

1.1 Senator moves to amend S.F. No. 4782 as follows:

1.2 Page 14, after line 4, insert:

1.3 "Sec. 10. Minnesota Statutes 2022, section 152.22, subdivision 11, is amended to read:

1.4 Subd. 11. **Registered designated caregiver.** "Registered designated caregiver" means
1.5 a person who:

1.6 (1) is at least 18 years old;

1.7 ~~(2) does not have a conviction for a disqualifying felony offense;~~

1.8 ~~(3)~~ (2) has been approved by the ~~commissioner~~ office to assist a patient who requires
1.9 assistance in administering medical cannabis or obtaining medical cannabis from a
1.10 distribution facility; and

1.11 ~~(4)~~ (3) is authorized by the ~~commissioner~~ office to assist the patient with the use of
1.12 medical cannabis.

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

1.14 Sec. 11. Minnesota Statutes 2022, section 152.22, subdivision 14, is amended to read:

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

1.17 (1) Alzheimer's disease;

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

1.21 ~~(4)~~ (3) cancer, if the underlying condition or treatment produces one or more of the
1.22 following:

1.23 (i) severe or chronic pain;

1.24 (ii) nausea or severe vomiting; or

1.25 (iii) cachexia or severe wasting;

1.26 (4) chronic motor or vocal tic disorder;

1.27 (5) chronic pain;

1.28 ~~(2)~~ (6) glaucoma;

- 2.1 ~~(3)~~ (7) human immunodeficiency virus or acquired immune deficiency syndrome;
- 2.2 (8) intractable pain as defined in section 152.125, subdivision 1, paragraph (c);
- 2.3 (9) obstructive sleep apnea;
- 2.4 (10) post-traumatic stress disorder;
- 2.5 ~~(4)~~ (11) Tourette's syndrome;
- 2.6 ~~(5)~~ (12) amyotrophic lateral sclerosis;
- 2.7 ~~(6)~~ (13) seizures, including those characteristic of epilepsy;
- 2.8 ~~(7)~~ (14) severe and persistent muscle spasms, including those characteristic of multiple
- 2.9 sclerosis;
- 2.10 ~~(8)~~ (15) inflammatory bowel disease, including Crohn's disease;
- 2.11 (16) irritable bowel syndrome;
- 2.12 (17) obsessive-compulsive disorder;
- 2.13 (18) sickle cell disease;
- 2.14 ~~(9)~~ (19) terminal illness, with a probable life expectancy of under one year, if the illness
- 2.15 or its treatment produces one or more of the following:
- 2.16 (i) severe or chronic pain;
- 2.17 (ii) nausea or severe vomiting; or
- 2.18 (iii) cachexia or severe wasting; or
- 2.19 ~~(10)~~ (20) any other medical condition or its treatment approved by the ~~commissioner~~
- 2.20 office.

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

2.22 Sec. 12. Minnesota Statutes 2022, section 152.22, is amended by adding a subdivision to

2.23 read:

2.24 Subd. 19. **Veteran.** "Veteran" means an individual who satisfies the requirements in

2.25 section 197.447 and is receiving care from the United States Department of Veterans Affairs.

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

3.1 Sec. 13. Minnesota Statutes 2022, section 152.25, subdivision 2, is amended to read:

3.2 Subd. 2. **Range of compounds and dosages; report.** The ~~commissioner~~ office shall
3.3 review and publicly report the existing medical and scientific literature regarding the range
3.4 of recommended dosages for each qualifying condition and the range of chemical
3.5 compositions of any plant of the genus cannabis that will likely be medically beneficial for
3.6 each of the qualifying medical conditions. The ~~commissioner~~ office shall make this
3.7 information available to patients with qualifying medical conditions beginning December
3.8 1, 2014, and update the information annually every three years. The ~~commissioner~~ office
3.9 may consult with the independent laboratory under contract with the manufacturer or other
3.10 experts in reporting the range of recommended dosages for each qualifying medical condition,
3.11 the range of chemical compositions that will likely be medically beneficial, and any risks
3.12 of noncannabis drug interactions. The ~~commissioner~~ office shall consult with each
3.13 manufacturer on an annual basis on medical cannabis offered by the manufacturer. The list
3.14 of medical cannabis offered by a manufacturer shall be published on the ~~Department of~~
3.15 Health Office of Cannabis Management website.

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

3.17 Sec. 14. Minnesota Statutes 2022, section 152.27, subdivision 1, is amended to read:

3.18 Subdivision 1. **Patient registry program; establishment.** ~~(a)~~ The ~~commissioner~~ office
3.19 shall establish a patient registry program to evaluate data on patient demographics, effective
3.20 treatment options, clinical outcomes, and quality-of-life outcomes for the purpose of reporting
3.21 on the benefits, risks, and outcomes regarding patients with a qualifying medical condition
3.22 engaged in the therapeutic use of medical cannabis.

3.23 ~~(b) The establishment of the registry program shall not be construed or interpreted to~~
3.24 ~~condone or promote the illicit recreational use of marijuana.~~

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

3.26 Sec. 15. Minnesota Statutes 2022, section 152.27, subdivision 2, is amended to read:

3.27 Subd. 2. **~~Commissioner~~ Office duties.** (a) The ~~commissioner~~ office shall:

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

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

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

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

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

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

4.20 (7) conduct research and studies based on data from health records submitted to the
4.21 registry program and submit reports on intermediate or final research results to the legislature
4.22 and major scientific journals. ~~The commissioner office~~ may contract with a third party to
4.23 complete the requirements of this clause. Any reports submitted must comply with section
4.24 152.28, subdivision 2.

4.25 (b) ~~The commissioner office may add a delivery method under section 152.22, subdivision~~
4.26 ~~6, or add, remove, or modify a qualifying medical condition under section 152.22, subdivision~~
4.27 ~~14, upon a petition from a member of the public or the task force on medical cannabis~~
4.28 ~~therapeutic research Cannabis Advisory Council under section 342.03, or as directed by~~
4.29 ~~law. The commissioner office shall evaluate all petitions to add a qualifying medical condition~~
4.30 ~~or to remove or modify an existing qualifying medical condition submitted by the task force~~
4.31 ~~on medical cannabis therapeutic research Cannabis Advisory Council under section 342.03,~~
4.32 ~~or as directed by law and may make the addition, removal, or modification if the~~
4.33 ~~commissioner office~~ determines the addition, ~~removal,~~ or modification is warranted based
4.34 on the best available evidence and research. If the ~~commissioner office~~ wishes to ~~add a~~

5.1 ~~delivery method under section 152.22, subdivision 6, or add or remove~~ modify a qualifying
5.2 medical condition under section 152.22, subdivision 14, the ~~commissioner~~ office must notify
5.3 the chairs and ranking minority members of the legislative policy committees having
5.4 jurisdiction over health and public safety of the addition or ~~removal~~ modification and the
5.5 reasons for its addition or ~~removal~~ modification, including any written comments received
5.6 by the ~~commissioner~~ office from the public and any guidance received from the ~~task force~~
5.7 ~~on medical cannabis research~~ Cannabis Advisory Council under section 342.03, by January
5.8 15 of the year in which the ~~commissioner~~ office wishes to make the change. The change
5.9 shall be effective on August 1 of that year, unless the legislature by law provides otherwise.

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

5.11 Sec. 16. Minnesota Statutes 2022, section 152.27, subdivision 3, is amended to read:

5.12 Subd. 3. **Patient application.** (a) The ~~commissioner~~ office shall develop a patient
5.13 application for enrollment into the registry program. The application shall be available to
5.14 the patient and given to health care practitioners in the state who are eligible to serve as
5.15 health care practitioners. The application must include:

5.16 (1) the name, mailing address, and date of birth of the patient;

5.17 (2) the name, mailing address, and telephone number of the patient's health care
5.18 practitioner;

5.19 (3) the name, mailing address, and date of birth of the patient's designated caregiver, if
5.20 any, or the patient's parent, legal guardian, or spouse if the parent, legal guardian, or spouse
5.21 will be acting as a caregiver;

5.22 (4) a copy of the certification from the patient's health care practitioner that is dated
5.23 within 90 days prior to submitting the application that certifies that the patient has been
5.24 diagnosed with a qualifying medical condition; and

5.25 (5) all other signed affidavits and enrollment forms required by the ~~commissioner~~ office
5.26 under sections 152.22 to 152.37, including, but not limited to, the disclosure form required
5.27 under paragraph ~~(e)~~ (b).

5.28 ~~(b) The commissioner shall require a patient to resubmit a copy of the certification from~~
5.29 ~~the patient's health care practitioner on a yearly basis and shall require that the recertification~~
5.30 ~~be dated within 90 days of submission.~~

5.31 ~~(e)~~ (b) The ~~commissioner~~ office shall develop a disclosure form and require, as a condition
5.32 of enrollment, all patients to sign a copy of the disclosure. The disclosure must include:

6.1 (1) a statement that, notwithstanding any law to the contrary, the ~~commissioner~~ office,
6.2 or an employee of any state agency, may not be held civilly or criminally liable for any
6.3 injury, loss of property, personal injury, or death caused by any act or omission while acting
6.4 within the scope of office or employment under sections 152.22 to 152.37; and

6.5 (2) the patient's acknowledgment that enrollment in the patient registry program is
6.6 conditional on the patient's agreement to meet all of the requirements of sections 152.22 to
6.7 152.37.

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

6.9 Sec. 17. Minnesota Statutes 2022, section 152.27, is amended by adding a subdivision to
6.10 read:

6.11 **Subd. 3a. Application procedure for veterans.** (a) Beginning July 1, 2024, the
6.12 commissioner shall establish an alternative certification procedure for veterans to confirm
6.13 that the veteran has been diagnosed with a qualifying medical condition.

6.14 (b) A patient who is also a veteran and is seeking to enroll in the registry program must
6.15 submit a copy of the patient's veteran health identification card issued by the United States
6.16 Department of Veterans Affairs and an application established by the commissioner to
6.17 certify that the patient has been diagnosed with a qualifying medical condition.

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

6.19 Sec. 18. Minnesota Statutes 2022, section 152.27, subdivision 4, is amended to read:

6.20 **Subd. 4. Registered designated caregiver.** (a) The ~~commissioner~~ office shall register
6.21 a designated caregiver for a patient if the patient requires assistance in administering medical
6.22 cannabis or obtaining medical cannabis from a distribution facility and the caregiver has
6.23 agreed, in writing, to be the patient's designated caregiver. As a condition of registration as
6.24 a designated caregiver, the commissioner shall require the person to:

6.25 (1) be at least 18 years of age;

6.26 (2) agree to only possess the patient's medical cannabis for purposes of assisting the
6.27 patient; and

6.28 (3) agree that if the application is approved, the person will not be a registered designated
6.29 caregiver for more than six registered patients at one time. Patients who reside in the same
6.30 residence shall count as one patient.

7.1 ~~(b) The commissioner shall conduct a criminal background check on the designated~~
7.2 ~~caregiver prior to registration to ensure that the person does not have a conviction for a~~
7.3 ~~disqualifying felony offense. Any cost of the background check shall be paid by the person~~
7.4 ~~seeking registration as a designated caregiver. A designated caregiver must have the criminal~~
7.5 ~~background check renewed every two years.~~

7.6 ~~(e)~~ (b) Nothing in sections 152.22 to 152.37 shall be construed to prevent a person
7.7 registered as a designated caregiver from also being enrolled in the registry program as a
7.8 patient and possessing and using medical cannabis as a patient.

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

7.10 Sec. 19. Minnesota Statutes 2022, section 152.27, subdivision 6, is amended to read:

7.11 Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, ~~application fees,~~
7.12 and signed disclosure, the ~~commissioner~~ office shall enroll the patient in the registry program
7.13 and issue the patient and patient's registered designated caregiver or parent, legal guardian,
7.14 or spouse, if applicable, a registry verification. The ~~commissioner~~ office shall approve or
7.15 deny a patient's application for participation in the registry program within 30 days after
7.16 the ~~commissioner~~ office receives the patient's application ~~and application fee.~~ The
7.17 ~~commissioner may approve applications up to 60 days after the receipt of a patient's~~
7.18 ~~application and application fees until January 1, 2016.~~ A patient's enrollment in the registry
7.19 program shall only be denied if the patient:

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

7.24 (2) has not signed and returned the disclosure form required under subdivision 3,
7.25 paragraph (c), to the ~~commissioner~~ office;

7.26 (3) does not provide the information required;

7.27 (4) has previously been removed from the registry program for violations of section
7.28 152.30 or 152.33; or

7.29 (5) provides false information.

7.30 (b) The ~~commissioner~~ office shall give written notice to a patient of the reason for
7.31 denying enrollment in the registry program.

8.1 (c) Denial of enrollment into the registry program is considered a final decision of the
8.2 ~~commissioner~~ office and is subject to judicial review under the Administrative Procedure
8.3 Act pursuant to chapter 14.

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

8.6 (e) The ~~commissioner~~ office shall develop a registry verification to provide to the patient,
8.7 the health care practitioner identified in the patient's application, and to the manufacturer.
8.8 The registry verification shall include:

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

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

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

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

8.15 Sec. 20. Minnesota Statutes 2023 Supplement, section 152.28, subdivision 1, is amended
8.16 to read:

8.17 Subdivision 1. **Health care practitioner duties.** (a) Prior to a patient's enrollment in
8.18 the registry program, a health care practitioner shall:

8.19 (1) determine, in the health care practitioner's medical judgment, whether a patient suffers
8.20 from a qualifying medical condition, and, if so determined, provide the patient with a
8.21 certification of that diagnosis;

8.22 (2) advise patients, registered designated caregivers, and parents, legal guardians, or
8.23 spouses who are acting as caregivers of the existence of any nonprofit patient support groups
8.24 or organizations;

8.25 (3) provide explanatory information from the commissioner to patients with qualifying
8.26 medical conditions, including disclosure to all patients about the experimental nature of
8.27 therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the
8.28 proposed treatment; the application and other materials from the commissioner; and provide
8.29 patients with the Tennessee warning as required by section 13.04, subdivision 2; and

8.30 (4) agree to continue treatment of the patient's qualifying medical condition and report
8.31 medical findings to the commissioner.

9.1 (b) Upon notification from the commissioner of the patient's enrollment in the registry
9.2 program, the health care practitioner shall:

9.3 (1) participate in the patient registry reporting system under the guidance and supervision
9.4 of the commissioner;

9.5 (2) report health records of the patient throughout the ongoing treatment of the patient
9.6 to the commissioner in a manner determined by the commissioner and in accordance with
9.7 subdivision 2;

9.8 (3) determine, ~~on a yearly basis~~ every three years, if the patient continues to suffer from
9.9 a qualifying medical condition and, if so, issue the patient a new certification of that
9.10 diagnosis; and

9.11 (4) otherwise comply with all requirements developed by the commissioner.

9.12 (c) A health care practitioner may utilize telehealth, as defined in section 62A.673,
9.13 subdivision 2, for certifications and recertifications.

9.14 (d) Nothing in this section requires a health care practitioner to participate in the registry
9.15 program.

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

9.17 Sec. 21. Minnesota Statutes 2022, section 152.28, subdivision 2, is amended to read:

9.18 Subd. 2. **Data.** Data collected on patients by a health care practitioner and reported to
9.19 the patient registry, including data on patients who are veterans who receive care from the
9.20 United States Department of Veterans Affairs, are health records under section 144.291,
9.21 and are private data on individuals under section 13.02, but may be used or reported in an
9.22 aggregated, nonidentifiable form as part of a scientific, peer-reviewed publication of research
9.23 conducted under section 152.25 or in the creation of summary data, as defined in section
9.24 13.02, subdivision 19.

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

9.26 Sec. 22. Minnesota Statutes 2022, section 152.29, subdivision 3, is amended to read:

9.27 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
9.28 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
9.29 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
9.30 cannabis or medical cannabis products that have been cultivated, harvested, manufactured,

10.1 packaged, and processed by that manufacturer to another registered manufacturer for the
10.2 other manufacturer to distribute.

10.3 (b) A manufacturer may distribute medical cannabis products, whether or not the products
10.4 have been manufactured by that manufacturer.

10.5 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

10.6 (1) verify that the manufacturer has received the registry verification from the
10.7 ~~commissioner~~ office for that individual patient;

10.8 (2) verify that the person requesting the distribution of medical cannabis is the patient,
10.9 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse
10.10 listed in the registry verification using the procedures described in section 152.11, subdivision
10.11 2d;

10.12 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

10.13 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
10.14 chapter 151 has consulted with the patient to determine the proper dosage for the individual
10.15 patient after reviewing the ranges of chemical compositions of the medical cannabis and
10.16 the ranges of proper dosages reported by the ~~commissioner~~ office. For purposes of this
10.17 clause, a consultation may be conducted remotely by secure videoconference, telephone,
10.18 or other remote means, so long as the employee providing the consultation is able to confirm
10.19 the identity of the patient and the consultation adheres to patient privacy requirements that
10.20 apply to health care services delivered through telehealth. A pharmacist consultation under
10.21 this clause is ~~not required when a manufacturer is distributing medical cannabis to a patient~~
10.22 ~~according to a patient-specific dosage plan established with that manufacturer and is not~~
10.23 ~~modifying the dosage or product being distributed under that plan and the medical cannabis~~
10.24 ~~is distributed by a pharmacy technician~~ only required:

10.25 (i) if the patient is purchasing the product not previously purchased;

10.26 (ii) if the patient purchases a product that the patient must administer using a different
10.27 method than the patient's previous method of administration;

10.28 (iii) if the patient purchases a product with a cannabinoid concentration of at least double
10.29 the patient's prior dosage; and

10.30 (iv) upon request of the patient; and

10.31 (5) properly package medical cannabis in compliance with the United States Poison
10.32 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging

11.1 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
11.2 and individually identifying information, including:

11.3 (i) the patient's name and date of birth;

11.4 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
11.5 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

11.6 (iii) the patient's registry identification number;

11.7 (iv) the chemical composition of the medical cannabis; and

11.8 (v) the dosage; ~~and.~~

11.9 ~~(6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply~~
11.10 ~~of the dosage determined for that patient.~~

11.11 (d) A manufacturer shall require any employee of the manufacturer who is transporting
11.12 medical cannabis or medical cannabis products to a distribution facility or to another
11.13 registered manufacturer to carry identification showing that the person is an employee of
11.14 the manufacturer.

11.15 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only
11.16 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian,
11.17 or spouse of a patient age 21 or older.

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

11.19 Sec. 23. Minnesota Statutes 2023 Supplement, section 152.30, is amended to read:

11.20 **152.30 PATIENT DUTIES.**

11.21 (a) A patient shall apply to the commissioner for enrollment in the registry program by
11.22 submitting an application as required in section 152.27 ~~and an annual registration fee as~~
11.23 ~~determined under section 152.35.~~

11.24 (b) As a condition of continued enrollment, patients shall agree to:

11.25 (1) continue to receive regularly scheduled treatment for their qualifying medical
11.26 condition from their health care practitioner; and

11.27 (2) report changes in their qualifying medical condition to their health care practitioner.

11.28 (c) A patient shall only receive medical cannabis from a registered manufacturer or
11.29 Tribal medical cannabis program but is not required to receive medical cannabis products
11.30 from only a registered manufacturer or Tribal medical cannabis program.

- 12.1 **EFFECTIVE DATE.** This section is effective July 1, 2024."
- 12.2 Page 73, line 30, after "office" insert "a copy of the patient's veteran health identification
- 12.3 card issued by the United States Department of Veterans Affairs and"
- 12.4 Page 73, lines 31 and 32, delete the new language and strike the old language
- 12.5 Page 74, line 1, delete everything after "effective" and insert "July 1, 2024."
- 12.6 Page 74, delete lines 2 and 3
- 12.7 Page 78, line 26, strike "of each year" and insert "every three years"
- 12.8 Page 79, line 18 delete everything after "effective" and insert "July 1, 2024."
- 12.9 Page 78, delete lines 19 and 20
- 12.10 Page 80, line 18, strike "on a yearly basis" and insert "every three years"
- 12.11 Page 80, line 24, delete everything after "effective" and insert "July 1, 2024."
- 12.12 Page 80, delete lines 25 and 26
- 12.13 Page 84, lines 13 to 15, reinstate the stricken language
- 12.14 Page 84, line 15, strike "342.47" and insert "342.51"
- 12.15 Page 95, after line 25, insert:
- 12.16 "Sec. 127. Laws 2023, chapter 63, article 6, section 10, the effective date, is amended to
- 12.17 read:
- 12.18 **EFFECTIVE DATE.** This section is effective ~~March~~ July 1, 2025 2024."
- 12.19 Page 95, line 28, strike "March" and insert "December" and delete everything after
- 12.20 "2025"
- 12.21 Page 95, lines 29 and 30, delete the new language
- 12.22 Page 97, delete section 116 and insert:
- 12.23 "Sec. 131. **REVISOR INSTRUCTION.**
- 12.24 The revisor of statutes must recodify sections in Minnesota Statutes, sections 152.22 to
- 12.25 152.37, and Minnesota Rules, chapter 4770, as necessary to conform with Minnesota Statutes,
- 12.26 section 342.02, subdivision 3. The revisor must also change the responsible agency, remove
- 12.27 obsolete language, change the term "commissioner" or "commissioner of health" to "director"

13.1 or "director of the office of cannabis management," and make necessary cross-reference
13.2 changes consistent with section Minnesota Statutes, section 342.02, subdivision 3.

13.3 Sec. 132. **REPEALER.**

13.4 (a) Minnesota Statutes 2023 Supplement, sections 342.01, subdivisions 28, 52, 53, 54,
13.5 and 55; 342.18, subdivision 1; 342.27, subdivision 13; and 342.29, subdivision 9, are
13.6 repealed.

13.7 (b) Minnesota Statutes 2023 Supplement, sections 342.47; 342.48; 342.49; 342.50; and
13.8 342.52, subdivision 8, are repealed.

13.9 (c) Laws 2023, chapter 63, article 7, sections 4; and 6, are repealed.

13.10 (d) Minnesota Statutes 2022, sections 152.22, subdivision 3; and 152.36, are repealed.

13.11 **EFFECTIVE DATE.** Paragraphs (a) and (c) are effective the day following final
13.12 enactment. Paragraph (b) is effective March 1, 2025, or upon the adoption of initial rules
13.13 pertaining to medical cannabis under section 342.02, subdivision 5, whichever is later.
13.14 Paragraph (d) is effective July 1, 2024."

13.15 Renumber the sections in sequence and correct the internal references

13.16 Amend the title accordingly