policy authorizing parents,

- guardians, [and] primary caregivers, and secondary caregivers to
- 26 administer medical marijuana to a student while the student is on
- school grounds, aboard a school bus, or attending a schoolsponsored event.
- b. A policy adopted pursuant to subsection a. of this section shall, at a minimum:
 - shall, at a minimum:

 (1) require that the student be authorized to engage in the
 - medical use of marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et
- 33 al.) and that the parent, guardian, [or] primary caregiver, or
- 34 <u>secondary caregiver</u> be authorized to assist the student with the 35 medical use of marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et
- 36 al.);
 - (2) establish protocols for verifying the registration status and ongoing authorization pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) concerning the medical use of marijuana for the student and the
- 40 parent, guardian, [or] primary caregiver, or secondary caregiver;
- 41 (3) expressly authorize parents, guardians, [and] primary 42 caregivers, and secondary caregivers of students who have been
- 43 authorized for the medical use of marijuana to administer medical
- 44 marijuana to the student while the student is on school grounds,
- aboard a school bus, or attending a school-sponsored event;
- 46 (4) identify locations on school grounds where medical 47 marijuana may be administered; and

- (5) prohibit the administration of medical marijuana to a student by smoking or other form of inhalation while the student is on school grounds, aboard a school bus, or attending a schoolsponsored event.
- c. Medical marijuana may be administered to a student while the student is on school grounds, aboard a school bus, or attending school-sponsored events, provided that such administration is consistent with the requirements of the policy adopted pursuant to this section.

10 (cf: P.L.2015, c.158, s.1)

- 12. Section 2 of P.L.2015, c.158 (C.30:6D-5b) is amended to read as follows:
 - 2. a. The chief administrator of a facility that offers services for persons with developmental disabilities shall develop a policy authorizing a parent, guardian, [or] primary caregiver, or secondary caregiver authorized to assist a qualifying patient with the use of medical marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) to administer medical marijuana to a person who is receiving services for persons with developmental disabilities at the facility.
 - b. A policy adopted pursuant to subsection a. of this section shall, at a minimum:
 - (1) require the person receiving services for persons with developmental disabilities be a qualifying patient authorized for the use of medical marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), and that the parent, guardian, [or] primary caregiver, or secondary caregiver be authorized to assist the person with the medical use of marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.);
 - (2) establish protocols for verifying the registration status and ongoing authorization pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) concerning the medical use of marijuana for the person and the parent, guardian, [or] primary caregiver, or secondary caregiver;
 - (3) expressly authorize parents, guardians, **[**and**]** primary caregivers, and secondary caregivers to administer medical marijuana to the person receiving services for persons with developmental disabilities while the person is at the facility; and
 - (4) identify locations at the facility where medical marijuana may be administered.
- c. Medical marijuana may be administered to a person receiving services for persons with developmental disabilities at a facility that offers such services while the person is at the facility, provided that such administration is consistent with the requirements of the policy adopted pursuant to this section and the provisions of P.L.2009, c.307 (C.24:6I-1 et al.).

- d. Nothing in this section shall be construed to authorize medical marijuana to be smoked in any place where smoking is prohibited pursuant to N.J.S.2C:33-13.
- 4 (cf: P.L.2015, c.158, s.2)

- 13. (New section) a. The chief administrator of each long term care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall develop a policy authorizing a parent, guardian, primary caregiver, or secondary caregiver authorized to assist a qualifying patient with the use of medical marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) to administer medical marijuana to a resident at the facility.
- b. A policy adopted pursuant to subsection a. of this section shall, at a minimum:
 - (1) require the resident be a qualifying patient authorized for the use of medical marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), and that the parent, guardian, primary caregiver, or secondary caregiver be authorized to assist the resident with the medical use of marijuana pursuant to P.L.2009, c.307 (C.24:6I-1 et al.);
 - (2) establish protocols for verifying the registration status and ongoing authorization pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) concerning the medical use of marijuana for the resident and the parent, guardian, primary caregiver, or secondary caregiver;
 - (3) expressly authorize parents, guardians, primary caregivers, and secondary caregivers to administer medical marijuana to the resident; and
 - (4) identify locations at the facility where medical marijuana may be administered.
 - c. Medical marijuana may be administered to a resident at a long term care facility, provided that such administration is consistent with the requirements of the policy adopted pursuant to this section and the provisions of P.L.2009, c.307 (C.24:6I-1 et al.).
 - d. Nothing in this section shall be construed to authorize medical marijuana to be smoked in any place where smoking is prohibited pursuant to N.J.S.2C:33-13.

- 14. a. Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health shall, in consultation with the Department of Law and Public Safety, promulgate rules and regulations to effectuate the purposes of this act.
- b. Notwithstanding any provision of P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the Commissioner of Health shall adopt, immediately upon filing with the Office of Administrative Law and no later than the 90th day after the effective date of this act, such regulations as the commissioner deems necessary to implement the provisions of this act. Regulations adopted pursuant to this subsection shall be effective

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until the adoption of rules and regulations pursuant to subsection a. of this section and may be amended, adopted, or readopted by the commissioner in accordance with the requirements of P.L.1968, c.410 (C.52:14B-1 et seq.).

15. This act shall take effect immediately.

STATEMENT

This bill makes certain revisions to the "New Jersey Compassionate Use Medical Marijuana Act," including permitting patients to access medical marijuana in any quantity, form, strain, or potency appropriate to the patient's treatment needs, mandating the promulgation of standardized dosage units, authorizing the registration of secondary caregivers to assist qualifying patients with the medical use of marijuana in schools and at certain facilities, and providing certain additional legal protections under the act.

Authorization for Medical Marijuana

The bill revises certain provisions concerning a physician's written instructions authorizing a patient for medical marijuana, providing that a physician's written instructions may include express requirements concerning the form, strain, quantity, or potency of medical marijuana to be dispensed to the patient. Written instructions will be valid for 60 days from the date of issuance or, in the case of multiple written instructions, the date the instructions become valid.

The bill provides that medical marijuana may be considered as a treatment of first resort for a patient with a debilitating medical condition, and that there is no requirement that a patient have exhausted other treatment options as a condition of being authorized for the medical use of marijuana. Medical marijuana is to be considered the same as any other medication used at the direction of a physician, and a patient may not be disqualified from receiving any medical care, including an organ transplant, based on the authorized use of medical marijuana.

The bill revises the provisions concerning qualifying patients who are minors to provide that a pediatric specialist is required to authorize medical marijuana for a qualifying patient who is a minor. If the physician treating the minor patient for the patient's debilitating condition is a pediatric specialist, no additional approval is needed. Under current regulations, the approval of up to three practitioners may be necessary to authorize medical marijuana for a qualifying patient who is a minor.

The bill also allows both parents of a minor child who is a qualifying patient to serve as the child's primary caregiver, and

provides that a parent may concurrently serve as primary caregiver to any minor child of the parent who is a qualifying patient.

The bill eliminates registration fees for primary and secondary caregivers, but does not revise the current registration fees for qualifying patients. The bill eliminates the current requirement that primary caregivers undergo a criminal history background check during the application and renewal process.

The bill prohibits law enforcement officers and employees from damaging, destroying, or in any way altering medical marijuana, and prohibits local government units from enacting and enforcing any ordinance or other local law or regulation conflicting with the New Jersey Compassionate Use Medical Marijuana Act.

Secondary Caregivers

Under current law, P.L.2015, c.158 (C.18A:40-12.21 et al.) authorizes parents and primary caregivers to assist patients with the medical use of marijuana while on school grounds, aboard a school bus, attending a school-sponsored event, or receiving services from a facility that provides services to persons with developmental disabilities. The bill requires long-term care facilities to adopt similar policies, and authorizes the registration of "secondary caregivers," who will also be permitted to assist qualifying patients with the use of medical marijuana at these locations.

To serve as a secondary caregiver, a person will be required to be an adult employee of the patient's school or facility who is not the patient's physician and who is authorized to serve as secondary caregiver by the patient or the patient's primary caregiver. Service as a secondary caregiver will be voluntary, and a person may serve as secondary caregiver to more than one qualifying patient at the school or facility at a time. Persons applying to serve as a secondary caregiver will be required to undergo a criminal history record background check unless the person has already undergone a criminal history record background check as a condition of employment in the person's current position. Registration as a secondary caregiver will be valid for one year.

Alternative Treatment Centers

This bill provides that alternative treatment centers will not be limited in the potency of any type of medical marijuana cultivated or in the strains, quantities, or forms of medical marijuana that may be offered, provided they are appropriate for the treatment of qualifying patients. The bill removes the current restriction that permits edible forms of medical marijuana to be distributed only to qualifying patients who are minors.

The bill additionally requires DOH to develop standardized dosage units for each form of medical marijuana available at an alternative treatment center, which are to be established within 45 days of the effective date of the bill for each form of medical

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marijuana in existence on the effective date, and within 45 days 1 2 after a new form is first made available for forms made available 3 after the effective date. DOH is to make a current list of 4 standardized dosage units available on its Internet website and is to 5 transmit the list to alternative treatment centers both annually and at such times as the list is revised or updated. The Board of Medical 6 7 Examiners will be required to advise physicians of the availability 8 of standardized dosage information, and DOH will be required to 9 furnish a current list to physicians upon request.

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The bill provides that, in the event DOH requires its approval for an alternative treatment center to take any action in connection with the "New Jersey Compassionate Use Medical Marijuana Act," and requiring such approval is not otherwise prohibited by law, DOH is to approve or deny an application for such approval no later than 45 days after the date the application is submitted. Applications are to be processed in the order in which they are received and no applicant is to receive preferential treatment in the application process. An application deemed incomplete may not be denied unless it is first returned to the applicant with an itemized description of every incomplete item on the application and the applicant is granted at least 30 days to return a corrected application. An application that is denied is to include a detailed explanation of the reasons for the denial. An application that is not approved or denied by DOH within 45 days will be deemed approved.