Chapter 6I. (Rename)
Medical Cannabis
§§5-7 C.24:6I-5.1 to
24:6I-5.3
§9 - C.24:6I-6.1
§§11-16 C.24:6I-7.1 to
24:6I-7.6
§§24-36,39 C.24:6I-17 to
24:6I-30
§43 - C.26:2H-12.86
§48 - Repealer

Title 24.

P.L. 2019, CHAPTER 153, *approved July* 2, 2019 Assembly, No. 20

1 **AN ACT** concerning medical cannabis, revising various parts of the statutory law, and supplementing P.L.2009, c.307.

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

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- 7 1. Section 1 of P.L.2009, c.307 (C.24:6I-1) is amended to read 8 as follows:
- 9 1. This act shall be known and may be cited as the ["New
- 10 Jersey] "Jake Honig Compassionate Use Medical [Marijuana]
- 11 <u>Cannabis</u> Act."12 (cf: P.L.2009, c.307, s.1)

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- 2. Section 2 of P.L.2009, c.307 (C.24:6I-2) is amended to read as follows:
- 16 2. The Legislature finds and declares that:
- 17 a. Modern medical research has discovered a beneficial use for
- 18 [marijuana] cannabis in treating or alleviating the pain or other
- symptoms associated with certain [debilitating] medical conditions,
- 20 as found by the National Academy of Sciences' Institute of
- 21 Medicine in March 1999 [;].
- b. According to the U.S. Sentencing Commission and the
- Federal Bureau of Investigation, 99 out of every 100 [marijuana]
- 24 <u>cannabis</u> arrests in the country are made under state law, rather than
- 25 under federal law. Consequently, changing state law will have the
- 26 practical effect of protecting from arrest the vast majority of

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 seriously ill people who have a medical need to use [marijuana]
- 2 cannabis [;].
- 3 c. Although federal law currently prohibits the use of
- 4 [marijuana] cannabis, the laws of Alaska, Arkansas, California,
- 5 Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Maine,
- 6 Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada,
- 7 New Hampshire, New Mexico, New York, North Dakota, Ohio,
- 8 Oregon, Pennsylvania, Rhode Island, Vermont, [and] Washington,
- 9 West Virginia, and the District of Columbia permit the use of
- 10 [marijuana] cannabis for medical purposes, and in Arizona doctors
- are permitted to prescribe [marijuana] cannabis. New Jersey joins 11
- 12 this effort for the health and welfare of its citizens [;].
- 13 d. States are not required to enforce federal law or prosecute
- 14 people for engaging in activities prohibited by federal law;
- 15 therefore, compliance with this act does not put the State of New
- 16 Jersey in violation of federal law [; and].
- 17 e. Compassion dictates that a distinction be made between
- medical and non-medical uses of [marijuana] cannabis. Hence, the 18
- 19 purpose of this act is to protect from arrest, prosecution, property
- 20 forfeiture, and criminal and other penalties, those patients who use
- 21 [marijuana] cannabis to alleviate suffering from [debilitating]
- 22 qualifying medical conditions, as well as their [physicians] health
- 23 care practitioners, [primary] designated caregivers, institutional
- 24 caregivers, and those who are authorized to produce [marijuana]
- 25 cannabis for medical purposes.
- 26 (cf: P.L.2009, c.307, s.2)

- 27 28 3. Section 3 of P.L.2009, c.307 (C.24:6I-3) is amended to read
- 29 as follows:
- 30 3. As used in [this act] P.L.2009, c.307 (C.24:6I-1 et al.) and 31 P.L.2015, c.158 (C.18A:40-12.22 et al.):
- 32 "Academic medical center" means an entity located in New
- 33 Jersey that, on the effective date of P.L. , c. (C.
- 34 before the Legislature as this bill), has an addiction medicine
- 35 faculty practice or is in the same health care system as another
- 36 facility located in New Jersey that offers outpatient medical
- 37 detoxification services or inpatient treatment services for substance
- 38 use disorder; has a pain management faculty practice or a facility-
- 39 based pain management service located in New Jersey; has graduate
- 40 medical training programs accredited, or pending accreditation, by
- 41 the Accreditation Council for Graduate Medical Education or the
- 42 American Osteopathic Association in primary care and medical
- 43 specialties; is the principal teaching affiliate of a medical school
- based in the State; and has the ability to conduct research related to 45 medical cannabis. If the entity is part of a system of health care

- facilities, the entity shall not qualify as an academic medical center
 unless the health care system is principally located within the State.
- "Adverse employment action" means refusing to hire or employ
 an individual, barring or discharging an individual from
 employment, requiring an individual to retire from employment, or
- 6 <u>discriminating against an individual in compensation or in any</u>
 7 <u>terms, conditions, or privileges of employment.</u>
- 8 **[**"Bona fide physician-patient relationship" means a relationship
 9 in which the physician has ongoing responsibility for the
 10 assessment, care, and treatment of a patient's debilitating medical
 11 condition.]
- "Cannabis" has the meaning given to "marihuana" in section 2 of
 the "New Jersey Controlled Dangerous Substances Act," P.L.1970,
 c.226 (C.24:21-2).
 - ["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.]
 - "Clinical registrant" means an entity that has a written contractual relationship with an academic medical center in the region in which it has its principal place of business, which includes provisions whereby the parties will engage in clinical research related to the use of medical cannabis and the academic medical center or its affiliate will provide advice to the entity regarding patient health and safety, medical applications, and dispensing and managing controlled dangerous substances, among other areas.
- 27 <u>"Commission" means the Cannabis Regulatory Commission</u>
 28 <u>established pursuant to section 31 of P.L.</u>, c. (C.) (pending
 29 <u>before the Legislature as this bill).</u>
 - "Commissioner" means the Commissioner of Health.
- 31 **[**"Debilitating medical condition" means:

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- (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;
- 36 (2) one of the following conditions, if severe or chronic pain, 37 severe nausea or vomiting, cachexia, or wasting syndrome results 38 from the condition or treatment thereof: positive status for human 39 immunodeficiency virus; acquired immune deficiency syndrome; or 40 cancer;
- 41 (3) amyotrophic lateral sclerosis, multiple sclerosis, terminal 42 cancer, muscular dystrophy, or inflammatory bowel disease, 43 including Crohn's disease;
- 44 (4) terminal illness, if the physician has determined a prognosis 45 of less than 12 months of life; or

- 1 (5) any other medical condition or its treatment that is approved 2 by the department by regulation.
- 3 "Common ownership or control" means:
- 4 (1) between two for-profit entities, the same individuals or entities own and control more than 50 percent of both entities;
- (2) between a nonprofit entity and a for-profit entity, a majority
 of the directors, trustees, or members of the governing body of the
 nonprofit entity directly or indirectly own and control more than 50
 percent of the for-profit entity; and
- (3) between two nonprofit entities, the same directors, trustees,
 or governing body members comprise a majority of the voting
 directors, trustees, or governing body members of both nonprofits.
- "Department" means the Department of Health.
- 14 "Designated caregiver" means a resident of the State who:
- (1) is at least 18 years old;

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- (2) has agreed to assist with a registered qualifying patient's medical use of cannabis, is not currently serving as designated caregiver for more than one other qualifying patient, and is not the qualifying patient's health care practitioner;
- 20 (3) subject to the provisions of paragraph (2) of subsection c. of 21 section 4 of P.L.2009, c.307 (C.24:6I-4), has never been convicted 22 of possession or sale of a controlled dangerous substance, unless 23 such conviction occurred after the effective date of P.L.2009, c.307 24 (C.24:6I-1 et al.) and was for a violation of federal law related to 25 possession or sale of cannabis that is authorized under P.L.2009, 26 c.307 (C.24:6I-1 et al.) or P.L.2015, c.158 (C.18A:40-12.22 et al.);
- 27 (4) has registered with the commission pursuant to section 4 of P.L.2009, c.307 (C.24:6I-4), and, except in the case of a designated caregiver who is an immediate family member of the patient, has satisfied the criminal history record background check requirement of section 4 of P.L.2009, c.307 (C.24:6I-4); and
- (5) has been designated as designated caregiver by the patient
 when registering or renewing a registration with the commission or
 in other written notification to the commission.
- 35 "Dispense" means the furnishing of medical cannabis to a registered qualifying patient, designated caregiver, or institutional 36 37 caregiver by a medical cannabis dispensary or clinical registrant 38 pursuant to written instructions issued by a health care practitioner 39 pursuant to the requirements of P.L.2009, c.307 (C.24:6I-1 et al.). 40 The term shall include the act of furnishing medical cannabis to a 41 medical cannabis handler for delivery to a registered qualifying patient, designated caregiver, or institutional caregiver, consistent 42 with the requirements of subsection i. of section 27 of P.L. 43
- 44 <u>c. (C.) (pending before the Legislature as this bill).</u>
- 45 <u>"Health care facility" means a general acute care hospital,</u>
 46 <u>nursing home, long term care facility, hospice care facility, group</u>

- 1 home, facility that provides services to persons with developmental
- 2 <u>disabilities, behavioral health care facility, or rehabilitation center.</u>
- 3 "Health care practitioner" means a physician, advanced practice
- 4 nurse, or physician assistant licensed or certified pursuant to Title
- 5 45 of the Revised Statutes who:
- 6 (1) possesses active registrations to prescribe controlled
- 7 dangerous substances issued by the United States Drug
- 8 Enforcement Administration and the Division of Consumer Affairs
- 9 in the Department of Law and Public Safety;
- 10 (2) is the health care practitioner responsible for the ongoing
- 11 <u>treatment of a patient's qualifying medical condition, the symptoms</u>
- 12 of that condition, or the symptoms associated with the treatment of
- 13 that condition, provided, however, that the ongoing treatment shall
- 14 <u>not be limited to the provision of authorization for a patient to use</u>
- 15 medical cannabis or consultation solely for that purpose; and
- 16 (3) if the patient is a minor, is a pediatric specialist.
- 17 "Immediate family" means the spouse, domestic partner, civil
- 18 union partner, child, sibling, or parent of an individual, and shall
- 19 include the siblings, parents, and children of the individual's
- 20 spouse, domestic partner, or civil union partner, and the parents,
- 21 spouses, domestic partners, or civil union partners of the
- 22 <u>individual's parents, siblings, and children.</u>
- 23 "Institutional caregiver" means a resident of the State who:
- 24 (1) is at least 18 years old;
- 25 (2) is an employee of a health care facility;
- 26 (3) is authorized, within the scope of the individual's
- 27 professional duties, to possess and administer controlled dangerous
- 28 <u>substances in connection with the care and treatment of patients and</u>
- 29 <u>residents pursuant to applicable State and federal laws;</u>
- 30 (4) is authorized by the health care facility employing the person
- 31 to assist registered qualifying patients who are patients or residents
- 32 of the facility with the medical use of cannabis, including, but not
- 33 <u>limited to, obtaining medical cannabis for registered qualifying</u>
- 34 patients and assisting registered qualifying patients with the
- 35 <u>administration of medical cannabis;</u>
- 36 (5) subject to the provisions of paragraph (2) of subsection c. of
- 37 section 4 of P.L.2009, c.307 (C.24:6I-4), has never been convicted
- 38 of possession or sale of a controlled dangerous substance, unless
- 39 <u>such conviction occurred after the effective date of P.L.2009, c.307</u>
- 40 (C.24:6I-1 et al.) and was for a violation of federal law related to
- 41 possession or sale of cannabis that is authorized under P.L.2009,
- 42 <u>c.307 (C.24:6I-1 et al.) or P.L.2015, c.158 (C.18A:40-12.22 et al.);</u>
- 43 and
- 44 (6) has registered with the commission pursuant to section 4 of
- 45 <u>P.L.2009</u>, c.307 (C.24:6I-4).
- 46 "Integrated curriculum" means an academic, clinical, or research
- 47 program at an institution of higher education that is coordinated

- 1 with a medical cannabis cultivator, medical cannabis manufacturer,
- 2 or medical cannabis dispensary to apply theoretical principles,
- 3 practical experience, or both involving the cultivation,
- 4 manufacturing, dispensing, delivery, or medical use of cannabis to a
- 5 specific area of study, including, but not limited to, agriculture,
- 6 biology, business, chemistry, culinary studies, ecology,
- 7 environmental studies, health care, horticulture, technology, or any
- 8 other appropriate area of study or combined areas of study.
- 9 <u>Integrated curricula shall be subject to approval by the commission</u>
- 10 and the Office of the Secretary of Higher Education.
- 11 "Integrated curriculum permit" or "IC permit" means a permit
- 12 issued to a medical cannabis cultivator, medical cannabis
- 13 manufacturer, or medical cannabis dispensary that includes an
- 14 integrated curriculum approved by the commission and the Office
- 15 of the Secretary of Higher Education.
- 16 ["Marijuana" has the meaning given in section 2 of the "New
- 17 Jersey Controlled Dangerous Substances Act," P.L.1970, c.226
- 18 (C.24:21-2).
- 19 "Medical [marijuana] cannabis alternative treatment center" or
- 20 "alternative treatment center" means an organization [approved]
- issued a permit, including a conditional permit, by the [department] 21
- 22 commission to [perform activities necessary to provide registered
- 23 qualifying patients with usable marijuana and related paraphernalia
- 24 in accordance with the provisions of this act] operate as a medical
- 25 cannabis cultivator, medical cannabis manufacturer, medical
- 26 cannabis dispensary, or clinical registrant. This term shall include
- 27 the organization's officers, directors, board members, and
- 28 employees.

- 29 "Medical cannabis cultivator" means an organization holding a
- 30 permit issued by the commission that authorizes the organization to:
- possess and cultivate cannabis and deliver, transfer, transport, 32 distribute, supply, and sell medical cannabis and related supplies to
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- other medical cannabis cultivators and to medical cannabis
- 34 manufacturers, clinical registrants, and medical cannabis 35 dispensaries, as well as to plant, cultivate, grow, and harvest
- medical cannabis for research purposes. A medical cannabis 36
- <u>cultivator permit shall not authorize the permit holder to</u> 37
- 38 manufacture, produce, or otherwise create medical cannabis 39 products, or to deliver, transfer, transport, distribute, supply, sell, or
- 40 dispense medical cannabis, medical cannabis products,
- 41 paraphernalia, or related supplies to qualifying patients, designated
- 42 caregivers, or institutional caregivers.
- 43 "Medical cannabis dispensary" means an organization issued a
- 44 permit by the commission that authorizes the organization to:
- 45 purchase or obtain medical cannabis and related supplies from
- 46 medical cannabis cultivators; purchase or obtain medical cannabis

1 products and related supplies from medical cannabis manufacturers; 2 purchase or obtain medical cannabis, medical cannabis products, 3 and related supplies and paraphernalia from other medical cannabis 4 dispensaries and from clinical registrants; deliver, transfer, 5 transport, distribute, supply, and sell medical cannabis and medical 6 cannabis products to other medical cannabis dispensaries; furnish 7 medical cannabis, including medical cannabis products, to a 8 medical cannabis handler for delivery to a registered qualifying 9 patient, designated caregiver, or institutional caregiver consistent 10 with the requirements of subsection i. of section 27 of P.L. , c. 11) (pending before the Legislature as this bill); and possess, 12 display, deliver, transfer, transport, distribute, supply, sell, and dispense medical cannabis, medical cannabis products, 13 14 paraphernalia, and related supplies to qualifying patients, 15 designated caregivers, and institutional caregivers. A medical 16 cannabis dispensary permit shall not authorize the permit holder to 17 cultivate medical cannabis, to produce, manufacture, or otherwise

create medical cannabis products.

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"Medical cannabis manufacturer" means an organization issued a permit by the commission that authorizes the organization to: purchase or obtain medical cannabis and related supplies from a medical cannabis cultivator or a clinical registrant; purchase or obtain medical cannabis products from another medical cannabis manufacturer or a clinical registrant; produce, manufacture, or otherwise create medical cannabis products; and possess, deliver, transfer, transport, distribute, supply, and sell medical cannabis products and related supplies to other medical cannabis manufacturers and to medical cannabis dispensaries and clinical registrants. A medical cannabis manufacturer permit shall not authorize the permit holder to cultivate medical cannabis or to deliver, transfer, transport, distribute, supply, sell, or dispense medical cannabis, medical cannabis products, paraphernalia, or related supplies to registered qualifying patients, designated caregivers, or institutional caregivers.

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

"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.

"Pediatric specialist" means a physician who is a board-certified pediatrician or pediatric specialist, or an advanced practice nurse or physician assistant who is certified as a pediatric specialist by an appropriate professional certification or licensing entity.

["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.

9 "Primary caregiver" or "caregiver" means a resident of the State 10 who:

a. is at least 18 years old;

commission.

- 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, 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;
- d. has registered with the department pursuant to section 5 of this act, and has satisfied the criminal history record background check requirement of section 5 of this act; 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.
- "Primary care" means the practice of family medicine, general internal medicine, general pediatrics, general obstetrics, or gynecology.
 - "Qualifying medical condition" means seizure disorder, including epilepsy; intractable skeletal muscular spasticity; post-traumatic stress disorder; glaucoma; positive status for human immunodeficiency virus; acquired immune deficiency syndrome; cancer; amyotrophic lateral sclerosis; multiple sclerosis; muscular dystrophy; inflammatory bowel disease, including Crohn's disease; terminal illness, if the patient has a prognosis of less than 12 months of life; anxiety; migraine; Tourette's syndrome; dysmenorrhea; chronic pain; opioid use disorder; or any other medical condition or its treatment that is approved by the
- "Qualifying patient" or "patient" means a resident of the State
 who has been [provided with a certification] authorized for the
 medical use of cannabis by a [physician] health care practitioner

 [pursuant to a bona fide physician-patient relationship].
- I"Registry identification card" <u>"Registration with the commission"</u> means a document issued by the department that

- 1 identifies a person has met the qualification requirements for, and
- 2 <u>has been registered by the commission</u> as, a registered qualifying
- 3 patient [or primary], designated caregiver, or institutional
- 4 caregiver. The commission shall establish appropriate means for
- 5 <u>health care practitioners, health care facilities, medical cannabis</u>
- 6 dispensaries, law enforcement, schools, facilities providing
- 7 <u>behavioral health services or services for persons with</u>
- 8 <u>developmental disabilities</u>, and other appropriate entities to verify
- 9 an individual's status as a registrant with the commission.
- 10 "Significantly involved person" means a person or entity who 11 holds at least a five percent investment interest in an entity issued, 12 or applying for a permit to operate as, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or 13 14 clinical registrant, or who is a decision making member of a group 15 that holds at least a 20 percent investment interest in an entity 16 issued, or applying for a permit to operate as, a medical cannabis 17 cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant, in which no member of that group 18 19 holds more than a five percent interest in the total group investment 20 interest, and the person or entity makes controlling decisions 21 regarding the operations of the entity issued, or applying for a 22 permit to operate as, a medical cannabis cultivator, medical
- 25 <u>"Terminally ill" means having an illness or condition with a</u> 26 <u>prognosis of less than 12 months of life.</u>

cannabis manufacturer, medical cannabis dispensary, or clinical

- "Usable [marijuana] <u>cannabis</u>" means the dried leaves and flowers of [marijuana] <u>cannabis</u>, and any mixture or preparation thereof, and does not include the seeds, stems, stalks, or roots of the plant.
- 31 (cf: P.L.2016, c.53, s.1)

registrant.

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- 33 4. Section 4 of P.L.2009, c.307 (C.24:6I-4) is amended to read 34 as follows:
- 35 4. a. The [department] commission shall establish a registry 36 of qualifying patients and their [primary] each designated 37 caregivers [, and shall issue a registry identification card, which 38 shall be valid for two years, to a qualifying patient and caregiver, if 39 applicable, who submits and shall establish a means of identifying 40 and verifying the registration status of patients and designated 41 caregivers who are registered with the commission. Registration 42 with the commission shall be valid for two years. A patient or 43 designated caregiver shall be registered with the commission upon 44 submitting the following, in accordance with regulations adopted by
- 45 the [department] commission:

1 (1) [a certification that meets the requirements of section 5 of 2 this act] documentation of a health care practitioner's authorization 3 for the patient for the medical use of cannabis;

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- (2) an application or renewal fee, which may be based on a sliding scale as determined by the **[**commissioner**]** commission;
- (3) the name, <u>home</u> address, and date of birth of the patient and <u>each designated</u> caregiver, as applicable; **[**and **]**
- (4) the name, address, and telephone number of the patient's [physician] health care practitioner; and
- 10 (5) up to one alternate address for the patient, which may be
 11 used for delivery of medical cannabis to the patient pursuant to
 12 section 27 of P.L., c. (C.) (pending before the Legislature
 13 as this bill).

Each qualifying patient may concurrently have up to two designated caregivers. A qualifying patient may petition the commission for approval to concurrently have more than two designated caregivers, which petition shall be approved if the commission finds that allowing the patient additional designated caregivers is necessary to meet the patient's treatment needs and is consistent with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.).

The commission shall establish a registry of institutional caregivers and shall establish a means of identifying and verifying the registration status of institutional caregivers who are registered with the commission. Registration with the commission shall be valid for one year. An institutional caregiver shall be registered with the commission upon submitting the name, address, and telephone number of the institutional caregiver and of the health care facility at which the individual will be serving as institutional caregiver and a certification that meets the requirements of subsection h. of this section. The application or renewal fee for the institutional caregiver shall be paid by the health care facility at which the institutional caregiver will be serving as institutional caregiver. An institutional caregiver shall not be limited in the number of qualifying patients for whom the institutional caregiver may serve as institutional caregiver at one time, provided that each qualifying patient served by the institutional caregiver is a current patient or resident at the health care facility at which the institutional caregiver is authorized to serve as institutional caregiver, and the number of qualifying patients served by the institutional caregiver is commensurate with the institutional caregiver's ability to fully meet the treatment and related needs of each qualifying patient and attend to the institutional caregiver's other professional duties at the health care facility without jeopardizing the health or safety of any patient or resident at the

1 Before [issuing a registry identification card] registering an 2 individual, the [department] commission shall verify the 3 information contained in the application or renewal form submitted pursuant to this section. In the case of a [primary] designated or 4 5 institutional caregiver, the [department] commission shall 6 provisionally approve an application pending the results of a 7 criminal history record background check, if the caregiver 8 otherwise meets the requirements of [this act] P.L.2009, c.307 9 (C.24:6I-1 et al.). The [department] commission shall approve or 10 deny an application or renewal and complete the registration 11 process for successful applicants within 30 days of receipt of the 12 completed application or renewal [, and shall issue a registry 13 identification card within five days of approving the application or 14 renewal]. The [department] commission may deny an application 15 or renewal only if the applicant fails to provide the information 16 required pursuant to this section, or if the [department] commission 17 determines that the information was incorrect or falsified or does 18 not meet the requirements of [this act] P.L.2009, c.307 (C.24:6I-1 19 et al.). Denial of an application shall be a final agency decision, 20 subject to review by the Superior Court, Appellate Division.

c. (1) The [commissioner] commission shall require each applicant seeking to serve as a [primary] designated or institutional caregiver to undergo a criminal history record background check; except that no criminal history record background check shall be required for an applicant seeking to serve as a designated caregiver if the applicant is an immediate family member of the patient, and no criminal history record background check shall be required for an applicant seeking to serve as an institutional caregiver if the applicant completed a criminal history record background check as a condition of professional licensure or certification. The [commissioner] commission 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 shall forward criminal history record background information to the [commissioner] commission in a timely manner when requested pursuant to the provisions of this section.

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An applicant seeking to serve as a **[**primary**]** <u>designated or institutional</u> caregiver <u>who is required to complete a criminal history record background check pursuant to this section</u> 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**]** <u>the</u>

applicant's written consent to that check. An applicant who is required to complete a criminal history record background check pursuant to this section who refuses to consent to, or cooperate in, the securing of a check of criminal history record background information shall not be considered for inclusion in the registry as a [primary] designated or institutional caregiver [or issuance of an identification card]. An applicant shall bear the cost for the criminal history record background check, including all costs of administering and processing the check.

- applicant seeking to serve as a [primary] designated or institutional caregiver who is required to complete a criminal history record background check pursuant to this section 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, the [commissioner] commission shall provide written notification to the applicant of [his] the applicant's qualification or disqualification for serving as a [primary] designated or institutional 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**]** commission 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**]** commission shall make a determination regarding the continued eligibility of the applicant to serve as a **[**primary**]** designated or institutional caregiver.
- (5) Notwithstanding the provisions of <u>paragraph</u> (2) of this subsection [b. of this section] to the contrary, no applicant shall be disqualified from serving as a [registered primary] <u>designated or institutional</u> caregiver 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] commission 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;
 - (c) the circumstances under which the crime or offense occurred;
- 10 (d) the date of the crime or offense;

- 11 (e) the age of the individual when the crime or offense was 12 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] A verification of registration issued by the commission shall contain the following information:
 - (1) (a) in the case of a patient or designated caregiver registration, the name, address, and date of birth of the patient and primary each designated caregiver, if applicable; and
 - (b) in the case of an institutional caregiver, the caregiver's name and date of birth and the name and address of the health care facility at which the caregiver is serving as institutional caregiver;
- 31 (2) the expiration date of the **[**registry identification card**]** 32 registration;
 - (3) photo identification of the [cardholder] registrant; and
- 34 (4) such other information that the **[**department**]** commission may specify by regulation.
 - e. (1) A patient who has been [issued a registry identification card] registered by the commission shall notify the [department] commission of any change in the patient's name, address, or [physician] health care practitioner or change in status of the patient's [debilitating] qualifying medical condition, within 10 days of such change, or the [registry identification card] patient's registration shall be deemed null and void.
 - (2) A [primary] <u>designated</u> caregiver who has been [issued a registry identification card] <u>registered by the commission</u> shall notify the [department] <u>commission</u> of any change in the caregiver's name or address within 10 days of such change, or the

- **[**registry identification card**]** <u>caregiver's registration</u> shall be deemed null and void.
- (3) An institutional caregiver who has been registered by the commission shall notify the commission of any change in the caregiver's name, address, employment by a health care facility at which the caregiver is registered to serve as institutional caregiver, or authorization from the health care facility to assist qualifying patients with the medical use of cannabis, within 10 days of such change, or the caregiver's registration shall be deemed null and void and the individual shall be deemed ineligible to serve as an institutional caregiver for a period of not less than one year.
 - f. The [department] commission shall maintain a confidential list of the persons [to whom it has issued registry identification cards] registered with the commission. 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.), or the common law concerning access to government records, and shall not be disclosed except to:

- (1) authorized employees of the **[**department**]** commission and the Division of Consumer Affairs in the Department of Law and Public Safety as necessary to perform official duties of the **[**department**]** commission 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] cannabis is lawfully [in possession of a registry identification card] registered with the commission.
- g. Applying for **[**or receiving a registry card**]** registration or being registered by the commission does not constitute a waiver of the qualifying patient's **[**patient-physician**]** practitioner-patient privilege.
- h. An applicant seeking to serve as an institutional caregiver shall submit with the application a certification executed by the director or administrator of the health care facility employing the applicant attesting that:
- (1) the facility has authorized the applicant to assist registered qualifying patients at the facility with the medical use of cannabis, including obtaining medical cannabis from a medical cannabis dispensary, accepting deliveries of medical cannabis on behalf of registered qualifying patients, and assisting registered qualifying patients with the administration of medical cannabis;
- 44 (2) the facility has established protocols and procedures and
 45 implemented security measures to ensure that any medical cannabis
 46 obtained by an institutional caregiver that is transported by the

- 1 <u>caregiver to the facility is transported in a safe and secure manner</u>
- 2 that prevents theft, diversion, adulteration, and access by
- 3 <u>unauthorized individuals</u>, and that any medical cannabis present at
- 4 the facility is stored in a safe and secure manner that prevents theft,
- 5 <u>diversion, adulteration, and access by unauthorized individuals;</u>
 - (3) the facility has established protocols and procedures to review the medications and treatment plans of registered qualifying patients at the facility to ensure that the patient's medical use of cannabis will not result in adverse drug interactions, side effects, or other complications that could significantly jeopardize the health or
- 11 <u>safety of the patient;</u>

- (4) the facility will not charge a registered qualifying patient for medical cannabis obtained on the registered qualifying patient's behalf in an amount that exceeds the actual cost of the medical cannabis, plus any reasonable costs incurred in acquiring the medical cannabis;
- (5) the facility has established protocols and procedures concerning whether, and to what extent, designated caregivers are permitted to assist registered qualifying patients with the medical use of cannabis while at the facility; and
- 21 (6) the facility will promptly notify the commission in the event 22 that:
 - (a) an institutional caregiver registered with the commission pursuant to this section ceases to be employed by the facility or ceases to be authorized by the facility to assist registered qualifying patients with the medical use of cannabis, in which case, upon receipt of the notification, the commission shall immediately revoke the institutional caregiver's registration; or
 - (b) an institutional caregiver registered with the commission pursuant to this section, who completed a criminal history record background check as a condition of professional licensure or certification, is convicted of a crime or offense in this State after the date the criminal history background check was performed, in which case, upon receipt of that notification, the commission shall make a determination regarding the continued eligibility of the applicant to serve as an institutional caregiver.
 - Nothing in this section shall be deemed to require any facility to authorize any employee of the facility to serve as an institutional caregiver or to issue a certification that meets the requirements of this subsection.
- 41 (cf: P.L.2009, c.307, s.4)

5. (New section) a. A health care practitioner shall not be required to be listed publicly in any medical cannabis practitioner registry as a condition of authorizing patients for the medical use of cannabis.

- b. No authorization for the medical use of cannabis may be issued by a health care practitioner to the practitioner's own self or to a member of the practitioner's immediate family.
- c. The commission shall establish a process to allow medical cannabis to be dispensed to a patient who has been authorized for the medical use of cannabis and who has initiated the process of registering with the commission pursuant to section 4 of P.L.2009, c.307 (C.24:6I-4), but whose registration has not been completed or subject to other final action by the commission. A patient may be dispensed medical cannabis in quantities of up to a two-week supply during the pendency of the patient's registration, after which time the patient may be dispensed medical cannabis in an amount consistent with the requirements of section 10 of P.L.2009, c.307 (C.24:6I-10). The commission shall impose such restrictions on access to medical cannabis pursuant to this subsection as shall be necessary to protect against fraud, abuse, and diversion.

- 6. (New section) a. Except as provided in subsection b. of this section, no health care practitioner who has authorized a patient for the medical use of cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) within the past 90 days, and no member of such health care practitioner's immediate family, shall be an interest holder in, or receive any form of direct or indirect compensation from, any medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant.
- b. Nothing in subsection a. of this section shall be construed to prevent a health care practitioner from serving on the governing board of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant, or on the medical advisory board of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant established pursuant to section 15 of P.L., c. (C.) (pending before the Legislature as this bill), or from receiving a reasonable stipend for such service, provided that:
- (1) the stipend does not exceed the stipend paid to any other member of the governing board or medical advisory board for serving on the board; and
- (2) the amount of the stipend is not based on patient volumes at any medical cannabis dispensary or clinical registrant or on the number of authorizations for the medical use of cannabis issued by the health care practitioner pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).
- c. A health care practitioner, or an immediate family member of a health care practitioner, who applies to be an owner, director, officer, or employee of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant, or who otherwise seeks to be an interest holder in, or

receive any form of direct or indirect compensation from, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant, shall certify that the health care practitioner has not authorized a patient for the medical use of cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) within the 90 days immediately preceding the date of the application.

d. A person who violates subsection a. of this section shall be guilty of a crime of the fourth degree.

7. (New section) a. An individual who is registered as a qualifying patient in another state or jurisdiction within the United States that authorizes the medical use of cannabis shall be considered a registered qualifying patient for the purposes of P.L.2009, c.307 (C.24:6I-1 et al.) for a period of up to six months, provided that the individual possesses both proof of registration in, and a valid photo identification card issued by, the other state or jurisdiction. During the six month period, the individual shall be authorized to possess and use medical cannabis and engage in such other conduct related to medical cannabis in New Jersey as is consistent with the requirements of P.L.2009, c.307 (C.24:6I-1 et al.) and the laws of the state or jurisdiction in which the patient is registered, except that medical cannabis shall not be dispensed to the individual unless a health care practitioner licensed in New Jersey issues written instructions for the individual that meet the requirements of section 10 of P.L.2009, c.307 (C.24:6I-10). No individual shall be authorized to acquire, possess, use, or engage in other conduct in connection with medical cannabis in New Jersey pursuant to a medical cannabis registration from another State or jurisdiction for more than six months unless the individual registers with the commission as a qualifying patient pursuant to section 4 of P.L.2009, c.307 (C.24:6I-4). Nothing in this subsection shall be construed to authorize delivery of medical cannabis to any person who is not registered with the commission pursuant to section 4 of P.L.2009, c.307 (C.24:6I-4).

b. An individual who is registered as a designated caregiver in another state or jurisdiction within the United States that authorizes the medical use of cannabis shall be considered a designated caregiver for the purposes of P.L.2009, c.307 (C.24:6I-1 et al.) for a period of up to six months, provided that the individual is in possession of both proof of registration in, and a valid photo identification card issued by, the other state or jurisdiction. During the six month period, the individual shall be authorized to assist a registered qualifying patient with the medical use of cannabis and engage in such other conduct in connection with medical cannabis in New Jersey as is consistent with the requirements of P.L.2009, c.307 (C.24:6I-1 et al.) and the laws of the state or jurisdiction in which the caregiver is registered, except that medical cannabis shall

- 1 not be dispensed to the individual on behalf of a registered
- 2 qualifying patient unless a health care practitioner licensed in New
- 3 Jersey issues written instructions for the registered qualifying
- 4 patient that meet the requirements of section 10 of P.L.2009, c.307
- 5 (C.24:6I-10). No individual shall be authorized to assist a registered
- 6 qualifying patient with the medical use of cannabis or engage in
- 7 other conduct in connection with medical cannabis in New Jersey
- 8 pursuant to a medical cannabis registration from another State or
- 9 jurisdiction for more than six months unless the individual registers
- with the commission as a designated caregiver pursuant to section 4
- of P.L.2009, c.307 (C.24:6I-4). Nothing in this subsection shall be
- 12 construed to authorize delivery of medical cannabis to any person
- who is not registered with the commission pursuant to section 4 of
- 14 P.L.2009, c.307 (C.24:6I-4).
- 15 c. The commission shall seek to enter into reciprocity 16 agreements with other states and jurisdictions within the United
- 17 States that authorize the medical use of cannabis.
- 18
- 19 8. Section 6 of P.L.2009, c.307 (C.24:6I-6) is amended to read 20 as follows:
- 21 6. a. The provisions of N.J.S.2C:35-18 shall apply to any
- 22 qualifying patient, [primary] designated caregiver, [alternative
- 23 treatment center, physician <u>linstitutional caregiver</u>, health care
- 24 <u>facility</u>, <u>medical cannabis cultivator</u>, <u>medical cannabis</u>
- 25 manufacturer, medical cannabis dispensary, medical cannabis
- 26 handler, health care practitioner, academic medical center, clinical
- 27 registrant, testing laboratory, or any other person acting in
- accordance with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.)
- 29 or P.L.2015, c.158 (C.18A:40-12.22 et al.).
- b. A qualifying patient, [primary] designated caregiver,
- 31 [alternative treatment center, physician] institutional caregiver,
- 32 <u>health care facility, medical cannabis cultivator, medical cannabis</u>
- 33 <u>manufacturer</u>, <u>medical cannabis dispensary</u>, <u>medical cannabis</u>
- 34 <u>handler</u>, health care practitioner, academic medical center, clinical
- 35 <u>registrant, testing laboratory</u>, or any other person acting in
- accordance with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.)
- 37 or P.L.2015, c.158 (C.18A:40-12.22 et al.) shall not be subject to
- any civil or administrative penalty, or denied any right or privilege,
- 39 including, but not limited to, civil penalty or disciplinary action by
- 40 a professional licensing board, related to the medical use of
- 41 [marijuana] cannabis as authorized under P.L.2009, c.307 (C.24:6I-
- 42 1 et al.) or P.L.2015, c.158 (C.18A:40-12.22 et al.).
- c. Registration with the commission, or application for
- 44 <u>registration by the commission</u>, [a registry identification card] shall
- 45 not alone constitute probable cause to search the person or the
- 46 property of the **[**person possessing or applying for the registry

- identification card registrant or applicant, or otherwise subject the person or his he person's property to inspection by any governmental agency.
- d. The provisions of section 2 of P.L.1939, c.248 (C.26:2-82), relating to destruction of [marijuana] cannabis determined to exist by the [department] commission, shall not apply if a qualifying patient [or primary], designated caregiver, or institutional caregiver [has in his possession a registry identification card] is registered with the commission and is in possession of no more than the maximum amount of usable [marijuana] cannabis that may be obtained in accordance with section 10 of P.L.2009, c.307 (C.24:6I-10).
- 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] cannabis 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.).

- 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] cannabis 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.).
- g. For the purposes of medical care, including organ transplants, a qualifying patient's authorized use of medical cannabis in accordance with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.) and P.L.2015, c.158 (C.18A:40-12.22 et al.), shall be considered equivalent to the authorized use of any other medication used at the direction of a health care practitioner, and shall not constitute the use of an illicit substance or otherwise disqualify a qualifying patient from needed medical care.
- h. No public or private school or institution of higher education may refuse to enroll a person based solely on the person's status as a registrant with the commission, unless failing to do so would result in the school or institution losing a monetary or licensing-related benefit granted pursuant to federal law. No public or private school or institution of higher education shall be penalized or denied any benefit under State law solely on the basis of enrolling a person who is registered with the commission.
- i. No person shall refuse to rent, lease, or sublease any real property or part or portion thereof, or discriminate in the terms, conditions, or privileges of the rental or lease of any real property or part or portion thereof or in the furnishing of facilities or services in connection therewith, based solely on the status of the prospective tenant as a registrant with the commission, unless failing to do so would result in the person losing a monetary or

- licensing-related benefit granted pursuant to federal law. No such
 person shall be penalized or denied any benefit under State law
 solely on the basis of renting or leasing real property to a person
 who is registered with the commission.
- j. No person shall be denied, or subject to adverse action in connection with, any license, certification, or permit issued pursuant to State law solely based on the person's status as a registrant with the commission, unless issuance or continuance of the license, certification, or permit would result in the licensing or permitting agency losing federal certification, federal funding, or other benefits granted pursuant to federal law.
- 12 k. (1) Unless failing to do so would result in the health care 13 facility losing a monetary or licensing-related benefit granted 14 pursuant to federal law, a health care facility that employs or 15 maintains a professional affiliation with a health care practitioner 16 shall not take adverse employment action against the health care 17 practitioner or otherwise limit, restrict, or terminate a professional 18 affiliation with the health care practitioner solely based on the 19 health care practitioner engaging in conduct authorized under 20 P.L.2009, c.307 (C.24:6I-1 et al.), including, but not limited to, 21 authorizing patients for the medical use of cannabis, issuing written 22 instructions pursuant to section 10 of P.L.2009, c.307 (C.24:6I-10), 23 and consulting with patients regarding the use of medical cannabis 24 to treat the patient's qualifying medical condition.
 - (2) No health care facility shall be penalized or denied any benefit under State law solely on the basis of employing or maintaining a professional affiliation with a health care practitioner who engages in conduct authorized under P.L.2009, c.307 (C.24:6I-1 et al.).

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29 30 1. Unless failing to do so would result in the insurer or 31 insurance association losing a monetary or licensing-related benefit 32 granted pursuant to federal law, an insurer or insurance association 33 authorized to issue medical malpractice liability insurance in New 34 Jersey shall not deny coverage to a health care practitioner, increase 35 the amount of premiums or deductibles under the policy, or charge 36 any additional fees in connection with the policy, solely based on 37 the health care practitioner engaging in conduct authorized under 38 P.L.2009, c.307 (C.24:6I-1 et al.), including, but not limited to, 39 authorizing qualifying patients for the medical use of cannabis, 40 issuing written instructions pursuant to section 10 of P.L.2009, 41 c.307 (C.24:6I-10), and consulting with patients regarding the use 42 of medical cannabis to treat a qualifying medical condition. No 43 insurer or insurance association shall be penalized or denied any 44 benefit under State law solely on the basis of providing medical 45 malpractice liability insurance to a health care practitioner who 46 engages in conduct authorized under P.L.2009, c.307 (C.24:6I-

- m. A person's status as a registered qualifying patient, a designated or institutional caregiver, or an owner, director, officer, or employee of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, clinical registrant, or licensed testing laboratory, or as a certified medical cannabis handler, shall not constitute the sole grounds for entering an order that restricts or denies custody of, or visitation with, a minor child of the person.
- n. (1) No health care facility shall be penalized or denied any benefit under State law solely for permitting or prohibiting the handling, administration, usage, or storage of medical cannabis, provided that the facility's policies related to medical cannabis are consistent with all other facility policies concerning medication handling, administration, usage, or storage.
 - (2) No health care facility shall be penalized or denied any benefit under State law solely for prohibiting the smoking of medical cannabis on facility property in accordance with the facility's smoke free policy.
 - o. No action or proceeding by the Division of Child Protection and Permanency in the Department of Children and Families shall be initiated against a pregnant woman or against the parent or legal guardian of minor child on the sole grounds that the pregnant woman or the parent or legal guardian is a registered qualifying patient, a designated or institutional caregiver, an owner, director, officer, or employee of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, clinical registrant, or licensed testing laboratory, or a certified medical cannabis handler; provided, however, that nothing in this subsection shall preclude any action or proceeding by the division based on harm or risk of harm to a child.

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

- 9. (New section) a. It shall be unlawful to take any adverse employment action against an employee who is a registered qualifying patient based solely on the employee's status as a registrant with the commission.
 - b. (1) If an employer has a drug testing policy and an employee or job applicant tests positive for cannabis, the employer shall offer the employee or job applicant an opportunity to present a legitimate medical explanation for the positive test result, and shall provide written notice of the right to explain to the employee or job applicant.
 - (2) Within three working days after receiving notice pursuant to paragraph (1) of this subsection, the employee or job applicant may submit information to the employer to explain the positive test result, or may request a confirmatory retest of the original sample at the employee's or job applicant's own expense. As part of an

- employee's or job applicant's explanation for the positive test result, the employee or job applicant may present an authorization for medical cannabis issued by a health care practitioner, proof of registration with the commission, or both.
 - c. Nothing in this section shall be deemed to:

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- (1) restrict an employer's ability to prohibit, or take adverse employment action for, the possession or use of intoxicating substances during work hours or on the premises of the workplace outside of work hours; or
- (2) require an employer to commit any act that would cause the employer to be in violation of federal law, that would result in a loss of a licensing-related benefit pursuant to federal law, or that would result in the loss of a federal contract or federal funding.
- d. No employer shall be penalized or denied any benefit under State law solely on the basis of employing a person who is registered with the commission.

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

7. a. <u>(1)</u> The 20 [department] commission shall accept 21 applications from entities for permits to operate as [alternative] 22 treatment centers and may charge a reasonable fee for the issuance 23 of a permit under this section medical cannabis cultivators, 24 medical cannabis manufacturers, and medical cannabis dispensaries. 25 For the purposes of this section, the term "permit" shall be deemed 26 to include a conditional permit issued pursuant to subsection d. of 27 section 11 of P.L., c. (C.) (pending before the Legislature 28 as this bill) and any permit issued to a microbusiness pursuant to 29 subsection e. of section 11 of P.L. , c. (C.) (pending before 30 the Legislature as this bill).

- 31 (2) (a) For a period of 18 months after the effective date of 32 P.L., c. (C.) (pending before the Legislature as this bill):
- 33 (i) no applicant may concurrently hold more than one permit
 34 issued by the commission pursuant to this section, regardless of
 35 type; and
- 36 (ii) there shall be no more than 28 active medical cannabis 37 cultivator permits, including medical cannabis cultivator permits 38 deemed to be held by alternative treatment centers issued a permit 39 prior to the effective date of P.L. , c. (C.) (pending before 40 the Legislature as this bill) and medical cannabis cultivator permits deemed to be held by alternative treatment centers issued a permit 41 42 subsequent to the effective date of P.L., c. (C.) (pending before the Legislature as this bill) pursuant to an application 43 44 submitted prior to the effective date of P.L. , c. (C.) 45 (pending before the Legislature as this bill); provided that medical
- 46 cannabis cultivator permits issued to microbusinesses pursuant to

1 subsection e. of section 11 of P.L. , c. (C.) (pending before 2 the Legislature as this bill) shall not count toward this limit. 3 (b) Commencing 18 months after the effective date of P.L., c. 4) (pending before the Legislature as this bill), a permit 5 holder shall be authorized to concurrently hold a medical cannabis 6 cultivator permit, a medical cannabis manufacturer permit, and a 7 medical cannabis dispensary permit, provided that no permit holder 8 shall be authorized to concurrently hold more than one permit of 9 each type. The permit holder may submit an application for a 10 permit of any type that the permit holder does not currently hold prior to the expiration of the 18 month period described in 11 12 subparagraph (a) of this paragraph, provided that no additional 13 permit shall be awarded to the permit holder during the 18 month 14 15 (c) The provisions of subparagraph (a) of this paragraph shall 16 not apply to any alternative treatment center that was issued a 17 permit prior to the effective date of P.L. , c. (C.) (pending 18 before the Legislature as this bill), to any alternative treatment 19 center that was issued a permit after the effective date of P.L. , c. 20 (C.) (pending before the Legislature as this bill) pursuant to an 21 application submitted prior to the effective date of P.L., c. 22) (pending before the Legislature as this bill), to one of the 23 four alternative treatment centers issued a permit pursuant to an 24 application submitted after the effective date of P.L. , c. 25 (C.) (pending before the Legislature as this bill) pursuant to a 26 request for applications published in the New Jersey Register prior 27 to the effective date of P.L. , c. (C.) (pending before the 28 Legislature as this bill) that are expressly exempt from the 29 provisions of subsubparagraph (i) of subparagraph (a) of this 30 paragraph, or to one of the three alternative treatment centers issued 31 a permit pursuant to section 11 of P.L. , c. (C.) (pending 32 before the Legislature as this bill) that are expressly exempt from 33 the provisions of subsubparagraph (i) of subparagraph (a) of this 34 paragraph, which alternative treatment centers shall be deemed to 35 concurrently hold a medical cannabis cultivator permit, a medical 36 cannabis manufacturer permit, and a medical cannabis dispensary 37 permit, and shall be authorized to engage in any conduct authorized 38 pursuant to those permits in relation to the cultivation, 39 manufacturing, and dispensing of medical cannabis. 40 (d) No entity may be issued or concurrently hold more than one 41 medical cannabis cultivator permit, one medical cannabis 42 manufacturer permit, or one medical cannabis dispensary permit at 43 one time, and no medical cannabis dispensary shall be authorized to 44 establish a satellite location on or after the effective date of P.L. , 45 c (C.) (pending before the Legislature as this bill), except 46 that an alternative treatment center that was issued a permit prior to 47 the effective date of P.L. , c. (C.) (pending before the

1	Legislature as this bill) or that was issued a permit after the
2	effective date of P.L. , c. (C.) (pending before the
3	Legislature as this bill) pursuant to an application submitted prior to
4	the effective date of P.L. , c. (C.) (pending before the
5	Legislature as this bill) shall be authorized to maintain up to two
6	satellite dispensaries, including any satellite dispensary that was
7	approved pursuant to an application submitted prior to or within 18
8	months after the effective date of P.L. , c. (C.) (pending
9	before the Legislature as this bill). The three alternative treatment
10	centers issued permits pursuant to section 11 of P.L. , c.
11	(C.) (pending before the Legislature as this bill) that are
12	expressly exempt from the provisions of subsubparagraph (i) of
13	subparagraph (a) of this paragraph shall be authorized to establish
14	and maintain up to one satellite dispensary location, provided that
15	the satellite dispensary was approved pursuant to an application
16	submitted within 18 months after the effective date of P.L. , c.
17	(C.) (pending before the Legislature as this bill).
18	(e) No entity issued a medical cannabis cultivator, medical
19	cannabis manufacturer, or medical cannabis dispensary permit may
20	concurrently hold a clinical registrant permit issued pursuant to
21	section 13 of P.L. , c. (C.) (pending before the legislature
22	as this bill), and no entity issued a clinical registrant permit
23	pursuant to section 13 of P.L. , c. (C.) (pending before the
24	Legislature as this bill) may concurrently hold a medical cannabis
25	cultivator permit, a medical cannabis manufacturer permit, or a
26	medical cannabis dispensary permit.
27	(f) Any medical cannabis dispensary permit holder may be
28	approved by the commission to operate a medical cannabis
29	consumption area, provided that the permit holder otherwise meets
30	the requirements of section 28 of P.L. , c. (C.) (pending
31	before the Legislature as this bill.
32	(g) An alternative treatment center that was issued a permit prior
33	to the effective date of P.L. , c. (C.) (pending before the
34	Legislature as this bill), that was issued a permit after the effective
35	date of P.L., c. (C.) (pending before the Legislature as this
36	bill) pursuant to an application submitted pursuant to a request for
37	applications published in the New Jersey Register prior to the
38	effective date of P.L. , c. (C.) (pending before the
39	Legislature as this bill), or that was issued a permit after the
40	effective date of P.L. , c. (C.) (pending before the
41	Legislature as this bill) pursuant to an application submitted prior to
42	the effective date of P.L. , c. (C.) (pending before the
43	Legislature as this bill), shall be required to submit an attestation
44	signed by a bona fide labor organization stating that the alternative
45	treatment center has entered into a labor peace agreement with such
46	bona fide labor organization no later than 100 days after the
47	effective date of P.L. , c. (C.) (pending before the

- 1 Legislature as this bill) or no later than 100 days after the date the
- 2 <u>alternative treatment center first opens, whichever date is later. The</u>
- 3 maintenance of a labor peace agreement with a bona fide labor
- 4 <u>organization shall be an ongoing material condition of maintaining</u>
- 5 the alternative treatment center's permit. The failure to submit an
- 6 <u>attestation as required pursuant to this subparagraph within 100</u>
- 7 days after the effective date of P.L. , c. (C.) (pending
- 8 before the Legislature as this bill) or within 100 days after the
- 9 <u>alternative treatment center first opens, as applicable, shall result in</u>
- 10 the suspension or revocation of the alternative treatment center's
- permit, provided that the commission may grant an extension to this
- 12 <u>deadline to the alternative treatment center based upon extenuating</u>
- circumstances or for good cause shown.
- 14 (3) The [department] commission shall seek to ensure the
- availability of a sufficient number of [alternative treatment centers]
- 16 medical cannabis cultivators, medical cannabis manufacturers, and
- 17 <u>medical cannabis dispensaries</u> throughout the State, pursuant to
- 18 need, including at least two each in the northern, central, and
- southern regions of the State. [The first two centers issued a permit
- 20 in each region shall be nonprofit entities, and centers subsequently **]**
- 21 Medical cannabis cultivators, medical cannabis manufacturers, and
- 22 <u>medical cannabis dispensaries</u> issued permits <u>pursuant to this</u>
- 23 <u>section</u> may be nonprofit or for-profit entities.
 - [An alternative treatment center]

- 25 (4) The commission shall periodically evaluate whether the
- 26 <u>number of medical cannabis cultivator, medical cannabis</u>
- 27 <u>manufacturer</u>, and medical cannabis dispensary permits issued are
- 28 <u>sufficient to meet the needs of qualifying patients in the State, and</u>
- 29 shall make requests for applications and issue such additional
- 30 permits as shall be necessary to meet those needs. The types of
- 31 permits requested and issued, and the locations of any additional
- 32 permits that are authorized, shall be in the discretion of the
- commission based on the needs of qualifying patients in the State.
- 34 (5) (a) A medical cannabis cultivator shall be authorized to:
- acquire a reasonable initial and ongoing inventory, as determined
- by the [department] <u>commission</u>, of [marijuana] <u>cannabis</u> seeds or
- seedlings and paraphernalia [,]; possess, cultivate, plant, grow,
- harvest, [process, display, manufacture,] and package medical
- 39 cannabis, including prerolled forms, for any authorized purpose,
- 40 <u>including</u>, but not limited to, research purposes; and deliver,
- 41 transfer, transport, distribute, supply, or sell [, or dispense] medical
- 42 [marijuana] cannabis [, or] and related supplies to any medical
- 43 <u>cannabis cultivator, medical cannabis manufacturer, medical</u>
- 44 <u>cannabis dispensary, or clinical registrant in the State. In no case</u>
- 45 <u>shall a medical cannabis cultivator operate or be located on land</u>
- 46 that is valued, assessed or taxed as an agricultural or horticultural

use pursuant to the "Farmland Assessment Act of 1964," P.L.1964,
c.48 (C.54:4-23.1 et seq.).

3 (b) A medical cannabis manufacturer shall be authorized to: 4 purchase or acquire medical cannabis from any medical cannabis 5 cultivator, medical cannabis manufacturer, or clinical registrant in 6 the State; possess and utilize medical cannabis in the manufacture, 7 production, and creation of medical cannabis products; and deliver, 8 transfer, transport, supply, or sell medical cannabis products and 9 related supplies to any medical cannabis manufacturer, medical 10 cannabis dispensary, or clinical registrant in the State.

11 (c) A medical cannabis dispensary shall be authorized to: 12 purchase or acquire medical cannabis from any medical cannabis 13 cultivator, medical cannabis dispensary, or clinical registrant in the 14 State and medical cannabis products and related supplies from any 15 medical cannabis manufacturer, medical cannabis dispensary, or 16 clinical registrant in the State; purchase or acquire paraphernalia 17 from any legal source; and distribute, supply, sell, or dispense 18 medical cannabis, medical cannabis products, paraphernalia, and 19 related supplies to qualifying patients or their [primary] designated 20 or institutional caregivers who are registered with the [department] 21 commission pursuant to section 4 of [this act] P.L.2009, c.307 22 (C.24:6I-4). [An alternative treatment center] A medical cannabis 23 dispensary may furnish medical cannabis, medical cannabis 24 products, paraphernalia, and related supplies to a medical cannabis 25 handler for delivery to a registered qualifying patient, designated 26 caregiver, or institutional caregiver consistent with the requirements 27 of subsection i. of section 27 of P.L. , c. (C. 28 before the Legislature as this bill).

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(6) A medical cannabis cultivator shall not be limited in the number of strains of medical [marijuana] cannabis cultivated, and a medical cannabis manufacturer shall not be limited in the number or type of medical cannabis products manufactured, produced, or created. A medical cannabis manufacturer may package, and a medical cannabis dispensary may directly dispense [marijuana] medical cannabis and medical cannabis products to qualifying patients and their designated and institutional caregivers in any authorized form. Authorized forms shall include dried form, oral lozenges, topical formulations, transdermal form, sublingual form, tincture form, or edible form, or any other form as authorized by the [commissioner] commission. Edible form shall include pills, tablets, capsules, drops or syrups, oils, chewable forms, and any other form as authorized by the [commissioner] commission, except that the edible forms made available to minor patients shall be limited to forms that are medically appropriate for children, including pills, tablets, capsules, chewable forms, and drops, oils,

- syrups, and other liquids. **[**Edible forms shall be available only to qualifying patients who are minors.
- Applicants for authorization as nonprofit alternative treatment centers shall be subject to all applicable State laws governing nonprofit entities, but
- 6 (7) Nonprofit medical cannabis cultivators, medical cannabis
 7 manufacturers, and medical cannabis dispensaries need not be
 8 recognized as a 501(c)(3) organization by the federal Internal
 9 Revenue Service.
- b. The [department] commission shall require that an applicant provide such information as the [department] commission determines to be necessary pursuant to regulations adopted pursuant to [this act] P.L.2009, c.307 (C.24:6I-1 et al.).
- 14 c. A person who has been convicted of a crime of the first, 15 second, or third degree under New Jersey law or of a crime involving any controlled dangerous substance or controlled 16 17 substance analog as set forth in chapter 35 of Title 2C of the New 18 Jersey Statutes except paragraph (11) or (12) of subsection b. of 19 N.J.S.2C:35-5, or paragraph (3) or (4) of subsection a. of 20 N.J.S.2C:35-10, or any similar law of the United States or any other 21 state shall not be issued a permit to operate as [an alternative 22 treatment center <u>a medical cannabis cultivator</u>, medical cannabis 23 manufacturer, medical cannabis dispensary, or clinical registrant or 24 be a director, officer, or employee of **[**an alternative treatment a medical cannabis cultivator, medical cannabis 25 26 manufacturer, medical cannabis dispensary, or clinical registrant, unless such conviction occurred after the effective date of [this act] 27 28 P.L.2009, c.307 (C.24:6I-1 et al.) and was for a violation of federal
- 31 (C.24:6I-1 et al.) or P.L.2015, c.158 (C.18A:40-12.22 et al.). 32 d. (1) The [commissioner] commission shall require each 33 applicant seeking a permit to operate as [an alternative treatment 34 center], to be a director, officer, or employee of, or to be a 35 significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or 36 37 clinical registrant to undergo a criminal history record background 38 check.

law relating to possession or sale of [marijuana] cannabis for

conduct that is authorized under [this act] P.L.2009, c.307

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39 Any individual seeking to become a director, officer, or 40 employee of a medical cannabis cultivator, medical cannabis 41 manufacturer, medical cannabis dispensary, or clinical registrant, 42 after issuance of an initial permit shall notify the commission and 43 shall complete a criminal history record background check and 44 provide all information as may be required by the commission as a 45 condition of assuming a position as director, officer, or employee of 46 the permitted entity. An individual who incurs an investment

interest or gains the authority to make controlling decisions in a permitted entity that makes the individual a significantly involved person shall notify the commission, complete a criminal history record background check, and provide all information as may be required by the commission no later than 30 days after the date the individual becomes a significantly involved person, or any permit issued to the individual or group of which the significantly involved person is a member shall be revoked and the individual or group shall be deemed ineligible to hold any ownership or investment interest in a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant for a period of at least two years, commencing from the date of revocation, and for such additional period of time as the commission deems appropriate, based on the duration of the nondisclosure, the size of the individual's or group's investment interest in the permitted entity, the amount of profits, revenue, or income realized by the individual or group from the permitted entity during the period of nondisclosure, and whether the individual had a disqualifying conviction or would otherwise have been deemed ineligible to be a significantly involved person in a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant.

For purposes of this section, the term "applicant" shall include any owner, director, officer, or employee of [an alternative treatment center], and any significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant. The [commissioner] commission 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] commission in a timely manner when requested pursuant to the provisions of this section.

An applicant who is required to undergo a criminal history record background check pursuant to this section 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 is required to undergo a criminal history record background check pursuant to this section 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

- 1 at or to be a significantly involved person in, [an alternative
- 2 treatment center <u>a medical cannabis cultivator</u>, medical cannabis
- 3 manufacturer, medical cannabis dispensary, or clinical registrant.
- 4 An applicant shall bear the cost for the criminal history record
- background check, including all costs of administering and 5
- 6 processing the check.

clinical registrant.

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- 7 (2) The [commissioner] commission shall not approve an 8 applicant for a permit to operate, or authorization to be employed at 9 or to be a significantly involved person in, [an alternative treatment a medical cannabis cultivator, medical cannabis 10 11 manufacturer, medical cannabis dispensary, or clinical registrant if the criminal history record background information of the applicant
- 12
- 13 reveals a disqualifying conviction as set forth in subsection c. of 14 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] commission 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], or a significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or
 - 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] commission 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] commission shall make a determination regarding the continued eligibility to operate or be a director, officer, or employee of [an alternative treatment center], or a significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant.
 - (5) Notwithstanding the provisions of subsection [b.] c. of this section to the contrary, the [commissioner] commission may offer provisional authority for an applicant to be an owner, director, officer, or employee of [an alternative treatment center], or a significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant for a period not to exceed three months if the

- applicant submits to the **[**commissioner**]** commission a sworn statement attesting that the person has not been convicted of any disqualifying conviction pursuant to this section.
- 4 (6) Notwithstanding the provisions of subsection [b.] c. of this 5 section to the contrary, no applicant to be an owner, director, officer, or employee of [an alternative treatment center], or a 6 7 significantly involved person in, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or 8 9 clinical registrant shall be disqualified on the basis of any 10 conviction disclosed by a criminal history record background check conducted pursuant to this section if the individual has affirmatively 11 12 demonstrated to the [commissioner] commission clear and 13 convincing evidence of rehabilitation. In determining whether clear 14 and convincing evidence of rehabilitation has been demonstrated, the following factors shall be considered: 15
- 16 (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;
- 19 (c) the circumstances under which the crime or offense 20 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;
- 24 (f) whether the crime or offense was an isolated or repeated 25 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.
- 34 e. The [department] commission shall issue a permit to [a 35 person to operate [as an alternative treatment center] or be an 36 owner, director, officer, or employee of, or a significantly involved 37 person in, a medical cannabis cultivator, medical cannabis 38 manufacturer, or medical cannabis dispensary if the [department] 39 commission finds that issuing such a permit would be consistent 40 with the purposes of [this act] P.L.2009, c.307 (C.24:6I-1 et al.) 41 and the requirements of this section and section 11 of P.L., c. 42) (pending before the Legislature as this bill) are met [and 43 the department has verified the information contained in the 44 application. The department shall approve or deny an application 45 within 60 days after receipt of a completed application. The denial 46 of an application shall be considered a final agency decision,

- 1 subject to review by the Appellate Division of the Superior Court.
- The department may suspend or revoke a permit to operate as an 2
- 3 alternative treatment center for cause, which shall be subject to
- 4 review by the Appellate Division of the Superior Court] A permit
- to operate a medical cannabis cultivator, medical cannabis 5
- 6 manufacturer, or medical cannabis dispensary issued on or after the
- 7 effective date of P.L. , c. (C.) (pending before the
- 8 Legislature as this bill) shall be valid for one year and shall be
- 9 renewable annually.
- 10 A person who has been issued a permit pursuant to this
- 11 section or a clinical registrant permit pursuant to section 13 of
- P.L., c. (C.) (pending before the Legislature as this bill) 13 shall display the permit at the <u>front entrance to the</u> premises of the
- 14 [alternative treatment center] permitted facility at all times when
- Imarijuana is being produced, or dispensed to a registered 15
- 16 qualifying patient or the patient's primary caregiver 1 the facility is
- 17 engaged in conduct authorized pursuant to P.L.2009, c.307
- 18 (C.24:6I-1 et al.) involving medical cannabis, including, but not
- 19 limited to, the cultivating, manufacturing, or dispensing of medical
- 20 cannabis.

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- 21 g. [An alternative treatment center] A medical cannabis
- 22 cultivator, medical cannabis manufacturer, medical cannabis
- 23 dispensary, or clinical registrant shall report any change in
- 24 information to the [department] commission not later than 10 days
- 25 after such change, or the permit shall be deemed null and void.
- 26 [An alternative treatment center may charge a registered
- 27 qualifying patient or primary caregiver for the reasonable costs
- 28 associated with the production and distribution of marijuana for the
- 29 cardholder <u>Each</u> medical cannabis dispensary and clinical
- 30 registrant shall maintain and make available on its Internet website,
- 31 if any, a standard price list that shall apply to all medical cannabis,
- 32 medical cannabis products, and related supplies and paraphernalia
- 33 sold or dispensed by the medical cannabis dispensary or clinical
- 34 registrant, which prices shall be reasonable and consistent with the

actual costs incurred by the medical cannabis dispensary or clinical

- 36 registrant in connection with acquiring and selling, transferring, or
- 37 dispensing the medical cannabis or medical cannabis product and
- 38 related supplies and paraphernalia. The prices charged by medical
- 39 cannabis dispensary or clinical registrant shall not deviate from the
- 40 prices indicated on the entity's current price list, provided that a
- 41 price list maintained by a medical cannabis dispensary or clinical
- 42 registrant may allow for medical cannabis to be made available at a
- 43 reduced price or without charge to qualifying patients who have a
- 44 demonstrated financial hardship, as that term shall be defined by the
- 45 commission by regulation. A price list required pursuant to this
- 46 subsection may be revised no more than once per month, and each

- medical cannabis dispensary and clinical registrant shall be responsible for ensuring that the commission has a copy of the facility's current price list. A medical cannabis dispensary or clinical registrant shall be liable to a civil penalty of \$1,000 for each sale that occurs at a price that deviates from the entity's current price list, and to a civil penalty of \$10,000 for each week during which the entity's current price list is not on file with the commission. Any civil penalties collected by the commission pursuant to this section shall be used by the commission for the purposes of administering the State medical cannabis program.
 - i. The [commissioner] commission shall adopt regulations to:

- dispensation of [marijuana] cannabis to, and pickup of [marijuana] cannabis for, a registered qualifying patient, including the date and amount dispensed, and, in the case of delivery, the date and times the delivery commenced and was completed, the address where the medical cannabis was delivered, the name of the patient or caregiver to whom the medical cannabis was delivered, and the name, handler certification number, and delivery certification number of the medical cannabis handler who performed the delivery, to be maintained in the records of the [alternative treatment center] medical cannabis dispensary or clinical registrant, as the [commissioner] commission determines necessary to ensure effective documentation of the operations of each [alternative treatment center] medical cannabis dispensary or clinical registrant;
- (2) monitor, oversee, and investigate all activities performed by [an alternative treatment center] medical cannabis cultivators, medical cannabis manufacturers, medical cannabis dispensaries, and clinical registrants; [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; and
- (4) establish thresholds for administrative action to be taken against a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant and its employees, officers, investors, directors, or governing board pursuant to subsection m. of this section, including, but not limited to, specific penalties or disciplinary actions that may be imposed in a summary proceeding.
- j. (1) Each medical cannabis cultivator, medical cannabis
 manufacturer, medical cannabis dispensary, and clinical registrant
 shall require the owners, directors, officers, and employees at the
 permitted facility to complete at least eight hours of ongoing
 training each calendar year. The training shall be tailored to the
 roles and responsibilities of the individual's job function, and shall

include training on confidentiality and such other topics as shall be
 required by the commission.

3 (2) Each medical cannabis dispensary and clinical registrant 4 shall consider whether to make interpreter services available to the 5 population served, including for individuals with a visual or hearing 6 impairment. The commission shall provide assistance to any 7 medical cannabis dispensary or clinical registrant that seeks to 8 provide such services in locating appropriate interpreter resources. 9 A medical cannabis dispensary or clinical registrant shall assume 10 the cost of providing interpreter services pursuant to this 11 subsection. 12

k. (1) The first six alternative treatment centers issued permits 13 following the effective date of P.L.2009, c.307 (C.24:6I-1 et al.) 14 shall be authorized to sell or transfer such permit and other assets to 15 a for-profit entity, provided that: the sale or transfer is approved by 16 the commission; each owner, director, officer, and employee of, and 17 significantly involved person in, the entity seeking to purchase or 18 receive the transfer of the permit, undergoes a criminal history 19 record background check pursuant to subsection d. of this section, 20 provided that nothing in this subsection shall be construed to 21 require any individual to undergo a criminal history record 22 background check if the individual would otherwise be exempt from 23 undergoing a criminal history record background check pursuant to 24 subsection d. of this section; the commission finds that the sale or 25 transfer of the permit would be consistent with the purposes of 26 P.L.2009, c.307 (C.24:6I-1 et al.); and no such sale or transfer shall 27 be authorized more than one year after the effective date of P.L. , 28 c. (C.) (pending before the Legislature as this bill). The sale 29 or transfer of a permit pursuant to this subsection shall not be 30 subject to the requirements of the "New Jersey Nonprofit 31 Corporation Act," N.J.S.15A:1-1 et seq., provided that, prior to or 32 at the time of the sale or transfer, all debts and obligations of the 33 nonprofit entity are either paid in full or assumed by the for-profit 34 entity purchasing or acquiring the permit, or a reserve fund is 35 established for the purpose of paying in full the debts and 36 obligations of the nonprofit entity, and the for-profit entity pays the 37 full value of all assets held by the nonprofit entity, as reflected on 38 the nonprofit entity's balance sheet, in addition to the agreed-upon 39 price for the sale or transfer of the entity's alternative treatment 40 center permit. Until such time as the members of the Cannabis 41 Regulatory Commission are appointed and the commission first 42 organizes, the Department of Health shall have full authority to 43 approve a sale or transfer pursuant to this paragraph.

(2) The sale or transfer of any interest of five percent or more in a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit shall be subject to approval by the commission and conditioned on the entity

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that is purchasing or receiving transfer of the interest in the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit completing a criminal history record background check pursuant to the requirements of subsection d. of this section.

6 1. No employee of any department, division, agency, board, or 7 other State, county, or local government entity involved in the 8 process of reviewing, processing, or making determinations with 9 regard to medical cannabis cultivator, medical cannabis 10 manufacturer, medical cannabis dispensary, or clinical registrant 11 permit applications shall have any direct or indirect financial 12 interest in the cultivating, manufacturing, or dispensing of medical 13 cannabis or related paraphernalia, or otherwise receive anything of 14 value from an applicant for a medical cannabis cultivator, medical 15 cannabis manufacturer, medical cannabis dispensary, or clinical 16 registrant permit in exchange for reviewing, processing, or making 17 any recommendations with respect to a permit application.

m. In the event that a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant fails to comply with any requirements set forth in P.L.2009, c.307 (C.24:6I-1 et al.) or any related law or regulation, the commission may invoke penalties or take administrative action against the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant and its employees, officers, investors, directors, or governing board, including, but not limited to, assessing fines, referring matters to another State agency, and suspending or terminating any permit held by the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant. Any penalties imposed or administrative actions taken by the commission pursuant to this subsection may be imposed in a summary proceeding.

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

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35 11. (New section) a. The commission shall, no later than 90 days after the effective date of P.L., c. 36 (C. 37 before the Legislature as this bill) or upon adoption of rules and 38 regulations as provided in subsection c. of section 18 of P.L.2009, 39 c.307 (C.24:6I-16), whichever occurs later, begin accepting and 40 processing applications for new medical cannabis cultivator, 41 medical cannabis manufacturer, and medical cannabis dispensary 42 permits. Notwithstanding the provisions of subsubparagraph (i) of 43 subparagraph (a) of paragraph (2) of subsection a. of section 7 of 44 P.L.2009, c.307 (C.24:6I-7), the first three alternative treatment 45 center permits issued by the commission pursuant to an application 46 submitted on or after the effective date of P.L. , c. (C. 47 (pending before the Legislature as this bill) and up to four

- alternative treatment centers permits issued by the commission after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) pursuant to an application submitted pursuant to a request for applications published in the New Jersey Register prior to the effective date of P.L., c. (C. before the Legislature as this bill) shall be deemed to concurrently hold a medical cannabis cultivator permit, a medical cannabis manufacturer permit, and a medical cannabis dispensary permit; of these permits, one permit shall be issued to an applicant located in the northern region of the State, one permit shall be issued to an applicant located in the central region of the State, and one permit shall be issued to an applicant located in the southern region of the State. Any permits issued by the commission thereafter shall be subject to the provisions of subsubparagraph (i) of subparagraph (a) of paragraph (2) of subsection a. of section 7 of P.L.2009, c.307 (C.24:6I-7), and the requirements of subsection d. of this section concerning conditional permits.
 - b. The commission may establish nonrefundable application fees for permit applications and conditional permit applications, and permit and conditional permit fees for successful applicants.

- c. (1) The commission shall make a determination as to any permit application, other than an application for a conditional permit submitted pursuant to subsection d. of this section, no later than 90 days after receiving the application, which may include a determination that the commission reasonably requires more time to adequately review the application.
- (2) The commission shall issue a permit, other than a conditional permit, to an approved applicant at such time as the commission completes the application review process and any mandatory inspections, and determines that the applicant is in compliance with and is implementing the plans, procedures, protocols, actions, or other measures set forth in the applicant's permit application submitted pursuant to section 12 of P.L. , c. (C.) (pending before the Legislature as this bill), did maintain compliance with the terms, conditions, or restrictions of a conditional permit issued to the applicant, if applicable, and is otherwise in compliance with the requirements of P.L.2009, c.307 (C.24:6I-1 et al.).
- d. (1) The commission shall ensure that at least one third of the total permits issued for each type of medical cannabis permit are conditional permits, which one-third figure shall include any conditional permit issued to an applicant which is subsequently converted by the commission into a full permit pursuant to paragraph (4) of this subsection and any conditional permit, including a converted permit, issued to a microbusiness pursuant to subsection e. of this section. The requirements of this subsection shall not apply to permits issued to clinical registrants or to permits

- issued to the three alternative treatment centers issued a permit pursuant to subsection a. of this section that are expressly exempt
- 3 from the provisions of subsubparagraph (i) of subparagraph (a) of
- 4 paragraph (2) of subsection a. of section 7 of P.L.2009, c.307
- 5 (C.24:6I-7).

- (2) An application for a conditional permit shall include:
- (a) documentation that the applicant entity includes at least one significantly involved person who has resided in this State for at least two years as of the date of the application;
- (b) a list of all owners, officers, directors, and employees of, and significantly involved persons in, the proposed medical cannabis entity, including their names, addresses, dates of birth, resumes, and a photocopy of their driver's licenses or other government-issued form of identification;
- (c) a criminal history record background check completed pursuant to subsection d. of section 7 of P.L.2009, c.307 (C.24:6I-7) for each owner, officer, director, and employee of, and each significantly involved person in, the proposed medical cannabis entity, provided that a conditional permit may be issued pending the results of a criminal history record background check;
- (d) documentation that each significantly involved person in the proposed medical cannabis entity has, for the immediately preceding taxable year, an adjusted gross income of no more than \$200,000 or no more than \$400,000 if filing jointly with another;
- (e) a certification that each significantly involved person in the proposed medical cannabis entity does not have any financial interest in an entity applying for any other medical cannabis permit, or in an entity that currently holds a permit issued pursuant to section 7 of P.L.2009, c.307 (C.24:6I-7);
- (f) the federal and State tax identification numbers for the proposed medical cannabis entity, and proof of business registration with the Division of Revenue in the Department of the Treasury;
- (g) information about the proposed medical cannabis entity, including its legal name, any registered alternate name under which it may conduct business, and a copy of its articles of organization and bylaws;
- (h) the business plan and management operation profile for the proposed medical cannabis entity;
 - (i) the plan by which the applicant intends to obtain appropriate liability insurance coverage for the proposed medical cannabis entity; and
- (j) any other requirements established by the commission pursuant to regulation.
- 44 (3) The commission shall make a determination on an 45 application for a conditional permit within 30 days after the date the 46 application is received. A determination made pursuant to this 47 paragraph may include a determination that the commission

1 requires more time to adequately review the application. The 2 commission shall approve a permit application that meets the 3 requirements of this subsection unless the commission finds by 4 clear and convincing evidence that the applicant would be 5 manifestly unsuitable to perform the activities authorized for the 6 permit sought by the applicant. The commission shall deny a 7 conditional permit to any applicant who fails to provide 8 information, documentation, and assurances as required by this 9 subsection; who fails to reveal any fact material to qualification; or 10 who supplies information that is untrue or misleading as to a 11 material fact pertaining to the qualification criteria for issuance of a 12 conditional permit. If the application is denied, the commission 13 shall notify the applicant in writing of the specific reason for its 14 denial and provide the applicant with the opportunity for a hearing 15 in accordance with the "Administrative Procedure Act," P.L.1968, 16 c.410 (C.52:14B-1 et seq.).

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- (4) The commission shall furnish to each entity issued a conditional permit a list of the requirements that the entity will be required to comply with within 120 days after issuance of the conditional permit. If the commission subsequently determines that, during the 120-day period, the conditional permit holder is in compliance with all applicable conditions and is implementing the plans, procedures, protocols, actions, or other measures set forth in its application, the commission shall convert the conditional permit into a full permit, which will expire one year from its date of issuance and be subject to annual renewal; if the commission determines that the conditional permit holder is not in compliance with all applicable conditions or not implementing the plans, procedures, protocols, actions, or other measures set forth in its application, the conditional permit shall automatically expire at the end of the 120-day period, or, at the discretion of the commission, may be revoked prior to the end of the 120-day period.
- (5) A conditional permit issued pursuant this subsection may not be sold or transferred.
- e. (1) The commission shall ensure that at least 10 percent of the total permits issued for each medical cannabis permit type, other than a clinical registrant permit, are designated for and only issued to microbusinesses, and that at least 25 percent of the total permits issued be issued to microbusinesses. A microbusiness may be issued a full annual permit pursuant to section 7 of P.L.2009, c.307 (C.24:6I-7) or a conditional permit pursuant to subsection d. of this section. The maximum fee assessed by the commission for issuance or renewal of a permit issued to a microbusiness shall be no more than half the fee applicable to a permit of the same type issued to a person or entity that is not a microbusiness. A permit issued to a microbusiness shall be valid for one year and may be renewed annually.

- (2) A microbusiness shall meet the following requirements:
 - (a) 100 percent of the ownership interest in the microbusiness shall be held by current New Jersey residents who have resided in the State for at least the past two consecutive years;
 - (b) at least 51 percent of the owners, directors, officers, and employees of the microbusiness shall be residents of the municipality in which the microbusiness is or will be located, or a municipality bordering the municipality in which the microbusiness is or will be located;
 - (c) the microbusiness shall employ no more than 10 employees at one time, inclusive of any owners, officers, and directors of the microbusiness;
 - (d) the microbusiness shall not exceed the following size and capacity restrictions:
 - (i) the entire microbusiness facility shall occupy an area of no more than 2,500 square feet;
 - (ii) in the case of a microbusiness that is a medical cannabis cultivator, the total medical cannabis grow area shall not exceed 2,500 square feet, measured on a horizontal plane, shall grow no higher than 24 feet above that plane, and shall possess a total of no more than 1,000 plants, including mature and immature medical cannabis plants, but not including seedlings;
 - (iii) in the case of a microbusiness that is a medical cannabis manufacturer, the manufacturer shall acquire and process no more than 1,000 pounds of medical cannabis in dried form each month; and
 - (iv) in the case of a microbusiness that is a medical cannabis dispensary, the dispensary shall acquire no more than 1,000 pounds of medical cannabis in dried form, or the equivalent amount in any other form, or any combination thereof, for dispensing to or on behalf of registered qualifying patients each month; and
 - (e) the microbusiness shall comply with such other requirements as may be established by the commission by regulation.
 - (3) The requirements of this subsection shall not apply to permits issued pursuant to an application submitted pursuant to a request for applications published in the New Jersey Register prior to the effective date of P.L. , c. (C.) (pending before the Legislature as this bill).

12. (New section) a. Each application for a medical cannabis cultivator permit, medical cannabis manufacturer permit, and medical cannabis dispensary permit, and each application for annual renewal of such permit, including permit and renewal applications for microbusinesses that meet the requirements of subsection e. of section 11 of P.L. , c. (C.) (pending before the Legislature as this bill), shall be submitted to the commission. A full, separate application shall be required for each initial permit requested by the

- 1 applicant and for each location at which an applicant seeks to operate, regardless of whether the applicant was previously issued 2 3 a medical cannabis cultivator, medical cannabis manufacturer, 4 medical cannabis dispensary, or clinical registrant permit, and 5 regardless of whether the applicant currently holds a medical 6 cannabis cultivator, medical cannabis manufacturer, or medical 7 cannabis dispensary permit. Renewal applications shall be 8 submitted to the commission on a form and in a manner as shall be 9 specified by the commission no later than 90 days before the date 10 the current permit will expire.
 - b. An initial permit application shall be evaluated according to criteria to be developed by the commission. The commission shall determine the point values to be assigned to each criterion, which shall include bonus points for applicants who are residents of New Jersey.
 - c. The criteria to be developed by the commission pursuant to subsection b. of this section shall include, in addition to the criteria set forth in subsections d. and e. of this section and any other criteria developed by the commission, an analysis of the applicant's operating plan, excluding safety and security criteria, which shall include the following:
 - (1) In the case of an applicant for a medical cannabis cultivator permit, the operating plan summary shall include a written description concerning the applicant's qualifications for, experience in, and knowledge of each of the following topics:
 - (a) State-authorized cultivation of medical cannabis;
 - (b) conventional horticulture or agriculture, familiarity with good agricultural practices, and any relevant certifications or degrees;
 - (c) quality control and quality assurance;
- 31 (d) recall plans;

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- 32 (e) packaging and labeling;
- 33 (f) inventory control and tracking software or systems for the 34 production of medical cannabis;
- 35 (g) analytical chemistry and testing of medical cannabis;
- 36 (h) water management practices;
- 37 (i) odor mitigation practices;
 - (j) onsite and offsite recordkeeping;
- 39 (k) strain variety and plant genetics;
- 40 (1) pest control and disease management practices, including 41 plans for the use of pesticides, nutrients, and additives;
 - (m) waste disposal plans; and
 - (n) compliance with applicable laws and regulations.
- 44 (2) In the case of an applicant for a medical cannabis 45 manufacturer permit, the operating plan summary shall include a 46 written description concerning the applicant's qualifications for, 47 experience in, and knowledge of each of the following topics:

- 1 (a) State-authorized manufacture, production, and creation of 2 cannabis products using appropriate extraction methods, including 3 intended use and sourcing of extraction equipment and associated 4 solvents or intended methods and equipment for non-solvent 5 extraction;
- 6 (b) pharmaceutical manufacturing, good manufacturing 7 practices, and good laboratory practices;
 - (c) quality control and quality assurance;
- 9 (d) recall plans;

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- (e) packaging and labeling;
- 11 (f) inventory control and tracking software or systems for the 12 production of medical cannabis;
 - (g) analytical chemistry and testing of medical cannabis and medical cannabis products and formulations;
- 15 (h) water management practices;
 - (i) odor mitigation practices;
 - (j) onsite and offsite recordkeeping;
- 18 (k) a list of product formulations or products proposed to be 19 manufactured with estimated cannabinoid profiles, if known, 20 including varieties with high cannabidiol content;
- 21 (1) intended use and sourcing of all non-cannabis ingredients 22 used in the manufacture, production, and creation of cannabis 23 products, including methods to verify or ensure the safety and 24 integrity of those ingredients and their potential to be or contain 25 allergens;
 - (m) waste disposal plans; and
- 27 (n) compliance with applicable laws and regulations.
 - (3) In the case of an applicant for a medical cannabis dispensary permit, the operating plan summary shall include a written description concerning the applicant's qualifications for, experience in, and knowledge of each of the following topics:
- 32 (a) State-authorized dispensation of medical cannabis to 33 qualifying patients;
- 34 (b) healthcare, medicine, and treatment of patients with 35 qualifying medical conditions;
 - (c) medical cannabis product evaluation procedures;
- 37 (d) recall plans;
 - (e) packaging and labeling;
- 39 (f) inventory control and point-of-sale software or systems for 40 the sale of medical cannabis;
 - (g) patient counseling procedures;
- 42 (h) the routes of administration, strains, varieties, and 43 cannabinoid profiles of medical cannabis and medical cannabis 44 products;
- 45 (i) odor mitigation practices;
- 46 (j) onsite and offsite recordkeeping;
- 47 (k) compliance with State and federal patient privacy rules;

(l) waste disposal plans; and

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- (m) compliance with applicable laws and regulations.
- d. The criteria to be developed by the commission pursuant to subsection b. of this section shall include, in addition to the criteria set forth in subsections c. and e. of this section and any other criteria developed by the commission, an analysis of the following factors, if applicable:
 - (1) The applicant's environmental impact plan.
- 9 (2) A summary of the applicant's safety and security plans and 10 procedures, which shall include descriptions of the following:
 - (a) plans for the use of security personnel, including contractors;
 - (b) the experience or qualifications of security personnel and proposed contractors;
 - (c) security and surveillance features, including descriptions of any alarm systems, video surveillance systems, and access and visitor management systems, along with drawings identifying the proposed locations for surveillance cameras and other security features;
- 20 (d) plans for the storage of medical cannabis and medical 21 cannabis products, including any safes, vaults, and climate control 22 systems that will be utilized for this purpose;
 - (e) a diversion prevention plan;
 - (f) an emergency management plan;
 - (g) procedures for screening, monitoring, and performing criminal history record background checks of employees;
 - (h) cybersecurity procedures, including, in the case of an applicant for a medical cannabis dispensary permit, procedures for collecting, processing, and storing patient data, and the applicant's familiarity with State and federal privacy laws;
- 31 (i) workplace safety plans and the applicant's familiarity with 32 federal Occupational Safety and Health Administration regulations;
 - (j) the applicant's history of workers' compensation claims and safety assessments;
 - (k) procedures for reporting adverse events; and
 - (1) a sanitation practices plan.
 - (3) A summary of the applicant's business experience, including the following, if applicable:
- 39 (a) the applicant's experience operating businesses in highly-40 regulated industries;
- (b) the applicant's experience in operating alternative treatment centers and related medical cannabis production and dispensation entities under the laws of New Jersey or any other state or jurisdiction within the United States; and
- 45 (c) the applicant's plan to comply with and mitigate the effects 46 of 26 U.S.C. s.280E on cannabis businesses, and for evidence that

the applicant is not in arrears with respect to any tax obligation to the State.

In evaluating the experience described under subparagraphs (a), (b), and (c) of this paragraph, the commission shall afford the greatest weight to the experience of the applicant itself, controlling owners, and entities with common ownership or control with the applicant; followed by the experience of those with a 15 percent or greater ownership interest in the applicant's organization; followed by significantly involved persons in the applicant's organization; followed by other officers, directors, and current and prospective employees of the applicant who have a bona fide relationship with the applicant's organization as of the submission date of the application.

(4) A description of the proposed location for the applicant's site, including the following, if applicable:

- (a) the proposed location, the surrounding area, and the suitability or advantages of the proposed location, along with a floor plan and optional renderings or architectural or engineering plans;
- (b) the submission of zoning approvals for the proposed location, which shall consist of a letter or affidavit from appropriate municipal officials that the location will conform to municipal zoning requirements allowing for such activities related to the cultivation, manufacturing, or dispensing of medical cannabis, cannabis products, and related supplies as will be conducted at the proposed facility; and
- (c) the submission of proof of local support for the suitability of the location, which may be demonstrated by a resolution adopted by the municipality's governing body indicating that the intended location is appropriately located or otherwise suitable for such activities related to the cultivation, manufacturing, or dispensing of medical cannabis, cannabis products, and related supplies as will be conducted at the proposed facility.

Notwithstanding any other provision of this subsection, an application shall be disqualified from consideration unless it includes documentation demonstrating that the applicant will have final control of the premises upon approval of the application, including, but not limited to, a lease agreement, contract for sale, title, deed, or similar documentation. In addition, if the applicant will lease the premises, the application will be disqualified from consideration unless it includes certification from the landlord that the landlord is aware that the tenant's use of the premises will involve activities related to the cultivation, manufacturing, or dispensing of medical cannabis and medical cannabis products. An application shall not be disqualified from consideration if the application does not include the materials described in subparagraphs (b) or (c) of this paragraph.

(5) A community impact, social responsibility, and research statement, which shall include, but shall not be limited to, the following:

- (a) a community impact plan summarizing how the applicant intends to have a positive impact on the community in which the proposed entity is to be located, which shall include an economic impact plan, a description of outreach activities, and any financial assistance or discount plans the applicant will provide to qualifying patients and designated caregivers;
- (b) a written description of the applicant's record of social responsibility, philanthropy, and ties to the proposed host community;
- (c) a written description of any research the applicant has conducted on the medical efficacy or adverse effects of cannabis use and the applicant's participation in or support of cannabis-related research and educational activities; and
- (d) a written plan describing any research and development regarding the medical efficacy or adverse effects of cannabis, and any cannabis-related educational and outreach activities, which the applicant intends to conduct if issued a permit by the commission.

In evaluating the information submitted pursuant to subparagraphs (b) and (c) of this paragraph, the commission shall afford the greatest weight to responses pertaining to the applicant itself, controlling owners, and entities with common ownership or control with the applicant; followed by responses pertaining to those with a 15 percent or greater ownership interest in the applicant's organization; followed by significantly involved persons in the applicant's organization; followed by other officers, directors, and current and prospective employees of the applicant who have a bona fide relationship with the applicant's organization as of the submission date of the application.

- (6) A workforce development and job creation plan, which may include, but shall not be limited to a description of the applicant's workforce development and job creation plan, which may include information on the applicant's history of job creation and planned job creation at the proposed facility; education, training, and resources to be made available for employees; any relevant certifications; and a diversity plan.
- (7) A business and financial plan, which may include, but shall not be limited to, the following:
 - (a) an executive summary of the applicant's business plan;
- (b) a demonstration of the applicant's financial ability to implement its business plan, which may include, but shall not be limited to, bank statements, business and individual financial statements, net worth statements, and debt and equity financing statements; and

- (c) a description of the applicant's experience complying with guidance pertaining to cannabis issued by the Financial Crimes Enforcement Network under 31 U.S.C. s.5311 et seq., the federal "Bank Secrecy Act", which may be demonstrated by submitting letters regarding the applicant's banking history from banks or credit unions that certify they are aware of the business activities of the applicant, or entities with common ownership or control of the applicant's organization, in any state where the applicant has operated a business related to medical cannabis. For the purposes of this subparagraph, the commission shall consider only bank references involving accounts in the name of the applicant or of an entity with common ownership or control of the applicant's organization. An applicant who does not submit the information described in this subparagraph shall not be disqualified from consideration.
 - (8) Whether any of the applicant's majority or controlling owners were previously approved by the commission to serve as an officer, director, principal, or key employee of an alternative treatment center, provided any such individual served in that capacity at the alternative treatment center for six or more months.

- (9) Whether the applicant can demonstrate that its governance structure includes the involvement of a school of medicine or osteopathic medicine licensed and accredited in the United States, or a general acute care hospital, ambulatory care facility, adult day care services program, or pharmacy licensed in New Jersey, provided that:
- (a) the school, hospital, facility, or pharmacy has conducted or participated in research approved by an institutional review board related to cannabis involving the use of human subjects, except in the case of an accredited school of medicine or osteopathic medicine that is located and licensed in New Jersey;
- (b) the school, hospital, facility, or pharmacy holds a profit share or ownership interest in the applicant's organization of 10 percent or more, except in the case of an accredited school of medicine or osteopathic medicine that is located and licensed in New Jersey; and
- (c) the school, hospital, facility, or pharmacy participates in major decision-making activities within the applicant's organization, which may be demonstrated by representation on the board of directors of the applicant's organization.
- 41 (10) The proposed composition of the applicant's medical 42 advisory board established pursuant to section 15 of P.L. ,
- 43 c. (C.) (pending before the Legislature as this bill), if any.
 - (11) Whether the applicant intends to or has entered into a partnership with a prisoner re-entry program for the purpose of identifying and promoting employment opportunities at the applicant's organization for former inmates and current inmates

- leaving the corrections system. If so, the applicant shall provide details concerning the name of the re-entry program, the employment opportunities at the applicant's organization that will be made available to the re-entry population, and any other initiatives the applicant's organization will undertake to provide support and assistance to the re-entry population.
 - (12) Any other information the commission deems relevant in determining whether to grant a permit to the applicant.

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- 9 In addition to the information to be submitted pursuant to 10 subsections c. and d. of this section, the commission shall require 11 all permit applicants, other than applicants issued a conditional 12 permit, to submit an attestation signed by a bona fide labor 13 organization stating that the applicant has entered into a labor peace 14 agreement with such bona fide labor organization. Except in the 15 case of an entity holding an unconverted conditional permit, the 16 maintenance of a labor peace agreement with a bona fide labor 17 organization shall be an ongoing material condition of maintaining 18 a medical cannabis cultivator, medical cannabis manufacturer, or 19 medical cannabis dispensary permit. The submission of an 20 attestation and maintenance of a labor peace agreement with a bona 21 fide labor organization by an applicant issued a conditional permit 22 pursuant to subsection d. of section 11 of P.L. 23 (pending before the Legislature as this bill) shall be a requirement 24 for conversion of a conditional permit into a full permit. The 25 failure to enter into a collective bargaining agreement within 200 26 days after the date that a medical cannabis cultivator, medical 27 cannabis manufacturer, or medical cannabis dispensary first opens 28 shall result in the suspension or revocation of such permit or conditional permit. In reviewing initial permit applications, the 29 30 commission shall give priority to the following:
 - (1) Applicants that are party to a collective bargaining agreement with a labor organization that currently represents, or is actively seeking to represent, cannabis workers in New Jersey.
 - (2) Applicants that are party to a collective bargaining agreement with a labor organization that currently represents cannabis workers in another state.
 - (3) Applicants that include a significantly involved person or persons lawfully residing in New Jersey for at least two years as of the date of the application.
 - (4) Applicants that submit an attestation affirming that they will use best efforts to utilize union labor in the construction or retrofit of the facilities associated with the permitted entity.
- The requirements of this subsection shall not apply to a microbusiness applying for a conditional or annual permit of any type.
- f. In reviewing an initial permit application, unless the information is otherwise solicited by the commission in a specific

1 application question, the commission's evaluation of the application 2 shall be limited to the experience and qualifications of the 3 applicant's organization, including any entities with common 4 ownership or control of the applicant's organization, controlling 5 owners or interest holders in the applicant's organization, the 6 officers, directors, and current or prospective employees of the 7 applicant's organization who have a bona fide relationship with the 8 applicant's organization as of the date of the application, and 9 consultants and independent contractors who have a bona fide 10 relationship with the applicant as of the date of the application. 11 Responses pertaining to applicants who are exempt from the 12 criminal history record background check requirements of section 7 13 of P.L.2009, c.307 (C.24:6I-7) shall not be considered. Each 14 applicant shall certify as to the status of the individuals and entities 15 included in the application. 16

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- g. The commission shall conduct a disparity study to determine whether race-based measures should be considered when issuing permits pursuant to this section, and shall incorporate the policies, practices, protocols, standards, and criteria developed by the Office of Minority, Disabled Veterans, and Women Medical Cannabis Business Development pursuant to section 32 of P.L.) (pending before the Legislature as this bill) to promote participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, including promoting applications for, and the issuance of, medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis dispensary permits to certified minority, women's, and disabled veterans' businesses. To this end, the commission shall seek to issue at least 30 percent of the total number of new medical cannabis cultivator permits, medical cannabis manufacturer permits, and medical cannabis dispensary permits issued on or after the , c. effective date of P.L. (C.) (pending before the Legislature as this bill) as follows:
- 34 (1) at least 15 percent of the total number of new medical 35 cannabis cultivator permits, medical cannabis manufacturer permits, and medical cannabis dispensary permits issued on or after 36 37 the effective date of P.L. , c. (C.) (pending before the 38 Legislature as this bill) are issued to a qualified applicant that has 39 been certified as a minority business pursuant to P.L.1986, c.195 40 (C.52:27H-21.18 et seq.); and
- 41 (2) at least 15 percent of the total number of new medical cannabis cultivator permits, medical cannabis manufacturer 43 permits, and medical cannabis dispensary permits issued on or after 44 the effective date of P.L. , c. (C.) (pending before the 45 Legislature as this bill) are issued to a qualified applicant that has 46 been certified as a women's business pursuant to P.L.1986, c.195

1 (C.52:27H-21.18 et seq.) or that is a disabled-veterans' business, as 2 defined in section 2 of P.L.2015, c.116 (C.52:32-31.2).

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In selecting among applicants who meet these criteria, the commission shall grant a higher preference to applicants with up to two of the certifications described in this subsection.

- 6 h. The commission shall give special consideration to any 7 applicant that has entered into an agreement with an institution of 8 higher education to create an integrated curriculum involving the 9 cultivation, manufacturing, dispensing or delivery of medical 10 cannabis, provided that the curriculum is approved by both the 11 commission and the Office of the Secretary of Higher Education 12 and the applicant agrees to maintain the integrated curriculum in 13 perpetuity. An integrated curriculum permit shall be subject to 14 revocation if the IC permit holder fails to maintain or continue the 15 integrated curriculum. In the event that, because of circumstances 16 outside an IC permit holder's control, the IC permit holder will no 17 longer be able to continue an integrated curriculum, the IC permit 18 holder shall notify the commission and shall make reasonable 19 efforts to establish a new integrated curriculum with an institution 20 of higher education, subject to approval by the commission and the 21 Office of the Secretary of Higher Education. If the IC permit 22 holder is unable to establish a new integrated curriculum within six 23 months after the date the current integrated curriculum arrangement 24 ends, the commission shall revoke the entity's IC permit, unless the 25 commission finds there are extraordinary circumstances that justify 26 allowing the permit holder to retain the permit without an integrated 27 curriculum and the commission finds that allowing the permit 28 holder to retain the permit would be consistent with the purposes of 29 P.L.2009, c.307 (C.24:6I-1 et al.), in which case the IC permit shall 30 convert to a regular permit of the same type. The commission may 31 revise the application and permit fees or other conditions for an IC 32 permit as may be necessary to encourage applications for IC 33 permits.
 - i. Application materials submitted to the commission pursuant to this section shall not be considered a public record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.).
 - j. If the commission notifies an applicant that it has performed sufficiently well on multiple applications to be awarded more than one medical cannabis cultivator permit, more than one medical cannabis manufacturer permit, or more than one medical cannabis dispensary permit by the commission, the applicant shall notify the commission, within seven business days after receiving such notice, as to which permit it will accept. For any permit award declined by an applicant pursuant to this subsection, the commission shall, upon receiving notice from the applicant of the declination, award the permit to the applicant for that permit type who, in the

- 1 determination of the commission, best satisfies the commission's 2 criteria while meeting the commission's determination of Statewide 3 need. If an applicant fails to notify the commission as to which 4 permit it will accept, the commission shall have the discretion to 5 determine which permit it will award to the applicant, based on the commission's determination of Statewide need and other 6 7 applications submitted for facilities to be located in the affected 8 regions.
 - k. The provisions of this section shall not apply to any permit applications submitted pursuant to a request for applications published in the New Jersey Register prior to the effective date of P.L., c. (C.) (pending before the Legislature as this bill).

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- 13. (New section) a. The commission shall issue clinical registrant permits to qualified applicants that meet the requirements of this section. In addition to any other requirements as the commission establishes by regulation regarding application for and issuance of a clinical registrant permit, each clinical registrant applicant shall:
- 20 (1) complete a criminal history record background check that 21 meets the requirements of subsection d. of section 7 of P.L.2009, 22 c.307 (C.24:6I-7);
- 23 (2) submit to the commission any required application and 24 permit fees;
 - (3) submit to the commission written documentation of an existing contract with an academic medical center that meets the requirements of subsection c. of this section; and
 - (4) submit to the commission documentation that the applicant has a minimum of \$15 million in capital.
- 30 b. The commission shall, no later than 90 days after the 31 effective date of P.L. . c. CC.) (pending before the 32 Legislature as this bill) or upon adoption of rules and regulations as 33 provided in subsection c. of section 18 of P.L.2009, c.307 (C.24:6I-34 16), whichever occurs first, begin accepting and processing 35 applications for four clinical registrant permits. Thereafter, the 36 commission shall accept applications for and issue such additional 37 clinical registrant permits as it determines to be necessary and 38 consistent with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.). 39 The commission shall make a determination as to a clinical 40 registrant permit application no later than 90 days after receiving 41 the application, which may include a determination that the 42 commission reasonably requires more time to adequately review the 43 application. In reviewing and approving applications for clinical 44 registrant permits, the commission shall seek to incorporate the 45 policies, practices, protocols, standards, and criteria developed by the Office of Minority, Disabled Veterans, and Women Medical 46

Cannabis Business Development pursuant to section 32 of P.L.

(C.) (pending before the Legislature as this bill) to c. promote participation in the medical cannabis industry by persons from socially and economically disadvantaged communities. In no case shall the commission accept, process, or approve an application submitted by an applicant that has contracted with an academic medical center that is part of a health care system that includes another academic medical center that has contracted with an applicant for, or a holder of, a clinical registrant permit.

- c. A contract between a clinical registrant and an academic medical center shall include a commitment by the academic medical center, or its affiliate, to engage in clinical research related to the use of medical cannabis in order to advise the clinical registrant concerning patient health and safety, medical applications, and dispensing and management of controlled substances, among other areas. A clinical registrant issued a permit pursuant to this section shall have a written contractual relationship with no more than one academic medical center.
- d. A clinical registrant issued a permit pursuant to this section shall be authorized to engage in all conduct involving the cultivation, manufacturing, and dispensing of medical cannabis as is authorized for an entity holding medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis dispensary permits pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), including dispensing medical cannabis and medical cannabis products to qualifying patients and designated and institutional caregivers. The clinical registrant shall additionally be authorized to engage in clinical research involving medical cannabis using qualifying patients who consent to being part of such research, subject to any restrictions established by the commission.
- e. (1) A clinical registrant issued a permit pursuant to this section may conduct authorized activities related to medical cannabis at more than one physical location, provided that each location is approved by the commission and is in the same region in which the academic medical center with which the clinical registrant has a contract is located.
- (2) A clinical registrant may apply to the commission for approval to relocate an approved facility to another location in the same region, which application shall be approved unless the commission makes a specific determination that the proposed relocation would be inconsistent with the purposes of P.L.2009, c.307 (C.24:6I-1 et al.). The denial of an application for relocation submitted pursuant to this paragraph shall be considered a final agency decision, subject to review by the Appellate Division of the Superior Court.
- (3) The commission may authorize a clinical registrant to dispense medical cannabis and medical cannabis products from more than one physical location if the commission determines that

- authorizing additional dispensing locations is necessary for the clinical registrant to best serve and treat qualifying patients and clinical trial participants.
 - (4) In no case shall a clinical registrant operate or be located on land that is valued, assessed or taxed as an agricultural or horticultural use pursuant to the "Farmland Assessment Act of 1964," P.L.1964, c.48 (C.54:4-23.1 et seq.).
 - f. A clinical registrant permit shall not be sold or transferred to any other entity.
 - g. Clinical registrant permits shall be valid for the term of the contractual relationship between the academic medical center and the clinical registrant. The commission may renew a clinical registrant permit to correspond to any renewal of the contractual relationship between the academic medical center and the clinical registrant.
 - h. Each clinical registrant shall submit the results of the clinical research obtained through an approved clinical registrant permit to the commission no later than one year following the conclusion of the research study or publication of the research study in a peer-reviewed medical journal. Nothing in this subsection shall be deemed to require the disclosure of any clinical research that would infringe on the intellectual property of the clinical registrant or on the confidentiality of patient information.
 - i. Application materials submitted to the commission pursuant to this section shall not be considered a public record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.) or P.L.2001, c.404 (C.47:1A-5 et al.).

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14. (New section) a. (1) The commission shall, within 18 months following the commission's organization, and every three years thereafter, conduct a feasibility study concerning the potential for establishing a cannabis research and development permit type. In order to advance scientific and medical understanding concerning the potential uses of medical cannabis, and to ensure ongoing quality control in the collection of data and the aggregation of clinical, translational, and other research, the feasibility study shall assess the medical cannabis market and industry, current perspectives in the scientific and medical communities on medical cannabis, as well as those of other relevant disciplines, to determine the potential benefits of establishing a research and development permit type. Any cannabis research and development permit established by the commission shall be limited to advancing the use of cannabis as medicine, improving the lives of current registered qualifying patients as well as future patients who could derive therapeutic benefit from the use of cannabis, and furthering the knowledge of cannabis in the scientific and medical communities.

- (2) The commission shall additionally assess the feasibility of securing State funding to support the award of a monetary grant in conjunction with the issuance of a cannabis research and development permit to a successful applicant, following a competitive application process, as well as assess potential future regulations to apply to any cannabis research and development permits that are supported by private investment.
- (3) Each feasibility study conducted pursuant to this subsection shall include at least one public hearing, at which the commission shall receive testimony from interested members of the public.
- (4) The commission shall submit a report of its findings and conclusions to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, within 90 days following the conclusion of each feasibility study.
- b. The requirement to complete a feasibility study pursuant to subsection a. of this section shall expire at such time as the commission establishes a cannabis research and development permit type and promulgates rules and regulations with regard to the permit pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).
- c. The commission may establish, by regulation, such additional permit types in connection with medical cannabis as the commission deems necessary and appropriate to maximize the effectiveness and efficiency of the State medical cannabis program and meet the needs of qualifying patients, health care practitioners, medical cannabis cultivators, medical cannabis manufacturers, medical cannabis dispensaries, and related entities. Such permits may include, but shall not be limited to, permits authorizing pharmacy practice sites licensed pursuant P.L.2003, c.280 (C.45:14-40 et seq.) to be authorized to dispense medical cannabis to qualifying patients and their designated and institutional caregivers.

- 15. (New section) a. A medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant may appoint a medical advisory board to provide advice to the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant on all aspects of its business.
- b. A medical advisory board appointed pursuant to this section shall comprise five members: three health care practitioners licensed or certified to practice in New Jersey; one qualifying patient who resides in the same area in which the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant is located; and one individual who owns a business in the same area in which the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis

- dispensary, or clinical registrant is located. No owner, director, officer, or employee of a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant may serve on a medical advisory board. The membership of a medical advisory board shall be subject to commission approval.
 - c. A medical advisory board appointed pursuant to this section shall meet at least two times per calendar year.

- 16. (New section) a. (1) An organization issued a permit to operate a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant or that employs certified medical cannabis handlers for transfer or delivery of medical cannabis pursuant to section 27 of P.L. , c. (C.) (pending before the Legislature as this bill shall not be eligible for a State or local economic incentive.
- (2) The issuance of a permit to operate a medical cannabis cultivator, medical cannabis manufacturer, cannabis dispensary, or clinical registrant or a certification to a handler employed by any entity to perform transfers or deliveries of medical cannabis pursuant to section 27 of P.L., c. (C.) (pending before the Legislature as this bill) to an organization that has been awarded a State or local economic incentive shall invalidate the right of the organization to benefit from the economic incentive as of the date of issuance of the permit, except that an academic medical center that has entered into a contractual relationship with a clinical registrant shall not have any right to benefit from an economic incentive invalidated pursuant to this paragraph on the basis of that contractual relationship.
- b. (1) A property owner, developer, or operator of a project to be used, in whole or in part, as a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant or an entity that employs medical cannabis handlers to perform transfers or deliveries of medical cannabis pursuant to section 27 of P.L. , c. (C.) (pending before the Legislature as this bill) shall not be eligible for a State or local economic incentive during the period of time that the economic incentive is in effect.
- (2) The issuance of a permit to operate a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant or of a certification to a medical cannabis handler employed by any entity to perform transfers and deliveries of medical cannabis pursuant to section 27 of P.L. , c. (C.) (pending before the Legislature as this bill) at a location that is the subject of a State or local economic incentive shall invalidate the right of a property owner, developer, or operator to benefit from the economic incentive as of the date of issuance of the

- permit, except that an academic medical center that has entered into a contractual relationship with a clinical registrant shall not have any right to benefit from an economic incentive invalidated pursuant to this paragraph on the basis of that contractual relationship.
 - c. As used in this section:
 - "Business" means any non-governmental person, association, for-profit or non-profit corporation, joint venture, limited liability company, partnership, sole proprietorship, or other form of business organization or entity.
 - "Governmental entity" means the State, a local unit of government, or a State or local government agency or authority.
 - "State or local economic incentive" means a financial incentive, awarded by a governmental entity to a business, or agreed to between a governmental entity and a business, for the purpose of stimulating economic development or redevelopment in New Jersey, including, but not limited to, a bond, grant, loan, loan guarantee, matching fund, tax credit, or other tax expenditure.
 - "Tax expenditure" means the amount of foregone tax collections due to any abatement, reduction, exemption, credit, or transfer certificate against any State or local tax.

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- 23 17. Section 8 of P.L.2009, c.307 (C.24:6I-8) is amended to read 24 as follows:
- 25 8. The provisions of **[**this act**]** P.L.2009, c.307 (C.24:6I-26 1 et al.) and P.L.2015, c.158 (C.18A:40-12.22 et al.) shall not be 27 construed to permit a person to:
- a. operate, navigate, or be in actual physical control of any vehicle, aircraft, railroad train, stationary heavy equipment or vessel while under the influence of [marijuana] cannabis; or
 - b. smoke [marijuana] cannabis in a school bus or other form of public transportation, in a private vehicle unless the vehicle is not in operation, on any school grounds, in any correctional facility, at any public park or beach, at any recreation center, or in any place where smoking is prohibited pursuant to N.J.S.2C:33-13.
- A person who commits an act as provided in this section shall be subject to such penalties as are provided by law.
- 38 (cf: P.L.2009, c.307, c.8)

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- 40 18. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to 41 read as follows:
- 42 10. a. A [physician] <u>health care practitioner</u> shall provide 43 written instructions for a registered qualifying patient or [his] <u>the</u> 44 <u>patient's designated</u> caregiver, or an institutional caregiver acting 45 <u>on behalf of the patient</u>, to present to [an alternative treatment 46 center] <u>a medical cannabis dispensary or a clinical registrant</u>

concerning the total amount of usable [marijuana] cannabis that a patient may be dispensed, in weight, in a 30-day period, which amount shall not exceed [two ounces. If no amount is noted, the maximum amount that may be dispensed at one time is two ounces] the maximum amount that may be authorized for the patient pursuant to subsection f. of this section.

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- b. A [physician] health care practitioner may issue multiple written instructions at one time authorizing the patient to receive a total of up to a [90-day] one year 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] health care practitioner, 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**]** dispensary or clinical registrant may dispense the **[**marijuana**]** cannabis, except for the first dispensation if it is to be filled immediately; and
- (3) The **[**physician**]** health care practitioner has determined that providing the patient with multiple instructions in this manner does not create an undue risk of diversion or abuse.
- 22 c. A registered qualifying patient or [his primary] the patient's designated caregiver, or an institutional caregiver acting on behalf 23 24 of a qualifying patient, shall present verification of the patient's or 25 caregiver's [registry identification card] registration with the 26 commission, as applicable, and these written instructions to [the alternative treatment center any medical cannabis dispensary or 27 28 clinical registrant at the time the patient or caregiver requests the 29 dispensing or delivery of medical cannabis, which medical cannabis 30 dispensary or clinical registrant shall verify and log the documentation presented. An institutional caregiver shall 31 32 additionally present an authorization executed by the patient 33 certifying that the institutional caregiver is authorized to obtain 34 medical cannabis on behalf of the patient. A [physician] health 35 <u>care practitioner</u> may provide a copy of a written instruction by 36 electronic or other means, as determined by the [commissioner] 37 commission, directly to [an alternative treatment center] a medical 38 cannabis dispensary or a clinical registrant on behalf of a registered 39 qualifying patient. The dispensation of [marijuana] medical 40 cannabis pursuant to any written instructions shall occur within one 41 [month] year of the date that the instructions were written or 42 become eligible for dispensing, whichever is later, or the 43 instructions are void.

- d. [A patient may be registered at only one alternative treatment center at any time.] (deleted by amendment, P.L., c.)

 (pending before the Legislature as this bill)
- 4 e. Prior to dispensing medical cannabis to a qualifying patient, 5 the patient's designated caregiver, or an institutional caregiver, the 6 medical cannabis dispensary or clinical registrant shall access the 7 system established pursuant to section 11 of P.L.2009, c.307 8 (C.45:1-45.1) to ascertain whether medical cannabis was dispensed 9 to or on behalf of the patient by any medical cannabis dispensary or 10 clinical registrant within the preceding 30 days. Upon dispensing 11 medical cannabis to a qualifying patient, the patient's designated 12 caregiver, or an institutional caregiver, the medical cannabis 13 dispensary or clinical registrant shall transmit to the patient's health 14 care practitioner information concerning the amount, strain, and
- f. (1) Except as provided in paragraph (2) of this subsection, 16 17 for a period of 18 months after the effective date of P.L. , c. 18 (C.) (pending before the Legislature as this bill), the maximum 19 amount of usable cannabis that a patient may be dispensed, in 20 weight, in a 30-day period, shall be three ounces. Commencing 18 21 months after the effective date of P.L., c. (C.) (pending 22 before the Legislature as this bill), the maximum amount of usable 23 cannabis that a patient may be dispensed shall prescribed by the 24 commission by regulation.

form of medical cannabis that was dispensed.

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- (2) The monthly limits set forth in paragraph (1) of this subsection shall not apply to patients who are terminally ill or who are currently receiving hospice care through a licensed hospice, which patients may be dispensed an unlimited amount of medical cannabis. Qualifying patients who are not receiving hospice care or who are not terminally ill may petition the commission, on a form and in a manner as the commission shall require by regulation, for an exemption from the monthly limits set forth in paragraph (1) of this paragraph, which petition the commission shall approve if the commission finds that granting the exemption is necessary to meet the patient's treatment needs and is consistent with the provisions of P.L.2009, c.307 (C.24:6I-1 et al.).
- g. The commission shall establish, by regulation, curricula for
 health care practitioners and for staff at medical cannabis
 dispensaries and clinical registrants:
- (1) The curriculum for health care practitioners shall be designed to assist practitioners in counseling patients with regard to the quantity, dosing, and administration of medical cannabis as shall be appropriate to treat the patient's qualifying medical condition. Health care practitioners shall complete the curriculum as a condition of authorizing patients for the medical use of cannabis; and

- 1 (2) The curriculum for employees of medical cannabis
- 2 <u>dispensaries and clinical registrants shall be designed to assist the</u>
- 3 employees in counseling patients with regard to determining the
- 4 <u>strain and form of medical cannabis that is appropriate to treat the</u>
- 5 patient's qualifying medical condition. Employees of medical
- 6 <u>cannabis dispensaries and clinical registrants shall be required to</u>
- 7 complete the curriculum as a condition of registration with the
- 8 <u>commission</u>. Completion of the curriculum may constitute part of
- 9 the annual training required pursuant to paragraph (1) of subsection
- 10 <u>j. of section 7 of P.L.2009</u>, c.307 (C.24:6I-7).
- 11 h. Commencing July 1, 2020, the amount of the sales tax that
- may be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
- 13 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
- 14 <u>cannabis dispensary or clinical registrant shall not exceed four</u>
- 15 percent.
- 16 Commencing July 1, 2021, the amount of the sales tax that may
- be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
- 18 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
- 19 cannabis dispensary or clinical registrant shall not exceed two
- 20 percent.
- 21 Commencing July 1, 2022, medical cannabis dispensed by a
- 22 <u>medical cannabis dispensary or clinical registrant shall not be</u>
- 23 subject to any tax imposed under the "Sales and Use Tax Act,"
- 24 P.L.1966, c.30 (C.54:32B-1 et seq.).
- 25 Any revenue collected pursuant to a tax imposed on the sale of
- 26 medical cannabis under the "Sales and Use Tax Act," P.L.1966,
- 27 c.30 (C.54:32B-1 et seq.), shall be exclusively appropriated to
- 28 programs for the treatment of mental health and substance use
- 29 <u>disorders.</u>
- i. A municipality in which a medical cannabis dispensary is
- 31 <u>located may adopt an ordinance imposing a transfer tax on any</u>
- 32 <u>medical cannabis dispensed by the dispensary, including medical</u>
- cannabis that is furnished by the dispensary to a medical cannabis
- 34 <u>handler for delivery to a registered qualifying patient or the</u>
- 35 patient's caregiver. The rate of a transfer tax established pursuant
- 36 to this subsection shall be at the discretion of the municipality,
- 37 except that in no case shall the rate exceed two percent of the
- 38 purchase price of the medical cannabis.

(cf: P.L.2009, c.307, s.10)

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- 41 19. Section 13 of P.L.2009, c.307 (C.24:6I-11) is amended to
- 42 read as follows:
- 13. a. The [commissioner] commission may accept from any
- 44 governmental department or agency, public or private body or any
- 45 other source grants or contributions to be used in carrying out the
- 46 purposes of [this act] P.L.2009, c.307 (C.24:6I-1 et al.).

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        b. All fees collected pursuant to [this act] P.L.2009, c.307
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     (C.24:6I-1 et al.), including those from qualifying patients,
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     designated and institutional caregivers, and [alternative treatment
     centers' initial, modification and renewal applications for
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     alternative treatment centers, including medical cannabis
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     cultivators, medical cannabis manufacturers, medical cannabis
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     dispensaries, and clinical registrants, shall be used to offset the cost
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     of the [department's] commission's administration of the
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     provisions of [this act] P.L.2009, c.307 (C.24:6I-1 et al.).
     (cf: P.L.2009, c.307, s.13)
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        20. Section 14 of P.L.2009, c.307 (C.24:6I-12) is amended to
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     read as follows:
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        14. a. The commissioner, or after the effective date of
     P.L., c. (C. ) (pending before the Legislature as this bill), the
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     commission, shall report to the Governor, and to the Legislature
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     pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1):
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        (1) no later than one year after the effective date of [this act]
     P.L.2009, c.307 (C.24:6I-1 et al.), on the actions taken to
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     implement the provisions of [this act] P.L.2009, c.307 (C.24:6I-
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     1 et al.); and
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        (2) annually thereafter on the number of applications for
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     [registry identification cards] registration with the commission, the
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     number of qualifying patients registered, the number of [primary]
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     designated and institutional caregivers registered, the nature of the
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     [debilitating] qualifying medical conditions of the patients, the
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     number of [registry identification cards] registrations revoked, the
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     number of [alternative treatment center] medical cannabis
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     cultivator, medical cannabis manufacturer, and medical cannabis
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     dispensary permits issued and revoked, the number and type of
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     integrated curricula approved, established, and maintained in
     connection with an IC permit, the number of testing laboratories
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     licensed, the number of clinical registrant permits issued and the
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     nature of the clinical research conducted by each clinical registrant,
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     any incidents of diversion of medical cannabis, information
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- concerning racial, ethnic, disabled veteran, and gender diversity in 36 37
- the individuals issued and currently holding permits issued by the
- 38 commission, the number of permit applications received from
- 39 businesses owned by minorities, disabled veterans, and women and
- 40 the number of such applications that were approved, the business
- 41 development initiatives undertaken by the Office of Minority,
- 42 Disabled Veterans, and Women Medical Cannabis Business
- 43 Development pursuant to section 32 of P.L. , c. (C.
- 44 (pending before the Legislature as this bill) and the outcomes or
- 45 effects of those initiatives, statistics concerning arrests for drug
- offenses throughout the State and in areas where medical cannabis 46

- 1 dispensaries are located, including information concerning racial
- 2 disparities in arrest rates for drug offenses generally and cannabis
- 3 offenses in particular, the number of motor vehicle stops by law
- 4 enforcement involving violations of R.S.39:4-50, or section 5 of
- 5 P.L.1990, c.103 (C.39:3-10.13) concerning operators of commercial
- 6 motor vehicles, for driving under the influence of medical cannabis,
- 7 or suspicion thereof, cataloged by the jurisdictions in which the stop
- 8 occurred, and the race, ethnicity, gender, and age of the vehicle
- 9 driver and any other vehicle occupants, the number of deliveries of
- 10 medical cannabis performed and the percentage of total medical
- 11 cannabis dispensations that were completed by delivery, and the 12 number of [physicians providing certifications for] health care
- 13 practitioners authorizing patients for the medical use of cannabis,
- 14 including the types of license or certification held by those
- 15 practitioners.
- 16 b. The reports shall not contain any identifying information of 17 patients, caregivers, or [physicians] health care practitioners.
- Within two years after the effective date of [this act] 18
- 19 P.L.2009, c.307 (C.24:6I-1 et al.) and every two years thereafter,
- 20 commissioner or, after the effective date of
- 21 P.L., c. (C.) (pending before the Legislature as this bill),
- 22 the commission, shall: evaluate whether there are sufficient 23
- numbers of [alternative treatment centers] medical cannabis 24
- cultivators, medical cannabis manufacturers, medical cannabis 25
- dispensaries, and clinical registrants to meet the needs of registered
- qualifying patients throughout the State; evaluate whether the 26
- 27 maximum amount of medical [marijuana] cannabis allowed pursuant to [this act] P.L.2009, c.307 (C.24:6I-1 et al.) is sufficient 28
- 29 to meet the medical needs of qualifying patients; and determine
- 30 whether any [alternative treatment center] medical cannabis
- cultivator, medical cannabis manufacturer, medical cannabis 31
- dispensary, or clinical registrant has charged excessive prices [for 32
- 33 marijuana] in connection with medical cannabis [that the center
- 34 dispensed].
- or, after the effective date of 35 The commissioner
- 36 P.L., c. (C.) (pending before the Legislature as this bill),
- the commission, shall report [his] all such findings no later than 37
- 38 two years after the effective date of [this act] P.L.2009, c.307
- 39 (C.24:6I-1 et al.), and every two years thereafter, to the Governor,
- 40 and to the Legislature pursuant to section 2 of P.L.1991, c.164
- 41 (C.52:14-19.1).
- (cf: P.L.2009, c.307, s.14) 42

44 21. Section 15 of P.L.2009, c.307 (C.24:6I-13) is amended to

45 read as follows:

1 15. a. The [Department of Health] Cannabis Regulatory 2 Commission is authorized to exchange fingerprint data with, and 3 receive information from, the Division of State Police in the 4 Department of Law and Public Safety and the Federal Bureau of 5 Investigation for use in reviewing applications for individuals 6 [seeking] who are required to complete a criminal history record 7 background check in connection with applications to serve as 8 [primary] designated caregivers or institutional caregivers pursuant 9 to section 4 of P.L.2009, c.307 (C.24:6I-4), for licenses to operate as, or to be a director, officer, or employee of, medical cannabis 10 11 testing laboratories pursuant to section 25 of P.L. , c. (C.) 12 (pending before the Legislature as this bill), for permits to operate 13 as, or to be a director, officer, or employee of, or a significantly 14 involved person in, clinical registrants pursuant to section 13 of P.L., c. (C.) (pending before the Legislature as this bill), 15 and for permits to operate as, or to be a director, officer, or 16 17 employee of, [alternative treatment centers], or a significantly 18 involved person in, medical cannabis cultivators, medical cannabis manufacturers, and medical cannabis dispensaries pursuant to 19 20 section 7 of P.L.2009, c.307 (C.24:6I-7). b. The Division of State Police shall promptly notify the 21 22 [Department of Health] Cannabis Regulatory Commission in the event an applicant seeking to serve as a [primary] designated or institutional caregiver, an applicant for a license to operate as, or to be a director, officer, or employee of, a medical cannabis testing laboratory, an applicant for a permit to operate as, or to be a director, officer, or employee of, or a significantly involved person

23 24 25 26 27 28 in, a clinical registrant, or an applicant for a permit to operate as, or 29 to be a director, officer, or employee of, [an alternative treatment center or a significantly involved person in, a medical cannabis 30 31 cultivator, medical cannabis manufacturer, or medical cannabis 32 dispensary, who was the subject of a criminal history record 33 background check conducted pursuant to subsection a. of this 34 section, is convicted of a crime involving possession or sale of a 35 controlled dangerous substance. 36 (cf: P.L.2012, c.17, s.91)

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38 22. Section 16 of P.L.2009, c.307 (C.24:6I-14) is amended to read as follows:

16. Nothing in [this act] P.L.2009, c.307 (C.24:6I-1 et al.) or
P.L.2015, c.158 (C.18A:40-12.22 et al.) shall be construed to
require a government medical assistance program or private health
insurer to reimburse a person for costs associated with the medical
use of [marijuana, or an employer to accommodate the medical use
of marijuana in any workplace] cannabis, or to restrict or otherwise
affect the distribution, sale, prescribing, and dispensing of any

- **A20** 60 1 product that has been approved for marketing as a prescription drug 2 or device by the federal Food and Drug Administration. 3 (cf: P.L.2009, c.307, s.16) 4 5 23. Section 18 of P.L.2009, c.307 (C.24:6I-16) is amended to 6 read as follows: Pursuant to the "Administrative Procedure Act," 7 18. a. 8 P.L.1968, c.410 (C.52:14B-1 et seq.), the commissioner or, after the 9 effective date of P.L. , c. (C.) (pending before the 10 Legislature as this bill), the commission, shall promulgate rules and 11 regulations to effectuate the purposes of [this act] P.L.2009, c.307 12 (C.24:6I-1 et al.), in consultation with the Department of Law and 13 Public Safety. 14 b. Notwithstanding any provision of P.L.1968, c.410 15 (C.52:14B-1 et seq.) to the contrary, the commissioner shall adopt, 16 immediately upon filing with the Office of Administrative Law and no later than the 90th day after the effective date of [this act]
- no later than the 90th day after the effective date of **[**this act**]**P.L.2009, c.307 (C.24:6I-1 et al.), such regulations as the commissioner deems necessary to implement the provisions of **[**this act**]**20 act**]** P.L.2009, c.307 (C.24:6I-1 et al.). Regulations adopted pursuant to this subsection shall be effective 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
- 24 accordance with the requirements of P.L.1968, c.410 (C.52:14B-25 1 et seq.).
- c. No later than 180 days after the effective date of
 P.L., c. (C.) (pending before the Legislature as this bill),
 the commission shall promulgate rules and regulations to effectuate
 the purposes of P.L., c. (C.) (pending before the
 Legislature as this bill). Rules and regulations adopted pursuant to
 this subsection shall, at a minimum:
- 32 (1) Specify the number of new medical cannabis cultivator,
 33 medical cannabis manufacturer, and medical cannabis dispensary
 34 permits the commission will issue in the first year next following
 35 the effective date of P.L. , c. (C.) (pending before the
 36 Legislature as this bill); and
- (2) Establish recommended dosage guidelines for medical cannabis in each form available to qualifying patients that are equivalent to one ounce of medical cannabis in dried form. The commission shall periodically review and update the dosage guidelines as appropriate, including to establish dosage guidelines for new forms of medical cannabis that become available.
- d. The commission may convene a task force comprised of individuals with expertise in matters pertaining to the medical cannabis industry to make recommendations to the commission concerning the content of rules and regulations adopted by the commission to implement the provisions of P.L.2009, c.307

1 (C.24:6I-1 et al.) and P.L., c. (C.) (pending before the

2 <u>Legislature as this bill</u>).

3 (cf: P.L.2009, c.307, s.18)

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- 5 24. (New section) a. Each batch of medical cannabis cultivated 6 by a medical cannabis cultivator or a clinical registrant and each 7 batch of a medical cannabis product produced by a medical 8 cannabis manufacturer or a clinical registrant shall be tested in 9 accordance with the requirements of section 10 P.L., c. (C.) (pending before the Legislature as this bill) by 11 a laboratory licensed pursuant to section 25 of P.L., c. (C. 12 (pending before the Legislature as this bill). The laboratory 13 performing the testing shall produce a written report detailing the 14 results of the testing, a summary of which shall be included in any 15 packaging materials for medical cannabis and medical cannabis products dispensed to qualifying patients and their designated and 16 17 institutional caregivers. The laboratory may charge a reasonable 18 fee for any test performed pursuant to this section.
 - b. The requirements of subsection a. of this section shall take effect at such time as the commission certifies that a sufficient number of laboratories have been licensed pursuant to section 25 of P.L., c. (C.) (pending before the Legislature as this bill) to ensure that all medical cannabis and medical cannabis products can be promptly tested consistent with the requirements of this section without disrupting patient access to medical cannabis.

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- 25. (New section) a. A laboratory that performs testing services pursuant to section 24 of P.L., c. (C.) (pending before the Legislature as this bill) shall be licensed by the commission and may be subject to inspection by the commission to determine the condition and calibration of any equipment used for testing purposes and to ensure that testing is being performed in accordance with the requirements of section 26 of P.L. , c. (C.) (pending before the Legislature as this bill). Each applicant for licensure pursuant to this section shall submit an attestation signed by a bona fide labor organization stating that the applicant has entered into a labor peace agreement with such bona fide labor organization. The maintenance of a labor peace agreement with a bona fide labor organization shall be an ongoing material condition of maintaining a license to test medical cannabis.
- b. There shall be no upper limit on the number of laboratories that may be licensed to perform testing services.
- 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 license to

operate as or be a director, officer, or employee of a medical cannabis testing laboratory, unless such conviction occurred after the effective date of 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 cannabis for conduct that is 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.).

d. (1) The commission shall require each applicant for licensure as a medical cannabis testing laboratory to undergo a criminal history record background check, except that no criminal history record background check shall be required for an applicant who completed a criminal history record background check as a condition of professional licensure or certification.

For purposes of this section, the term "applicant" shall include any owner, director, officer, or employee of a medical cannabis testing laboratory. The commission 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 commission in a timely manner when requested pursuant to the provisions of this section.

An applicant who is required to undergo a criminal history record background check pursuant to this section 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 the applicant's written consent to that check. An applicant who is required to undergo a criminal history record background check pursuant to this section 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 license to operate, or authorization to be employed at, a medical cannabis testing laboratory. An applicant shall bear the cost for the criminal history record background check, including all costs of administering and processing the check.

- (2) The commission shall not approve an applicant for a license to operate, or authorization to be employed at, a medical cannabis testing laboratory 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 commission shall provide written notification to the applicant of the applicant's qualification for or disqualification for a permit to operate or be a director, officer, or employee of a medical cannabis testing laboratory.

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 commission 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 commission shall make a determination regarding the continued eligibility to operate or be a director, officer, or employee of a medical cannabis testing laboratory.
- (5) Notwithstanding the provisions of subsection c. of this section to the contrary, the commission may offer provisional authority for an applicant to be an owner, director, officer, or employee of a medical cannabis testing laboratory for a period not to exceed three months if the applicant submits to the commission 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 c. of this section to the contrary, no applicant to be an owner, director, officer, or employee of a medical cannabis testing laboratory 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 commission 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;
- (c) the circumstances under which the crime or offense occurred;
- 33 (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
 - (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.

- 1 26. (New section) a. The commission shall establish, by 2 regulation, standardized requirements and procedures for testing 3 medical cannabis and medical cannabis products.
 - b. Any test performed on medical cannabis or on a medical cannabis product shall include liquid chromatography analysis to determine chemical composition and potency, and, at a minimum, screening for each of the following:
 - (1) microbial contamination;
 - (2) foreign material;
 - (3) residual pesticides;
- 11 (4) other agricultural residue and residual solvents; and
- 12 (5) heavy metals.
 - c. Laboratories shall use the dosage equivalence guidelines developed by the commission pursuant to paragraph (2) of subsection c. of section 18 of P.L.2009, c.307 (C.24:6I-16) when testing and determining the potency of medical cannabis products.
 - d. As a condition of licensure, each laboratory shall certify its intention to seek third party accreditation in accordance with ISO 17025 standards in order to ensure equipment is routinely inspected, calibrated, and maintained until such time as the commission issues its own standards or confirms the use of ISO 17025.
 - e. Until such time as the commission establishes the standards required by this section, a licensed laboratory shall utilize the testing standards established by another state with a medical cannabis program, which state shall be designated by the commission.

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- 28 27. (New section) a. An individual who performs work for or 29 on behalf of a medical cannabis cultivator, medical cannabis 30 manufacturer, or medical cannabis dispensary, issued a permit 31 pursuant to section 7 of P.L.2009, c.307 (C.24:6I-7), a clinical 32 registrant issued a permit pursuant to section 13 of P.L. 33 (C.) (pending before the Legislature as this bill), or a testing 34 laboratory licensed pursuant to section 25 of P.L. , c. (C. 35 (pending before the Legislature as this bill) shall hold a valid 36 medical cannabis handler certification issued by the commission 37 pursuant to this section if the individual participates in any activity 38 involving obtaining, possessing, cultivating, processing, 39 manufacturing, creating, testing, transporting, transferring, 40 relocating, dispensing, or delivering medical cannabis.
- 41 b. An entity issued a permit pursuant to section 7 of P.L.2009, 42 c.307 (C.24:6I-7) or section 13 of P.L. , c. (C.) (pending 43 before the Legislature as this bill) or a license pursuant to section 44) (pending before the Legislature as this 25 of P.L., c. (C. 45 bill) shall verify that, before allowing any individual to perform any 46 work described in subsection a. of this section at the premises for 47 which the permit has been issued, the individual holds a valid

1 medical cannabis handler certification issued pursuant to this 2 section.

- c. The commission shall issue medical cannabis handler certifications to qualified applicants to perform work described in subsection a. of this section. The commission shall adopt rules and regulations establishing: the qualifications for performing work described in subsection a. of this section; the terms of a medical cannabis handler certification issued pursuant to this section; procedures for applying for and renewing a medical cannabis handler certification issued pursuant to this section; and reasonable application, issuance, and renewal fees for a medical cannabis handler certification issued pursuant to this section.
- d. The commission may require an individual applying for a medical cannabis handler certification under this section to successfully complete a course, to be made available by or through the commission, in which the individual receives training on: verifying the registration status of patients, designated caregivers, and institutional caregivers; handling medical cannabis; statutory and regulatory provisions relating to medical cannabis; and any matter deemed necessary by the commission to protect the public health and safety. The commission or other provider may charge a reasonable fee for the course.

The commission shall not require an individual to successfully complete the course required pursuant to this subsection more than once, except that the commission may adopt regulations directing continuing education training on a prescribed schedule. The course may comprise part of the eight hours of training required for employees of medical cannabis cultivators, medical cannabis manufacturers, medical cannabis dispensaries, and clinical registrants pursuant to paragraph (1) of subsection j. of section 7 of P.L.2009, c.307 (C.24:6I-7).

As part of a final order suspending a medical cannabis handler certification issued pursuant to this section, the commission may require the holder of a medical cannabis handler certification to successfully complete the course described in this subsection as a condition of lifting the suspension; and as part of a final order revoking a medical cannabis handler certification issued pursuant to this section, the commission shall require an individual to successfully complete the course described in this subsection prior to applying for a new medical cannabis handler certification.

e. The commission shall deny an application to any applicant who fails to provide information, documentation, and assurances as required by P.L.2009, c.307 (C.24:6I-1 et al.) or as requested by the commission, or who fails to reveal any fact material to qualification, or who supplies information which is untrue or misleading as to a material fact pertaining to the qualification criteria for medical cannabis handler certification.

f. The commission may suspend, revoke, or refuse to renew a medical cannabis handler certification if the individual who is applying for or who holds the certification: violates any provision of P.L.2009, c.307 (C.24:6I-1 et al.) or any rule or regulation adopted by the commission; makes a false statement to the commission; or refuses to cooperate in any investigation by the commission.

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- g. A medical cannabis handler certification issued pursuant to this section is a personal privilege and permits work described in subsection a. of this section only for the individual who holds the certification.
- h. The commission shall enact rules and regulations governing the transfer of medical cannabis and medical cannabis products between medical cannabis cultivators, medical cannabis manufacturers, medical cannabis dispensaries, clinical registrants, and testing laboratories, which regulations shall require, at a minimum:
- (1) Transfer of medical cannabis and medical cannabis products shall be made directly to the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, clinical registrant, or testing laboratory receiving the medical cannabis or medical cannabis product.
- (2) Transfers shall be performed by a medical cannabis handler who is certified by the department to perform transfers and is at least 18 years of age. Transfers of medical cannabis may be performed by a medical cannabis handler who is an employee of the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant providing or receiving the transfer or by an independent third party who has entered into a contract with a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant to perform transfers of medical cannabis, which contract may provide for a one-time transfer of medical cannabis or for ongoing transfers of medical cannabis. A medical cannabis handler holding a transfer certification issued by the commission may simultaneously hold a delivery certification issued by the commission, subject to the requirements of paragraph (2) of subsection i. of this section.
- (3) Medical cannabis shall not be transferred to an address located on land owned by the federal government or any address on land or in a building leased by the federal government.
- 42 (4) All transfers of medical cannabis shall be made in person. A 43 transfer of medical cannabis shall not be made through the use of an 44 unmanned vehicle.
 - (5) Each certified medical cannabis handler shall carry a copy of the individual's medical cannabis handler certification card and transfer certification card when performing a transfer. The medical

cannabis handler shall present the certification cards upon request to State and local law enforcement and to State and local regulatory authorities and agencies.

- (6) Each certified medical cannabis handler engaged in a transfer of medical cannabis shall have access to a secure form of communication with the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant that furnished the medical cannabis to the handler for transfer, such as a cellular telephone, at all times that the handler is in possession of medical cannabis for transfer.
- (7) During transfer, the certified medical cannabis handler shall maintain a physical or electronic copy of the transfer order, and shall make it available upon request to State and local law enforcement and to State and local regulatory authorities and agencies.
- (8) Vehicles used for the transfer of medical cannabis shall be equipped with a secure lockbox in a secured cargo area, which shall be used for the sanitary and secure transport of medical cannabis.
- (9) A certified medical cannabis handler shall not leave medical cannabis in an unattended vehicle unless the vehicle is locked and equipped with an active vehicle alarm system.
- (10) A transfer vehicle shall contain a Global Positioning System (GPS) device for identifying the geographic location of the vehicle. The device shall be either permanently or temporarily affixed to the vehicle while the vehicle is in operation, and the device shall remain active and in the possession of the certified medical cannabis handler at all times while the vehicle is being used for the transfer of medical cannabis. At all times, the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant that furnished the medical cannabis to the handler for transfer shall be able to identify the geographic location of all vehicles that are making transfers for that entity and shall provide that information to the commission upon request.
- (11) Each entity that employs a medical cannabis handler certified to perform transfers of medical cannabis shall provide the commission with current information concerning all vehicles utilized for medical cannabis transfers, including each vehicle's make, model, color, Vehicle Identification Number, license plate number, and vehicle registration.
- (12) Each medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, and clinical registrant that engages in, or contracts with an independent third party to perform, transfers of medical cannabis shall maintain current hired and non-owned automobile liability insurance sufficient to insure all transfer vehicles in the amount of not less than \$1,000,000 per occurrence or accident.

(13) Transfer vehicles shall bear no markings that would either identify or indicate that the vehicle is used to transport medical cannabis.

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- (14) All transfers of medical cannabis shall be completed in a timely and efficient manner.
- 6 (15) While performing transfers of medical cannabis, a certified 7 medical cannabis handler shall only travel from the premises of the 8 medical cannabis cultivator, medical cannabis manufacturer, 9 medical cannabis dispensary, or clinical registrant furnishing the 10 medical cannabis to the transfer address; from one transfer address 11 to another transfer address; from a testing laboratory back to the medical cannabis cultivator, medical cannabis manufacturer, or 12 13 clinical registrant that furnished the medical cannabis for testing 14 purposes, or from a transfer address back to the premises of the medical cannabis handler's employer. A medical cannabis handler 15 shall not deviate from the route described in this paragraph, except 16 17 in the event of emergency or as necessary for rest, fuel, or vehicle 18 repair stops, or because road conditions make continued use of the 19 route or operation of the vehicle unsafe, impossible, or 20 impracticable.
 - (16) The process of transfer shall begin when the certified medical cannabis handler leaves the premises of the medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, clinical registrant, or testing laboratory with medical cannabis for transfer. The process of transferring medical cannabis ends when the medical cannabis handler returns to the premises of the medical cannabis handler's employer after completing the transfer.
 - (17) Each medical cannabis handler performing transfers of medical cannabis shall maintain a record of each transfer in a log, which may be written or electronic. For each transfer, the log shall record:
 - (a) The date and time that the transfer began and ended;
 - (b) The handler's name, medical cannabis handler certification number, and medical cannabis transfer certification number;
 - (c) The tracking number of the medical cannabis; and
 - (d) The signature and employee identification number of the employee accepting the transfer.
- 39 (18) A medical cannabis handler shall report any vehicle 40 accidents, diversions, losses, or other reportable events that occur 41 during transfer of medical cannabis to the appropriate State and 42 local authorities, including the commission. A medical cannabis cultivator, medical cannabis manufacturer, medical cannabis 43 44 dispensary, or clinical registrant furnishing medical cannabis for 45 transfer or accepting the transfer of medical cannabis shall have no criminal liability for any vehicle accidents, diversions, losses, or 46 47 other reportable events that occur during the transfer.

- i. The commission shall enact rules and regulations governing the delivery of medical cannabis, including medical cannabis products, to a registered qualifying patient, designated caregiver, or institutional caregiver by a medical cannabis dispensary, which regulations shall require, at a minimum:
- (1) Delivery of medical cannabis shall only be made to a registered qualifying patient at the patient's home or secondary address, to the patient's designated caregiver at the caregiver's home address, or directly to the patient's institutional caregiver at the health care facility where the patient is a current patient or resident; except that the commission shall establish a process for registered qualifying patients to request delivery directly to the patient at an alternate address in cases of need.
- (2) Deliveries shall be performed by a medical cannabis handler who is certified by the department to perform deliveries and is at least 18 years of age. Deliveries may be performed by an employee of a medical cannabis dispensary or clinical registrant or by an independent third party who has entered into a contract with a medical cannabis dispensary or clinical registrant to perform deliveries of medical cannabis, which contract may provide for a one-time delivery or for ongoing deliveries of medical cannabis. A medical cannabis handler holding a delivery certification issued by the commission may simultaneously hold a transfer certification issued by the commission.
- (3) Medical cannabis shall not be delivered to an address located on land owned by the federal government or any address on land or in a building leased by the federal government.
- (4) All deliveries of medical cannabis shall be made in person. Delivery of medical cannabis shall not be made through the use of an unmanned vehicle.
- (5) Each certified medical cannabis handler shall carry a copy of the individual's medical cannabis handler certification card and delivery certification card when performing a delivery of medical cannabis. The medical cannabis handler shall present the certification cards upon request to State and local law enforcement and to State and local regulatory authorities and agencies.
- (6) Each certified medical cannabis handler engaged in a delivery of medical cannabis shall have access to a secure form of communication with the medical cannabis dispensary or clinical registrant that furnished the medical cannabis to the handler for delivery, such as a cellular telephone, at all times that the handler is in possession of medical cannabis for delivery.
- (7) During delivery, the certified medical cannabis handler shall maintain a physical or electronic copy of the delivery request, and shall make it available upon request to State and local law enforcement and to State and local regulatory authorities and agencies.

(8) Delivery vehicles shall be equipped with a secure lockbox in a secured cargo area, which shall be used for the sanitary and secure transport of medical cannabis.

- (9) A certified medical cannabis handler shall not leave medical cannabis in an unattended vehicle unless the vehicle is locked and equipped with an active vehicle alarm system.
- (10) A delivery vehicle shall contain a Global Positioning System (GPS) device for identifying the geographic location of the vehicle. The device shall be either permanently or temporarily affixed to the vehicle while the vehicle is in operation, and the device shall remain active and in the possession of the certified medical cannabis handler at all times during which the vehicle is engaged in the delivery of medical cannabis. At all times, the medical cannabis dispensary or clinical registrant that furnished the medical cannabis to the handler for delivery shall be able to identify the geographic location of all vehicles that are making deliveries for that entity and shall provide that information to the commission upon request.
- (11) Each entity that employs a medical cannabis handler certified to deliver medical cannabis shall provide the commission with current information concerning all vehicles utilized for medical cannabis deliveries, including each vehicle's make, model, color, Vehicle Identification Number, license plate number, and vehicle registration.
- (12) A medical cannabis dispensary or clinical registrant furnishing medical cannabis to a medical cannabis handler for delivery shall maintain current hired and non-owned automobile liability insurance sufficient to insure all delivery vehicles in the amount of not less than \$1,000,000 per occurrence or accident.
- (13) Delivery vehicles shall bear no markings that would either identify or indicate that the vehicle is used to transport medical cannabis.
- (14) All deliveries of medical cannabis shall be completed in a timely and efficient manner.
- (15) While performing deliveries of medical cannabis, a certified medical cannabis handler shall only travel from the premises of the medical cannabis dispensary or clinical registrant furnishing the medical cannabis to the delivery address; from one delivery address to another delivery address; or from a delivery address back to the premises of the medical cannabis handler's employer. A medical cannabis handler shall not deviate from the route described in this paragraph, except in the event of emergency or as necessary for rest, fuel, or vehicle repair stops, or because road conditions make continued use of the route or operation of the vehicle unsafe, impossible, or impracticable.
- (16) The process of delivery shall begin when the certified medical cannabis handler leaves the premises of the medical

- cannabis dispensary or clinical registrant with medical cannabis for delivery. The process of delivering medical cannabis ends when the medical cannabis handler returns to the premises of the medical cannabis handler's employer after completing the delivery.
 - (17) Each medical cannabis handler performing deliveries of medical cannabis shall maintain a record of each delivery in a log, which may be written or electronic. For each delivery, the log shall record:
 - (a) The date and time that the delivery began and ended;

- (b) The handler's name, medical cannabis handler certification number, and medical cannabis delivery certification number;
 - (c) The tracking number of the medical cannabis; and
- (d) The signature and registry number of the patient or caregiver who accepted delivery.
- (18) A medical cannabis handler shall report any vehicle accidents, diversions, losses, or other reportable events that occur during delivery of medical cannabis to the appropriate State and local authorities, including the commission. A medical cannabis dispensary or clinical registrant furnishing medical cannabis for delivery shall have no criminal liability for any vehicle accidents, diversions, losses, or other reportable events that occur during delivery after such time as the dispensary or clinical registrant, as applicable, furnishes medical cannabis for delivery.
- (19) A medical cannabis dispensary or clinical registrant shall be authorized to use any medical cannabis handler employed by the dispensary or clinical registrant or any independent third party medical cannabis handler that is not employed by a medical cannabis dispensary or clinical registrant for the purposes of delivering medical cannabis, and, subject to the requirements of paragraph (2) of this subsection, an independent third party medical cannabis handler possessing a delivery certification who is not employed by any medical cannabis dispensary or clinical registrant shall be authorized to provide medical cannabis transport services to any medical cannabis dispensary or clinical registrant.
- j. Medical cannabis may be transferred or delivered, consistent with the requirements of subsections h. and i. of this section, respectively, to any location in the State. In no case may a municipality restrict transfers or deliveries of medical cannabis within that municipality by adoption of municipal ordinance or any other measure, and any restriction to the contrary shall be deemed void and unenforceable.
- k. The commission may authorize the use of an Internet-based web service developed and maintained by an independent third party entity that does not hold any permit, license, or certificate issued pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), and is not a significantly involved person or other investor in any permit holder, which web service may be used by registered qualifying patients,

designated caregivers, and institutional caregivers to request or schedule deliveries of medical cannabis pursuant to subsection i. of this section.

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- 28. (New section) a. A municipality may authorize, through the enactment of an ordinance, the operation of locally endorsed medical cannabis consumption areas by medical cannabis dispensaries and clinical registrants within its jurisdiction, at which areas the on-premises consumption of medical cannabis may occur.
- Applications for an endorsement pursuant to this section shall be made to the commission in a form and manner as shall be prescribed the commission and shall set forth such information as the commission may require. Each application shall be verified by the oath or affirmation of such persons as the commission may prescribe. The endorsement shall be conditioned upon approval by a municipality. An applicant is prohibited from operating a cannabis consumption area without State and local approval. If the applicant does not receive approval from the municipality within one year after the date of State approval, the State endorsement shall expire and may not be renewed. If an application is denied by the municipality or the approval of the municipality is revoked, the commission shall revoke the State endorsement. Any person aggrieved by the local denial of an endorsement application may request a hearing in the Superior Court of the county in which the application was filed. The request for a hearing shall be filed within 30 days after the date the application was denied. person shall serve a copy of the person's request for a hearing upon the appropriate officer for the municipality that denied the application. The hearing shall be held and a record made thereof within 30 days after the receipt of the application for a hearing. No formal pleading and no filing fee shall be required for the hearing.
- c. (1) The commission shall deny a State endorsement if the premises on which the applicant proposes to conduct its business does not meet the requirements of P.L.2009, c.307 (C.24:6I-1 et al.) or for reasons set forth in this section. The commission may revoke or deny an endorsement renewal, or reinstatement, or an initial endorsement for good cause.
 - (2) For purposes of this subsection "good cause" means:
- (a) the endorsed permit holder or applicant has violated, does not meet, or has failed to comply with, any of the terms, conditions, or provisions of this section, any rules promulgated pursuant to this section, or any supplemental local laws, rules, or regulations;
- (b) the endorsed permit holder or applicant has failed to comply with any special terms or conditions that were placed on its endorsement by the commission or municipality; or
- (c) the premises have been operated in a manner that adversely affects the public health or the safety of the immediate

neighborhood in which the medical cannabis consumption area is located.

- (3) Any commission decision made pursuant to this subsection shall be considered a final agency decision for the purposes of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) and may be subject to judicial review as provided in the Rules of Court.
- d. A medical cannabis consumption area endorsement shall be valid for one year and may be renewed annually, subject to the approval of the commission and the municipality as set forth in this section. The commission shall establish by rule the amount of the application fee and renewal fee for the endorsement, which shall not exceed the administrative cost for processing and reviewing the application.
- e. The commission shall maintain a list of all medical cannabis consumption areas in the State and shall make the list available on its Internet website.
- f. A medical cannabis consumption area shall be located on the premises of a medical cannabis dispensary or clinical registrant, may be indoors or outdoors, and shall be designated by conspicuous signage.
- (1) An indoor medical cannabis consumption area shall be a structurally enclosed area within a medical cannabis dispensary or clinical registrant facility that is separated by solid walls or windows from the area in which medical cannabis is dispensed and shall only be accessible through an interior door after first entering the facility.
- (2) An outdoor medical cannabis consumption area shall be an exterior structure on the same premises as the medical cannabis dispensary or clinical registrant facility, that is either separate from or connected to the facility, and that is not required to be completely enclosed, but shall have sufficient walls, fences, or other barriers to prevent any view of patients consuming medical cannabis from any sidewalk or other pedestrian or non-motorist right-of-way, as the case may be, within the consumption area.
- (3) Nothing in this subsection shall be construed to authorize the consumption of medical cannabis by smoking in any indoor public place or workplace, as those terms are defined in subsection 3 of P.L.2005, c.383 (C.26:3D-57), and the medical cannabis dispensary or clinical registrant operating the consumption area shall ensure that any smoking of medical cannabis that occurs in an outdoor medical cannabis consumption area does not result in migration, seepage, or recirculation of smoke to any indoor public place or workplace. The commission may require a consumption area to include any ventilation features as the commission deems necessary and appropriate.

g. (1) A medical cannabis dispensary or clinical registrant holding a medical cannabis consumption area endorsement, and the employees of the dispensary or clinical registrant, subject to any regulations for medical cannabis consumption areas promulgated by the commission, may permit a person to bring medical cannabis into a medical cannabis consumption area.

- (2) A medical cannabis dispensary or clinical registrant holding a medical cannabis consumption area endorsement shall not sell alcohol, including fermented malt beverages or malt, vinous, or spirituous liquor, sell tobacco or nicotine products, or allow the consumption of alcohol, tobacco, or nicotine products on premises, or operate as a retail food establishment.
- (3) A medical cannabis dispensary or clinical registrant holding a medical cannabis consumption area endorsement shall not allow on-duty employees of the establishment to consume any medical cannabis in the consumption area.
- h. Access to a medical cannabis consumption area shall be restricted to employees of the medical cannabis dispensary or clinical registrant and to registered qualified patients and their designated caregivers.
- i. When a patient leaves a medical cannabis consumption area, the establishment shall ensure any remaining unconsumed medical cannabis that is not taken by the patient or the patient's designated caregiver is destroyed.
 - j. A medical cannabis consumption area and its employees:
- (1) shall operate the establishment in a decent, orderly, and respectable manner;
- 28 (2) may remove an individual from the establishment for any reason;
 - (3) shall not knowingly permit any activity or acts of disorderly conduct; and
 - (4) shall not permit rowdiness, undue noise, or other disturbances or activity offensive to the average citizen or to the residents of the neighborhood in which the consumption area is located.
 - k. If an emergency requires law enforcement, firefighters, emergency medical services providers, or other public safety personnel to enter a medical cannabis consumption area, employees of the establishment shall prohibit on-site consumption of medical cannabis until such personnel have completed their investigation or services and have left the premises.

43 29. (New section) a. (1) The commission shall develop and 44 maintain a system for tracking the cultivation of medical cannabis, 45 the manufacturing of medical cannabis products, the transfer of 46 medical cannabis and medical cannabis products between medical 47 cannabis cultivators, medical cannabis manufacturers, medical

- 1 cannabis dispensaries, clinical registrants, and testing laboratories
- 2 as authorized pursuant to paragraph (5) of subsection a. of section 7
- 3 of P.L.2009, c.307 (C.24:6I-7) and subsection h. of section 27 of
- 4 P.L., c. (C.) (pending before the Legislature as this bill),
- 5 and the dispensing or delivery of medical cannabis to registered
- 6 qualifying patients, designated caregivers, and institutional caregivers.
- 8 (2) The tracking system shall, among other features as 9 determined by the commission, utilize a stamp affixed to a 10 container or package for medical cannabis to assist in the collection 11 of the information required to be tracked pursuant to subsection c. 12 of this section.
- 13 (a) The commission, in consultation with the Director of the 14 Division of Taxation, shall secure stamps based on the designs, 15 specifications, and denominations prescribed by the commission in regulation, and which incorporate encryption, security, and 16 17 counterfeit-resistant features to prevent the unauthorized 18 duplication or counterfeiting of any stamp. The stamp shall be 19 readable by a scanner or similar device that may be used by the 20 commission, the Director of the Division of Taxation, and medical 21 cannabis cultivators, medical cannabis manufacturers, medical 22 cannabis dispensaries, or clinical registrants.

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- (b) The commission, and the Director of the Division of Taxation if authorized by the commission, shall make stamps available for purchase by medical cannabis cultivators, medical cannabis manufacturers, and clinical registrants, which shall be the only entities authorized to affix a stamp to a container or package for medical cannabis in accordance with applicable regulations promulgated by the commission in consultation with the Director of the Division of Taxation. The price charged by the commission to medical cannabis cultivators, medical cannabis manufacturers, and clinical registrants for a stamp required pursuant to this paragraph shall be reasonable and commensurate with the cost of producing the stamp.
- (c) A medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, clinical registrant, or certified medical cannabis handler shall not purchase, sell, offer for sale, transfer, transport, or deliver any medical cannabis unless a stamp is properly affixed to the container or package for the medical cannabis.
- b. The purposes of the system developed and maintained under this section include, but are not limited to:
- 43 (1) preventing the diversion of medical cannabis to criminal 44 enterprises, gangs, cartels, persons not authorized to possess 45 medical cannabis, and other states;
- 46 (2) preventing persons from substituting or tampering with 47 medical cannabis;

1 (3) ensuring an accurate accounting of the cultivation, 2 manufacturing, transferring, dispensing, and delivery of medical 3 cannabis:

- (4) ensuring that the testing results from licensed testing laboratories are accurately reported; and
- (5) ensuring compliance with the rules and regulations adopted by the commission and any other law of this State that charges the commission with a duty, function, or power related to medical cannabis.
- c. The system developed and maintained under this section shall be capable of tracking, at a minimum:
 - (1) the propagation of immature medical cannabis plants and the production of medical cannabis by a medical cannabis cultivator;
 - (2) the utilization of medical cannabis in the manufacture, production, and creation of medical cannabis products by a medical cannabis manufacturer;
- (3) the transfer of medical cannabis and medical cannabis products to and from licensed testing laboratories for testing purposes;
- 20 (4) the dispensing of medical cannabis by a medical cannabis 21 dispensary or clinical registrant;
 - (5) the furnishing of medical cannabis by a medical cannabis dispensary or clinical registrant to a medical cannabis handler for delivery;
- 25 (6) the delivery of medical cannabis by a medical cannabis 26 handler;
 - (7) the purchase, sale, or other transfer of medical cannabis and medical cannabis products between medical cannabis cultivators, medical cannabis manufacturers, medical cannabis dispensaries, and clinical registrants as authorized pursuant to paragraph (5) of subsection a. of section 7 of P.L.2009, c.307 (C.24:6I-7) and subsection h. of section 27 of P.L. , c. (C.) (pending before the Legislature as this bill); and
 - (8) any other information that the commission determines is reasonably necessary to accomplish the duties, functions, and powers of the commission.

30. (New section) The commission may waive any requirement of P.L.2009, c.307 (C.24:6I-1 et al.) if the commission determines that granting the waiver is necessary to achieve the purposes of P.L.2009, c.307 (C.24:6I-1 et al.) and provide access to patients who would not otherwise qualify for the medical use of cannabis to alleviate suffering from a diagnosed medical condition, and does not create a danger to the public health, safety, or welfare.

31. (New section) a. The Cannabis Regulatory Commission is hereby created in, but not of, the Department of the Treasury, to

- assume all powers, duties, and responsibilities with regard to the regulation and oversight of activities authorized pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) from the Department of Health for the further development, expansion, regulation, and enforcement of activities associated with the medical use of cannabis pursuant P.L.2009, c.307 (C.24:6I-1 et al.). All powers, duties, and responsibilities with regard to the regulation and oversight of activities authorized pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) shall be transferred from the Department of Health to the Cannabis Regulatory Commission at such time as the members of the commission are appointed as provided in subsection b. of this section and the commission first organizes. Thereafter, any reference to the Department of Health or the Commissioner of Health in any statute or regulation pertaining to the provisions of P.L.2009, c.307 (C.24:6I-1 et al.) shall be deemed to refer to the Cannabis Regulatory Commission. The provisions of this subsection shall be carried out in accordance with the "State Agency Transfer Act," P.L.1971, c.375 (C.52:14D-1 et seq.).
 - b. (1) The commission shall consist of five members, one of whom shall be designated by the Governor as the chair, and one of whom shall be designated the vice-chair in accordance with the appointment process set forth in paragraph (7) of this subsection.

- (2) The members of the commission shall be appointed by the Governor as follows:
- (a) One member shall be appointed upon recommendation of the Senate President;
- (b) One member shall be appointed upon recommendation of the Speaker of the General Assembly;
- (c) Three members, including the chair, shall be appointed without any needed recommendation.
- (3) Initial appointments of commission members pursuant to paragraph (2) of this subsection shall not require the advice and consent of the Senate. Subsequent appointments made pursuant to subparagraph (c) of paragraph (2) of this subsection, including reappointments of members initially appointed, shall be made with the advice and consent of the Senate. Subsequent appointments made pursuant to subparagraphs (a) and (b) of paragraph (2) of this subsection shall be made in the same manner as the original appointment.
- (4) All five members shall be residents of this State. At least one member shall be a State representative of a national organization or State branch of a national organization with a stated mission of studying, advocating, or adjudicating against minority historical oppression, past and present discrimination, unemployment, poverty and income inequality, and other forms of social injustice or inequality, and all five members shall possess education, training, or experience with legal, policy, or criminal

justice issues, corporate or industry management, finance, securities, or production or distribution, medicine or pharmacology, or public health, mental health, or substance use disorders.

- (5) The chair and the other members shall serve for terms of five years; provided that, for the two other members initially appointed by the Governor without any needed recommendation, one shall be appointed for a term of four years, and one shall be appointed for a term of three years. The chair and the other members shall serve in their respective capacities throughout their entire term and until their successors shall have been duly appointed and qualified. Any vacancy in the commission occurring for any reason other than the expiration of a term, including a vacancy occurring during the term of the initial chair or another initial member, shall be filled in accordance with the requirements for subsequent appointments set forth in paragraph (3) of this subsection for the remainder of the unexpired term only.
- (6) The chair and other members of the commission shall devote full time to their respective duties of office and shall not pursue or engage in any other business, occupation, or gainful employment. Each member shall receive an annual salary to be fixed and established by the Governor, which for the chair shall not exceed \$141,000, and for the other members shall not exceed \$125,000.
- (7) The members of the commission, at the commission's first meeting when called by the chair, shall elect, by a majority of the total authorized membership of the commission, one of the members who is appointed based upon the recommendation of the Senate President or Speaker of the General Assembly as set forth in paragraph (2) of this subsection to serve as vice-chair during that member's term. A new vice-chair shall be elected upon the expiration of the current vice-chair's term, even if that member remains on the commission until that member's successor is duly appointed and qualified. The vice-chair shall be empowered to carry out all of the responsibilities of the chair during the chair's absence, disqualification, or inability to serve.
- (8) A majority of the total authorized membership of the commission shall be required to establish a quorum, and a majority of the total authorized membership of the commission shall be required to exercise its powers at any meeting thereof. However, only if all five commissioners have been duly appointed in accordance with the appointment process set forth in paragraph (2) of this subsection, and five appointed commissioners are present at a meeting, may a majority of the total authorized membership act to assume the powers, duties, and responsibilities with regard to the regulation and oversight of activities authorized pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) from the Department of Health.
- (9) The commission shall adopt annually a schedule of regular meetings, and special meetings may be held at the call of the chair.

(10) Any member of the commission may be removed from office by the Governor, for cause, upon notice and opportunity to be heard at a public hearing. Any member of the commission shall automatically forfeit the member's office upon conviction for any crime.

- c. (1) The commission may establish, and from time to time alter, a plan of organization, and employ personnel as it deems necessary under the direct supervision of a full-time executive director for the commission. The plan of organization shall include the Office of Minority, Disabled Veterans, and Women Medical Cannabis Business Development established by section 32 of P.L., c. (C.) (pending before the Legislature as this bill).
 - (a) The initial executive director shall be appointed by the Governor, and thereafter every subsequent executive director shall be appointed by the Governor with the advice and consent of the Senate. The executive director shall serve at the pleasure of the appointing Governor during the Governor's term of office and until a successor has been duly appointed and qualified. Any vacancy in the office occurring for any reason other than the expiration of a term, including a vacancy occurring during the term of the initial executive director, shall be filled for the unexpired term only in the same manner as the appointment of any subsequent executive director as set forth herein. The executive director shall receive an annual salary to be fixed and established by the Governor, which shall not exceed \$141,000.
 - (b) (i) All employees of the commission under the direct supervision of the executive director, except for secretarial and clerical personnel, shall be in the State's unclassified service. All employees shall be deemed confidential employees for the purposes of the "New Jersey Employer-Employee Relations Act," P.L.1941, c.100 (C.34:13A-1 et seq.).
- (ii) If, as a result of transferring powers, duties, and responsibilities with regard to the regulation and oversight of activities authorized pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) from the Department of Health to the commission pursuant to subsection a. of this section, the commission needs to employ an individual to fill a position, employees of the department who performed the duties of the position to be filled shall be given a one-time right of first refusal offer of employment with the commission, and such employees may be removed by the commission for cause or if deemed unqualified to hold the position, notwithstanding any other provision of law to the contrary. department employee who becomes employed by the commission shall retain as an employee of the commission the seniority, and all rights related to seniority, that the employee had with the department as of the last day of employment with the department; provided, however, that such seniority and seniority rights shall be

retained only by an employee who was transferred from employment with the department to employment with the commission, and shall not be retained by an employee who was removed from employment with the department due to layoff procedures or who resigned from a position with the department prior to being hired by the commission.

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- (2) The commission may sue and be sued in any court, employ legal counsel to represent the commission in any proceeding to which it is a party and render legal advice to the commission upon its request, as well as contract for the services of other professional, technical, and operational personnel and consultants as may be necessary to the performance of its responsibilities.
- (3) The commission may incur additional expenses within the limits of funds available to it in order to carry out its duties, functions, and powers under P.L.2009, c.307 (C.24:6I-1 et al.).
- 16 d. With respect to the activities of the commission, neither the 17 President of the Senate or the Speaker of the General Assembly 18 shall be permitted to appear or practice or act in any capacity 19 whatsoever before the commission regarding any matter whatsoever, nor shall any member of the immediate family of the 20 21 Governor, President of the Senate, or Speaker of the General 22 Assembly be permitted to so practice or appear in any capacity 23 whatsoever before the commission regarding any matter 24 whatsoever. As used in this subsection, "immediate family" means 25 the spouse, domestic partner, or civil union partner, and any 26 dependent child or stepchild, recognized by blood or by law, of the Governor, President of the Senate, or Speaker of the General 27 28 Assembly, or of the spouse, domestic partner, or civil union partner 29 residing in the same household as the Governor, President of the 30 Senate, or Speaker of the General Assembly.
 - e. The commission may designate its powers and authority as it deems necessary and appropriate to carry out its duties and implement the provisions of P.L.2009, c.307 (C.24:6I-1 et al.).
 - f. The commission shall, no later than three years after the date it first organizes, contract with a public research university, as defined in section 3 of P.L.1994, c.48 (C.18A:3B-3), to conduct an independent study to review:
 - (1) the commission's organization;
 - (2) the commission's regulation and enforcement activities;
- 40 (3) the overall effectiveness of the commission as a full time 41 entity; and
 - (4) whether the regulation and oversight of medical cannabis could be more effectively and efficiently managed through a reorganization of the commission, consolidation of the commission within the Department of Health or another Executive Branch department, conversion to a part-time commission, or the transfer of

some or all of the commission's operations elsewhere within the Executive Branch.

The commission shall submit the findings of the independent study, along with the commission's recommendations for appropriate executive, administrative, or legislative action, to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature.

- 32. (New section) a. There is hereby established in the commission an Office of Minority, Disabled Veterans, and Women Medical Cannabis Business Development. The office shall be under the immediate supervision of a director. The director of the office shall be appointed by the Governor, and shall serve at the pleasure of the appointing Governor during the Governor's term of office and until a successor has been duly appointed and qualified. Any vacancy in the directorship occurring for any reason other than the expiration of the director's term of office shall be filled for the unexpired term only in the same manner as the original appointment. The director shall receive an annual salary as provided by law which shall be at an amount not to exceed the annual salary of the executive director of the commission.
- (1) The office shall establish and administer, under the direction of the commission, unified practices and procedures for promoting participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, including by prospective and existing ownership of minority businesses and women's businesses, as these terms are defined in section 2 of P.L.1986, c.195 (C.52:27H-21.18), and disabled veterans' businesses as defined in section 2 of P.L.2015, c.116 (C.52:32-31.2), to be issued medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, and clinical registrant permits. These unified practices and procedures shall include the certification and subsequent recertification at regular intervals of a business as a minority or women's business, or a disabled veterans' business, in accordance with eligibility criteria and a certification application process established by the commission through regulation in consultation with the office.
- (2) The office shall conduct advertising and promotional campaigns, and shall disseminate information to the public, to increase awareness for participation in the medical cannabis industry by persons from socially and economically disadvantaged communities. To this end, the office shall sponsor seminars and informational programs, and shall provide information on its Internet website, providing practical information concerning the medical cannabis industry, including information on business management, marketing, and other related matters.

(1) The office shall develop, recommend, and implement policies, practices, protocols, standards, and criteria designed to promote the formulation of medical cannabis business entities and participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, including by promoting applications for, and the issuance of, medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, and clinical registrant permits to certified minority, women's, and disabled veterans' businesses. The office shall evaluate the effectiveness of these measures by considering whether the measures have resulted in new medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis dispensary permits being issued in accordance with the provisions of subsection g. of section 12 of P.L. , c. (C.) (pending before the Legislature as this bill).

- (2) The office shall periodically analyze the total number of permits issued by the commission as compared with the number of certified minority, women's, and disabled veterans' businesses that submitted applications for, and that were awarded, such permits. The office shall make good faith efforts to establish, maintain, and enhance the measures designed to promote the formulation and participation in the operation of medical cannabis businesses by persons from socially and economically disadvantaged communities consistent with the standards set forth in paragraph (1) of this subsection, and to coordinate and assist the commission with respect to its incorporation of these permitting measures into the application and review process for issuing permits under P.L.2009, c.307 (C.24:6I-1 et al.).
- d. The office may review the commission's measures regarding participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, and minority, women's, and disabled veterans' businesses, and make recommendations on relevant policy and implementation matters for the improvement thereof. The office may consult with experts or other knowledgeable individuals in the public or private sector on any aspect of its mission.
- e. The office shall prepare information regarding its activities pursuant to this section concerning participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, including medical cannabis business development initiatives for minority, women's, and disabled veterans' businesses participating in the medical cannabis marketplace, to be incorporated by the commission into its annual report submitted to the Governor and to the Legislature pursuant to section 14 of P.L.2009, c.307 (C.24:6I-12).

- No person shall be appointed to or 33. (New section) a. employed by the commission if, during the period commencing three years prior to appointment or employment, the person held any direct or indirect interest in, or any employment by, any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or otherwise employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis; provided, however, that notwithstanding any other provision of law to the contrary, any such person may be appointed to or employed by the commission if the person's prior interest in any such permit holder or applicant would not, in the opinion of the commission, interfere with the objective discharge of the person's obligations of appointment or employment, but in no instance shall any person be appointed to or employed by the commission if the person's prior interest in such permit holder or applicant constituted a controlling interest in that permit holder or applicant; and provided further, however, that notwithstanding any other provision of law to the contrary, any such person may be employed by the commission in a secretarial or clerical position if, in the opinion of the commission, the person's previous employment by, or interest in, any permit holder would not interfere with the objective discharge of the person's employment obligations.
 - b. Prior to appointment or employment, each member of the commission and each employee of the commission shall swear or affirm that the member or employee, as applicable, possesses no interest in any business or organization issued a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit by the commission.
 - c. (1) Each member of the commission shall file with the State Ethics Commission a financial disclosure statement listing all assets and liabilities, property and business interests, and sources of income of the member and the member's spouse, domestic partner, or partner in a civil union couple, as the case may be, and shall also provide to the State Ethics Commission in the same financial disclosure statement a list of all assets and liabilities, property and business interests, and sources of income of each dependent child or stepchild, recognized by blood or by law, of the member, or of the spouse, domestic partner, or partner in a civil union couple residing in the same household as the member. Each statement shall be under oath and shall be filed at the time of appointment and annually thereafter.
 - (2) Each employee of the commission, except for secretarial and clerical personnel, shall file with the State Ethics Commission a financial disclosure statement listing all assets and liabilities, property and business interests, and sources of income of the

employee and the employee's spouse, domestic partner, or partner in a civil union couple, as the case may be. Such statement shall be under oath and shall be filed at the time of employment and annually thereafter. Notwithstanding the provisions of subsection (n) of section 10 of P.L.1971, c.182 (C.52:13D-21), only financial disclosure statements filed by a commission employee who is in a policy-making management position shall be posted on the Internet website of the State Ethics Commission.

- 34. (New section) a. The "New Jersey Conflicts of Interest Law," P.L.1971, c.182 (C.52:13D-12 et seq.) shall apply to members of the commission and to all employees of the commission, except as herein specifically provided.
- b. (1) The commission shall promulgate and maintain a Code of Ethics that is modeled upon the Code of Judicial Conduct of the American Bar Association, as amended and adopted by the Supreme Court of New Jersey.
- (2) The Code of Ethics promulgated and maintained by the commission shall not be in conflict with the laws of this State, except, however, that the Code of Ethics may be more restrictive than any law of this State.
- c. The Code of Ethics promulgated and maintained by the commission, and any amendments or restatements thereof, shall be submitted to the State Ethics Commission for approval. The Codes of Ethics shall include, but not be limited to, provisions that:
- (1) No commission member or employee shall be permitted to enter and engage in any activities, nor have any interest, directly or indirectly, in any medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant issued a permit by the commission in accordance with the P.L.2009, c.307 (C.24:6I-1 et al.) or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, except in the course of the member's or employee's duties; provided that nothing in this paragraph shall be construed to prohibit a member or employee who is a registered qualifying patient, or who is serving as a designated caregiver or institutional caregiver for a registered qualifying patient, from being dispensed medical cannabis consistent with the requirements of P.L.2009, c.307 (C.24:6I-1 et al.).
- (2) No commission member or employee shall solicit or accept employment from any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis for a period of two years after termination of service with the commission, except as otherwise

provided in section 35 of P.L., c. (C.) (pending before the Legislature as this bill).

- (3) No commission member or employee shall act in the member's or employee's official capacity in any matter wherein the member, employee, or the member's or employee's spouse, domestic partner, or partner in a civil union couple, or child, parent, or sibling has a direct or indirect personal financial interest that might reasonably be expected to impair the member's or employee's objectivity or independence of judgment.
- (4) No commission member or employee shall act in the member's or employee's official capacity in a matter concerning any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis who is the employer of a spouse, domestic partner, or partner in a civil union couple, or child, parent, or sibling of the commission member or employee when the fact of the employment of the spouse, domestic partner, or partner in a civil union couple, or child, parent, or sibling might reasonably be expected to impair the objectivity and independence of judgment of the commission member or employee.
- (5) No spouse, domestic partner, or partner in a civil union couple, or child, parent, or sibling of a commission member shall be employed in any capacity by any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit, or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis nor by any holding, intermediary, or subsidiary company thereof.
- (6) No commission member shall meet with any person, except for any other member of the commission or employee of the commission, or discuss any issues involving any pending or proposed application or any matter whatsoever which may reasonably be expected to come before the commission, or any member thereof, for determination unless the meeting or discussion takes place on the business premises of the commission, provided, however, that commission members may meet to consider matters requiring the physical inspection of equipment or premises at the location of the equipment or premises. All meetings or discussions subject to this paragraph shall be noted in a log maintained for this purpose and available for inspection pursuant to the provisions of P.L.1963, c.73 (C.47:1A-1 et seq.).
- d. No commission member or employee shall have any interest, direct or indirect, in any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or in any entity

- that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis during the member's term of office or employee's term of employment.
- Each commission member and employee shall devote the member's or employee's entire time and attention to the member's or employee's duties, as applicable, and shall not pursue any other business or occupation or other gainful employment; provided, however, that secretarial and clerical personnel may engage in such other gainful employment as shall not interfere with their duties to the commission, unless otherwise directed; and provided further, however, that other employees of the commission may engage in such other gainful employment as shall not interfere or be in conflict with their duties to the commission or division, upon approval by the commission, as the case may be.
 - f. (1) A member of the commission and the executive director or any other employee of the commission holding a supervisory or policy-making management position shall not make any contribution as that term is defined in "The New Jersey Campaign Contributions and Expenditures Reporting Act," P.L.1973, c.83 (C.19:44A-1 et seq.).
 - (2) A member or employee of the commission shall not:

- (a) use the member's or employee's official authority or influence for the purpose of interfering with or affecting the result of an election or a nomination for office;
- (b) directly or indirectly coerce, attempt to coerce, command, or advise any person to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes; or
- (c) take any active part in political campaigns or the management thereof; provided, however, that nothing herein shall prohibit a member or employee from voting as the member or employee chooses or from expressing personal opinions on political subjects and candidates.
- g. For the purpose of applying the provisions of the "New Jersey Conflicts of Interest Law," any consultant or other person under contract for services to the commission shall be deemed to be a special State employee, except that the restrictions of section 4 of P.L.1981, c.142 (C.52:13D-17.2) shall not apply to such person. Such person and any corporation, firm, or partnership in which the person has an interest or by which the person is employed shall not represent any person or party other than the commission.

35. (New section) a. No member of the commission shall hold any direct or indirect interest in, or be employed by, any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit issued pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or in

any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis for a period of two years commencing on the date that membership on the commission terminates.

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- b. (1) No employee of the commission may acquire any direct or indirect interest in, or accept employment with, any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or in any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, for a period of two years commencing at the termination of employment with the commission, except that a secretarial or clerical employee of the commission may accept such employment at any time after the termination of employment with the commission. At the end of two years and for a period of two years thereafter, a former employee who held a policy-making management position at any time during the five years prior to termination of employment may acquire an interest in, or accept employment with, any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or in any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, upon application to, and the approval of, the commission, upon a finding that the interest to be acquired or the employment will not create the appearance of a conflict of interest and does not evidence a conflict of interest in fact.
- (2) Notwithstanding the provisions of this subsection, if the employment of a commission employee, other than an employee who held a policy-making management position at any time during the five years prior to termination of employment, is terminated as a result of a reduction in the workforce at the commission, the employee may, at any time prior to the end of the two-year period, accept employment with any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, upon application to, and the approval of, the commission, upon a finding that the employment will not create the appearance of a conflict of interest and does not evidence a conflict of interest in fact. The commission shall take action on an application within 30 days of receipt and an application may be submitted to the commission prior to or after the commencement of the employment.
- c. No commission member or employee shall represent any person or party other than the State before or against the commission for a period of two years from the termination of office or employment with the commission.

d. No partnership, firm, or corporation in which a former commission member or employee has an interest, nor any partner, officer, or employee of any such partnership, firm, or corporation shall make any appearance or representation which is prohibited to the former member or employee.

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- 36. (New section) a. (1) No holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit issued pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis shall employ or offer to employ, or provide, transfer, or sell, or offer to provide, transfer, or sell any interest, direct or indirect, in any medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit holder to any person restricted from such transactions by the provisions of sections 33 through 35 of P.L.
- c. (C.) (pending before the Legislature as this bill).
- (2) In addition to any civil penalty imposed pursuant to subsection c. of this section, the commission may deny an application, or revoke or suspend a permit holder's permit, for committing a violation of this subsection.
- b. (1) A member or employee of the commission who makes or causes to be made a political contribution prohibited under subsection f. of section 34 of P.L. , c. (C.) (pending before the Legislature as this bill) is guilty of a crime of the fourth degree, but notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, a fine not to exceed \$200,000 may be imposed.
- 29 (2) A member or employee of the commission who willfully 30 violates any other provisions in sections 33 through 35 of P.L. , 31 c. (C.) (pending before the Legislature as this bill) is guilty of
- a disorderly persons offense.
 c. The State Ethics Commission, established pursuant to the
 "New Jersey Conflicts of Interest Law," P.L.1971, c.182
- 35 (C.52:13D-12 et seq.), shall enforce the provisions of sections 33 36 through 36 of P.L., c. (C.) (pending before the Legislature 37 as this bill), and upon a finding of a violation, impose a civil 38 penalty of not less than \$500 nor more than \$10,000, which penalty
- may be collected in a summary proceeding pursuant to the "Penalty
- 40 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).
- 41 If a violation also represents a crime or disorderly persons offense
- 42 as set forth in subsection b. of this section, the State Ethics
- 43 Commission shall also refer the matter to the Attorney General or
- 44 appropriate county prosecutor for further investigation and
- 45 prosecution.

- 1 37. Section 2 of P.L.1971, c.182 (C.52:13D-13) is amended to 2 read as follows:
- 2. As used in this act, and unless a different meaning clearly appears from the context, the following terms shall have the following meanings:
- "State agency" means any of the principal departments in the 6 7 Executive Branch of the State Government, and any division, board, 8 bureau, office, commission, or other instrumentality within or 9 created by such department, the Legislature of the State, and any 10 office, board, bureau, or commission within or created by the 11 Legislative Branch, and, to the extent consistent with law, any 12 interstate agency to which New Jersey is a party and any independent State authority, commission, instrumentality, or 13 14 agency. A county or municipality shall not be deemed an agency or 15 instrumentality of the State.
 - b. "State officer or employee" means any person, other than a special State officer or employee: (1) holding an office or employment in a State agency, excluding an interstate agency, other than a member of the Legislature; or (2) appointed as a New Jersey member to an interstate agency.

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- c. "Member of the Legislature" means any person elected to serve in the General Assembly or the Senate.
 - d. "Head of a State agency" means: (1) in the case of the Executive Branch of government, except with respect to interstate agencies, the department head or, if the agency is not assigned to a department, the Governor [,]; and (2) in the case of the Legislative Branch, the chief presiding officer of each House of the Legislature.
- 28 "Special State officer or employee" means: (1) any person 29 holding an office or employment in a State agency, excluding an 30 interstate agency, for which office or employment no compensation 31 is authorized or provided by law, or no compensation other than a 32 sum in reimbursement of expenses, whether payable per diem or per 33 annum, is authorized or provided by law; (2) any person, not a 34 member of the Legislature, holding a part-time elective or 35 appointive office or employment in a State agency, excluding an 36 interstate agency [,]; or (3) any person appointed as a New Jersey member to an interstate agency the duties of which membership are 37 38 not full-time.
- f. "Person" means any natural person, association or corporation.
- g. "Interest" means: (1) the ownership or control of more than [10%] 10 percent of the profits or assets of a firm, association, or partnership, or more than [10%] 10 percent of the stock in a corporation for profit other than a professional service corporation organized under the "Professional Service Corporation Act," P.L.1969, c.232 (C. 14A:17-1 et seq.); or (2) the ownership or control of more than [1%] one percent of the profits of a firm,

- 1 association, or partnership, or more than [1%] one percent of the 2 stock in any corporation, (a) which is the holder of, or an applicant 3 for, a casino license or in any holding or intermediary company 4 with respect thereto, as defined by the "Casino Control Act," 5 P.L.1977, c.110 (C.5:12-1 et seq.), or (b) which is the holder of, or 6 an applicant for, a medical cannabis cultivator, medical cannabis 7 manufacturer, medical cannabis dispensary, or clinical registrant 8 permit issued pursuant P.L.2009, c.307 (C.24:6I-1 et al.), or any 9 holding or intermediary company with respect thereto. 10 provisions of this act governing the conduct of individuals are 11 applicable to shareholders, associates or professional employees of a professional service corporation regardless of the extent or 12 13 amount of their shareholder interest in such a corporation.
 - h. "Cause, proceeding, application or other matter" means a specific cause, proceeding or matter and does not mean or include determinations of general applicability or the preparation or review of legislation which is no longer pending before the Legislature or the Governor.
 - i. "Member of the immediate family" of any person means the person's spouse, <u>domestic partner</u>, <u>civil union partner</u>, <u>child</u>, <u>parent</u>, or sibling residing in the same household.

(cf: P.L.1987, c.432, s.2)

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- 38. Section 4 of P.L.1981, c.142 (C.52:13D-17.2) is amended to read as follows:
 - 4. a. As used in this section "person" means:
- 27 (1) Lany State officer or employee subject to financial disclosure 28 by law or executive order and any other State officer or employee 29 with responsibility for matters affecting casino activity; any special 30 State officer or employee with responsibility for matters affecting 31 casino activity; (a) with respect to casino activity and activity 32 related to medical cannabis authorized pursuant to P.L.2009, c.307 33 (C.24:6I-1 et al.), the Governor; [any member of the Legislature or 1 the President of the Senate; the Speaker of the General 34 35 Assembly; any full-time member of the Judiciary; any full-time 36 professional employee of the Office of the Governor **[**, or the 37 Legislature; members of the Casino Reinvestment Development 38 Authority]; the head of a principal department; the assistant or 39 deputy heads of a principal department, including all assistant and 40 deputy commissioners; the head of any division of a principal 41 department;
 - (b) with respect to casino activity, any State officer or employee subject to financial disclosure by law or executive order and any other State officer or employee with responsibility for matters affecting casino activity; any special State officer or employee with responsibility for matters affecting casino activity; any member of

- the Legislature; any full-time professional employee of the
 Legislature; members of the Casino Reinvestment Development
 Authority; or
- 4 (c) with respect to activity related to medical cannabis authorized 5 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), any State officer or 6 employee subject to financial disclosure by law or executive order 7 and any other State officer or employee with responsibility for 8 matters affecting medical cannabis activity; any special State officer 9 or employee with responsibility for matters affecting medical 10 cannabis activity; members of the Cannabis Regulatory 11 Commission; or

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- (2) (a) any member of the governing body, or the municipal judge or the municipal attorney of a municipality wherein a casino is located; any member of or attorney for the planning board or zoning board of adjustment of a municipality wherein a casino is located, or any professional planner, or consultant regularly employed or retained by such planning board or zoning board of adjustment; or
- (b) any member of the governing body or the municipal judge of a municipality, any member of the planning board or zoning board of adjustment, or any professional planner, or consultant regularly employed or retained by such planning board or zoning board of adjustment, of a municipality wherein a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant issued a permit pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) is located.
- 27 b. (1) No State officer or employee, nor any person, nor any 28 member of the immediate family of any State officer or employee, 29 or person, nor any partnership, firm, or corporation with which any 30 such State officer or employee or person is associated or in which 31 he has an interest, nor any partner, officer, director, or employee 32 while he is associated with such partnership, firm, or corporation, 33 shall hold, directly or indirectly, an interest in, or hold employment 34 with, or represent, appear for, or negotiate on behalf of, any holder 35 of, or applicant for, a casino license, or any holding or intermediary company with respect thereto, in connection with any cause, 36 37 application, or matter, except as provided in section 3 of P.L.2009, 38 c.26 (C.52:13D-17.3), and except that [(1)] (a) a State officer or 39 employee other than a State officer or employee included in the definition of person, and **[**(2)**]** (b) a member of the immediate 40 41 family of a State officer or employee, or of a person, may hold 42 employment with the holder of, or applicant for, a casino license if, 43 in the judgment of the State Ethics Commission, the Joint 44 Legislative Committee on Ethical Standards, or the Supreme Court, 45 as appropriate, such employment will not interfere with the responsibilities of the State officer or employee, or person, and will 46 47 not create a conflict of interest, or reasonable risk of the public

1 perception of a conflict of interest, on the part of the State officer or 2 employee, or person. No special State officer or employee without 3 responsibility for matters affecting casino activity, excluding those 4 serving in the Departments of Education, Health [and Senior 5 Services], and Human Services and the [Commission on] Office of 6 the Secretary of Higher Education, shall hold, directly or indirectly, 7 an interest in, or represent, appear for, or negotiate on behalf of, any 8 holder of, or applicant for, a casino license, or any holding or 9 intermediary company with respect thereto, in connection with any 10 cause, application, or matter. However, a special State officer or 11 employee without responsibility for matters affecting casino 12 activity may hold employment directly with any holder of or 13 applicant for a casino license or any holding or intermediary 14 company thereof and if so employed may hold, directly or 15 indirectly, an interest in, or represent, appear for, or negotiate on 16 behalf of, [his] that employer, except as otherwise prohibited by 17 law.

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(2) No State officer or employee, nor any person, nor any member of the immediate family of any State officer or employee, or person, nor any partnership, firm, or corporation with which any such State officer or employee or person is associated or in which he has an interest, nor any partner, officer, director, or employee while he is associated with such partnership, firm, or corporation, shall hold, directly or indirectly, an interest in, or hold employment with, or represent, appear for, or negotiate on behalf of, or derive any remuneration, payment, benefit, or any other thing of value for any services, including but not limited to consulting or similar services, from any holder of, or applicant for, a license, permit, or other approval to conduct Internet gaming, or any holding or intermediary company with respect thereto, or any Internet gaming affiliate of any holder of, or applicant for, a casino license, or any holding or intermediary company with respect thereto, or any business, association, enterprise, or other entity that is organized, in whole or in part, for the purpose of promoting, advocating for, or advancing the interests of the Internet gaming industry generally or any Internet gaming-related business or businesses in connection with any cause, application, or matter, except as provided in section 3 of P.L.2009, c.26 (C.52:13D-17.3), and except that **[**(1)**]** (a) a State officer or employee other than a State officer or employee included in the definition of person, and [(2)] (b) a member of the immediate family of a State officer or employee, or of a person, may hold employment with the holder of, or applicant for, a license, permit, or other approval to conduct Internet gaming, or any holding or intermediary company with respect thereto, or any Internet gaming affiliate of any holder of, or applicant for, a casino license, or any holding or intermediary company with respect thereto if, in the judgment of the State Ethics Commission, the Joint

Legislative Committee on Ethical Standards, or the Supreme Court, as appropriate, such employment will not interfere with the responsibilities of the State officer or employee, or person, and will not create a conflict of interest, or reasonable risk of the public perception of a conflict of interest, on the part of the State officer or employee, or person.

7 (3) No State officer or employee, nor any person, nor any 8 member of the immediate family of any State officer or employee, 9 or person, nor any partnership, firm, or corporation with which any 10 such State officer or employee or person is associated or in which 11 he has an interest, nor any partner, officer, director, or employee 12 while he is associated with such partnership, firm, or corporation, 13 shall hold, directly or indirectly, an interest in, or hold employment 14 with, or represent, appear for, or negotiate on behalf of, any holder 15 of, or applicant for, a medical cannabis cultivator, medical cannabis 16 manufacturer, medical cannabis dispensary, or clinical registrant permit issued pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or in 17 18 any entity that employs any certified medical cannabis handler to 19 perform transfers or deliveries of medical cannabis, or any holding 20 or intermediary company with respect thereto, in connection with 21 any cause, application, or matter, except as provided in section 3 of 22 P.L.2009, c.26 (C.52:13D-17.3), and except that (a) a State officer 23 or employee other than a State officer or employee included in the 24 definition of person, and (b) a member of the immediate family of a 25 State officer or employee, or of a person, may hold employment 26 with the holder of, or applicant for, a medical cannabis cultivator, 27 medical cannabis manufacturer, medical cannabis dispensary, or 28 clinical registrant permit or any entity that employs any certified 29 medical cannabis handler to perform transfers or deliveries of 30 medical cannabis if, in the judgment of the State Ethics 31 Commission, the Joint Legislative Committee on Ethical Standards, 32 or the Supreme Court, as appropriate, such employment will not 33 interfere with the responsibilities of the State officer or employee, 34 or person, and will not create a conflict of interest, or reasonable 35 risk of the public perception of a conflict of interest, on the part of 36 the State officer or employee, or person. No special State officer or 37 employee without responsibility for matters affecting medical 38 cannabis activity, excluding those serving in the Departments of 39 Education, Health, and Human Services and the Office of the 40 Secretary of Higher Education, shall hold, directly or indirectly, an 41 interest in, or represent, appear for, or negotiate on behalf of, any 42 holder of, or applicant for, a medical cannabis cultivator, medical 43 cannabis manufacturer, medical cannabis dispensary, or clinical 44 registrant permit or any entity that employs any certified medical 45 cannabis handler to perform transfers or deliveries of medical 46 cannabis, or any holding or intermediary company with respect 47 thereto, in connection with any cause, application, or matter.

- 1 However, a special State officer or employee without responsibility 2 for matters affecting medical cannabis activity may hold 3 employment directly with any holder of or applicant for a medical cannabis cultivator, medical cannabis manufacturer, medical 4 5 cannabis dispensary, or clinical registrant permit, or any entity that 6 employs any certified medical cannabis handler to perform transfers 7 or deliveries of medical cannabis, or any holding or intermediary 8 company thereof, and if so employed may hold, directly or 9 indirectly, an interest in, or represent, appear for, or negotiate on 10 behalf of, that employer, except as otherwise prohibited by law.
- 11 (1) No person or any member of his immediate family, nor 12 any partnership, firm, or corporation with which such person is 13 associated or in which he has an interest, nor any partner, officer, 14 director, or employee while he is associated with such partnership, 15 firm or corporation, shall, within two years next subsequent to the 16 termination of the office or employment of such person, hold, 17 directly or indirectly, an interest in, or hold employment with, or 18 represent, appear for, or negotiate on behalf of, any holder of, or 19 applicant for, a casino license in connection with any cause, 20 application or matter, or any holding or intermediary company with respect to such holder of, or applicant for, a casino license in 22 connection with any phase of casino development, permitting, 23 licensure, or any other matter whatsoever related to casino activity, 24 except as provided in section 3 of P.L.2009, c.26 (C.52:13D-17.3), 25 and except that:

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- [(1)] (a) a member of the immediate family of a person may hold employment with the holder of, or applicant for, a casino license if, in the judgment of the State Ethics Commission, the Joint Legislative Committee on Ethical Standards, or the Supreme Court, as appropriate, such employment will not interfere with the responsibilities of the person and will not create a conflict of interest, or reasonable risk of the public perception of a conflict of interest, on the part of the person;
- [(2)] (b) an employee who is terminated as a result of a reduction in the workforce at the agency where employed, other than an employee who held a policy-making management position at any time during the five years prior to termination of employment, may, at any time prior to the end of the two-year period, accept employment with the holder of, or applicant for, a casino license if, in the judgment of the State Ethics Commission, the Joint Legislative Committee on Ethical Standards, or the Supreme Court, as appropriate, such employment will not create a conflict of interest, or reasonable risk of the public perception of a conflict of interest, on the part of the employee. In no case shall the restrictions of this subsection apply to a secretarial or clerical employee.

Nothing herein contained shall alter or amend the postemployment restrictions applicable to members and employees of the Casino Control Commission and employees and agents of the Division of Gaming Enforcement pursuant to <u>paragraph (2) of</u> subsection e. **[**(2)**]** of section 59 and to section 60 of P.L.1977, c.110 (C.5:12-59 and C.5:12-60); and

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[(3)] (c) any partnership, firm, or corporation engaged in the practice of law or in providing any other professional services with which any person included in subparagraphs (a) and (b) of paragraph (1) of subsection a. of this section, or a member of the immediate family of that person, is associated, and any partner, officer, director, or employee thereof, other than that person, or immediate family member, may represent, appear for or negotiate on behalf of any holder of, or applicant for, a casino license in connection with any cause, application or matter or any holding company or intermediary company with respect to such holder of, or applicant for, a casino license in connection with any phase of casino development, permitting, licensure or any other matter whatsoever related to casino activity, and that person or immediate family member shall not be barred from association with such partnership, firm or corporation, if for a period of two years next subsequent to the termination of the person's office or employment, the person or immediate family member **[**(a)**]** (i) is screened from personal participation in any such representation, appearance or negotiation; and **[**(b)**]** (ii) is associated with the partnership, firm or corporation in a position which does not entail any equity interest in the partnership, firm or corporation. The exception provided in this paragraph shall not apply to a former Governor, Lieutenant Governor, Attorney General, member of the Legislature, person included in subparagraph (a) of paragraph (2) of subsection a. of this section, or to the members of their immediate families.

(2) No person or any member of the person's immediate family, nor any partnership, firm, or corporation with which such person is associated or in which the person has an interest, nor any partner, officer, director, or employee while the person is associated with such partnership, firm, or corporation, shall, within two years next subsequent to the termination of the office or employment of such person, hold, directly or indirectly, an interest in, or hold employment with, or represent, appear for, or negotiate on behalf of, any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit issued pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or in any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, or any holding or intermediary company with respect thereto, in connection with any cause, application, or matter, or any holding or intermediary company with respect to such holder of, or 1 applicant for, a medical cannabis cultivator, medical cannabis

2 <u>manufacturer</u>, <u>medical cannabis dispensary</u>, <u>or clinical registrant</u>

3 permit or entity that employs any certified medical cannabis handler

4 <u>to perform transfers or deliveries of medical cannabis in connection</u>

with any phase of development, permitting, licensure, or any other

matter whatsoever related to medical cannabis activity, except as

7 provided in section 3 of P.L.2009, c.26 (C.52:13D-17.3), and except

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9 (a) a member of the immediate family of a person may hold 10 employment with the holder of, or applicant for, a medical cannabis 11 cultivator, medical cannabis manufacturer, medical cannabis 12 dispensary, or clinical registrant permit issued pursuant to P.L.2009, 13 c.307 (C.24:6I-1 et al.) or any entity that employs any certified 14 medical cannabis handler to perform transfers or deliveries of 15 medical cannabis if, in the judgment of the State Ethics 16 Commission, the Joint Legislative Committee on Ethical Standards, 17 or the Supreme Court, as appropriate, such employment will not 18 interfere with the responsibilities of the person and will not create a 19 conflict of interest, or reasonable risk of the public perception of a 20 conflict of interest, on the part of the person;

(b) an employee who is terminated as a result of a reduction in the workforce at the agency where employed, other than an employee who held a policy-making management position at any time during the five years prior to termination of employment, may, at any time prior to the end of the two-year period, accept employment with the holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis if, in the judgment of the State Ethics Commission, the Joint Legislative Committee on Ethical Standards, or the Supreme Court, as appropriate, such employment will not create a conflict of interest, or reasonable risk of the public perception of a conflict of interest, on the part of the employee. In no case shall the restrictions of this subsection apply to a secretarial or clerical employee. Nothing herein contained shall alter or amend the post-service or post-employment restrictions applicable to members and employees of the Cannabis Regulatory Commission pursuant to paragraph (2) of subsection c. of section 34 and section 35 of P.L., c. (C.) (pending before the Legislature as this bill); and

(c) any partnership, firm, or corporation engaged in the practice of law or in providing any other professional services with which any person included in subparagraphs (a) and (c) of paragraph (1) of subsection a. of this section, or a member of the immediate family of that person, is associated, and any partner, officer, director, or employee thereof, other than that person, or immediate family

member, may represent, appear for, or negotiate on behalf of any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or any entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis in connection with any cause, application, or matter or any holding company or intermediary company with respect to such holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit or entity that employs any certified medical cannabis handler to perform transfers or deliveries of medical cannabis, in connection with any phase of development, permitting, or any other matter whatsoever related to medical cannabis activity, and that person or immediate family member shall not be barred from association with such partnership, firm, or corporation, if for a period of two years next subsequent to the termination of the person's office or employment, the person or immediate family member (i) is screened from personal participation in any such representation, appearance or negotiation; and (ii) is associated with the partnership, firm, or corporation in a position which does not entail any equity interest in the partnership, firm, or corporation. The exception provided in this paragraph shall not apply to a former Governor, Lieutenant Governor, Attorney General, the President of the Senate, the Speaker of the General Assembly, to a person included in subparagraph (b) of paragraph (2) of subsection a. of this section, or to the members of their immediate families.

d. This section shall not apply to the spouse of a State officer or employee, which State officer or employee is without responsibility for matters affecting casino or medical cannabis activity, who becomes the spouse subsequent to the State officer's or employee's appointment or employment as a State officer or employee and who is not individually or directly employed by a holder of, or applicant for, a casino license [,] or medical cannabis permit, or any holding or intermediary company thereof.

- e. The Joint Legislative Committee on Ethical Standards and the State Ethics Commission, as appropriate, shall forthwith determine and publish, and periodically update, a list of those positions in State government with responsibility for matters affecting casino and medical cannabis activity.
- f. (1) No person shall solicit or accept, directly or indirectly, any complimentary service or discount from any casino applicant or licensee which he knows or has reason to know is other than a service or discount that is offered to members of the general public in like circumstance.
- (2) No person shall solicit or accept, directly or indirectly, any complimentary service or discount from any holder of, or applicant for, a medical cannabis cultivator, medical cannabis manufacturer,

- medical cannabis dispensary, or clinical registrant permit issued
 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) or any entity that
 employs any certified medical cannabis handler to perform transfers
 or deliveries of medical cannabis, which the person knows or has
 reason to know is other than a service or discount that is offered to
 members of the general public in like circumstance.
- g. (1) No person shall influence, or attempt to influence, by use of his official authority, the decision of the [commission] <u>Casino Control Commission</u> or the investigation of the **[**division**]** Division of Gaming Enforcement in any application for casino licensure or in any proceeding to enforce the provisions of this act or the regulations of the commission. Any such attempt shall be promptly reported to the Attorney General; provided, however, that nothing in this section shall be deemed to proscribe a request for information by any person concerning the status of any application for licensure or any proceeding to enforce the provisions of this act or the regulations of the commission.
 - (2) No person shall influence, or attempt to influence, by use of the person's official authority, the decision of the Cannabis Regulatory Commission in any application for a medical cannabis cultivator, medical cannabis manufacturer, medical cannabis dispensary, or clinical registrant permit, or in any proceeding to enforce the provisions of P.L.1981, c.142 (C.52:13D-17.2 et al.), P.L.2009, c.307 (C.24:6I-1 et al.), or the regulations of the Cannabis Regulatory Commission. Any such attempt shall be promptly reported to the Attorney General; provided, however, that nothing in this section shall be deemed to proscribe a request for information by any person concerning the status of any permit application, or any proceeding to enforce the provisions of P.L.1981, c.142 (C.52:13D-17.2 et al.), P.L.2009, c.307 (C.24:6I-1 et al.), or the regulations of the Cannabis Regulatory Commission.
 - h. Any person who willfully violates the provisions of this section is a disorderly person and shall be subject to a fine not to exceed \$1,000, or imprisonment not to exceed six months, or both.

In addition, for violations of subsection c. of this section occurring after the effective date of P.L.2005, c.382, a civil penalty of not less than \$500 nor more than \$10,000 shall be imposed upon a former State officer or employee or former special State officer or employee of a State agency in the Executive Branch upon a finding of a violation by the State Ethics Commission, which penalty may be collected in a summary proceeding pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.). (cf: P.L.2013, c.27, s.35)

39. (New section) If any provision of 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 its application to any person or circumstance is held invalid, the invalidity does not

- affect other provisions or applications of P.L.2009, c.307 (C.24:6I-1
- 2 et al.) or P.L.2015, c.158 (C.18A:40-12.22 et al.) which can be
- 3 given effect without the invalid provision or application, and to this
- 4 end the provisions of P.L.2009, c.307 (C.24:6I-1 et al.) and
- 5 P.L.2015, c.158 (C.18A:40-12.22 et al.) are severable.

- 40. N.J.S.2C:35-18 is amended to read as follows:
- 8 2C:35-18. Exemption; Burden of Proof. a. If conduct is
- 9 authorized by the provisions of P.L.1970, c.226 (C.24:21-1 et seq.),
- 10 P.L.2009, c.307 (C.24:6I-1 et al.), or P.L.2015, c.158 (C.18A:40-
- 11 12.22 et al.), that authorization shall, subject to the provisions of
- 12 this section, constitute an exemption from criminal liability under
- 13 this chapter or chapter 36, and the absence of such authorization
- shall not be construed to be an element of any offense in this
- 15 chapter or chapter 36. It is an affirmative defense to any criminal
- action arising under this chapter or chapter 36 that the defendant is
- the authorized holder of an appropriate registration, permit, or order
- 18 form or is otherwise exempted or excepted from criminal liability
- 19 by virtue of any provision of P.L.1970, c.226 (C.24:21-1 et seq.),
- 20 P.L.2009, c.307 (C.24:6I-1 et al.), or P.L.2015, c.158 (C.18A:40-
- 21 12.22 et al.). The affirmative defense established herein shall be
- 22 proved by the defendant by a preponderance of the evidence. It
- 23 shall not be necessary for the State to negate any exemption set
- 24 forth in this act or in any provision of Title 24 of the Revised
- Statutes in any complaint, information, indictment, or other pleading or in any trial, hearing, or other proceeding under this act.
- pleading or in any trial, hearing, or other proceeding under this act.
 b. No liability shall be imposed by virtue of this chapter or
- 28 chapter 36 upon any duly authorized State officer, engaged in the
- 29 enforcement of any law or municipal ordinance relating to
- 30 controlled dangerous substances or controlled substance analogs.
- 31 (cf: P.L.2015, c.158, s.3)

- 33 41. Section 1 of P.L.2015, c.158 (C.18A:40-12.22) is amended 34 to read as follows:
- 1. a. A board of education or chief school administrator of a
- 36 nonpublic school shall develop a policy authorizing parents,
- guardians, and [primary] designated caregivers to administer
- medical [marijuana] cannabis to a student while the student is on
- 39 school grounds, aboard a school bus, or attending a school-
- 40 sponsored event.
- b. A policy adopted pursuant to subsection a. of this section
- 42 shall, at a minimum:
- 43 (1) require that the student be authorized to engage in the
- 44 medical use of [marijuana] cannabis pursuant to P.L.2009, c.307
- 45 (C.24:6I-1 et al.) and that the parent, guardian, or [primary]
- 46 <u>designated</u> caregiver be authorized to assist the student with the

- medical use of [marijuana] cannabis 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] cannabis for the student and the parent, guardian, or [primary] designated caregiver;
- 7 (3) expressly authorize parents, guardians, and **[**primary**]**8 <u>designated</u> caregivers of students who have been authorized for the
 9 medical use of **[**marijuana**]** <u>cannabis</u> to administer medical
 10 **[**marijuana**]** <u>cannabis</u> to the student while the student is on school
 11 grounds, aboard a school bus, or attending a school-sponsored
 12 event;
- 13 (4) identify locations on school grounds where medical 14 [marijuana] cannabis may be administered; and
 - (5) prohibit the administration of medical **[**marijuana**]** cannabis to a student by smoking or other form of inhalation while the student is on school grounds, aboard a school bus, or attending a school-sponsored event.
 - c. Medical [marijuana] cannabis 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.
- 24 (cf: P.L.2015, c.158, s.1)

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- 26 42. Section 2 of P.L.2015, c.158 (C.30:6D-5b) is amended to read as follows:
- 28 2. a. The chief administrator of a facility that offers services 29 for persons with developmental disabilities shall develop a policy 30 authorizing a parent, guardian, or [primary] designated caregiver 31 authorized to assist a qualifying patient with the use of medical 32 [marijuana] cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) 33 to administer medical [marijuana] cannabis to a person who is 34 receiving services for persons with developmental disabilities at the 35 facility.
- 36 b. A policy adopted pursuant to subsection a. of this section 37 shall, at a minimum:
- 38 (1) require the person receiving services for persons with developmental disabilities be a qualifying patient authorized for the use of medical [marijuana] cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), and that the parent, guardian, or [primary] designated caregiver be authorized to assist the person with the medical use of [marijuana] cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.);
- 45 (2) establish protocols for verifying the registration status and 46 ongoing authorization pursuant to P.L.2009, c.307 (C.24:6I-1 et al.)

- concerning the medical use of [marijuana] <u>cannabis</u> for the person and the parent, guardian, or [primary] <u>designated</u> caregiver;
 - (3) expressly authorize parents, guardians, and **[**primary**]** designated caregivers to administer medical **[**marijuana**]** cannabis 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] cannabis may be administered.
 - c. Medical [marijuana] cannabis 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] cannabis to be smoked in any place where smoking is prohibited pursuant to N.J.S.2C:33-13.

18 (cf: P.L.2015, c.158, s.2)

- 43. (New section) a. The chief administrator of a facility that offers behavioral health care services shall develop a policy authorizing a parent, guardian, or designated caregiver authorized to assist a qualifying patient with the use of medical cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.) to administer medical cannabis to a person who is receiving behavioral health care services at the facility.
- b. A policy adopted pursuant to subsection a. of this section shall, at a minimum:
- (1) require the person receiving behavioral health care services be a qualifying patient authorized for the use of medical cannabis pursuant to P.L.2009, c.307 (C.24:6I-1 et al.), and that the parent, guardian, or designated caregiver be authorized to assist the person with the medical use of cannabis 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 cannabis for the person and the parent, guardian, or designated caregiver;
- (3) expressly authorize parents, guardians, and designated caregivers to administer medical cannabis to the person receiving behavioral health care services while the person is at the facility; and
- 43 (4) identify locations at the facility where medical cannabis may 44 be administered.
 - c. Medical cannabis may be administered to a person receiving behavioral health care services 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 cannabis to be smoked in any place where smoking is prohibited pursuant to N.J.S.2C:33-13.
 - e. As used in this section, "behavioral health care services" means procedures or services provided by a health care practitioner to a patient for the treatment of a mental illness or emotional disorder that is of mild to moderate severity. "Behavioral health care" and "behavioral health care services" shall not include procedures or services that are provided for the treatment of severe mental illness, severe emotional disorder, or any drug or alcohol use disorder.

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- 44. Section 11 of P.L.2009, c.307 (C.45:1-45.1) is amended to read as follows:
- 18 11. a. A [physician] health care practitioner who [provides a 19 certification authorizes a patient for the medical use of cannabis or who provides a written instruction for the medical use of 20 21 [marijuana] cannabis to a qualifying patient pursuant to P.L.2009, 22 c.307 (C.24:6I-1 et al.) and [any alternative treatment center] each 23 medical cannabis dispensary and clinical registrant shall furnish to 24 the Director of the Division of Consumer Affairs in the Department 25 of Law and Public Safety such information, on a daily basis and in such a format [and at such intervals,] as the director shall prescribe 26 27 by regulation, for inclusion in a system established to monitor the 28 dispensation of [marijuana] cannabis in this State for medical use 29 as authorized by the provisions of P.L.2009, c.307 (C.24:6I-30 1 et al.), which system shall serve the same purpose as, and be 31 cross-referenced with, the electronic system for monitoring 32 controlled dangerous substances established pursuant to section 25 33 of P.L.2007, c.244 (C.45:1-45).
 - b. The Director of the Division of Consumer Affairs, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), and in consultation with the [Commissioner of Health and Senior Services] Cannabis Regulatory Commission, shall adopt rules and regulations to effectuate the purposes of subsection a. of this section.
- 40 c. Notwithstanding any provision of P.L.1968, 41 (C.52:14B-1 et seq.) to the contrary, the Director of the Division of 42 Consumer Affairs shall adopt, immediately upon filing with the 43 Office of Administrative Law and no later than the 90th day after 44 the effective date of P.L.2009, c.307 (C.24:6I-1 et al.), such 45 regulations as the director deems necessary to implement the 46 provisions of subsection a. of this section. Regulations adopted

- 1 pursuant to this subsection shall be effective until the adoption of
- 2 rules and regulations pursuant to subsection b. of this section and
- 3 may be amended, adopted, or readopted by the director in
- 4 accordance with the requirements of P.L.1968, c.410 (C.52:14B-
- 5 <u>1 et seq.)</u>.
- 6 (cf: P.L.2009, c.307, s.11)

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- 8 45. Section 7 of P.L.1991, c.378 (C.45:9-27.16) is amended to 9 read as follows:
- 10 7. a. A physician assistant may perform the following 11 procedures:
 - (1) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information, and interpret and present information to the supervising physician;
 - (2) Suturing and caring for wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;
 - (3) Providing patient counseling services and patient education consistent with directions of the supervising physician;
 - (4) Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;
 - (5) Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility, or other setting, including the review and monitoring of treatment and therapy plans; and
 - (6) Referring patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community.
- 33 (7) (Deleted by amendment, P.L.2015, c.224)
 - b. A physician assistant may perform the following procedures only when directed, ordered, or prescribed by the supervising physician, or when performance of the procedure is delegated to the physician assistant by the supervising physician as authorized under subsection d. of this section:
- 39 (1) Performing non-invasive laboratory procedures and related 40 studies or assisting duly licensed personnel in the performance of 41 invasive laboratory procedures and related studies;
- 42 (2) Giving injections, administering medications, and requesting 43 diagnostic studies;
- 44 (3) Suturing and caring for facial wounds, traumatic wounds 45 requiring suturing in layers, and infected wounds;

- 1 (4) Writing prescriptions or ordering medications in an inpatient 2 or outpatient setting in accordance with section 10 of P.L.1991, 3 c.378 (C.45:9-27.19); [and]
 - (5) Prescribing the use of patient restraints; and
 - (6) Authorizing qualifying patients for the medical use of cannabis and issuing written instructions for medical cannabis to registered qualifying patients pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).
 - c. A physician assistant may assist a supervising surgeon in the operating room when a qualified assistant physician is not required by the board and a second assistant is deemed necessary by the supervising surgeon.
 - d. A physician assistant may perform medical services beyond those explicitly authorized in this section, when such services are delegated by a supervising physician with whom the physician assistant has signed a delegation agreement pursuant to section 8 of P.L.1991, c.378 (C.45:9-27.17). The procedures delegated to a physician assistant shall be limited to those customary to the supervising physician's specialty and within the supervising physician's and the physician assistant's competence and training.
 - Notwithstanding subsection d. of this section, a physician assistant shall not be authorized to measure the powers or range of human vision, determine the accommodation and refractive states of the human eye, or fit, prescribe, or adapt lenses, prisms, or frames for the aid thereof. Nothing in this subsection shall be construed to prohibit a physician assistant from performing a routine visual screening.

28 (cf: P.L.2015, c.224, s.7)

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- 30 46. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to 31 read as follows:
- 32 10. A physician assistant may order, prescribe, dispense, and 33 administer medications and medical devices and issue written 34 instructions to registered qualifying patients for medical cannabis to 35 the extent delegated by a supervising physician.
 - a. Controlled dangerous substances may only be ordered or prescribed if:
 - (1) a supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:
- (a) continue or reissue an order or prescription for a controlled 42 dangerous substance issued by the supervising physician;
- 43 (b) otherwise adjust the dosage of an order or prescription for a 44 controlled dangerous substance originally ordered or prescribed by 45 the supervising physician, provided there is prior consultation with 46 the supervising physician;

(c) initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to subparagraph (d) of this paragraph; or

- (d) initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;
- (2) the physician assistant has registered with, and obtained authorization to order or prescribe controlled dangerous substances from, the federal Drug Enforcement Administration and any other appropriate State and federal agencies; and
- (3) the physician assistant complies with all requirements which the board shall establish by regulation for the ordering, prescription, or administration of controlled dangerous substances, all applicable educational program requirements, and continuing professional education programs approved pursuant to section 16 of P.L.1991, c.378 (C.45:9-27.25).
 - b. (Deleted by amendment, P.L.2015, c.224)
 - c. (Deleted by amendment, P.L.2015, c.224)
- d. In the case of an order or prescription for a controlled dangerous substance <u>or written instructions for medical cannabis</u>, the physician assistant shall print on the order or prescription <u>or the written instructions</u> the physician assistant's Drug Enforcement Administration registration number.
- e. The dispensing of medication or a medical device by a physician assistant shall comply with relevant federal and State regulations, and shall occur only if: (1) pharmacy services are not reasonably available; (2) it is in the best interest of the patient; or (3) the physician assistant is rendering emergency medical assistance.
- f. A physician assistant may request, receive, and sign for prescription drug samples and may distribute those samples to patients.
- 36 g. A physician assistant may issue written instructions to a 37 registered qualifying patient for medical cannabis pursuant to 38 section 10 of P.L.2009, c.307 (C.24:6I-10) only if:
- 39 (1) a supervising physician has authorized the physician 40 assistant to issue written instructions to registered qualifying 41 patients;
- 42 (2) the physician assistant verifies the patient's status as a registered qualifying patient; and
- 44 (3) the physician assistant complies with the requirements for 45 issuing written instructions for medical cannabis established 46 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).
- 47 (cf: P.L.2015, c.224, s.7)

- 1 47. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to 2 read as follows:
 - 10. a. In addition to all other tasks which a registered professional nurse may, by law, perform, an advanced practice nurse may manage preventive care services and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse, by:
 - (1) initiating laboratory and other diagnostic tests;

- (2) prescribing or ordering medications and devices, as authorized by subsections b. and c. of this section; and
- (3) prescribing or ordering treatments, including referrals to other licensed health care professionals, and performing specific procedures in accordance with the provisions of this subsection.
- b. An advanced practice nurse may order medications and devices in the inpatient setting, subject to the following conditions:
- (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate an order for a controlled dangerous substance;
- (2) the order is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
- (3) the advanced practice nurse authorizes the order by signing the nurse's own name, printing the name and certification number, and printing the collaborating physician's name;
- (4) the physician is present or readily available through electronic communications;
- (5) the charts and records of the patients treated by the advanced practice nurse are reviewed by the collaborating physician and the advanced practice nurse within the period of time specified by rule adopted by the Commissioner of Health pursuant to section 13 of P.L.1991, c.377 (C.45:11-52);
- (6) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated, and signed at least annually by both parties; and
- (7) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy, addiction prevention and management, and issues concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced

practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

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- c. An advanced practice nurse may prescribe medications and devices in all other medically appropriate settings, subject to the following conditions:
- (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to initiate a prescription for a controlled dangerous substance;
- (2) the prescription is written in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
- (3) the advanced practice nurse writes the prescription on a New Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40 et seq.), signs the nurse's own name to the prescription and prints the nurse's name and certification number;
- (4) the prescription is dated and includes the name of the patient and the name, address, and telephone number of the collaborating physician;
- (5) the physician is present or readily available through electronic communications;
- (6) the charts and records of the patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;
- (7) the joint protocols developed by the collaborating physician and the advanced practice nurse are reviewed, updated, and signed at least annually by both parties; and
- (8) the advanced practice nurse has completed six contact hours of continuing professional education in pharmacology related to controlled substances, including pharmacologic therapy, addiction prevention and management, and issues concerning prescription including opioid drugs, responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion, in accordance with regulations adopted by the New Jersey Board of Nursing. The six contact hours shall be in addition to New Jersey Board of Nursing pharmacology education requirements for advanced practice nurses related to initial certification and recertification of an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.
- d. The joint protocols employed pursuant to subsections b. and c. of this section shall conform with standards adopted by the Director of the Division of Consumer Affairs pursuant to section 12 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85 (C.45:11-49.2), as applicable.
 - e. (Deleted by amendment, P.L.2004, c.122.)

- f. An attending advanced practice nurse may determine and certify the cause of death of the nurse's patient and execute the death certification pursuant to R.S.26:6-8 if no collaborating physician is available to do so and the nurse is the patient's primary caregiver.
 - g. An advanced practice nurse may authorize qualifying patients for the medical use of cannabis and issue written instructions for medical cannabis to registered qualifying patients, subject to the following conditions:
 - (1) the collaborating physician and advanced practice nurse shall address in the joint protocols whether prior consultation with the collaborating physician is required to authorize a qualifying patient for the medical use of cannabis or issue written instructions for medical cannabis;
 - (2) the authorization for the medical use of cannabis or issuance of written instructions for cannabis is in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the advanced practice nurse, or pursuant to the specific direction of a physician;
- 20 (3) the advanced practice nurse signs the nurse's own name to 21 the authorization or written instruction and prints the nurse's name 22 and certification number;
- 23 (4) the authorization or written instruction is dated and includes 24 the name of the qualifying patient and the name, address, and 25 telephone number of the collaborating physician;
 - (5) the physician is present or readily available through electronic communications;
 - (6) the charts and records of qualifying patients treated by the advanced practice nurse are periodically reviewed by the collaborating physician and the advanced practice nurse;
- (7) the joint protocols developed by the collaborating physician
 and the advanced practice nurse are reviewed, updated, and signed
 at least annually by both parties; and
- 34 (8) the advanced practice nurse complies with the requirements 35 for authorizing qualifying patients for the medical use of cannabis 36 and for issuing written instructions for medical cannabis established 37 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).
- 38 (cf: P.L.2017, c.28, s.15)

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40 48. Section 5 of P.L.2009, c.307 (C.24:6I-5) is repealed.

42 49. This act shall take effect immediately.

STATEMENT

This bill makes various revisions to the "Compassionate Use Medical Marijuana Act," P.L.2009, c.307 (C.24:6I-1 et al.), including renaming the act the "Jake Honig Compassionate Use Medical Cannabis Act," establishing a new Cannabis Regulatory Commission (CRC) to oversee the medical cannabis program; revising the requirements to authorize a patient for medical cannabis; revising the permit and operational requirements for alternative treatment centers (ATCs), including establishing discrete cultivator, manufacturer, and dispensary permits; creating a new clinical registrant permit; authorizing delivery of medical cannabis, and establishing additional protections for registry cardholders.

Cannabis Regulatory Commission

The CRC will consist of five, full-time members. At least one member is to be a State representative of a national organization or State branch of such an organization with a stated mission of studying, advocating, or adjudicating against forms of social injustice or inequality, and all members are to possess education, training, or experience with: legal, policy, or criminal justice issues; corporate or industry management, finance, securities, or production or distribution; medicine or pharmacology; or public health, mental health, or substance use disorders.

The initially designated chair and two other initial members will be appointed by the Governor, another initial member will be appointed by the Governor upon the recommendation of the Senate President, and the final initial member will be appointed by the Governor upon the recommendation of the Speaker of the General Assembly. Thereafter, the Governor will appoint, with the advice and consent of the Senate, the chair and the two other members not requiring any legislative leadership recommendation. appointments based upon based upon the Senate President's and recommendation would continue Speaker's to be gubernatorial appointments that are not subject to the advice and consent of the Senate. All five members will serve terms of five years, although the initial terms would include one four-year term and one three-year term in order to stagger reappointments. The chair will be provided a salary not to exceed \$141,000, and the other members will be provided a salary not to exceed \$125,000.

The CRC will assume responsibility for oversight, administration, and enforcement of the medical cannabis program from the Department of Health at such time as the members of the commission are appointed and the commission first organizes. The bill will permit, based on the transfer of responsibility, employees of the department who performed the duties of any position to be filled by the CRC a one-time right of first refusal offer of employment. Any department employee who is employed by the

CRC in this manner will retain seniority, and all rights related to seniority, that the employee had with the department as of the last day of employment with the department.

The CRC will be charged with establishing a plan of organization, and employing personnel as it deems necessary to operate under the direct supervision of a full-time executive director. The new executive director position will be initially filled directly by the Governor, and thereafter will be appointed by the Governor with the advice and consent of the Senate.

One mandatory aspect to the CRC's organization plan will be the inclusion of an Office of Minority, Disabled Veterans, and Women Cannabis Business Development, operating under the supervision of a director appointed by the Governor. This office is to establish and administer, under the direction of the CRC, unified practices and procedures for promoting participation in the medical cannabis industry by persons from socially and economically disadvantaged communities, including by prospective and existing minority owned and women's owned businesses and disabled veterans' businesses. These unified practices and procedures are to include a business's certification and subsequent recertification at regular intervals as a minority owned or women's owned business, or a disabled veterans' business, in accordance with eligibility criteria and a certification application process established by the CRC in consultation with the office.

The effectiveness of these methods will be measured by whether the office's actions result in at least 30 percent of the total number of ATC permits issued by the CRC being issued to businesses certified by the office; the effectiveness will be further assessed by considering whether the actions resulted in at least 15 percent of new permits being issued to certified minority owned businesses, and at least 15 percent of new permits being issued to certified women-owned and disabled veterans' businesses. The office, in support of these efforts, is to conduct advertising and promotional campaigns, as well as sponsor seminars and informational programs, directed toward those persons and prospective and existing certified businesses, which would address medical cannabis business management, marketing, and other practical business matters.

Ethical and Conflicts-of-Interest Requirements for the CRC

The members of the CRC and all CRC employees will be subject to ethical and conflicts-of-interest restrictions, addressing activities engaged in prior to, during, and following service with the CRC. For instance, a person generally may not be an appointed member or employee of the CRC if, during the period commencing three years prior to appointment or employment, the person held any direct or indirect interest in, or any employment by, a holder of or applicant for an ATC permit, unless the person's prior interest

would not, in the opinion of the CRC, interfere with the person's obligations of appointment or employment. Additionally, for a period of two years commencing from the date that a member's or employee's service terminates, that former member or employee will not be permitted to hold any direct or indirect interest in, or any employment by, a holder of or applicant for an ATC permit; provided that the two-year post-service restriction would not apply to secretarial or clerical employees.

At the time each member and employee commences service, with the exception of secretarial and clerical employees, the member or employee will be required to file a financial disclosure statement with the State Ethics Commission listing all assets and liabilities, property and business interests, and sources of income for the person and for the person's spouse or domestic or civil union partner. Additionally, CRC members are to provide the same information for each dependent child or stepchild of the member, and of the member's spouse or domestic or civil union partner, who resides in the same household as the member.

Members and employees will generally be subject to the "New Jersey Conflicts of Interest Law," P.L.1971, c.182 (C.52:13D-12 et seq.), as well as a Code of Ethics promulgated by the CRC that is modeled upon the Code of Judicial Conduct of the American Bar Association. All members and employees will be prohibited from using any official authority to interfere with or affect the result of an election or nomination for office, coerce or advise any person to contribute anything of value to another person or organization for political purposes, or take active part in any political campaign. Additionally, the members of the CRC, the executive director, and any other employee holding a supervisory or policy-making management position will be prohibited from making any political contributions to candidates or campaigns. A violation of this prohibition constitutes a crime of the fourth degree, which is punishable by imprisonment for up to 18 months, a fine of up to \$10,000, or both.

The bill also revises the "New Jersey Conflicts of Interest Law" to establish restrictions on various State officers or employees, the Governor and full-time professionals employed in the Governor's Office, full-time members of the Judiciary, and various officers of the municipality in which an ATC is located. These restrictions concern not only their own activities, but the activities of their associated partnerships, firms, or corporations, and their family members in connection with either employment or another interest in, or representation of, current ATCs. These restrictions are similar to the restrictions that apply to these people and businesses under the current law concerning casino licensees and applicants, and casino-related activities, and include a general prohibition on employment, representation, appearance for, or negotiation on behalf of, any permit holder or applicant in connection with any cause, application, or matter, and these restrictions can carry over

into the post-employment or post-service period following the departure of a person from State or local employment or office.

The ethical and conflicts-of-interest restrictions will be enforced by the State Ethics Commission, and any person found to have committed a violation will be subject to a civil penalty of not less than \$500 or more than \$10,000. Additionally, any willful violation of these restrictions will constitute a disorderly persons offense, punishable by a term of imprisonment of up to six months, a fine of up to \$1,000, or both.

If the CRC finds that a holder of or applicant for an ATC permit committed a violation involving a CRC member or employee with respect to pre-service activities, activities during service, or post-service activities, the permit holder or applicant will be subject to a civil penalty of not less than \$500 or more than \$10,000, and possible permit revocation or suspension, or denial of an application, as applicable.

The bill provides that nothing in the ethics and conflict-ofinterest restrictions would prohibit a member or employee from being a registered qualifying patient or from serving as a designated or institutional caregiver for a patient.

Patient and Caregiver Requirements

Current law sets forth an enumerated list of debilitating medical conditions that can qualify a patient for the medical use of cannabis. The bill changes the term "debilitating medical condition" to "qualifying medical condition," and updates and revises the list of conditions in certain ways, including adding additional conditions and providing that medical cannabis may be used as a treatment of first resort for any condition included in the list, which are: seizure including epilepsy; intractable skeletal spasticity; post-traumatic stress disorder; glaucoma; positive status for human immunodeficiency virus; acquired immune deficiency syndrome; cancer; amyotrophic lateral sclerosis; multiple sclerosis; muscular dystrophy; inflammatory bowel disease, including Crohn's disease; terminal illness, if the patient has a prognosis of less than 12 months of life; anxiety; migraine; Tourette's syndrome; dysmenorrhea; chronic pain; opioid use disorder; or any other condition that is approved by the CRC.

The bill expands the list of professionals who can authorize patients for the medical use of cannabis. Current law only allows physicians to provide this authorization; the bill provides that physician assistants and advanced practice nurses may authorize patients for medical cannabis as well, and eliminates the requirement for the professional to have a bona fide provider-patient relationship with the patient. The bill requires that only a pediatric specialist may approve a patient who is a minor for medical cannabis. The bill provides that health care practitioners will not be required to register with the CRC, or be publicly listed

in any CRC registry, as a condition of authorizing patients for medical cannabis. Practitioners will be prohibited from authorizing themselves or members of their immediate family for medical cannabis.

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With regard to caregivers, current law provides that each patient may have only one primary caregiver and that a person may serve as primary caregiver to no more than one patient at a time. The bill changes the term "primary caregiver" to "designated caregiver," and provides that each caregiver may serve up to two patients at one time and that each patient may have up to two designated caregivers at one time. Patients may petition the CRC for approval to have more than two designated caregivers. An immediate family member of a patient will not be required to undergo a criminal history record background check as a condition of serving as designated caregiver.

The bill also establishes the position of "institutional caregiver," which is an employee of a health care facility who is authorized to assist qualifying patients who are patients or residents at the health care facility with the medical use of cannabis, including obtaining medical cannabis for the patient from a medical cannabis dispensary or clinical registrant and accepting deliveries of medical cannabis for the patient. An institutional caregiver registration will be valid for one year. Each institutional caregiver will be required to be a New Jersey resident, at least 18 years of age, and authorized, within the individual's scope of professional practice, to possess and administer controlled dangerous substances to patients and residents at the facility. An institutional caregiver will be required to undergo a criminal history record background check unless the individual has already done so as a condition of professional licensure or certification. Medical cannabis may be dispensed to an institutional caregiver if authorized by the patient. There will be no limit to the number of patients an institutional caregiver can serve at one time, provided that the caregiver is able to meet the needs of all such patients and attend to the caregiver's other duties at the facility without jeopardizing the health or safety of any patient or resident at the facility. Facilities that choose to authorize the use of institutional caregivers will be required to certify, with each caregiver application, that the facility has established appropriate security measures to prevent unauthorized access to medical cannabis to guard against theft, diversion, and adulteration while the cannabis is stored at the facility or is being transported to the facility by an institutional caregiver; the facility has established protocols to prevent adverse drug interactions between medical cannabis and other medications; the facility will not charge a patient for medical cannabis in excess of the actual cost of the medical cannabis plus reasonable acquisition costs; and the facility will promptly notify the CRC in the event that an institutional caregiver ceases to be employed by the facility or is convicted of a crime. For the purposes of the bill, "health care facility" includes a general acute care hospital, nursing home, long term care facility, hospice care facility, group home, facility that provides services to persons with developmental disabilities, behavioral health care facility, and rehabilitation center.

The bill provides that qualifying patients and designated caregivers who are registered with a medical cannabis program in another state will be deemed to be qualifying patients and designated caregivers for the purposes of New Jersey law for up to six months, provided the individual possesses a valid registry card and a photo identification card issued by the other state. Medical cannabis may only be dispensed to an out-of-State patient or caregiver pursuant to written instructions issued by a New Jersey practitioner, and medical cannabis cannot be delivered to any individual who is not registered with the CRC. After six months, the out-of-State registrant will be prohibited from engaging in conduct related to medical cannabis in New Jersey unless the individual is registered as a qualifying patient or caregiver in New Jersey. The CRC is to seek to establish medical cannabis reciprocity agreements with other states.

The bill allows the CRC to establish an alternate means to identify and verify the registration status of patients and caregivers other than the registry identification card currently in use.

Dispensing Requirements for Medical Cannabis

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Current law provides that up to two ounces of medical cannabis may be dispensed to a patient in a 30-day period. The bill revises these quantity restrictions to provide that, for a period of 18 months after the effective date of the bill, patients may be dispensed up to three ounces of medical cannabis in dried form or the equivalent amount in any other form. Thereafter, the maximum amount that may be dispensed to a patient will be established by the CRC by regulation. Current law provides that a physician may authorize a patient for up to a 90-day supply of medical cannabis at one time, with specified dates on which each set of written instructions The bill revises this to allow a becomes valid for dispensing. practitioner to authorize up to a one-year supply at one time, subject to the same staggered dispensing requirements. Upon dispensing medical cannabis, the medical cannabis dispensary or clinical registrant is to notify the practitioner of the amount, strain, and form of medical cannabis dispensed. The bill removes a provision that limits access to edible forms of medical cannabis, including oils, to qualifying patients who are minors, and specifies that medical cannabis may be distributed in transdermal, sublingual, and tincture forms, as well as in the forms authorized under current law.

The bill authorizes delivery of medical cannabis to patients by a certified medical cannabis handler who holds a medical cannabis delivery certification. Medical cannabis may be delivered to the patient at the patient's home address or at a second address on file

with the CRC, to the home address of the patient's designated caregiver, or directly to an institutional caregiver at a health care facility where the patient is a current resident. The CRC is to additionally establish a process to authorize deliveries of medical cannabis to the patient at an alternate address in cases of need. Medical cannabis deliveries may be made by an employee of a medical cannabis dispensary or clinical registrant or by an independent third party contractor. A handler who holds a medical cannabis delivery certification may simultaneously hold a medical cannabis transfer certification, described below. Municipalities may not restrict or prohibit deliveries of medical cannabis by municipal ordinance or any other measure, and any such prohibition, if enacted, would be deemed null and void. The CRC may authorize the use of an Internet-based web service operated by an independent third party entity for patients and their caregivers to request and schedule deliveries. Permitted entities that use a third party delivery service will be exempt from any criminal liability for any reportable events occurring during delivery, such as motor vehicle accidents, diversion, or losses.

The CRC is to establish recommended dosing guidelines for medical cannabis products that are equivalent to one ounce of medical cannabis in dried form.

The bill requires the CRC to establish a process for patients to be dispensed up to a two-week supply of medical cannabis during the pendency of the patient's registration with the CRC. The CRC is to establish appropriate restrictions to protect against fraud, abuse, and diversion.

The bill provides that medical cannabis may be dispensed to a patient by any medical cannabis dispensary or clinical registrant in the State; under current law, patients are to be registered with, and may only be dispensed medical cannabis from, a single ATC where the patient is registered. The bill requires that, prior to dispensing medical cannabis to a patient, the dispensary or clinical registrant will be required to access a system currently maintained by the Division of Consumer Affairs in the Department of Law and Public Safety that tracks written instructions for, and dispensations of, medical cannabis, in order to ascertain whether any medical cannabis was dispensed to or on behalf of the patient within the preceding 30 days.

The bill provides that a practitioner or an immediate family member of a practitioner who authorizes patients for medical cannabis may not hold any profit or ownership interest in an ATC. A practitioner or the immediate family member of a practitioner who applies for an ATC identification card is to certify that the practitioner has not authorized any patients for medical cannabis in the preceding 90 days. A person who violates the prohibition will be guilty of a crime of the fourth degree, which is punishable by imprisonment for up to 18 months, up to a \$10,000 fine, or both. The bill specifies that nothing in the prohibition will ban any

practitioner from serving on the governing board or medical advisory board of an ATC, provided the practitioner receives no special compensation or remuneration from the ATC, including payments based on patient volumes or the number of authorizations for medical cannabis the practitioner issues.

The bill additionally prohibits practitioners from authorizing themselves or members of their immediate family for the medical use of cannabis.

The bill requires the CRC to establish curricula for practitioners and employees of medical cannabis dispensaries and clinical registrants that are designed to assist with patient consultations regarding the form, strain, quantity, and dosing of medical cannabis appropriate to the patient's qualifying medical condition. Practitioners will be required to complete the health care practitioner curriculum as a condition of authorizing patients for the medical use of cannabis, and employees of medical cannabis dispensaries and clinical registrants will be required to complete the curriculum as a condition of registering with the CRC.

Currently, medical cannabis is subject to the State sales tax. The bill will phase out the sales tax over three years, with the tax dropping to four percent on July 1, 2020, to two percent on July 1, 2021, and being completely exempt from all state sales tax as of July 1, 2022. Until then, any sales tax assessed on medical cannabis is to be exclusively appropriated to programs for the treatment of mental health and substance use disorders.

The bill also authorizes municipalities in which a medical cannabis dispensary or clinical registrant is located to assess a transfer tax of up to two percent on the purchase price of all medical cannabis dispensed by the dispensary or clinical registrant.

ATC Application and Permitting Requirements

The bill establishes three distinct permit types in connection with the production and dispensing of medical cannabis: medical cannabis cultivators, medical cannabis manufacturers, and medical cannabis dispensaries. The bill identifies the specific activities and functions authorized for each permit type. The CRC will be required to issue a request for new permit applications within 90 days of the effective date of the bill, and to make a determination on any permit application within 90 days after the date of submission.

For a period of 18 months after the effective date of the bill, an entity will be permitted to hold only one permit of any type. After 18 months, an entity will be authorized to concurrently hold medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis dispensary permits.

However, the bill provides that the CRC is to issue three new ATC permits that are not subject to these restrictions; these three ATCs will be deemed to concurrently hold medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis

dispensary permits immediately upon approval, regardless on the general 18-month restriction on vertical integration. These three ATCs will also be authorized to establish one satellite dispensary location each, provided the entity applies for the satellite dispensary within 18 months after the effective date of the bill. The three ATC permits are to be distributed with one located in each of the northern, central, and southern regions of the State.

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The restriction on vertical integration will also not apply to ATCs that were issued a permit prior to the effective date of the bill or that were issued a permit after the effective date of the bill pursuant to an application submitted prior to the effective date of the bill, or to up to four ATCs issued permits after the effective date of the bill pursuant to a request for applications published in the New Jersey Register prior to the effective date of the bill, which will be deemed to hold medical cannabis cultivator, medical cannabis manufacturer, and medical cannabis dispensary permits. Any ATC issued a permit prior to the effective date of the bill and any ATCs issued a permit after the effective date of the bill pursuant to an application submitted prior to the effective date of the bill will be authorized to hold up to two satellite dispensary permits, including any satellite dispensary permit approved prior to the effective date of the bill or approved pursuant to an application submitted prior to the effective date of the bill, and any satellite dispensary approved pursuant to an application submitted within the first 18 months after the effective date of the bill. Aside from these grandfathered satellite dispensaries and the new satellite dispensaries expressly authorized under the bill, plus any satellite dispensary authorized for a clinical registrant, no new satellite dispensaries will be approved.

The bill restricts the total number of entities authorized to cultivate medical cannabis to 28 for the first 18 months after the effective date of the bill, which will include any ATCs issued a permit prior to the effective date of the bill and the new permits required to be issued under the bill, but will not include microbusinesses issued a cultivator permit.

The CRC will be required to specify by regulation the number of new permits of each type that it will authorize in the first year following the effective date of the bill, and thereafter periodically evaluate whether the current number of permits is sufficient to meet the needs of qualifying patients and issue requests for new applications as needed. The CRC may additionally convene a task force comprising individuals with expertise in the medical cannabis industry to make recommendations to the CRC concerning the content of rules and regulations governing the medical cannabis program.

The bill sets forth the specific information to be considered when reviewing new permit applications, which includes specific information concerning the applicant's operational experience, workforce development plan, community impact analysis, security capabilities, storage systems, emergency management plan, prisoner reentry program plan, and proposed location, along with any other criteria the CRC deems appropriate. The CRC will determine the weight to be afforded to each criterion.

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Additionally, each applicant will be required to submit an attestation by a bona fide labor organization stating that the applicant has entered into a labor peace agreement with the organization. Maintenance of a labor peace agreement will be an ongoing condition for maintaining a permit. In reviewing applications, the CRC is to additionally evaluate the applicant's history and relationships with labor organizations, as well as any current collective bargaining agreements the applicant is part of. Microbusinesses, described below, are exempt from these requirements.

The bill requires that at least one-third of new permits of all types, other than clinical registrant permits, be issued as "conditional permits," which are permits issued pursuant to a lessrestrictive application process for entities funded by smaller investors with an adjusted gross income of no more than \$200,000, or \$400,000 if filing jointly. The CRC is to provide the conditional permit holder with a list of requirements with which the permit holder will be required to comply within 120 days after issuance of the conditional permit. If the CRC determines that, during this 120day period, the permit holder was in compliance with the CRC's requirements, the CRC may convert the conditional permit into a full permit, which will be renewable annually. If the permit holder is not in compliance with the requirements, the permit will expire at the end of the 120-day period, unless it is revoked by the CRC A converted conditional permit will continue to count towards the total percentage of conditional permits required for that permit type. The requirement that one third of all new permits be conditional permits will not apply to the first three ATC permits issued after the effective date of the bill.

The bill additionally requires that at least 10 percent of the total permits issued for each permit type, other than clinical registrant permits, are to be issued to microbusinesses. The requirements for 100 percent of the ownership of a a microbusiness are: microbusiness is to be held by current New Jersey residents who have resided in the State for at least the past two years; at least 51 percent of the owners, directors, officers, and employees of the microbusiness are to be residents of the municipality where the microbusiness is located or a bordering municipality; the microbusiness may employ no more than 10 employees, inclusive of owners, officers, and directors; and the microbusiness facility may occupy an area of no more than 2,500 square feet. The bill sets forth certain restrictions for each type of microbusiness permit: microbusiness medical cannabis cultivators will be restricted to a grow canopy of no more than 2,500 square feet and a height restriction of 24 feet, and will be limited to possessing no more than

1,000 mature and immature plants at one time; microbusiness medical cannabis manufacturers will be restricted to acquiring and processing no more than 1,000 pounds of medical cannabis in dried form, or the equivalent amount in any other form, in a month; and a microbusiness medical cannabis dispensary will be permitted to acquire and dispense no more than 1,000 pounds of medical cannabis in dried form, or the equivalent in any other form, in a month. Permit fees for microbusinesses are half the regular permit fees. The application process for a microbusiness permit is the same as for any other permit, and a permit issued to a microbusiness, like any other permit, is renewable annually.

Applicants may submit multiple permit applications, with a separate application for each proposed facility; the bill establishes procedures for determining which permit to award to an applicant who scores high enough to be awarded multiple permits of the same type.

The CRC will be required to conduct a disparity study to evaluate the adverse effects of the State's drug laws on New Jersey communities to determine whether race-based measures should be considered when issuing new medical cannabis cultivator, manufacturer, and dispensary permits, and incorporate the policies, practices, protocols, standards, and criteria developed by the Office of Minority, Disabled Veterans, and Women Medical Cannabis Business Development to promote participation in the medical cannabis industry by persons from socially and economically disadvantaged communities. At least 15 percent of the total number of new permits are to be issued to minority-owned businesses, and an additional 15 percent of the total number of new permits are to be issued to women-owned or disabled veteran-owned businesses.

The CRC is to grant special consideration to an applicant for an integrated curriculum permit or "IC permit," pursuant to which the applicant establishes an agreement with an institution of higher education to create an integrated curriculum involving the theoretical or practical application of medical cannabis cultivation, manufacturing, or dispensing to an area of academic study. Integrated curricula are subject to approval by the CRC and the Office of the Secretary of Higher Education. If an IC permit holder's agreement with an institution of higher education ends, the IC permit holder will have six months to establish a new integrated curriculum or the IC permit will be revoked, unless the CRC determines that the entity should be allowed to retain the permit. The CRC may establish incentives to encourage applicants to seek IC permits, such as revised permit fees.

The bill additionally establishes requirements for issuance of a clinical registrant permit, which will authorize the permit holder to engage in all conduct related to the cultivation, manufacturing, and dispensing of medical cannabis and medical cannabis products as is authorized for other ATC permit holders. The clinical registrant will be required to enter into a contractual relationship with an

academic medical center, which is a facility located in New Jersey that has a faculty practice in addiction medicine or is in the same health care system as another facility in the State that offers substance use disorder treatment services, has a faculty practice in pain management or a facility-based pain management practice, has a graduate medical training program that includes primary care and specialized medicine, is the principal teaching affiliate of a New Jersey medical school, and has the ability to conduct research related to cannabis. If the facility is part of a health care system, the health care system is required to be principally located in New Jersey in order for the facility to qualify as an academic medical center. The CRC will be required to request applications for at least four clinical registrant permits within 90 days after the effective date of the bill or upon the adoption of rules and regulations required under the bill, whichever occurs first.

Academic medical centers will engage in clinical research related to medical cannabis in order to advise the affiliated clinical registrant concerning patient health and safety, medical applications, and the dispensing and management of controlled dangerous substances. Clinical registrant applicants will be required to demonstrate at least \$15 million in capital.

A clinical registrant permit will be valid for the term of the contractual relationship, and may be renewed based upon the clinical registrant renewing its contractual relationship with the academic medical center. A clinical registrant permit may not be sold or transferred. Each clinical registrant may contract with no more than one academic medical center.

Clinical registrants will be authorized to serve all qualifying patients, as well as qualifying patients who agree to participate in clinical research. Clinical registrants may operate from more than one location and may be approved for a satellite dispensing location, and may relocate to another location in the same region unless the CRC determines relocation would be contrary to the purposes of the medical cannabis laws. Clinical registrants are required to report the results of the clinical research to the CRC upon completion of the study or following publication of the study in a peer-reviewed medical journal.

An entity issued a medical cannabis cultivator, manufacturer, or dispensary permit may not concurrently hold a clinical registrant permit, and an entity issued a clinical registrant permit may not concurrently hold any medical cannabis cultivator, manufacturer, or dispensary permit.

The bill revises the criminal history record background check requirements for medical cannabis cultivator, manufacturer, dispensary, and clinical registrant applicants to provide that a conviction for a crime of the first, second, or third degree, as well as any drug offense other than marijuana possession convictions or convictions for dispensing less than five pounds of marijuana, constitutes a disqualifying conviction that may bar the applicant

from holding an interest in or being employed by a medical cannabis cultivator, manufacturer, dispensary, or clinical registrant. Current law limits disqualifying convictions to drug offenses other than minor cannabis possession. The CRC will retain the discretion to issue a permit to an applicant if it finds evidence of rehabilitation.

The bill further provides that no criminal history record background check will be required for an applicant who holds less than a five percent investment interest in the medical cannabis cultivator, manufacturer, dispensary, or clinical registrant, or who is a member of a group that holds less than a 20 percent investment interest where no member of the group holds more than a five percent interest in the total group investment, and the applicant does not have the authority to make operational decisions for the permitted entity. Individuals and groups that are exempt from the criminal history record background check requirement will not be required to complete any application information. If the applicant or group gains an investment interest above these thresholds or the applicant gains the authority to make operational decisions, the individual or group will be required to notify the CRC, provide all information as may be required by the CRC, and undergo a criminal history record background check within 30 days, or the permit will be revoked and the individual or group will be prohibited from holding any investment interest in a medical cannabis cultivator, manufacturer, dispensary, or clinical registrant for a period of at least two years, and for such additional period as the CRC deems appropriate in light of the duration of the nondisclosure, the size of the undisclosed interest, the profits realized from the entity during the period of nondisclosure, and whether the individual would have been otherwise ineligible to hold the investment interest or controlling authority based on a disqualifying conviction or other

The bill prohibits an employee of any department, division, agency, board, or other governmental entity involved in the process of reviewing, processing, or making determinations with regard to a medical cannabis permit from having any financial interest in medical cannabis or receiving anything of value from a permit applicant in exchange for reviewing, processing, or making recommendations with regard to a permit application.

Applications for medical cannabis cultivator, manufacturer, and dispensary permits and for clinical registrant permits will be exempt from the "Open Public Records Act," P.L.1963, c.73 (C.47:1A-1 et seq.) and P.L.2001, c.404 (C.47:1A-5 et al.).

ATC Operational Requirements

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The bill requires medical cannabis dispensaries and clinical registrants to establish and maintain standardized price lists, which will reflect the price of all medical cannabis, medical cannabis

1 products, and related supplies and paraphernalia dispensed or sold 2 by the dispensary or clinical registrant to or on behalf of registered 3 qualifying patients. Price lists are to be posted on the dispensary's 4 or clinical registrant's Internet website, if any, maintained on file 5 with the CRC, and may be updated once per month. A dispensary 6 or clinical registrant that sells medical cannabis or medical cannabis 7 products at a price that deviates from its price list will be liable to a 8 civil penalty of \$1,000 per sale, and dispensary or clinical registrant 9 that fails to maintain its current price list on file with the CRC will 10 be liable to a civil penalty of \$10,000 for each week during which 11 the CRC does not have the current price list. The prices charged by 12 a medical cannabis dispensary or clinical registrant are to be reasonable and consistent with the costs of acquiring and 13 14 dispensing, selling, or transferring the medical cannabis or medical 15 cannabis product.

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The bill provides that medical cannabis may be transferred between medical cannabis cultivators, manufacturers, dispensaries, clinical registrants, and testing laboratories by a medical cannabis handler certified as a medical cannabis transporter. Transfers may be effectuated using either medical cannabis handlers employed by a permitted entity or by an independent third-party entity. The bill sets forth certain operational protocols and recordkeeping requirements for the transfer of medical cannabis, which are generally comparable to the operational requirements and protocols for deliveries of medical cannabis. A medical cannabis handler both delivery and transfer possess certifications. Municipalities may not restrict or prohibit transfers of medical cannabis by municipal ordinance or any other measure, and any such prohibition, if enacted, would be deemed null and void.

The bill requires the CRC to develop and maintain a comprehensive tracking system for medical cannabis that covers cultivation through final dispensing. The tracking system is to be designed to prevent diversion and tampering while promoting accurate accounting and recording of all information relevant to the medical cannabis or medical cannabis product. The system is to utilize a stamp for tracking purposes, which is to be affixed to medical cannabis packages and containers by medical cannabis cultivators, medical cannabis manufacturers, and clinical registrants. The purchase price of the stamp is to be reasonable and commensurate with the cost of producing the stamp.

The owners, directors, officers, and employees at each medical cannabis cultivator, manufacturer, dispensary, courier, and clinical registrant will be required to undergo eight hours of ongoing training each calendar year. The training is to be tailored to the roles and responsibilities of the individual's job function and include training on confidentiality and any other topics required by the CRC. For medical cannabis dispensary and clinical registrant employees, the ongoing training may include completing the curriculum developed by the CRC concerning patient consultations.

Additionally, all individuals who handle medical cannabis in any capacity are required to be certified by the CRC as medical cannabis handlers. The training required for handler certification will only be required once, and will count toward the required eight hours of annual training.

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The bill requires the CRC to establish, by regulation, thresholds for administrative action to be taken against permit holders, including specific penalties and disciplinary actions that may be imposed in a summary proceeding.

The bill provides that the first six ATC permits issued after P.L.2009, c.307 (C.24:6I-1 et al.) took effect may sell or transfer that permit to a for profit entity, provided that: the owners, officers, directors, employees, and applicable investors complete a criminal history record background check; the CRC approves the sale or transfer; and the sale or transfer takes place within one year after the effective date of the bill. The sale or transfer will not be subject to the requirements of the "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq., provided that, prior to or at the time of the sale or transfer, all debts and obligations of the nonprofit entity are either paid in full or assumed by the for-profit entity purchasing or acquiring the permit, or a reserve fund is established for the purpose of paying in full the debts and obligations of the nonprofit entity, and the for-profit entity pays the full value of all assets held by the nonprofit entity, as reflected on the nonprofit entity's balance sheet, in addition to the agreed-upon price for the sale or transfer of the entity's alternative treatment center permit. Any other sale or transfer of an interest in a permitted entity of five percent or more will be subject to approval by the CRC and will be conditioned on the entity purchasing or receiving the transfer of the interest completing a criminal history record background check.

The bill authorizes medical cannabis dispensaries and clinical registrants to establish medical cannabis consumption areas, subject to approval by the CRC and the municipality in which the dispensary or clinical registrant is located. A consumption area is required to be on the premises of the dispensary or clinical registrant, accessible only to patients and their designated caregivers, and screened by sufficient walls or other barriers to prevent any view of patients consuming medical cannabis. Consumption areas may be indoor or outdoor, provided that no consumption of medical cannabis by smoking occurs indoors and no medical cannabis smoke seeps into any indoor public area or workplace. The CRC may require any ventilation features for a consumption area as it deems necessary and appropriate, and smoke from the consumption of medical cannabis may not seep into any indoor public place or workplace.

The bill provides that medical cannabis cultivators, manufacturers, dispensaries, and clinical registrants will be permitted to establish a medical advisory board to advise the permitted entity on all aspects of its business. A medical advisory

board is to comprise five members: three healthcare practitioners; one qualifying patient who resides in the same area as the permitted entity; and one business owner from the same area as the permitted entity. No owner, director, officer, or employee of a permitted entity may serve on a medical advisory board. Medical advisory boards are to meet at least two times per year.

Medical cannabis dispensaries and clinical registrants are to consider whether to make interpreter services available to the population served, including for individuals with a vision or hearing impairment. The CRC is to assist facilities in locating appropriate interpreter resources. Dispensaries and clinical registrants will be responsible for the cost of providing interpreter services.

Medical cannabis cultivators, manufacturers, dispensaries, clinical registrants, and entities employing medical cannabis handlers to perform deliveries and transfers of medical cannabis operating on a for-profit basis may not operate at any premises that were the subject of a business development incentive. Medical cannabis cultivators and clinical registrants may not be located on land valued, assessed, or taxed as an agricultural or horticultural use pursuant to the "Farmland Assessment Act of 1964," P.L.1964, c.48 (C.54:4-23.1 et seq.).

Other Cannabis-Related Licensure

The bill requires each batch of medical cannabis and each batch of a medical cannabis product to be tested by a laboratory to determine its chemical composition and potency and to screen for contamination by microbial contaminants, foreign material, residual pesticides, other agricultural residue and residual solvents, and heavy metals. The laboratory is to produce a written report detailing the results of the testing, a summary of which is to be included in any packaging materials for the medical cannabis or cannabis product. Laboratories may charge a reasonable fee for performing the test. The testing requirement will take effect once the CRC certifies that there are a sufficient number of testing laboratories licensed to ensure that the testing and labeling requirements can be satisfied without disrupting timely patient access to medical cannabis.

Laboratories providing testing services will be required to register with the CRC and will be subject to inspection to ensure that the equipment used is in good condition and properly calibrated. The owners, directors, officers, and employees of a testing laboratory will be required to undergo a criminal history record background check as a condition of licensure; no applicant with a disqualifying conviction will be authorized to own, operate, or be employed by a medical cannabis testing laboratory. "Disqualifying conviction" means any drug offense other than minor cannabis possession; applicants with a disqualifying conviction may still be approved if the applicant demonstrates clear

and convincing evidence of rehabilitation. As a condition of licensure, each laboratory will be required to certify its intention to seek third party accreditation in accordance with ISO 17025 to ensure equipment is routinely inspected, calibrated, or maintained, until such time as the CRC issues its own standards or confirms the use of ISO 17025.

The CRC will be required to establish testing standards; however, until such time as the standards are adopted, testing laboratories will be authorized to utilize testing standards from another state with a medical cannabis program, which state is to be designated by the CRC.

The CRC is required to conduct a feasibility study concerning the establishment of a new research and development permit that would be dedicated to advancing the medical uses of cannabis. The study is to examine potential funding sources and include a public hearing, and the CRC is to conduct the study every three years until such time as a research and development permit is established in the State. The CRC will be authorized to establish additional permit types as may be appropriate, including permits authorizing pharmacies to be issued medical cannabis dispensary permits.

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Legal Protections for Patients and Caregivers

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The bill provides that qualifying patients and designated caregivers may not be discriminated against when enrolling in schools and institutions of higher education, when renting or leasing real property, or in the issuance of professional licensing, certifications, or permits issued by the State, solely on the basis of the individual's status as a registry cardholder or engaging in authorized conduct in relation to medical cannabis. However, schools, institutions of higher education, landlords, and licensing authorities will not be required to take any action that would jeopardize a monetary grant or privilege of licensure based on Schools, institutions, and landlords may not be penalized or denied benefits under State law solely on the basis of enrolling or renting or leasing real property to a registered patient. A person's status as a patient or caregiver, or as an owner, officer, director, or employee of a medical cannabis cultivator, manufacturer, dispensary, or clinical registrant will not constitute the sole grounds for entering an order restricting or denying custody of, or visitation with, a minor child of the person.

The bill provides that medical cannabis is to be treated the same as any other medication for the purposes of furnishing medical care, including determining the individual's eligibility for an organ transplant.

The bill prohibits employers from taking any adverse employment action against an employee based on the employee's status as a registry identification cardholder. If an employer has a drug testing policy and an employee or job applicant tests positive

for cannabis, the employee or job applicant is to be offered an opportunity to present a legitimate medical explanation for the positive test result or request a retest. Nothing in the bill will restrict an employer's ability to prohibit or take adverse employment action for the possession or use of intoxicating substances during work hours or on workplace premises outside of work hours, or require an employer to commit any act that would violate federal law or result in the loss of a federal contract or federal funding. Employers will not be penalized or denied any benefit under State law for employing a person who is a registry cardholder.

The bill provides that health care facilities are prohibited from taking adverse employment action or ending a professional affiliation with a health care practitioner solely based on the practitioner authorizing patients for the medical use of medical cannabis or otherwise engaging in authorized conduct in relation to medical cannabis. Health care facilities may not be penalized or denied benefits under State law for employing or maintaining a professional affiliation with a practitioner who engages in authorized conduct in relation to medical cannabis.

Health care facilities may not be penalized or denied any benefit under State law solely for permitting or prohibiting the handling, administration, usage, or storage of medical cannabis, provided that the facility's policies related to medical cannabis are consistent with all other facility policy on medication handling, administration, usage, or storage. Health care facilities will also not be penalized or denied any benefit under State law solely for prohibiting the smoking of medical cannabis on facility property in accordance with the facility's smoke free policy.

Insurance carriers will be prohibited from denying health care practitioners medical malpractice coverage or charging increased premiums, deductibles, or other fees based on the practitioner engaging in authorized conduct in relation to medical cannabis.

The bill prohibits any action or proceeding by the Division of Child Protection and Permanency in the Department of Children and Families be initiated against a pregnant woman or against the parent or guardian of a minor child on the sole grounds that the individual is a registered qualifying patient, a designated or institutional caregiver, or a director, officer, or employee of an ATC.

The bill provides that the chief administrator of a facility that provides behavioral health services is to develop a policy allowing designated caregivers, parents, and guardians access to registered qualifying patients who are receiving services at the facility, for the purpose of assisting the patient with the administration of medical cannabis. Nothing in the bill will authorize medical cannabis to be smoked in any area of the facility where smoking is otherwise prohibited by law.

The bill updates the annual reporting requirements for the CRC to reflect new data that will be generated pursuant to the bill, including information concerning diversity in the permits awarded in by the CRC and information on disparities in drug arrests.

Nothing in the bill is to be construed to restrict or otherwise affect the sale, prescribing, and dispensing of prescription drugs and devices approved by the federal Food and Drug Administration.

The bill adds a severability clause and provides that the CRC may waive any requirements of the State medical cannabis laws if a waiver is necessary to achieve the purposes of the law and provide access to patients who would not otherwise qualify for medical cannabis to alleviate suffering from a debilitating medical condition, and if granting the waiver does not create a danger to the public health, safety, or welfare.

Revises requirements to authorize and access medical cannabis; establishes Cannabis Regulatory Commission; revises permit requirements for alternative treatment centers; and establishes additional legal protections for patients and caregivers.