

1.1 Senator moves to amend S.F. No. 4524 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2022, section 152.22, subdivision 14, is amended to read:

1.4 Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" means a
1.5 diagnosis of any of the following conditions:

1.6 (1) cancer, if the underlying condition or treatment produces one or more of the following:

1.7 (i) severe or chronic pain;

1.8 (ii) nausea or severe vomiting; or

1.9 (iii) cachexia or severe wasting;

1.10 (2) glaucoma;

1.11 (3) human immunodeficiency virus or acquired immune deficiency syndrome;

1.12 (4) Tourette's syndrome;

1.13 (5) amyotrophic lateral sclerosis;

1.14 (6) seizures, including those characteristic of epilepsy;

1.15 (7) severe and persistent muscle spasms, including those characteristic of multiple
1.16 sclerosis;

1.17 (8) inflammatory bowel disease, including Crohn's disease;

1.18 (9) terminal illness, with a probable life expectancy of under one year, if the illness or
1.19 its treatment produces one or more of the following:

1.20 (i) severe or chronic pain;

1.21 (ii) nausea or severe vomiting; or

1.22 (iii) cachexia or severe wasting; or

1.23 (10) any other medical condition ~~or its treatment approved by the commissioner~~ that is:

1.24 (i) approved by a patient's health care practitioner; or

1.25 (ii) if the patient is a veteran receiving care from the United States Department of Veterans
1.26 Affairs, certified under section 152.27, subdivision 3a.

1.27 **EFFECTIVE DATE.** This section is effective July 1, 2024.

2.1 Sec. 2. Minnesota Statutes 2022, section 152.27, subdivision 2, is amended to read:

2.2 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

2.3 (1) give notice of the program to health care practitioners in the state who are eligible
2.4 to serve as health care practitioners and explain the purposes and requirements of the
2.5 program;

2.6 (2) allow each health care practitioner who meets or agrees to meet the program's
2.7 requirements and who requests to participate, to be included in the registry program to
2.8 collect data for the patient registry;

2.9 (3) provide explanatory information and assistance to each health care practitioner in
2.10 understanding the nature of therapeutic use of medical cannabis within program requirements;

2.11 (4) create and provide a certification to be used by a health care practitioner for the
2.12 practitioner to certify whether a patient has been diagnosed with a qualifying medical
2.13 condition and include in the certification an option for the practitioner to certify whether
2.14 the patient, in the health care practitioner's medical opinion, is developmentally or physically
2.15 disabled and, as a result of that disability, the patient requires assistance in administering
2.16 medical cannabis or obtaining medical cannabis from a distribution facility;

2.17 (5) supervise the participation of the health care practitioner in conducting patient
2.18 treatment and health records reporting in a manner that ensures stringent security and
2.19 record-keeping requirements and that prevents the unauthorized release of private data on
2.20 individuals as defined by section 13.02;

2.21 (6) develop safety criteria for patients with a qualifying medical condition as a
2.22 requirement of the patient's participation in the program, to prevent the patient from
2.23 undertaking any task under the influence of medical cannabis that would constitute negligence
2.24 or professional malpractice on the part of the patient; and

2.25 (7) conduct research and studies based on data from health records submitted to the
2.26 registry program and submit reports on intermediate or final research results to the legislature
2.27 and major scientific journals. The commissioner may contract with a third party to complete
2.28 the requirements of this clause. Any reports submitted must comply with section 152.28,
2.29 subdivision 2.

2.30 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
2.31 ~~or add, remove, or modify a qualifying medical condition under section 152.22, subdivision~~
2.32 ~~14,~~ upon a petition from a member of the public or the task force on medical cannabis
2.33 therapeutic research or as directed by law. ~~The commissioner shall evaluate all petitions to~~

~~add a qualifying medical condition or to remove or modify an existing qualifying medical condition submitted by the task force on medical cannabis therapeutic research or as directed by law and may make the addition, removal, or modification if the commissioner determines the addition, removal, or modification is warranted based on the best available evidence and research.~~ If the commissioner wishes to add a delivery method under section 152.22, subdivision 6, or add or remove a qualifying medical condition under section 152.22, subdivision 14, the commissioner must notify the chairs and ranking minority members of the legislative policy committees having jurisdiction over health and public safety of the addition or removal and the reasons for its addition or removal, including any written comments received by the commissioner from the public and any guidance received from the task force on medical cannabis research, by January 15 of the year in which the commissioner wishes to make the change. The change shall be effective on August 1 of that year, unless the legislature by law provides otherwise.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 3. Minnesota Statutes 2022, section 152.27, is amended by adding a subdivision to read:

Subd. 3a. Application procedure for veterans. (a) Beginning July 1, 2024, the commissioner shall establish an alternative certification procedure for veterans to enroll in the patient registry program.

(b) A patient who is a veteran receiving care from the United States Department of Veterans Affairs and is seeking to enroll in the registry program must submit a copy of the patient's veteran health identification card issued by the United States Department of Veterans Affairs and an application established by the commissioner to confirm that veteran has been diagnosed with a condition that may benefit from the therapeutic use of medical cannabis.

EFFECTIVE DATE. This section is effective July 1, 2024.

Sec. 4. Minnesota Statutes 2022, section 152.27, subdivision 6, is amended to read:

Subd. 6. Patient enrollment. (a) After receipt of a patient's application, application fees, and signed disclosure, the commissioner shall enroll the patient in the registry program and issue the patient and patient's registered designated caregiver or parent, legal guardian, or spouse, if applicable, a registry verification. The commissioner shall approve or deny a patient's application for participation in the registry program within 30 days after the commissioner receives the patient's application and application fee. The commissioner may approve applications up to 60 days after the receipt of a patient's application and application

4.1 fees until January 1, 2016. A patient's enrollment in the registry program shall only be
4.2 denied if the patient:

4.3 (1) does not have certification from a health care practitioner~~or~~, if the patient is a veteran
4.4 receiving care from the United States Department of Veterans Affairs, the documentation
4.5 required under subdivision 3a that the patient has been diagnosed with a qualifying medical
4.6 condition;

4.7 (2) has not signed and returned the disclosure form required under subdivision 3,
4.8 paragraph (c), to the commissioner;

4.9 (3) does not provide the information required;

4.10 (4) has previously been removed from the registry program for violations of section
4.11 152.30 or 152.33; or

4.12 (5) provides false information.

4.13 (b) The commissioner shall give written notice to a patient of the reason for denying
4.14 enrollment in the registry program.

4.15 (c) Denial of enrollment into the registry program is considered a final decision of the
4.16 commissioner and is subject to judicial review under the Administrative Procedure Act
4.17 pursuant to chapter 14.

4.18 (d) A patient's enrollment in the registry program may only be revoked upon the death
4.19 of the patient or if a patient violates a requirement under section 152.30 or 152.33.

4.20 (e) The commissioner shall develop a registry verification to provide to the patient, the
4.21 health care practitioner identified in the patient's application, and to the manufacturer. The
4.22 registry verification shall include:

4.23 (1) the patient's name and date of birth;

4.24 (2) the patient registry number assigned to the patient; and

4.25 (3) the name and date of birth of the patient's registered designated caregiver, if any, or
4.26 the name of the patient's parent, legal guardian, or spouse if the parent, legal guardian, or
4.27 spouse will be acting as a caregiver.

4.28 **EFFECTIVE DATE.** This section is effective July 1, 2024.

5.1 Sec. 5. Minnesota Statutes 2023 Supplement, section 342.01, subdivision 63, is amended
5.2 to read:

5.3 Subd. 63. **Qualifying medical condition.** "Qualifying medical condition" means a
5.4 diagnosis of any of the following conditions:

5.5 (1) Alzheimer's disease;

5.6 (2) autism spectrum disorder that meets the requirements of the fifth edition of the
5.7 Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
5.8 Association;

5.9 (3) cancer, if the underlying condition or treatment produces one or more of the following:

5.10 (i) severe or chronic pain;

5.11 (ii) nausea or severe vomiting; or

5.12 (iii) cachexia or severe wasting;

5.13 (4) chronic motor or vocal tic disorder;

5.14 (5) chronic pain;

5.15 (6) glaucoma;

5.16 (7) human immunodeficiency virus or acquired immune deficiency syndrome;

5.17 (8) intractable pain as defined in section 152.125, subdivision 1, paragraph (c);

5.18 (9) obstructive sleep apnea;

5.19 (10) post-traumatic stress disorder;

5.20 (11) Tourette's syndrome;

5.21 (12) amyotrophic lateral sclerosis;

5.22 (13) seizures, including those characteristic of epilepsy;

5.23 (14) severe and persistent muscle spasms, including those characteristic of multiple
5.24 sclerosis;

5.25 (15) inflammatory bowel disease, including Crohn's disease;

5.26 (16) irritable bowel syndrome;

5.27 (17) obsessive-compulsive disorder;

5.28 (18) sickle cell disease;

(19) terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:

(i) severe or chronic pain;

(ii) nausea or severe vomiting; or

(iii) cachexia or severe wasting; or

(20) any other medical condition ~~or its treatment approved by the office~~ that is:

(i) approved by a patient's health care practitioner; or

(ii) if the patient is a veteran receiving care from the United States Department of Veterans Affairs, certified under section 342.52, subdivision 3..

EFFECTIVE DATE. This section is effective March 1, 2025.

Sec. 6. Minnesota Statutes 2023 Supplement, section 342.52, subdivision 3, is amended to read:

Subd. 3. **Application procedure for veterans.** (a) ~~The Division of Medical Cannabis office shall establish an alternative certification procedure for veterans who receive care from the United States Department of Veterans Affairs to confirm that the veteran has been diagnosed with a qualifying medical condition~~ enroll in the patient registry program.

(b) A patient who is ~~also~~ a veteran receiving care from the United States Department of Veterans Affairs and is seeking to enroll in the registry program must submit to the ~~Division of Medical Cannabis~~ office a copy of the patient's veteran health identification card issued by the United States Department of Veterans Affairs and an application established by the Division of Medical Cannabis that includes the information identified in subdivision 2, paragraph (a), and the additional information required by the Division of Medical Cannabis to certify that the patient has been diagnosed with a qualifying medical condition office to confirm that veteran has been diagnosed with a condition that may benefit from the therapeutic use of medical cannabis.

EFFECTIVE DATE. This section is effective March 1, 2025.

Sec. 7. Minnesota Statutes 2023 Supplement, section 342.53, is amended to read:

342.53 DUTIES OF OFFICE OF CANNABIS MANAGEMENT; REGISTRY PROGRAM.

The office may add an allowable form of medical cannabinoid product, ~~and may add or modify a qualifying medical condition upon its own initiative,~~ upon a petition from a member of the public or from the Cannabis Advisory Council or as directed by law. The office must evaluate all petitions and must make the addition or modification if the office determines that the addition or modification is warranted by the best available evidence and research. If the office wishes to add an allowable form or add or modify a qualifying medical condition, the office must notify the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health finance and policy by January 15 of the year in which the change becomes effective. In this notification, the office must specify the proposed addition or modification, the reasons for the addition or modification, any written comments received by the office from the public about the addition or modification, and any guidance received from the Cannabis Advisory Council. An addition or modification by the office under this subdivision becomes effective on August 1 of that year unless the legislature by law provides otherwise.

EFFECTIVE DATE. This section is effective March 1, 2025."

Amend the title accordingly