[First Reprint]

ASSEMBLY, No. 1635

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman PAMELA R. LAMPITT District 6 (Burlington and Camden) Assemblywoman JOANN DOWNEY District 11 (Monmouth)

Co-Sponsored by:

Assemblywoman Jasey, Assemblyman Freiman and Assemblywoman Swain

SYNOPSIS

Permits use of telemedicine and telehealth to authorize patients for medical cannabis and to issue written instructions for dispensing medical cannabis.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on March 5, 2020, with amendments.



(Sponsorship Updated As Of: 9/24/2020)

1 **AN ACT** concerning medical cannabis and amending P.L.2019, c.153 and 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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- 1. Section 5 of P.L.2019, c.153 (C.24:6I-5.1) is amended to read as follows:
- 5. 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.
- d. For ¹a period of ¹ 270 days following the ¹effective ¹ date of ¹[enactment of] P.L., c. (C.) (pending before the Legislature as this bill), a health care practitioner may authorize a patient who is a ¹[child,] ¹ resident of a long-term care facility, ¹[developmentally disabled has a developmental disability , 1is1 terminally ill, 1is1 receiving hospice care ¹through a licensed hospice care provider ¹, or ¹is housebound as certified by the patient's physician, for the medical use of cannabis ¹[in the course of the health care practitioner's practice of using telemedicine or telehealth. Following the 270 day period after the date of enactment of P.L., c. (C.) (pending before the Legislature as this bill) Thereafter, a health care practitioner may ¹initially ¹ authorize any patient for the medical use of cannabis ¹ [in the course of the health care practitioner's practice of] using telemedicine or telehealth, provided that, and except in the case of a patient who is a ¹[child, developmentally disabled] resident of a long-term care facility, has a developmental disability¹, ¹is¹

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

¹Assembly AHE committee amendments adopted March 5, 2020.

- terminally ill, ¹is ¹ receiving hospice care ¹from a licensed hospice care 1
- provider¹, or ¹is¹ housebound ¹as certified by the patient's physician¹, 2
- the patient has had at least one previous in-office ¹[visit] consultation ¹ 3
- 4 with the health care practitioner prior to the ¹ [patient's authorization]
- practitioner authorizing the patient¹ for the medical use of cannabis 5
- ¹using telemedicine or telehealth ¹. ¹Following the initial 6
- 7 authorization, the patient shall have at least one in-office consultation
- 8 with the practitioner on an annual basis in order for the patient to
- 9 receive continued authorization for the use of medical cannabis. The
- 10 practitioner may require more frequent in-office consultations if
- additional consultations are necessary to continue to authorize the 11
- 12 patient's use of medical cannabis.¹
 - As used in this subsection, "telehealth" and "telemedicine" shall have the same meaning as is provided in section 1 of P.L.2017, c.117 (C.45:1-61).
- 16 (cf: P.L.2019, c.153, s.5)

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- 2. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to read as follows:
- 10. a. A health care practitioner shall provide written instructions for a registered qualifying patient or the patient's designated caregiver, or an institutional caregiver acting on behalf of the patient, to present to a medical cannabis dispensary or a clinical registrant concerning the total amount of usable cannabis that a patient may be dispensed, in weight, in a 30-day period, which amount shall not exceed the maximum amount that may be authorized for the patient pursuant to subsection f. of this section.
 - b. A health care practitioner may issue multiple written instructions at one time authorizing the patient to receive a total of up to a one-year supply, provided that the following conditions are
 - (1) Each separate set of instructions shall be issued for a legitimate medical purpose by the health care practitioner, as provided in 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 dispensary or clinical registrant may dispense the cannabis, except for the first dispensation if it is to be filled immediately; and
 - (3) The 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.
- 42 c. A registered qualifying patient or the patient's designated 43 caregiver, or an institutional caregiver acting on behalf of a 44 qualifying patient, shall present verification of the patient's or 45 caregiver's registration with the commission, as applicable, and 46 these written instructions to any medical cannabis dispensary or clinical registrant at the time the patient or caregiver requests the

dispensing or delivery of medical cannabis, which medical cannabis dispensary or clinical registrant shall verify and log the institutional documentation presented. An caregiver shall additionally present an authorization executed by the patient certifying that the institutional caregiver is authorized to obtain medical cannabis on behalf of the patient. A health care practitioner may provide a copy of a written instruction by electronic or other means, including but not limited to, telemedicine and telehealth, as determined by the commission, directly to a medical cannabis dispensary or a clinical registrant on behalf of a registered qualifying patient. The dispensation of medical cannabis pursuant to any written instructions shall occur within one year of the date that the instructions were written or become eligible for dispensing, whichever is later, or the instructions are void.

d. (Deleted by amendment, P.L.2019, c.153)

- e. Prior to dispensing medical cannabis to a qualifying patient, the patient's designated caregiver, or an institutional caregiver, the medical cannabis dispensary or clinical registrant shall access the system established pursuant to section 11 of P.L.2009, c.307 (C.45:1-45.1) to ascertain whether medical cannabis was dispensed to or on behalf of the patient by any medical cannabis dispensary or clinical registrant within the preceding 30 days. Upon dispensing medical cannabis to a qualifying patient, the patient's designated caregiver, or an institutional caregiver, the medical cannabis dispensary or clinical registrant shall transmit to the patient's health care practitioner information concerning the amount, strain, and form of medical cannabis that was dispensed.
- f. (1) Except as provided in paragraph (2) of this subsection, for a period of 18 months after the effective date of P.L.2019, c.153 (C.24:6I-5.1 et al.), the maximum amount of usable cannabis that a patient may be dispensed, in weight, in a 30-day period, shall be three ounces. Commencing 18 months after the effective date of P.L.2019, c.153 (C.24:6I-5.1 et al.), the maximum amount of usable cannabis that a patient may be dispensed shall be prescribed by the commission by regulation.
- (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:

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- (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
- (2) The curriculum for employees of medical cannabis dispensaries and clinical registrants shall be designed to assist the employees in counseling patients with regard to determining the strain and form of medical cannabis that is appropriate to treat the patient's qualifying medical condition. Employees of medical cannabis dispensaries and clinical registrants shall be required to complete the curriculum as a condition of registration with the commission. Completion of the curriculum may constitute part of the annual training required pursuant to paragraph (1) of subsection j. of section 7 of P.L.2009, c.307 (C.24:6I-7).
- 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 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical cannabis dispensary or clinical registrant shall not exceed four
- 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 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical cannabis dispensary or clinical registrant shall not exceed two percent.
- Commencing July 1, 2022, medical cannabis dispensed by a medical cannabis dispensary or clinical registrant shall not be subject to any tax imposed under the "Sales and Use Tax Act," P.L.1966, c.30 (C.54:32B-1 et seq.).
 - Any revenue collected pursuant to a tax imposed on the sale of medical cannabis under the "Sales and Use Tax Act," P.L.1966, c.30 (C.54:32B-1 et seq.), shall be exclusively appropriated to programs for the treatment of mental health and substance use disorders.
- 40 A municipality in which a medical cannabis dispensary is located may adopt an ordinance imposing a transfer tax on any 41 42 medical cannabis dispensed by the dispensary, including medical 43 cannabis that is furnished by the dispensary to a medical cannabis 44 handler for delivery to a registered qualifying patient or the patient's 45 caregiver. The rate of a transfer tax established pursuant to this subsection shall be at the discretion of the municipality, except that

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- 1 in no case shall the rate exceed two percent of the purchase price of
- 2 the medical cannabis.
- 3 (cf: P.L.2019, c.153, s.18)

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5 3. This act shall take effect immediately.